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International Nursing Education: The Long-term Effects of an Overseas Placement

Lowton, Dana

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UNIVERSITY OF CALGARY

International Nursing Education: The Long-term Effects of an Overseas Placement

by

Dana Lowton

A THESIS

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Abstract

In an ever-increasing global society, it is important for nurses to have a high level of cultural sensitivity. Many nursing students have the opportunity to develop this skill by participating in an overseas practicum placement during their degree. This requires a structured and carefully designed placement focused on intercultural advancement, leadership opportunities, and the development of reflective skills. This current study involved alumni from a four-year nursing practicum, who participated in a practicum placement in Africa to determine how their time abroad experiences had influenced their personal and professional lives. This impact was reflected in four areas, which included cultural, social, personal, and professional aspects of life.

The theoretical framework underpinning this research encompassed: social cognitive theory (with a focus on self-efficacy theory), adult learning theory, and experiential learning theory. These theories were relevant to this study as they provided a foundation to the understanding of learning, individually and within a group, how experiences can transform learning, and how experiences can influence self-efficacy beliefs.

An explanatory, sequential mixed method approach was utilized in this study to gain a detailed understanding of participants' experiences within an overseas practicum. The quantitative data included a questionnaire that assessed the overall ratings of the overseas experience within the four areas of impact. The qualitative data included document analysis of program and coursework documentation, written responses within student journals, and in-depth semi-structured interviews. The six themes that emerged from these data were: (1) experience in Africa, (2) working with African counterparts, (3) development of leadership skills, (4) the importance of reflection, (5) proper training at home, and (6) support.

There were two models created as a result of the research findings, both of which emphasized the importance of multiple and interwoven components in the creation a well-structured overseas placement within the field of nursing. The first focused on the macro elements of design, which involved the overarching framework of an overseas practicum with attention given to the development, recruitment and training of students, and the relationships with African partners. The second model concentrated on the in-country experiences and supportive connections between peers and instructors. This micro model centred on the student experience and how that experience manifested through the work assignments, the accommodation, and the support provided through peer and instructor interactions. The findings of this study will be of interest to those who are planning to develop impactful and constructive overseas nursing practicums or to enhance their programs, both of which centre on the growing need to have culturally competent and sensitive nurses.

Acknowledgements

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Dr. TC Waisman, Dranna Andrews-Brown, Brad Colpitts, Dean Vanvelzer, and Brandy Usick, you provided me with laughter, ridiculous gifs, and hours of adult beverages to get through the toughest times. This amazing group of peers have imparted four years of wisdom and support, which I know will continue for years to come.

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Lastly, I would like to express my gratitude to my family. My sister and brother, Michelle and Mike, convinced me as a child that I could do anything. My brother Dave, who passed away shortly before finishing this degree, will forever be remembered as one who lived life to the fullest and I will strive to do the same. My Dad, Dan, who always encouraged me to get married, have children, and not pursue further education, would undoubtedly be proud of me for not taking his advice. Finally, my Mom, Elaine Taylor. Words cannot express the unwavering support you give on a daily basis with anything I pursue. As a single mom raising four children,

you always put our needs first and emphasized the importance of hard work and education. Although you could not convince me to follow in your footsteps and become a nurse, you allowed me to see the value, lack of recognition, and unquestionable self-sacrifice of this profession. This work is a tribute to you!

Dedication

*A mind that is stretched by a new experience
can never go back to its old dimensions*

Oliver Wendell Homes, Jr.

To my amazing mother, my best friend, and my guiding light, Elaine Taylor. Thank you for showing me how to be a strong woman, the importance of experiences and stretching the mind, and for granting me the resources to live my best life.

Table of Contents

Abstract.....	i
Acknowledgements.....	iii
Dedication.....	v
Table of Figures	xii
Table of Tables	xiii
Chapter 1 – Introduction.....	1
Context.....	4
Purpose	5
Assumptions	8
Problem Statement.....	8
Research Questions.....	9
<i>Primary Research Question</i>	9
<i>Secondary Research Questions</i>	9
Conceptual Framework.....	9
About the Researcher.....	12
Significance	14
Delimitations.....	15
Definition of Terms	15
Chapter 2 – Literature Review	18
Practicum Experiences.....	19
<i>Cultural Training</i>	20
<i>Pre-departure Training</i>	23
<i>Reflection Training</i>	25
<i>Reflection within Nursing Abroad</i>	26
<i>Practicum Length</i>	29
<i>Hands-on Work</i>	30
Environment	31
<i>Challenging Context</i>	31
<i>Cultural Diversity</i>	32

<i>Language Barriers</i>	33
Theoretical Foundations	35
<i>Social Cognitive Theory</i>	35
<i>Adult Learning Theory</i>	41
<i>Experiential Learning Theory</i>	43
Support.....	46
<i>Mentorship</i>	46
<i>Leadership Development</i>	47
Summary.....	50
<i>Practicum Experiences</i>	50
<i>Environment</i>	52
<i>Theoretical Foundations</i>	53
<i>Support</i>	54
Chapter 3 – Research Design	56
Introduction to the Study	56
Paradigmatic Underpinning	57
Methodological Approach	59
Methods	62
<i>Data Collection Methods</i>	63
<i>Document Analysis</i>	63
<i>Instrument Design</i>	68
<i>Questionnaire Pilot</i>	71
<i>Individual Interviews</i>	74
Rigour in Research: Validity, Reliability, Trustworthiness, Triangulation, and	
Legitimation	77
<i>Validity</i>	78
<i>Reliability</i>	81
<i>Trustworthiness</i>	82
<i>Credibility</i>	83
<i>Transferability</i>	83
<i>Dependability</i>	84

<i>Triangulation</i>	85
<i>Legitimation</i>	85
<i>Sampling Frame</i>	89
<i>Sampling</i>	89
<i>Instruments</i>	97
Procedure	100
<i>Data Analysis and Interpretation</i>	106
Ethical Considerations	109
Limitations	111
Summary	113
Chapter 4 – Results	115
Introduction	115
<i>Quantitative and Qualitative Data Presentation</i>	115
Emergent Themes	117
Theme 1: Experience in Africa	120
<i>Reality of African Nursing</i>	120
<i>Language and Culture</i>	123
<i>Intense Experiences</i>	127
<i>Africa Nursing Skills</i>	128
<i>Non-nursing Experiences</i>	132
<i>Differences and Similarities</i>	134
<i>Broad Understanding of Health</i>	135
Theme 2: Working with African Counterparts	136
<i>Learning</i>	137
<i>Relationships</i>	139
<i>Hands-on Work</i>	140
Theme 3: Development of Leadership Skills	142
<i>Teaching</i>	143
<i>Leadership</i>	145
<i>Self-efficacy</i>	148
Theme 4: Importance of Reflection	153

