

TEACH^R

The lived experiences of students and faculty of a Christian college who participated in a short-term international mission trip

Miranda Davis

Spectrum Health Hospital, Grand Rapids, Michigan, USA
miranda.davis7112@gmail.com

Hannah E. Lechlitner

Michiana Endoscopy Center, South Bend, Indiana, USA
calahanlechlitner@outlook.com

Tia M. Standifer

Elkhart General Hospital, Elkhart, Indiana, USA
tiastandifer59@gmail.com

Samuel P. Abraham

Bethel University, Indiana, USA
samuel.abraham@betheluniversity.edu

Deborah R. Gillum

Bethel University, Indiana, USA
deborah.gillum@betheluniversity.edu

“mission trips ... [are] rituals of intensification, where goals are chased, physical and spiritual challenges are faced, and personal transformation can occur”

Keywords: Impact, international, lived experiences, missions, mission trips, short-term mission trips.

Abstract

Short-term international mission trips (STIMTs) are increasing in popularity. Likewise, educators and health care workers are increasingly concerned with obtaining an understanding that improves culturally competent care. The purpose of this study was to investigate the lived experiences of participants of a Christian college who travelled on a short-term international mission trip (STIMT). One open-ended inquiry guided the interviews: How would you describe your experience as a participant who travelled on a STIMT? An in-depth, one-on-one interview of participants occurred until data saturation was reached. Colaizzi's strategy was used to analyze and organize the data.

Leininger's sunrise model was used to guide this study. Themes that emerged from this study included cultural adaptation, relationships, spiritual factors, and personal gain.

Participants from Christian colleges who have returned from STIMTs often report their life was impacted by a broadening of their outlook on culture and diverse levels of poverty, while also having their own self-awareness increased (Swartzenruber, 2008-2009). Priest, Dischinger, Rasmussen, and Brown (2006) addressed mission trips as rituals of intensification, where goals are chased, physical and spiritual challenges are faced, and personal transformation can occur (p. 434). In a study of the faith-based short-term medical mission trip, Harner, Mann, Whitten, Abraham, and Gillum (2019) illuminated seven themes and pointed to the importance of pre-trip planning. In the current study, a personal transformation that may have occurred

after returning from a STIMT is postulated and investigated through participant's exposition of their varied experiences.

Background

Scripture has led some people to believe the first Christian mission trip occurred after Christ's death. The motivation and purpose for Barnabas and Saul's travelling are described in Acts 13:4-5, "The two of them, sent on their way by the Holy Spirit, went down to Seleucia and sailed from there to Cyprus. When they arrived at Salamis, they proclaimed the word of God in the Jewish synagogues." Lee and Gretzel (2016) highlighted, "the purpose of mission trips is to convey religious messages to the people at the mission trip destination" (p. 2). STIMTs could be beneficial to the targeted communities; however, questions have surfaced from previous publications regarding the genuine influence of these trips.

Lee and Gretzel (2016) have asserted that mission trips are a form of tourism that allowed participants to gain a better understanding of the destination country, culture, and lifestyle (p. 1). STIMTs were thought of as a combination of two outcomes: tourism and fulfilling charitable deeds. A STIMT could also have resulted in an educational gain, personal transformation, formed relationships and a clearer understanding of both personal and visited culture.

Problem statement

Although STIMTs have assisted underserved populations, these task forces had been criticized for not providing sustainable services that focused on an underlying problem in the destination community. However, a Christian expects the focus of missions to be derived from Christ's command, "Go and make disciples of all nations" (Matt. 28:18). Christians have often chosen to live out Christ's command through short-term missions by caring compassionately for others. It is still unclear how STIMTs have impacted the lives of those who participate. Is the admonition to 'make disciples' affecting the 'mission team' too?

Purpose statement

The purpose of this qualitative study was to describe the lived experiences among participants in a Christian college who travelled on a STIMT.

Research question

One open-ended question was used to guide this study. What are the lived experiences among participants in a Christian college who travelled on a STIMT? The interview question was: How would you describe your experience as a participant who travelled on a STIMT?

Prompts were used as needed which included: In what way do you think your team impacted the community? Do you predict a long term impact? How did you adapt to the culture and lifestyle? Explain the challenges and achievements while interacting with the destination community. What experiences were most influential, memorable, or valuable for you? What impact did this experience have on your life?

Review of the literature

Research studies, published from 2005 to 2017, were found using the college library databases including Cumulative Index of Nursing and Allied Health Literature (CINAHL), American Theological Library Association (ATLA), and Google Scholar. Search phrases included *the impact of short-term mission trips, short-term mission trips, mission trips, cultural awareness, and cultural competence*. The purpose of the review was to inform and shape the planned research to enable the contribution of new knowledge within the current research context.

Understanding short-term missions: Some factors

A 2012 literature review of 230 articles, published from 1985-2009, sought to better understand the impact of short-term medical missions (Martiniuk, Manouchehian, Negin, & Zwi, 2012). This review asserts, citizens from the United States and Canada were the most frequent participants on mission trips. The country most travelled to was Honduras. Health care professionals responded to presenting health care needs, and the most commonly performed surgery was cleft palate repair (para. 3). Martiniuk et al. concluded by identifying areas needing improvement, including educating and training missionaries to relate to the destination's culture and language. In addition, they proposed that developed and affirmed policies regarding foreign medical missions should be specifically considered in the planning and evaluation of the STIMT (para. 4). Other research has addressed the level of professionalism evident in STIMT programs.

A literature review of 43 articles published between 1947 and 2014 established the role social, economic, and diplomatic aspects played in influencing short-term medical missions (Caldron, Impens, Pavlova, & Groot, 2015). The researchers reported a lack of professionalism that impacted all of the participants experiencing short-term medical missions. The level of collaboration that occurred between those who served and those who were served, may have resulted in a social and diplomatic gap that led to miscommunication, that could lead to an unsuccessful mission. Caldron et al. (2015) reported that for improvement to occur, an increase in preparation, planning, and effective

“
researchers reported a lack of professionalism that impacted all of the participants experiencing short-term medical missions
”

implementation of those plans are required (para. 3). Economically, participants were influenced because they were not paid for their work, instead they travelled to and from the destination, and further, supplies were funded and purchased for the mission trips. Therefore, participants had invested time and money, which altered their future engagement in mission trips. Social, economic and diplomatic aspects of short-term mission trips could have influenced negatively or positively the experience of any participant.

Caldron (2017) studied physician profiles which compared those who were paid with those who were unpaid in both long-term and short-term medical missions. Caldron's study considered the difference in intentions and reflections of participant physicians. The comparative data illuminated that all participants fixated on the impact that they were having on those they gave care to, as opposed to the potential financial gains or the real costs. This demonstrates the potentially principled focus of a Christian institution STIMT in accomplishing 'good works'.

Cultural impact of short-term mission trips

Lee and Gretzel (2016) evaluated the process of intercultural adaptation through snowball sampling of 10 volunteer participants with international mission trip experience (p. 5). Lee and Gretzel observed mission trips were an "emerging form of tourism" that required personal interaction with hosts to achieve cultural adaptation and pursue evangelism (p. 2). Five factors involved in the process of intercultural adaptation were identified: "predisposition, environment, personal communication, social communication, and personal transformation" (p. 6). Lee and Gretzel claimed these factors emerged as participants described themselves as: prepared for change, experiencing a welcoming environment, benefitting from previously established language ability and/or a willingness to learn the language, and aware of a correlation between the time constraints of a mission and opportunities to establish a relationship.

Likewise, Swartzentruber (2009) explored how cultural sensitivity was developed after participating in a short-term mission trip. Christian school participants stated they returned with a new perspective and way of looking at life. Three themes that emerged from description of personal transformation were: "development of relationships, awareness of poverty, and involvement in serving others" (p. 33). In a personal reflection, Swartzentruber emphasized the benefit of short-term missions for the development of cultural sensitivity. He suggested all Christian schools should consider

integrating a mandated short-term mission trip within their school curriculum.

Educational gains

In a detailed review of how a mission trip experience impacted volunteer participants, Linhart (2005) addressed the educational gains of North American adolescent participants impacted by a short-term mission experience. The study was unique in that it allowed participants to record their thoughts and experiences before, during, and after their short-term mission trip; however, the number of participants was limited to a single team of 10 high-school students. Results indicated the curriculum that prepared the students for this mission trip was focused on personal spiritual growth rather than cultural adaptation (p. 267). Once students returned home from this mission trip, it was found that students lacked support from their adult leaders to help them transition and apply the educational gains into their lives. Linhart concluded with a recommendation to future short-term mission trip youth-workers to integrate support and feedback for students to apply the lessons learned to their lives upon homecoming (pp. 268, 269).

In a qualitative study Markey, Tilki, and Taylor (2017) reviewed the concerns nurses had when caring for patients of diverse culture and ethnic background. Four challenges identified through the interviews of 20 nursing students and 10 nurses included "uncertainty, lack of knowledge, ethnocentricity and stereotyping, and culture of the organization" (para. 12) that affected their professional learning experience. These results revealed the knowledge deficiency and characteristic shortcomings of the nurses, which related to their comfort level in providing care to patients within a culture and ethnic diversity. Markey et al. did not recommend improvement on the part of the nurses; yet, without doubt, it provided advice of opportunity to fill this gap and enhance patient care delivery through more suitably prepared professional learning opportunities and better informed contextualized guidance.