<i>Reflection</i>	153
<i>Life Changing Experiences</i>	156
<i>Feelings of Gratitude</i>	157
Theme 5: Proper Training at Home	158
<i>Expectations</i>	159
<i>Pre-departure</i>	160
Theme 6: Support	165
<i>Peer Support</i>	165
<i>Instructor Support of Students</i>	167
Chapter Summary	169
<i>Experience in Africa</i>	169
<i>Working with African Counterparts</i>	171
<i>Development of Leadership Skills</i>	172
<i>Importance of Reflection</i>	173
<i>Proper Training at Home</i>	175
<i>Support</i>	176
Chapter 5 – Narrative Stories	178
Story One – “Elaine”	179
<i>Reflections on the Lesson Learned</i>	182
<i>Researcher’s Debrief</i>	183
Story Two – “Christy”	184
<i>Reflections on the Lesson Learned</i>	187
<i>Researcher’s Debrief</i>	187
Story Three – “Jennifer”	189
<i>Reflections on the Lesson Learned</i>	191
<i>Researcher’s Debrief</i>	192
Story Four – “Alexis”	193
<i>Reflections on the Lesson Learned</i>	194
<i>Researcher’s Debrief</i>	194
Chapter 6 – Discussion	196
Significant Findings	196

<i>Finding One - Importance of Environment and Relationships in Africa.....</i>	199
<i>Finding Two – The Necessity of Education and Training</i>	206
<i>Finding Three – Support and Reflection as a Means for Growth</i>	215
Summary.....	220
Chapter 7 – Conclusion	223
Overview of Major Findings	223
<i>The Influence of an Overseas Nursing Practicum</i>	224
<i>Self-efficacy Influences from an Overseas Practicum</i>	224
<i>Skill Development Influences from an Overseas Practicum.....</i>	225
<i>Cultural Competencies</i>	225
<i>Leadership Skills.....</i>	225
<i>Reflection Abilities</i>	226
<i>Models for Overseas Nursing Practicums</i>	227
<i>Practicum Development.....</i>	228
<i>Instructor Involvement.....</i>	229
<i>Relationships with Hosts.....</i>	231
<i>Learning Outcomes.....</i>	232
<i>Promotion/Acceptance.....</i>	232
<i>Global Health Course.....</i>	233
<i>Pre-Departure Workshops.....</i>	233
<i>Instructor Involvement</i>	235
<i>Support.....</i>	236
<i>Accommodations</i>	237
<i>In-country Experiences</i>	238
<i>Teamwork.....</i>	238
<i>Reflection</i>	239
<i>Guided Reflection</i>	240
Recommendations.....	240
Additional Recommendations	242
<i>Linkages and Implications for Theory.....</i>	244
Implications for Further Research	246

Conclusion	248
References	252
Appendix A: Adapted IES Questionnaire	283
Appendix B: Email Invitation to Graduates	292
Appendix C: Semi-structured interview questions (graduates)	294
Appendix D: Email Invitation to Instructors	296
Appendix E: Semi-structured interview questions (instructors).....	298
Appendix F: Days for Girls	299
Appendix G: Global Health Practicum (GHP) Syllabus	300
Appendix H: Pre-departure Workshop	306
Appendix I: Data Results	312
Appendix J: Advanced Global Health Course Syllabus	314

Table of Figures

Figure 1.1 <i>Conceptual Framework</i>	10
Figure 2.1 <i>Four-stage Learning Cycle (Kolb)</i>	44
Figure 3.1 <i>Number of Participants Based on their Cohort Year Abroad</i>	90
Figure 3.2 <i>Age Range of Students While Abroad</i>	91
Figure 3.3 <i>Current Employment Positions of Participants</i>	92
Figure 3.4 <i>Participants Current Level of Education</i>	93
Figure 3.5 <i>Sampling Framework</i>	94
Figure 3.6 <i>Mixed Method Research Step-by-Step Procedure</i>	101
Figure 4.1 <i>Emergent Themes and Sub-themes</i>	118
Figure 4.2 <i>Self-Efficacy Impact Across the Years</i>	149
Figure 4.3 <i>Pre-departure Sessions</i>	161
Figure 7.1 <i>Model for Overseas Nursing Practicum Design (Macro Level)</i>	228
Figure 7.2 <i>Model for Overseas Nursing Practicum Design (Micro Level)</i>	235

Table of Tables

Table 3.1. <i>Typology of Mixed Methods Legitimation Types</i>	86
Table 3.2 <i>Participant Interview in P2 based on Representation Factors</i>	96
Table 4.1 <i>Frequency of Codes</i>	119
Table 4.2 <i>Increased Knowledge in the Field of Global Health, by Cohort Year</i>	130
Table 4.3 <i>Leadership in Nursing</i>	147
Table 7.1 <i>Guided Reflection Questions</i>	240

Chapter 1 – Introduction

International education is an academic phenomenon that has been extensively researched (Streitwieser et al., 2012). This area of study can refer to students from one country coming to another to complete their degree, which are regarded as degree-seeking international students. Four years ago, Canada's post-secondary population consisted of 11% international students and this continues to grow each year (Canadian Bureau of International Education, 2016).

International education also encompasses students doing a study abroad experience, which includes opportunities that range from a week to a year where the focus is to work towards degree requirements at their home institution. The push to expand opportunities for Canadian students is prevalent, yet research in this country is quite lacking in comparison to studies done in the United States, Australia, and the United Kingdom. The Canadian Bureau of International Education (2016) reported that Canada sends approximately 3% of university students abroad making it one of the lowest averages amongst comparable countries despite having education abroad offices in 97% of universities and 82% of colleges across the country.

Short-term overseas programs, under the umbrella of study abroad, are now considered common in Higher Education (HE) and found throughout the world, most often organized through study abroad offices (Rosch & Haber-Curran, 2013). These programs refer to an experience that is one week to eight weeks in length (Chieffo & Griffiths, 2004; Donnelly-Smith, 2009) and can include practicums, internships, service trips, research placements, and a handful of other academic-focused initiatives. The differences within each program are numerous such as: credit bearing or not, accommodation with homestay families, in dorms, hotels or apartments, hands-on work or traditional classroom study, or a mixture of both. Research in this field has

consistently shown positive outcomes for students that engage in this style of learning such as cultural awareness, openness to difference, cognitive development, self-confidence, and self-awareness to name a few (Button et al., 2005; Duffy et al., 2003; Goldberg & Brancato, 1998).

Within the short-term program genre, there is yet another subset referred to as faculty-led programs in which an instructor from an institution will take students abroad to teach courses they would normally teach in the classroom. These are distinctive programs that students gravitate towards as they often cost less than traditional study abroad, there is minimal time commitment, no credit confusion, and there is an added benefit of safety in a group setting. The uniqueness of these programs is the ability to explore education in a non-traditional classroom while learning about the world and embracing a life-changing experience (Keese & O'Brien, 2011). There are certain educational disciplines, such as nursing, within post-secondary institutions that are finding faculty-led programs to be of great benefit for their students (Zorn, 1996).