Truong, Gibbs, Paradies, and Priest (2017) interviewed 14 community health care workers and sought to understand aspects of cultural competence, as viewed by health care service providers. With these interviews, four multi-level factors were identified as relevant to cultural competence: "individual, professional, organizational, and systemic" (p. 37). These factors stressed the need for a health care worker to seek and attain an understanding of the individual's knowledge and cultural needs (both the individual healthcare worker and the patient); of

“
Once
students
returned ...
students
lacked
support from
their adult
leaders to
help them
transition
and apply
the [STIMT]
educational
gains into
their lives.
”

the professional background and training required to achieve cultural competence; the organization's cultures and policies that affect cultural competence; and how the systems responsible for the community health model and funding affect cultural competence. One suggestion from participants proclaimed that a willingness to learn from each client would assist in providing culturally competent care. This study concluded that addressing the four aspects of cultural competence is essential to achieving culturally competent care (Truong et al., 2017, p. 42).

Summary of the literature review

The literature reviewed has provided some insight into the habits and traditions of STIMTs. The literature revealed personal transformations that occurred in individuals who volunteered on STIMT; in doing so, the literature explored the process and themes of cultural adaptation. The review indicated the culture of another country was better understood when it was lived in by STIMT participants. In addition, for an individual short-term missionary to gain the best-lived experience, he/she should be motivated to learn and should begin before the trip, continue through the trip, and be supported by fellow missionaries afterward in achieving the application of the learning in 'home' contexts.'

The theoretical framework

The 'sunrise model' is a conceptual model used to interpret components of Leininger's culture care diversity and universality theory (Leininger, 1988). The components addressed were "worldview, social structure factors, cultural values and beliefs, and folk and professional health systems" (p. 157). The purpose of this model was to gain an understanding and reasoning of patients' preferred care. This theory addressed how patient outcomes would be improved by seeking and applying an understanding of the patient's culture to coordinated care. Assumptive premises of this theory included: (1) care is essential to human life sustainability; (2) there are numerous expressions of human care that exist among various cultures; (3) care is the dominant feature of nursing; (4) culture care guides nursing practices; (5) knowledge of various aspects of culture are vital for a nurse in delivering patient care; (6) cultures have both folk and professional values; (7) it is possible and essential to care for a patient both when the goal in caring is a cure and when it is not; and (8) knowledge of different cultures is essential to practice nursing (pp. 155-156). Information was collected by a conversation with the patient, who was encouraged to share their ideas of care and how these components of the model

related to care. Thus, Leininger's theory promoted an understanding of cultures and how care should be delivered to various cultures informing the interview process. The results of the study provided insight into trends among participants of a private Christian college from their reflection on a STIMT experience. These trends included how experiencing another culture through short-term missions influenced the participants and promoted cultural awareness.

Operational definitions

The *short-term mission trip* was defined as a time of 7-14 days, in which an individual travelled to and participated in mission work for a predetermined underserved population. The *impact* was defined as the perceived effect an action or event had on a person. *International* was referred to as a destination of another nation around the globe. A *Christian* was referred to as an individual who practices faith based on the biblical teachings of Christ Jesus. *Student* referred to an individual enrolled in courses of study for a degree or certificate; more specifically in this study, a student was an individual enrolled at the college. *Faculty* referred to the college teaching staff. *Lived experiences* were defined as memories shared of an event that occurred in their life.

Research methodology

A qualitative approach was used in this study to gather data of deeper personal meaning regarding the lived experiences of participants involved in a STIMT. Approval from the college Institutional Review Board was obtained before the interviews. The researchers completed the National Institute of Health certification for "Protecting Human Research Participants."

Sample

The data were collected at a Midwestern college in the United States. The sample size consisted of 16 participants. As suggested by Schmidt and Brown (2019), data collection continued until data saturation was reached. This indicated the moment when the same themes reoccurred, and no new insights were obtained. The participants were required to be at least 18 years of age and met the requirements of having been on a STIMT. Faculty who work for the college were also included in this study. The sample was obtained through convenience sampling of the researchers' acquaintances. To ensure participation, interviews were scheduled at the convenience of the participants in a public, distraction-free environment.

Data collection and analysis procedure

This study included in-depth interviews, that were

“
for ... [a]
short-term
missionary
to gain the
best-lived
experience,
he/she
should be
motivated
to learn ...
begin before
the trip,
continue
through the
trip, and be
supported ...
afterward
”

“
The term *tourism* occurred a few times in the literature review; however, that was not mentioned by any of the participants”

45 minutes to an hour-long. The participants in the study were interviewed by one researcher and responses were recorded, however side notes were also taken. Interviews were transcribed verbatim. The data were analyzed after each interview using Colaizzi's strategy (as cited in Sanders, 2003). Subsequent interviews were conducted if further clarification was needed. The analysis determined common and consistent themes among the participants' responses and was identified from the collected data.

Using Colaizzi's strategy, the collected data were analyzed according to the following process taken from Sanders (2003):

1. Each transcript was read and re-read to obtain a general sense about the whole conflict.
2. For each transcript, significant statements that pertained to the phenomenon under study was extracted. These statements were recorded on a separate sheet noting their pages and line numbers.
3. Meanings were formulated from these significant statements.
4. The formulated meanings were sorted into categories, clusters of themes and themes.
5. The findings of the study were integrated into an exhaustive description of the phenomenon under study.
6. The fundamental structure of the

phenomenon was described.

7. Finally, validation of the findings was sought from the research participants to compare the researcher's descriptive results with their experiences. (p. 33)

Interview instrument reliability and validity

An interview was scheduled to address the question: "How would you describe your experience as a participant who travelled on a STIMT?"

This approach allowed for extended, authentic, descriptive responses as a result of using an open-ended question approach. The interview questions were sent to two peers and a faculty member who provided direct feedback, to inform the review and establish face validity.

Informed consent and confidentiality

The participants were asked to sign an informed consent statement before participating in the research and all information shared in the interview was kept confidential. All data collected were scanned into a computer, stored on discs, and submitted to the School of Nursing to be stored in a locked cabinet, in a locked storage room for three years. Only the nursing administrators or the research coordinator could access the stored records.

Description of results

In this study, 13 female participants and 3 male participants were interviewed. Table 1 lists the demographic characteristics of the participants. The participants who went on a STIMT included countries such as Belgium, Costa Rica, Dominican Republic, England, Equador, France, Germany, Guatemala, Haiti, Jamaica, Kenya, Mexico, Nepal, Nicaragua, Philippines, Romania Sierra Leone, South Africa, Spain, Switzerland

Data analysis

Once the interviews were completed, data were analyzed into four major themes: cultural adaptation, relationships, spiritual factors, and personal gain, with sub-themes to describe and support each theme. Figure 1 visually presents how the four themes correlate with the research study topic. In the following discussion the results of this study were linked to the literature review. Biblical scripture was quoted and identified as a foundation of Christian beliefs and views, identified as themes in this study. Leininger's Theory model, which was integrated into understandings and taken into consideration when the interviews and data collection took place, further influences the following considerations. The term *tourism* occurred a few times in the literature

Table 1: Descriptive Statistics for Participant Demographics and Background

| Variable | f | % |
|------------------------------|----|--------|
| Gender: | | |
| Female | 13 | 81.25% |
| Male | 3 | 18.75% |
| Age range: | | |
| 18-24 | 9 | 56.20% |
| 25-34 | 2 | 12.50% |
| 45-54 | 4 | 25.00% |
| 55-64 | 1 | 6.25% |
| Students and Year in School: | | |
| Sophomore | 1 | 6.25% |
| Junior | 4 | 25.00% |
| Senior | 4 | 25.00% |
| Faculty: | | |
| . | 7 | 43.75% |
| Note. (N=16). | | |

review; however, that was not mentioned by any of the participants. Personal spiritual growth and the need for calling on God to lead were emphasized experiential outcomes pertinent to the following discussion.

Discussion of the results

Each of the four major themes (Figure 1.) form separate sections within the following discussion of participants lived experiences on STIMTs. For brevity participants are identified by a number prefix by “P”.

Theme 1: Cultural adaptation

The cultural adaptation was a re-occurring theme among the interviews conducted for this research study. The most frequently described challenges of adaptation included: language, food, and time orientation. Figure 2 provides a visual understanding of the four subthemes that describe the surfaced theme from the conducted interviews: cultural adaptation. The language was both a challenge and an achievement in the minds of those interviewed. Twelve of our participants stressed the struggle of adapting to their culture’s different language because of their lack of ability and knowledge to communicate in the local language. Martiniuk et al. (2012) discussed the need for improvement in short-term missions, related to missionaries’ knowledge of the destination’s culture and language. However, some participants overcame the language barrier and found ways to adapt and communicate effectively among the people they visited. Participants P3, P8, and P13 expressed confidence in effectively adapting to the cultural language of

their destination community. P3 and P8 expressed common responses in terms of using “learned simple commands” or communicating through the “language of play” to effectively communicate with the destination community.

Food was another aspect of adapting to the destination community. Seven participants commented on the different kinds of food, what they could and could not eat, and expectations when eating the food. Two participants commented about the inability to consume some of the food and water because of concern for foodborne illnesses transmission. P11 discussed how they “were expected to eat everything on our plate otherwise it would be offensive towards the hosts.” This typifies the development of cultural sensitivity development alluded to by Swartzentruber (2009).