Research in the Nursing field has grown over the last 20 years as cultural awareness is now understood to be of high importance in the healthcare field (Kelleher et al., 2016; Kokko, 2011). In a globalized society, it is paramount that nurses have cultural sensitivity and a high level of empathy towards patients given that patients are now quite multicultural in most countries (Adamson, 2018; de Oliveira & Tuohy, 2015). Cultural sensitivity is defined in the literature review along with its role within the broader cultural understanding. Nursing faculties in universities around the globe have begun to realize this importance and have increased opportunities for overseas experiences as part of their baccalaureate degrees (Edmonds, 2012). Due to the structure of many nursing degrees, these experiences present themselves in many ways such as short-term (one to eight weeks), long-term (eight+ weeks), placements in low or

high-income countries, as well as hands-on or observatory student involvement. Differences exist in pre-departure training and reflection amongst institutions from not included at all to very extensive. A problem that exists in the current literature is that it is hard to create substantial research on the impact of an international Nursing practicum for students given these differences in training and in-country experiences (Edmonds, 2012). Some programs are one-week placements to a similar country whereas others are eight-week programs to a country quite different from home.

Structured nursing experiences are often called practicum placements and are regarded as hands-on unpaid practical work related to current studies. Ideally, they should tie together traditional textbook learning with real-life training and allow “the opportunity to contextualise theoretical learning within the practical setting” (Zilembo & Monterosso, 2008, p. 202). Fuentes-Pumarola et al. (2016) reported that the importance of this hands-on work is to show not only that you have the pertinent employability skills but can also make decisions and have confidence in doing so. This is a highly valued skill in any employee and one that often comes from practice and time, both of which you can gain from practicum experience. Otteman and Irwin (2016) emphasized that practicums are the sources of engagement that students take part in that truly “set them apart from other graduates entering the industry” (p. 16). The importance of a hands-on practicum placement is that multiple learning contexts become available for students and therefore situations are multi-faceted and allow for students to draw on their understanding from a critical perspective (Zilembo & Monterosso, 2008). The most important aspect of a practicum is its ability to transition a student from an educational setting into a real-life work environment with minimal impact during what can be a difficult transition phase. A successful transition into a work position with meaningful work skills and academic knowledge refers to areas such as

working with others, making decisions, prioritizing, reflecting on learning, and communication (Otteman & Irwin, 2016).

Context

This study will be looking at the Global Health Practicum (GHP) that is utilized by the fourth year nursing students at a university in British Columbia. This program leads students and faculty members to rural communities in Ghana and Zambia and is heavily intertwined with the ideas of collaboration, reflection activities, and a strong mentor relationship between students, local healthcare professionals, and faculty members. The purpose of nursing practicums are to “integrate the knowledge, attitudes, and skills that have been acquired throughout the degree program in nursing” (Fuentes-Pumarola et al., 2016, p. 199). The GHP has been sending students abroad since 2000 and has approximately 400 alumni that completed their practicum in Africa. The program has been led by numerous faculty members and has built very strong relationships with the host communities.

Along with their faculty members, with a ratio of approximately 10:1, these students do hands-on clinical work in rural villages equipped with the skills learned in the classroom and previous domestic practicum placements. There are five months of preparatory work with a multitude of pre-departure workshops and training sessions. These discussions focus on clinical expectations, cultural training, and fundraising activities for medical supplies. There is also a family workshop in which faculty members prepare parents and loved ones for the experiences their student will have and therefore be a source of support upon returning home. While in country, the group spends numerous hours each week reflecting about what they are experiencing and talking through any distress or anxiety they are encountering. In their clinical work, these students have witnessed the deaths of mothers, fathers, and newly delivered babies.

They have seen disease-infected individuals that lack access to immediate medicine, as well as sick or injured that could not get to the hospital in time. Students participate in five weeks of unpredictable medical health experiences in high heat, extreme humidity, and constant power outages in addition to working in an environment that is completely different to that which they were trained.

The GHP has the opportunity to significantly impact the lives of graduating nurses as it opens up cultural experiences and is designed to encourage leadership skill development. For the purposes of this study, the term *impact* is defined as a self-reported personal or professional influence as a result of an overseas nursing experience. Alumni of this program include nursing faculty who now lead current students on these placements, alumni who returned to Africa to continue the work they started, as well as many who have gone into traditional local nursing careers.

Purpose

In an ever-increasing globalized society, it is critical that Canadian citizens develop a cultural understanding and have the ability to interact with others of a different ethnicity. One way to achieve this is by spending time abroad, whether it be for school, work, or vacation. As mentioned earlier, despite a high importance of overseas experience during an educational degree, only 3% of Canadian graduates have any form of overseas experience (Canadian Bureau of International Education, 2016). Mandates have been set by many institutions, as well as the federal government, highlighting the importance of these overseas experiences, yet they have not addressed the reasons why students do not study abroad, such as funding options to assist students who otherwise would not be able to participate. Countries such as Australia and Germany have created funding structures to allow their students to study abroad and their

participation rates illustrate this. Australia created the New Colombo Plan while Germany has been utilizing the DAAD governmental fund for many years to encourage study abroad.

Geyer and her colleagues (2017) reported that “despite the extensive research on long-term study abroad programs, few studies have been conducted on study abroad and its relationship with career aspirations and leadership, and even fewer studies pertaining to the impacts of short-term study abroad programs” (p. 1043). The research on the connectivity between overseas education and leadership begs the question about students taking on leadership roles because of the overseas experience, or are students who are naturally inclined to be leaders attracted to overseas experiences? Research with American students by Geyer et al. (2017) has shown that those who participate in short-term study abroad are “29.3 percent more likely to hold a leadership position because of their experience” (p. 1051).

The nature of nursing training is one that requires hands-on training in order to properly transition into a professional work placement, which exemplifies this area as an ideal candidate for an overseas placement. The problem-solving, multi-tasking, and on the ground decision-making in a complex environment could truly produce skill development that might not be possible in a Canadian context. With emphasis on the constructivist paradigm of knowledge acquisition, it is assumed that each student will interpret the experience and gather meaning from it in their unique way. In addition, the individual knowledge gained from this experience is part of the foundation for their future work as health care professionals and my research aimed to identify the impacts of these overseas experiences that personally and professionally influenced them.

By researching the impact of these experiences, it is anticipated that this research will support and inform leaders’ decisions and program designs, particularly related to how students

are prepared for their overseas travel, how they are supported abroad, and how time is dedicated towards reflection to maximize the academic and social learning, as well as potential leadership development gained from these practicum experiences. As Long (2012) stated, understanding the importance of pre-departure training and continuous reflection is critical in developing the best outcomes for students. Based on the literature, the long-term effects of nurses who completed practice overseas is not well established due to the newness of this research area. Additionally, the impact of different practicums, such as those undertaken in socio-economically disadvantaged settings compared with those in sophisticated medical systems in western nations, are relatively unknown (Evanson & Zust, 2006). Therefore, this research was focused on examining the impact on academic learning and the potential for leadership development as a result of an overseas practicum within limited resource countries where their medical systems are economically disadvantaged in comparison with wealthy western medical systems. It was anticipated that this research would provide useful information about the long-term impacts on nursing students' development of nursing discipline knowledge, skills and practices, self-efficacy, and leadership capacities that were influenced by their overseas practicum experiences with the view to indicate the value (or not) of participating in an overseas practicum within a socio-economically disadvantaged setting. Secondly, in alignment with the goals of the EdD, that is to solve problems of practice and to achieve both pragmatic and theoretical outcomes from the research, the recommendations related to program design, leadership considerations, student support and preparation, and possibly suggestions to maximize these overseas experiences were key outcomes from this study which aligned with the overall purpose.