Time orientation was a common cultural adaptation discussed by six interviewees. All contrasted the difference in time orientation between American and their destination community in their own words; however, P5 elaborated how different the concept of time was, “I had to learn to be patient and that it was okay to be late. In America, it is the end of the world if you are late. There, it was just okay.”

Multiple participants described success in adapting to another culture by reflecting on the similarities between them and embracing the differences as something to admire. Multiple participants also elaborated over the importance of “being ourselves” while on the mission trip instead of “trying to fit in.” Yet P7’s explanation described that “There is this mission trip mindset that it is us and them...In reality, it is about we.” Despite the different cultural adaptations each interviewer had to overcome, a few commonalities emerged. Stereotypes, as discussed by Markey et al. (2017), included a tendency toward narrow-mindedness, and the familiarities of one’s own culture.

“There is this mission trip mindset that it is us and them...In reality, it is about we”

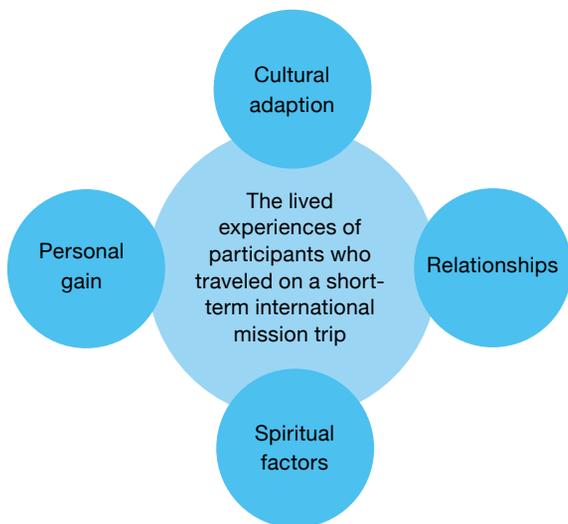


Figure 1. Four emerging themes from the lived experiences of participants in STIMTs

Theme 2: Relationships

Another theme identified through the conducted interviews was relationships. Almost every participant identified the formulated relationships, both within their mission team and the community they served, as the most valuable aspect of STIMTs. Figure 3 provides a visual understanding of the four subthemes that describe the relationships that surfaced from the interviews conducted. Ten participants detailed the valuable formulation of relationships among their team while on their mission trips. Four participants stressed the importance of team-building exercises that occurred before and during the trip, which helped strengthen the team bond and ability to work together when needed. P7 and P8 emphasized how, after the trip,

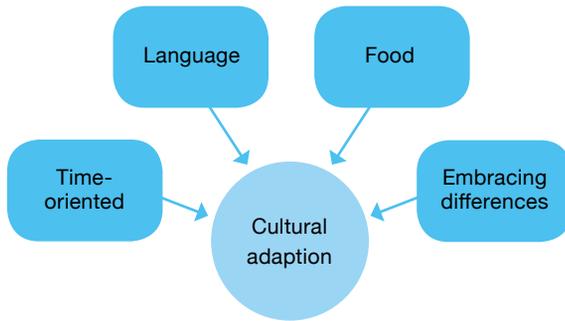


Figure 2. Cultural adaptation with subpoints addressed.

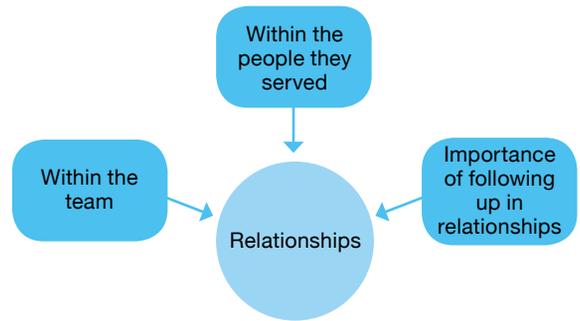


Figure 3. Relationship theme with subpoints found.

their team was able to strengthen the relationships formed and establish lasting friendships.

Ten participants claimed to have made long-lasting relationships with some of the people within their destination community. P2 stated, “I keep in contact with people I met from the state in Mexico we went to.” The realization of relationships stemming not only from within their team or back at home from their family was defined clearly by P1 who stated: “Some things I think I learned from them is that family is not limited to biology, the group is viewed greater than the individual.” P3, P7, and P9 reported they felt they left the most impact in the relationships they made within the destination community; whereas, P4 made a contrasting point that “The most impacting thing one can do is to sit with an older Christian individual in the culture, and get to know their story, their theology, and let them impact your life with their faith.”