Assumptions

Due to the research available, recognizing that the literature is primarily based outside Canada, there are a number of assumptions that exist. The first and most pervasive is that short-term overseas programs do not have the same impact as longer programs and although there are some limitations with generalization, this idea is a common thread among researchers (DeDee & Stewart, 2003; Koskinen & Tossavainen, 2004; Zorn, 1996).

The second assumption is that the impact from an overseas program will lessen over time, this could refer to cultural understanding, reflection skills, or a myriad of other benefits from studying abroad (Zorn, 1996).

The third assumption is that reflection is critical in making sure the experience enhances the learning. Researchers agree that constant reflection within an overseas placement as well as upon return will heighten the experience that takes place overseas and allow students to fully process their experiences and be able to make meaning of it (Atkins & Murphy, 1993; Chan et al., 2017).

Last, a collective assumption is that cultural understanding increases substantially during an overseas nursing placement. Cultural understanding is broken down into many sub-categories which is explored in the literature review.

Problem Statement

Although there are studies showing the importance of study abroad for nursing education, there is limited research showing the long-term effects on career progression and skill development. Overseas programs are all created differently thus making it difficult to compare or measure the success of the program. In addition, Canadian institutions have minimal research on study abroad in general as well as insufficient literature on long-term effects following a study

abroad experience. As overseas nursing placements become more and more frequent, it is important to be able to review the factors that can influence a positive outcome and how to develop strong leaders in the nursing field.

Research Questions

Primary Research Question

How does an international nursing practicum in resource limited countries influence nurses' professional development, career choices, skill development (cultural competence, self-reflection, agency), and self-efficacy?

Secondary Research Questions

- a. How does a 4th year international nursing practicum to a challenging context, influence career-related choices, and/or professional development?
- b. How does a 4th year international nursing practicum to a challenging context influence self-efficacy and agency?
- c. Does the skill development (such as cultural competencies, nursing skills, and reflection abilities) have an impact after the placement (e.g., leadership capacities, etc.)?

Conceptual Framework

Building an overseas nursing practicum involves many concepts of which each can have an impact on the learning outcomes and skill development of the participants. These concepts are varied both in understanding, utilization, and impact but all are touched on in the literature that encompasses study abroad.

These concepts shown in the conceptual framework (see Figure 1.1) fall within four areas of focus, which are: Practicum Experiences, Environment, Theoretical Foundations, and Support.

In addition to the concepts that create the foundation for overseas programs, the relevant theories will be examined in the Literature Review in Chapter 2.

Figure 1.1
Conceptual Framework

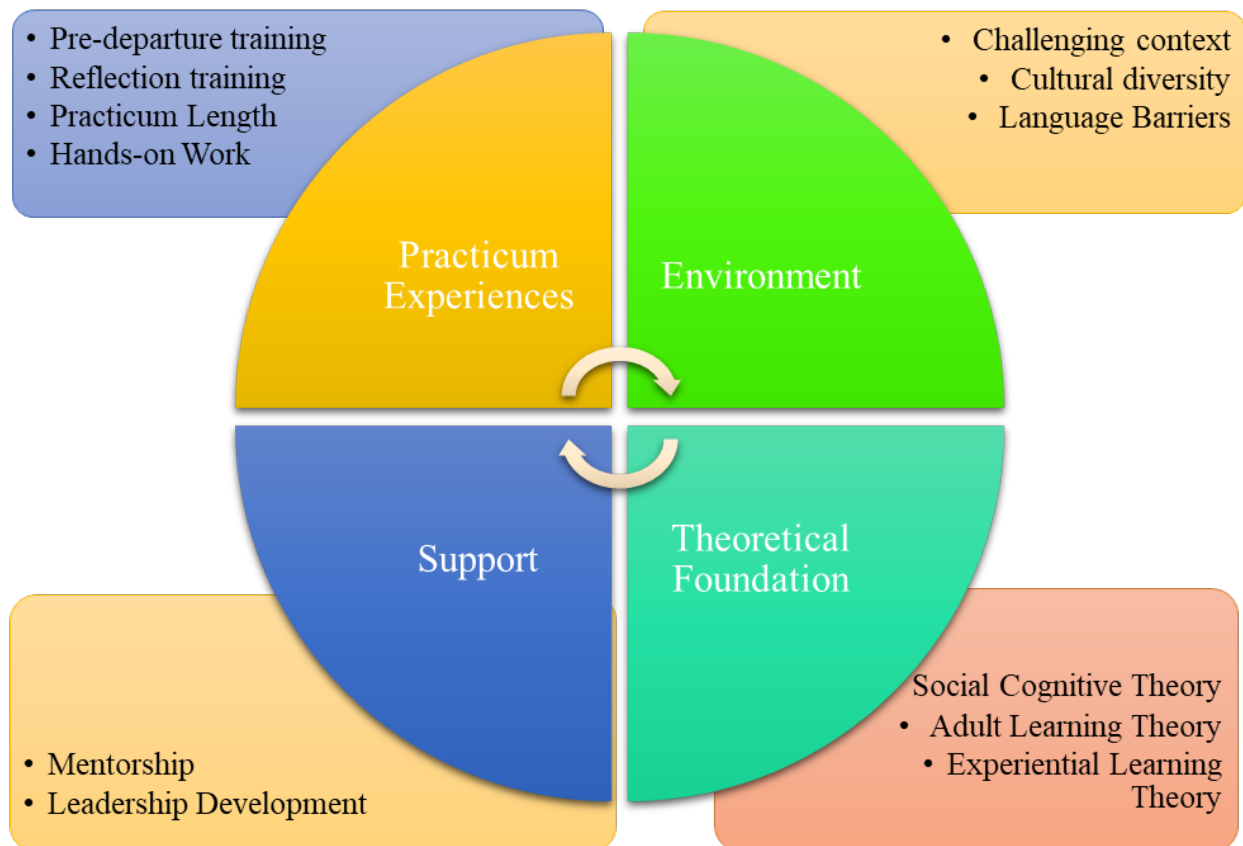


Figure 1.1 displays the conceptual framework to guide the proposed study relating the various areas and their interwoven concepts and how they are essential in creating overseas programs that have a long-lasting impact on students.