Participants of this study also shared how STIMTs could be improved by following-up in the relationships they established within the community they served. Participants identified the value in fostering relationships with the communities they served in STIMTs and exhibited the concern they had for how those communities were affected once they left. P6 went into detail to explain the ill effect of initiating bonds during STIMTs with children who are not yet able to understand why they were abandoned by the people who loved them. She described her concerns for these children, “I’ll remember their faces forever, but to them am I just another white face who loves them and leaves them?” P6 later described how her experience in another STIMT, left a positive influence when she kept in contact with the community girls for several years. P15 stated “we weren’t sure if they were going to receive follow-up care...we only did short-term medications” to describe how STIMTs plan their care, yet keep in mind the importance of follow up. Two other participants shared their opinion of the importance of following up with the relationships initiated overseas to have a sustainable impact on the communities

“
I’ll remember
their faces
forever, but
to them am I
just another
white face
who loves
them and
leaves them?”
”

served on short-term missions. P7 suggested how to make this realization applicable to life back home, “I learned the need to follow up with people. Even if it’s interacting with the homeless community of South Bend. Making sure we don’t initiate things you can’t continue. Or at least don’t make promises you can’t keep.”

Theme 3: Spiritual factors

Each of our participants expanded on God’s role in short-term missions. A common belief shared was that being a part of a STIMT is becoming a part of something bigger than yourself. Many participants described how the Holy Spirit spoke to them during their experience in short-term missions. There was an emphasis on spiritual growth both personally and as witnessed in others. Participants detailed ways they had become overall, more like Christ. Figure 4 provides a visual understanding of the four subthemes that describe the spiritual factors theme that surfaced from the interviews.

Participants described their challenges and anxieties during their STIMT, frequently revolving around a lack of control over a circumstance within their experience. Circumstances, where participants experienced a lack in control, included: when they felt disheartened about their inability to fix the world’s problems and when situations did not go according to plan. Through these experiences, participants reported a realization that God is in control. Seven participants made specific statements of personal confirmation that God is present in STIMTs and continuously within communities all over the globe. Most of these participants described their experiences with God through sight senses; such as, “Seeing God...,” “He showed us,” “witnessing God’s love,” and how they, “saw God’s work.” Five participants told stories of how God protected them during their experience, either from physical harm, transportation failures, or financially. These reports concluded with how each participant was reminded to include God in their STIMT experience.

Whereas, to understand God’s role on short-

term missions was described by participants through visual senses; six participants described interactions with the Holy Spirit either through auditory senses or intuitive prompting. While many participants describe their experience as hearing from God through the Holy Spirit, P7 states, "I felt the prompting of the Holy Spirit for the first time." P6 goes into a detailed description of how to know when the Holy Spirit is speaking:

That morning we talked about listening to the voice of the Lord. And being sensitive, and being in prayer, and in the Bible often enough that we know the voice of the Lord so that when He speaks to you, you'll recognize it. So, that it will be a natural response to listen to what God says and being led by the Holy Spirit.

"Being Sensitive to the Holy Spirit" during these experiences was a shared statement between P4 and P6. Besides, P4 spoke on the value of entering time and atmosphere of being able to "open up to God's missional work in your life." A similar idea was shared by P1 when describing a STIMT experience as a time when the activity of the Holy Spirit was "heightened." These participants support the frequent claim that the Holy Spirit is having an active role in STIMTs.

The results of this study revealed personal spiritual growth and discipleship as fulfilled goals of Christian oriented STIMTs. Eight participants shared either stories or ways they felt there was spiritual growth in their own lives or how they witnessed it within their destination community. Lee and Gretzel (2016) addressed this motivation of evangelism for the social interaction that takes place, during these experiences. While 10 participants identified how 'discipleship of others' was a highlight of their STIMT experience, many also included how this experience led them to grow in their faith. P1 emphasized how we grow in our faith by sharing it with others, "We learned how overt we are in sharing the gospel... How do we adjust what we do daily? What does it do to our faith, based on what we experienced?" Other participants were more specific as to how their experience shaped their faith with statements such as P9 claimed, "It gave me a higher trust for God in my life," and P11 who said, "It taught me to spiritually rely on God more because of the fear of the unknown."

A goal of STIMTs revealed by participants of this study was to imitate God's love and show what it is like to be in a relationship with Him. Participants who went on a STIMT communicated the importance of being more like Christ during and after the trip. Since the participants came from a Christian college, many of them had been exposed to what it was like to be in an intimate relationship with God, which assisted

in the pursuit of dispersing the Gospel among those who had not heard "the good news" (1Cor 15:1-2 ERV). Philippians 2:1-4, of the Easy-to-Read Version, described what 'being more like Christ' meant to Christians: "In whatever you do, don't let selfishness or pride be your guide. Be humble, and honor others more than yourselves. Do not be interested in your own life, but care about the lives of others too."

Many participants spoke specifically about "demonstrating God's love" and detailed how they learned to "love better," in a more genuine, Christ-like, way. For some participants, this meant pushing aside their judgments, for others it meant expanding their circle of who they were reaching out to love. P14 mentioned how in all situations, specifically situations overseas, it is important how others might view our actions and presentations because we identify with Christ.