Practicum Experiences: this area focuses on the importance of pre-departure training that should exist in all overseas programs. Pre-departure is a unique practice, meaning that some institutions focus heavily on this training, whereas others do not. Some may base the extent of their pre-departure training on the style of program going abroad whereas others may omit this training due to a lack of understanding. There is limited research done on the area of pre-departure, but it is often touched on when discussing overseas experiences. Reflection training is

a highly discussed area in the literature in relation to its importance, its impact, as well as the timing of when reflection activities should occur. Reflection practices such as training prior to departure, in country practices, and post-experience, will be discussed. Another complex area within study abroad is the terminology and the importance of short-term versus long-term programs. Length of time abroad is contested as a leader factor to predicting long-term impacts for students which can be affected by environmental factors, such as cultural adjustment and community involvement. This area is widely covered in the literature and reviewed in the following chapter. Hands-on practical work is an area that is lacking in attention given that practicum placements should require hands-on involvement and not just observational assessments. The logistical components will be reviewed as powerful contributors to a study abroad outcome.

Environment: the importance of environment involves a few areas such as the notion of placements in developing versus developed countries, it is important to note that the definition of income-related designations of countries has recently changed. The specific focus on the placement located in a challenging context is not covered extensively in the literature, but topics around difference to home location is discussed. There are variables such as temperature disparities, marginal sanitation, lack of electricity, variations of water resources, and new bugs and insects to deal with that all contribute to a challenging context. There can be varying levels of cultural diversity as some placements may be located in areas different than home, whereas others are more similar. The reality of language barriers is discussed in this section as it can play a role in the overseas experience of a student.

Theoretical Foundation: This framework area will look at three theories of learning that are connected to the overseas nursing experience. Social Cognitive Theory looks at the self-

efficacy development that increases capability beliefs. Adult Learning Theory looks at how adults learn, the environment in which they learn, and how learning relates to experience. Experiential learning theory is based on the idea that through the process of actively participating in the world, learning is enhanced.

Support: the final area within the conceptual framework encompasses two aspects that are of high importance in a faculty-involved overseas placement. The first involves mentorship and the extent to which this is embedded into the program. This could be a one-on-one mentor relationship between a student and a faculty member while in country but could also be mentorship between two students or within a small group. The literature emphasizes the importance of this relationship not only overseas but also within the healthcare field. The second part in this area that is strongly related to the concept of mentorship, is the development of transferable leadership skills. It is with the support of others during growth opportunities that leadership skills have the capacity for development. Relating this to an overseas nursing program, these include personal and professional confidence, critical thinking skills, and active listening skills.

These concepts outlined in the framework will be discussed within the literature review as they are the foundation of overseas programs and help guide the research questions and methodology.

About the Researcher

Through my work as the Manager of an International Exchange Program for the past 13 years, I assist students as they navigate their way through the details of going abroad, living abroad, and returning home. I have generated an abundant amount of anecdotal evidence of how study abroad has an incredible impact in the lives of students. Working closely with the faculty

of nursing for the past five years, there is no shortage of conversations with alumni and faculty members as to the impact and influence an overseas experience has had.

By delineating my values in the field of education and why I am passionate about this subject, it makes sense to illustrate some of the learning experiences I have had outside the classroom. I spent a year traveling solo throughout Australia and New Zealand when I was 18 which jumpstarted my love for seeing the world, experiencing new cultures, and meeting new people. That experience was the beginning of many exciting journeys, which now roughly includes 60 countries, including a semester in Europe during my Master's degree. The many facets of travel have made an incredible impact in my life but because many transformational experiences are often a gradual process, they can be hard to articulate. The fundamental values that have developed and evolved as an outcome of exploring new cultures, languages, and environments, have driven a realignment of how I live my life. It has changed who I am, how I perceive the world, how I interact with others, and what I value. In addition to personal growth, my overseas experiences have aided me in obtaining my current position at a British Columbia university, earning an intercontinental graduate degree, working towards a doctorate, as well as being influential in providing a background to guide my students who study abroad.

The constructivist paradigm resonates with me because it emphasizes that there is no one reality and the perceived interpretation of the world is different from person to person. This paradigm suggests that "one has to experience the world to know it" and that people bring with them all sorts of information that can enhance their learning while building (*constructing*) knowledge from that base understanding (Peters, 2000, p. 167). This paradigm is an epistemological shift from the traditional pedagogy that focuses on the disseminating of information from teachers to students.

Being pragmatic relates to seeing things as fact or with practicality as opposed to an idealistic or theoretical basis (Merriam-Webster's collegiate dictionary, 2019). I am a pragmatic thinker, which may have some limitations in that I tend to focus on the idea of fact rather than interpretive perspectives. Initially I felt it to be counterintuitive to interpretivism/constructivism yet the philosophical paradigm of pragmatism in education appears well linked to it. Although constructivism looks at experience and how it develops who you are and how knowledge constructs together, pragmatism "advocates the unity of knowledge and action, of values and experience" (Pavlis & Gkiosos, 2017, p. 24). It is these two concepts that are symbiotic to my own educational values and resonate with my research.

Significance

The importance of knowing the long-term impact of study abroad experiences for nursing could have a broad impact on all facets of post-secondary experiences. First, it can shape the way our students are taught, inside and outside the classroom, and enhance the experiential learning for the future leaders of Canada. Second, it has the ability to assist faculty members who are developing overseas programs to be specific about unique learning outcomes targeted to study abroad. It can shape the way that universities and governmental bodies financially support these programs in Canada and how curriculums could be modified to accommodate them. Lastly, Kokko (2011) aptly stated that research in this area serves "to inform nursing managers about internationalization of nursing and how nursing education abroad equips future nurses with cultural competencies. These competencies need to be better acknowledged, appreciated and utilized in the working community" (p. 681). The benefit to employers within the nursing healthcare field could be enriched and the service to patients could be enhanced.

Delimitations

Delimitations are the boundaries set by the researcher in an effort to keep the study within control and to attain goals that are achievable (Theofanidis & Fountouki, 2018). A few delimitations of this study are important to discuss, as there were defining boundaries included in this research. The purpose of this study was to examine a program run by one institution in Western Canada to two specific geographical locations in Africa. The inclusion of participants related only to those that participated in this experience (fourth-year nursing students) and only to instructors who went abroad with those groups of students. This study could be replicated by other Canadian universities as nursing practicums are common, but importance would lie in the comparison of variables such as duration of program, location, preparatory training, hands-on work and other factors discussed in this research study.

Another delimitation of this study was the lack of comparison with domestic nursing practicums. The intention was not to equate domestic and international practicums, but to focus on the overseas students and their recollection of the African experience and how it affected their lives.

Definition of Terms

Study Abroad – will be used in this paper to describe the activity of studying outside of the country in which a student resides.

Practicum – is a work-related placement that allows students to get field experience and build on the knowledge that has been learned in a classroom setting.

Transferable skills - interpersonal communication abilities, working within a group, or the ability to manage or lead the direction of people or project (Bridges, 1993).

Pre-departure training– is one or more workshops designed to prepare students to study overseas. These workshops can cover topics such as health, safety, packing, language training, emergency protocols, and finances to name a few.

Short-term versus long-term programs – a short-term program refers to an overseas program that is between one week and eight weeks in length. Long-term programs refer to an overseas program that is longer than eight weeks.

Faculty-led programs – created by post-secondary institutions in which a group of students along with at least one faculty member participate in a short-term overseas program for credit

Developed versus developing country – terms once created by The World Bank but since 2016 they have been replaced with four classifications: Low Income, Lower Middle Income; Upper Middle Income and High Income (Fernholz, 2016). When referencing literature previous to 2016, this paper may include these old definitions; otherwise, these will be referred to as low- and high-income countries.

Challenging context – a study abroad location that is different from home and therefore can be more of a struggle for students to adapt. Examples include places with extreme temperatures, lack of electricity, and minimal amenities.

Culture – a complex system that includes a set of attitudes, beliefs, knowledge, values, and basic assumptions shared by a group that can influence their behaviour.

Cultural immersion – activities that place students in a different context which provides specific real-world learning situations and experiences in order to challenge and expand their personal cultural perspectives about how others' perceive their world, work, the ways they operate, and their norms and values.

Cross-cultural competency – “Cultural competence is a set of congruent behaviours, attitudes and policies that enable professionals to work effectively in cross-cultural situations” (Ulvund & Mordal, 2017, p. 96).

Chapter 2 – Literature Review

Overseas nursing practicums are becoming more common given the importance of cultural education in the field of healthcare (DeDee & Stewart, 2003; Edmonds, 2012). Globally, there has been a steady rise over the past 20 years yet the research in this field is not as robust given the nature of these programs (Streitwieser et al., 2012). The nature of these programs refers to the differences that exist between overseas nursing practicums which result in the inability to generalize the research. This will be discussed within this chapter as variables that differentiate overseas practicums are important in their outcomes and student impacts. In addition, long-term effects from overseas nursing practicums are even more limited given the recent emergence of this field as an area of research.

A review of the existing literature resulted in a myriad of studies focused on unique aspects of these programs. Research has been done with graduates from six weeks following the experience (Lee, 2004), two years following (Evanson & Züst, 2006), graduates from a short-term (less than eight weeks) placement (DeDee & Stewart, 2003; Evanson & Züst, 2004), and studies that have involved as few as seven participants (Lee, 2004; Ruddock & Turner, 2007). Research studies discussed program specifics in which hands-on work in country is limited and students are there only to observe (Edmonds, 2012). Studies focused on European or American institutions, with limited Canadian research identified.

Examining the effects of a study abroad experience, whether short-term or long-term, includes understanding the variables that can contribute to having an effect, positive or negative, on a student. These areas include, but are not limited to, training received prior to departure, length of time in country, language barriers, hands-on involvement while in country, student-supervisor relationship, group comradery, specific variables such as weather, sanitation as well

as reflection practices to name a few. A review of the literature touches on these variables individually but research is lacking when looking at the importance of all the variables together and their interaction with each other. Individually, there is a heavy focus in the research related to the length of time students are in country and working with community members (Tarrant, 2010). There is abundant literature on the extent of time dedicated before, during, and after a placement to focus on reflection and developing the skills to reflect on one's learning (Comer, 2016). Reflection is referred to as one of the most important aspects of learning yet the details on how it works within overseas study is often overlooked (de Oliveira & Tuohy, 2015). The literature is limited in regard to country specifics such as the measure of national income (previously known as developed or developing country) as well as pre-departure training or hands-on experiences.

The literature review will be examining the factors associated with overseas nursing practicums and how the variables involved have an impact on the success of the program as well as the continued enhancement of personal and professional development for students. The concepts included in this review are listed in order of how they occur for students participating in an overseas program.

Practicum Experiences

Training is the first to take place in preparation for an overseas experience but also a key component in any successful program. In the context of this research, this section includes training related to culture, pre-departure, and reflection, while also looking at practicum length and hands-on involvement.

Cultural Training

The word culture is one that can be defined in a number of ways, but it has been used interchangeably with race and ethnicity when in fact they are distinct from each other (Watt & Norton, 2004). Two common perspectives of the term culture are the *cultural lens* within a society in which one particular group may share a perspective collectively; as well as a culture within a profession, such as the *culture of nursing*. Norton and Marks-Maran (2014) discussed the regularity of the word culture within nursing, yet they stated there is limited research that investigates the link between culture and care. Culture can often be generalized and reduced to referring only to language, religion, or food preferences. More attention is required in providing a stronger explanatory link between the two and how it can guide a nurse's or patient's behaviour, interpretation of events, and an overall understanding of societal norms (Helman, 2007). This breakdown is an excellent example that cultural understanding is vast and requires in-depth consideration and training in the field of healthcare.

Cultural understanding focuses on cultural awareness, knowledge, and sensitivity within the professional realm of nursing and each are considered levels in an attempt to achieve cultural competence (Ulvund & Mordal, 2017). These authors defined cultural competence as a four-stage process that can and should result in nurses being better prepared to work in the field of healthcare. The authors reported that an international clinical placement is one way in which this competency is developed. The first stage of this process is cultural awareness, which is understanding one's own identity, background, personal values, and the beliefs that are deeply held. With this awareness, these authors maintained that one could become aware of prejudices that may not have been evident previously. Adamson (2018) elaborated by saying that this

awareness comes from reflection and through this reflection is the ability to see these aspects of yourself.

The second stage is cultural knowledge. This can be obtained from interaction with others from different ethnicities but can also come from reading about different beliefs and traditions, so therefore does not need to occur experientially but has deeper meaning if it does occur socially (Ulvund & Mordal, 2017). Concerning healthcare, Adamson (2018) looked at cultural knowledge as the ability to understand the healthcare structures of other cultures and its influence on the perception of sickness, health, and clinical processes.

Cultural sensitivity is the third stage as defined by Ulvund and Mordal (2017). This culminates the awareness with the knowledge and allows one to engage with different cultures both personally and professionally with consideration. These authors emphasized that this stage often includes “empathy, solidarity, trust, acceptance and respect” (p. 96). It is this third stage that can only be done outside of one’s own cultural identity bubble as it requires direct contact with those that are culturally different. However, the definition of *culturally different*, as mentioned earlier, is vague and has to be interpreted by each individual.

The fourth and final stage is the culmination of the previous three levels, and it refers to reaching cultural competence. Repo et al. (2017) noted that this stage is using the previous three levels of understanding and providing nursing care that is appropriate in a particular cultural setting. Ulvund and Mordal (2017) had two differentiations in this area, which they called culture-specific and culture-generic competence. The former refers to having a special understanding of one specific cultural group that can enhance their working relationship. The latter refers to competence that can withstand ethnic boundaries and be useful in many cultural groups. The development of cultural competence allows people to work well with others from

different cultural backgrounds and with this ability, may be able to inspire that behaviour to those around them (Gerrish & Papadopoulos, 1999).

In a review of both domestic and international placements, overseas nursing programs are more likely to generate a better understanding of cultural competence (Button et al., 2005; Kokko, 2011). In addition, Jones et al. (2012) found that cultural attitudes changed considerably for nursing students that went abroad. In a study of 74 students who went on an educational placement overseas, the students reported that cultural learning was one of the most important pieces of their program and it led them to delve deeply into their own beliefs (Thompson et al., 2000). In a study done by Kohlbry (2016), in which the researcher had 121 nursing students complete a cultural competence questionnaire both pre- and post-overseas experience, the author found statistically significant data, which supported that cultural competence was achieved by their participants. Lacking in these reports is the extent to which cultural understanding and competence was a temporary change or one that stuck with the participants long after returning home.