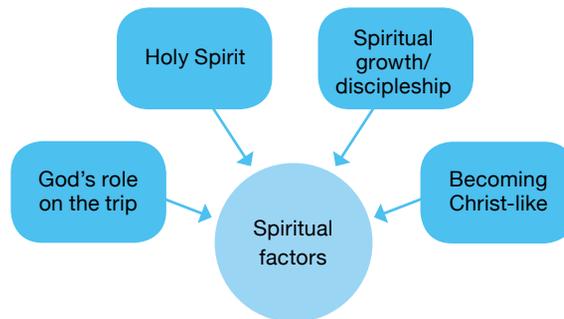


Figure 4. Spiritual factors with subpoints addressed.

Theme 4: Personal gain

Participants in a STIMT shared a common opinion after participating. This experience impacted them more than the community they served. This valuable impact is consistent with previous discoveries about short-term missions (Lee & Gretzel, 2006; Swartzentruber, 2009). Eight participants voiced they felt the community was better served through manual labor and immediate relief, but the ways they were impacted by what they learned from this experience had a more lasting effect. P4 stated "My opinion is, short-term missions benefit those who go, more than those who host" along with P6 who also voiced "As an adult I look back at those and I think that was a really good experience for me," and P11 articulated "The people impacted me more in the way of them allowing me to help their community rather than me impact them." These examples magnified the impact and personal gain achieved through the STIMTs taken individually. Figure 5 provides a visual understanding of the four subthemes that describe the personal gain theme emerging from the interviews.

Career and goal affirmation were a significant

“
The people impacted me more in the way of them allowing me to help their community, rather than me impact them”

factor during the interviewers' experience. Nine participants expressed an impact in their lives, whether it was in the aspect of affirming their career path or deciding their goals when they returned to their homes. Some STIMT participants affirmed their career calling in the medical field, to pursue missions, or simply to work with people. Participants 2, 8, 11, and 12 conveyed personal affirmations of their career calling once they returned from their trip. P13 quantified "Finding those different cultures and beliefs in my work here (in America) and still appreciate it (the different cultures and beliefs) is the most memorable to me."

Participants reported how what they experienced overseas through short-term missions changed their knowledge and perspectives of global issues. Visualizing poverty and interactions with people of diverse cultures provided insight for participants about the difference between living in a developed country versus an underdeveloped country. P2 shared knowledge and perspective gained that related to many other statements from participants in separate interviews, "These experiences also impacted my view of consumerism, international relief efforts, and my global view."

In addition to gaining a new perspective related to global issues, participants shared a process of self-actualization encountered during their STIMTs. Six participants identified a better understanding of their character traits after participating on a STIMT. Being put in a pristine environment and the face of poverty allowed participants to learn more about themselves by how they responded to a new perspective of the world.

Personal growth was another trait participant's enunciated, impacts that occurred more in their own lives than in the lives of those they interacted with at their destination community. P4 emphasized the importance of personal growth in STIMTs yet at one point, stated while some studies included personal reports self-actualization is high, the actual change implemented in participants' lives after their experience is low. With that, P4 elaborated how

“ put in a pristine environment and the face of poverty allowed participants to learn more about themselves by how they responded to a new perspective of the world. ”

a STIMT experience fosters growth in the lives of participants, including personal growth: "...missions are the seed planted into someone's life, and it takes about seven years to pop into something, and down the road, there is this maturation, this missional commitment or something more that fosters. I changed significantly."

Limitations

One of the limitations of the study was the small sample size. Another limitation was the diversity among male and female participants (ratio 3:13). The demographics did not include ethnicity; thus, it was difficult to identify trends among ethnic groups. Faculty and students of only one Christian college were involved in the study. Self-reported data could contain several potential sources of bias.

Conclusions

Participants' lived experiences were impacted in short term and long term, by both positive and negative outcomes. Through the interviews, persisting long term negative impacts, described as an asserted need for follow-up within the targeted communities, were identified. Relationships established became highly valuable, whether it be with the destination community or between mission team members. As noted by Henry et al. (2016), reaching out to those individuals after the STIMT is finished, will sustain relationships and benefit an early stage of social development: creating trust versus mistrust.