Time is an important variable here in evaluating cultural understanding and the training required. Reaching cultural skill development levels does not happen in a few days and one could argue that each level has many steps. Quappe and Cantatore (2005) broke down the first level of cultural awareness into four distinct levels, which are described in a way that can be associated with a student perspective. The first is 'my way is the only way', which is an ethnocentric perspective and one that can be quite common to those that have not experienced cultural diversity. The second is 'I know their way, but my way is better' which is slightly more open minded but continues to negate seeing how another way may work. The third is 'my way and their way', which is an understanding of two perspectives yet still separating them from each

other. The fourth is 'our way', which is one's ability to understand that the need to silo beliefs and values is not necessary but to understand that merging perspectives together and seeing things differently is important. Depending on student experiences, family, previous travel, and numerous other factors, all the program participants are at their own level when starting an overseas study abroad.

Studies have reported that students had to unlearn their own cultural values and beliefs in an effort to fully engage and welcome the new culture they were placed in (Lee, 2004; Norton & Marks-Maran, 2014). This sparks the question about why unlearning one's own culture occurs instead of recognizing one's own cultural beliefs while learning and accepting those that are different. The gap here is the misunderstanding that this unlearning may be due to a lack of cultural training and preparation.

Pre-departure Training

Leducq et al. (2012) discussed the importance of preparing students for a transition from a classroom to a work environment and how higher rates of attrition are directly connected to lower levels of preparation. This idea is exemplified in an overseas placement such that being unprepared can result in a number of significant issues such as disengagement, lack of cultural understanding, decrease in confidence and ultimately could result in a withdrawal from the nursing field (Koskinen & Tossavainen, 2004).

Pre-departure training for an overseas practicum, often occurring in multiple sessions, not only covers the logistics of going abroad such as flights, visas, and packing, but also the specifics of what will happen in country and what to expect within the practicum. These workshops should cover areas such as developing cultural competency, basic language training, in-country expectations, safety, and all the learning outcomes associated with the practicum (Leducq et al.,

2012). If the practicum is traveling as a group, this session is an opportunity for students to get to know each other as peers as they will be a great source of support and learning during the time abroad. Pre-departure training can be designed and delivered in many ways and exist for the benefit of everyone in the program. The discussion of these workshops is often absent or limited in the literature. Some universities have gone as far as omitting pre-departure sessions in an effort to allow students to succeed or fail on their own with a sink or swim approach (Adamson, 2018). The literature does not explain why pre-departure training is lacking in some studies, but it can be assumed to be related to cutting costs, a lack of ability or time from the faculty members, or a belief that this training prior to departure is not meaningful.

According to the Global Health Workforce Alliance and the World Health Organization, the importance of preparation is integral to a successful overseas program (Norton & Marks-Maran, 2014). The significance of these sessions is about establishing the narrative about how the experiences in country may be quite different and challenging from the expectations. These challenges often result from cultural differences that exist in any travel experience, such as changes with food, water, or language, but increase substantially in a challenging context as these often include substantial changes in environment, hygiene, appropriateness of clothing, governmental influence, and safety. It is important to discuss the challenges that will be faced because it often depends on how one handles the challenges that correlates to their success during the time abroad and their outlook on the experience. Studies have shown that without this training, students can often find adjustment to a new culture much more of a challenge and can enhance the chance of culture shock that will negatively affect future interactions with other cultural backgrounds (Kitsantas, 2004; Norton & Marks-Maran, 2014).

Reflection Training

An increasing number of career positions require their staff to be globally minded and to have cultural fluency with those they work with (Montgomery & Arensdorf, 2012). The competency of global skills is referred to in the literature as having the ability to reflect on one's own learning and therefore be able to critically reflect and enhance the learning experience (Mapp, 2012). Reflection and its ability to enrich learning is not debatable, Fleck and Fitzpatrick (2006) argued that learning could not happen without reflection. This process has been described as an internal inquiry in which one questions experiences and tries to find solutions or alters their perception for this new information to make sense (Leinonen et al., 2016). Moon (2013) wrote about reflective questions created to structure how one thinks about experiences and revisiting events.

The development of reflection skills should be something that starts earlier in the education system so students can start applying it to their learning early. Hatlevik (2012) stated that by developing these skills early, the ability for a student to connect theoretical information with practical education would make the transition from school to real life much easier. Despite the importance of educating students about reflection, most professors do not make it part of their regular teaching, whether formally or informally (Renner et al., 2014). These authors continued by saying that this is due to a few factors such as lack of awareness, absence of motivation and basic skills on how to best reflect. It is imperative to determine how to increase the likelihood that students self-reflect and do so in a meaningful way.

Reflection time that is strategically designed within a practicum placement is critically important to the development of new professionals. Students working together to solve problems, utilizing the skills of fellow peers to facilitate reflection sessions, and debriefing with others after

a difficult situation can be impactful to growth and understanding. Ferrier-Kerr (2009) found that collaboration during a practicum placement was significant for students' professional development. Through reflection, one achieves maximum learning by examining their work, their experiences, while also strengthening dialogue with others to critically analyze and scrutinize the situation in which they find themselves (Hatlevik, 2012).

Reflection is also useful in resetting the goals that might have been held by a student prior to departure (Kurasawa & Nagatomi, 2007). Goals and expectations during pre-departure training are often quite different from the realities of in-country work. Reflection practices early in the onsite experience can help to shift a student from an expectation to a reality and therefore allow the student to embrace the new situation and achieve positive outcomes.

Reflection within Nursing Abroad

Nursing is a special field of work in which one should be examining situations and reflecting on the outcomes to build expertise from previous experience, which is important in the betterment of healthcare skills and patient care (Gustafsson & Fagerberg, 2004). Bagay (2012) agreed, "nurses who engage in lifelong reflection recognize its value for professional growth and improvement in patient care" (p. 131). Within nursing programs, reflection, much like traditional learning environments, should be embedded into student development that occurs overseas (Savicki & Price, 2017). On an international program that includes faculty members, reflection may happen in a number of ways yet there is a gap in the literature that outlines how best to structure effective reflection practices in that type of learning environment. Discussion involving timing, duration and how in-depth reflection should be is also lacking in detail. Geyer et al. (2017) stated that reflection should occur not just during the program but both before and after as

well. In addition, the structure of how and when reflection occurs within an educational course should be connected with the goals and outcomes of that course (Schmidt & Brown, 2016).

Bagay (2012) wrote about reflection often triggered by a significant event that occurs for a nurse while in practice. This event could be anything that is impactful for a student and can include situations prior to departure, upon arrival, circumstances in-country, as well as long after returning home. Schmidt and Brown (2016) connected strong reflection skills to concrete activities that take place in which one can make connections with prior learning. These authors reported that thought-provoking questions delivered by faculty members allow for critical thinking and therefore allow students to question any pre-conceived notions.