The STIMT experiences were a rich learning experience for all who participated. Four major themes derived from this study indicated that the lived experience on STIMTs was impacted by cultural adaptation, relationship-building, spiritual factors, and personal gain. These broad themes and associated subpoints helped one understand the processes, challenges, achievements, value, and motivation behind including STIMTs within Christian college 'deep learning' contexts. **TEACH**

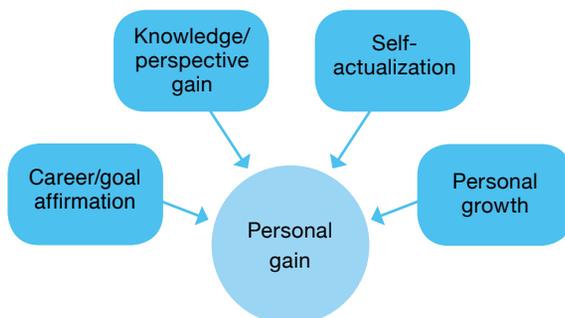


Figure 5. Personal gain with subpoints addressed.

References

- Caldron, P. (2017). "Fit" for service: Contrasting physician profiles and motivations for short-term medical missions and médecins sans frontières. *Journal of Compassionate Health Care*. doi:10.1186/s40639-017-0038-y
- Caldron, P., Impens, A., Pavlova, M., & Groot, W. (2015). A systematic review of social, economic and diplomatic aspects of short-term medical missions. *BMC Health Services Research*. doi:10.1186/s12913-015-0980-3
- Harner, F., Mann, J., Whitten, C., Abraham, S. P., & Gillum, R. (2019). Nurses' lived experiences of faith-based short-term medical mission trips. *Journal of Christian Nursing*, Published Ahead of Print. doi:10.1097/CNJ.0000000000000661
- Henry, N. J., McMichael, M., Johnson, J., DiStasi, A., Elkins, C., Holman, H.,...Barlow, M. S. (2016). Content mastery series review module: *RN nursing care of children edition 10.0*. Assessment Technologies Institute, LLC.

- Lee, Y. J. & Gretzel, U. (2016). Intercultural adaptation in the context of short-term mission trips. *Tourism Travel and Research Association: Advancing Tourism Research Globally*, 1-13. Retrieved from <http://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1578&context=tra>
- Leininger, M. M. (1988). Leininger's theory of nursing: Culture care diversity and universality. *Nursing Science Quarterly*, 1(4), 152-160. doi:10.1177/089431848800100408
- Linhart, T. (2005). Planting seeds: The curricular hope of short-term mission experiences in youth ministry. *Christian Education Journal: Series 3*, 2(2), 256-272. doi:10.1177/073989130500200203 Retrieved from: journals.biola.edu/ns/cej/volumes/2/issues/2/articles/256/
- Markey, K., Tilki, M., & Taylor, G. (2017). Understanding nurses' concerns when caring for patients from diverse cultural and ethnic backgrounds. *Journal of Clinical Nursing*, 27(1-2), e259-e268. doi/10.1111/jocn.13926
- Martiniuk, A., Manouchehrian, M., Negin, J., & Zwi, A. (2012). Brain gains: A literature review of medical missions to low and middle-income countries. *BMC Health Services Research*, 12(1), 134. doi:10.1186/1472-6963-12-134
- Priest, R., Dischinger, T., Rasmussen, S., & Brown, C. M. (2006). Researching the short-term mission movement. *Missiology: An International Review*, 37(1), 431-450. doi:10.1177/009182960603400403
- Sanders, C. (2003). Application of Colaizzi's method: Interpretation of an auditable decision trail by a novice researcher. *Contemporary Nurse Journal*, 14(3), 292-302.
- Schmidt, N. A., & Brown, J. M. (2019). *Evidence-based practice for nurses: Appraisal and application of research*. Burlington, MA: Jones & Bartlett Learning.
- Swartzentruber, C. (2008-2009). The impact of a mission trip: Preparing students to change our world. *CSE Magazine*, 12(2), 32-34. Retrieved from <https://www.acsi.org/assets/Documents/Resources/CSE/CSE%20Magazine/11354.pdf>
- Truong, M., Gibbs, L., Paradies, Y., & Priest, N. (2017) "Just

treat everybody with respect": Health service providers' perspectives on the role of cultural competence in community health service provision. *ABNF Journal*, 28(2), 34-43. Retrieved from <https://researchers.anu.edu.au/publications/136782>.

Author information:

Miranda Davis loves watching and playing volleyball, basketball, softball, crocheting, hanging with friends and family, traveling, and going too on spontaneous adventures, and trying new foods.

Hannah Lechlitner loves working out, playing with her dog, hiking, and spending time with her husband and the rest of the family.

Tia Standifer loves caring for children. Along with her nursing career, she is eager to start foster care for children.

Samuel Abraham likes psychiatric nursing, considers writing to publish his hobby and enjoys helping both students and colleagues to publish their research. Sam is the contact author at abrahams383@att.net.

Deborah Gillum enjoys inspiring the next generation of nurses, and in her free time, she travels, gardens, reads and enjoys spending time with her family.

“
Relationships established became highly valuable, whether it be with the destination community or between mission team members.”