Schön and DeSanctis (1986) broke down reflection into two parts: *reflection-in-action* and *reflection-on-action*. The former refers to the idea that students reflect during an experience and actively examine and question the situation in order to seek out a deeper understanding. The latter refers to those that step away from the experience and look at it from a distance in order to get clarity and potentially re-evaluate the situation (Atkins & Murphy, 1993). Fleck and Fitzpatrick (2006) reported that the literature shows the best reflection practices take place when only a short amount of time exist between an experience and the reflection, preferably during the action period if possible. How this relates to an overseas nursing program is that reflection techniques should be a daily practice.

A common style of reflection, and one often used in an educational setting, is the practice of writing via notes and journals (Leinonen et al., 2016). The intent is to journal your perceptions of experiences with the hopes of altering your interpretation. Walters et al. (2017) found that reflective journaling was considered the highest standard when looking at critical reflection outcomes. It is with reflective journaling that students are able to take a step away from their

experience, analyze what happened, interpret it from another perspective, and think about how that experience fits within their knowledge as well as how it might fit within their future nursing career (Lee, 2004). Other researchers talked about being more expansive and creative when it comes to reflection techniques. Eyler et al. (1996) stated that using styles of art such as music, drawing, photography, or if in groups, expressive modes of dancing or theatrical plays may also work. Using a plethora of reflection activities also makes it more likely to engage all students in this undertaking.

Ulvund and Mordal (2017) conducted a study involving 18 Norwegian students that completed an international placement to a low-income country. Through their qualitative personal interviews, they reported that students linked their guided reflections with supervisors to having more of an open mind during their placement. This finding is also shown in previous studies that demonstrate that experiences may remain superficial to students if they do not have an outlet to reflect on what they are experiencing (Kohlbray, 2016; Kokko, 2011).

Despite the importance of reflection activities, the literature outlined a few reasons that faculty members may avoid including them in their educational plan. Knowing that a faculty member will be reading entries and potentially using it as grading criteria, the student may not show their true self and reflect honestly (Fleck & Fitzpatrick, 2010). In an educational setting, a student may not be enjoying their overseas experience due to the instructor, fellow students, or other factors, which may limit their honesty in a reflection activity. Schmidt and Brown (2016) reported that the added workload of grading reflection tasks creates an overwhelming workload for faculty members. In addition, Gough et al. (2018) reported that some students might find it challenging within their reflection to separate their own instinctual responses about an experience from the technical aspect of it. Using the healthcare field as an example, nurse

practitioners interact with patients daily and need to address many health-related situations that arise. Reflecting on these experiences, one might be more likely to reflect on the medical aspect as opposed to the moral aspect of a sensitive situation.

Practicum Length

The length of an overseas program is divided into definitions of short-term versus long-term and these dates are not agreed upon by researchers (Button et al., 2005; Dwyer, 2004). Some argue that short-term programs are four weeks or less, but the majority agree they should be considered up to eight weeks in length, whereas a long-term program is anything longer than eight weeks (Walters et al., 2017). Length of time overseas is an active part of the study abroad discourse that is fervently debated in which some maintain that any short-term program cannot have a long-lasting effect on a student (Button et al., 2005; Chieffo & Griffiths, 2004; Zorn, 1996). With a lack of an agreed upon definition of what constitutes a short-term program, results of one study can be difficult to compare with those of another. Other researchers however, argue that despite any length of time, all programs have the ability to create positive outcomes such as transformational learning (Chieffo & Griffiths, 2004; Walters et al., 2017) as well as the ability to engage in the global society (Paige et al., 2009).

A popular study done by Zorn (1996) in which there was a specific emphasis to investigate long-term effects showed that long-term overseas placements resulted in longer lasting effects. This study however, focused on placements in higher income countries as opposed to those in low to middle income countries. It can be difficult to make a comparison with these variables as one can argue that a three-week placement in a challenging context could have a longer lasting effect than a nine-week placement in a familiar location for the student. Furthermore, factors such as students' backgrounds and experiences are not taken into account,

which could make a substantial difference as to how much of a cultural benefit they received in a pre- and post-assessment. Dwyer (2004) wrote that occasionally a summer semester abroad resulted in an equal or higher amount of growth as opposed to those who went abroad for a term. This is characterized by the focused attention that is often given within a tighter time frame and can result in the same benefits such as cultural understanding, the ability to see a new perspective, as well as the development of being more open-minded.

Study abroad numbers are rising as a result of increasing short-term opportunities (Walters et al., 2017). These programs have advantages to students who otherwise could not study abroad longer such as those with academic or financial strains, athletes, graduate students, as well as those with employment or family commitments (Mapp, 2012). The short-term/long-term debate does not seem to take into consideration the involvement of faculty members. A short-term summer placement for students at a partner university would most likely have different outcomes than a student on a short-term summer placement in a small group led by a faculty member with structured learning and reflection. Dwyer (2004) noted that when faculty members have the ability to control the academic and social aspects within a program, the students' learning is focused, and outcome targets can be met.

Hands-on Work

Overseas practicum programs are designed around a work placement in the local communities, but studies may define work placements differently. Some placements may be entirely observatory in which the students observe a working environment but do not communicate with the locals or contribute to the work. Penman (2006) argued that active engagement in the work is integral to enhancing nursing skills as those real-life experiences contribute to the development of skills. The author continued by emphasizing that it is the only

way to directly learn about the community, the cultural differences, and the health challenges that are unique to that area.

Environment

One area of research in study abroad is location. The world is rife with countries of varying degrees of economic stability, governmental corruption, differing healthcare systems, educational imbalances and so forth. All of the factors that differentiate one country from the next can play a role in determining the impact that an experience will have on a student. Button et al. (2005) reported that as the level of difference increases from one's home environment, the greater the likelihood of development in areas such as personal, professional, and cultural skills. This section will discuss the areas of a challenging context, cultural diversity, and language barriers.

Challenging Context

References to a challenging context is one used widely in the field of education as schools consistently deal with issues of economic or social challenges. In the field of overseas post-secondary education, a challenging context also does not have one definition and can be the result of a multitude of factors. For the purposes of this paper, it will refer to a practicum placement in a rural community with limited resources and an environment unfamiliar to the participants. These contexts may often fall in the low-income category as they may not have the resources that our students are accustomed to including internet, fresh water, proper sanitation, laundry, or ways to adjust to extreme weather such as air conditioning or consistent electricity.

Thompson et al. (2000) interviewed 74 students of which they were placed in a mix of low and high-income countries (referred to in this study as *developing* and *developed* countries). The authors achieved a clear consensus that those placed in developing countries had “gained

significantly more in relation to international perspectives, personal development and intellectual development than those who visited developed countries” (p. 489). Contrary to the finding that this type of development can produce, other studies have found that levels of knowledge or skill did not see a causality determined from the location (Button et al., 2005). These overlapping but contradictory findings result in the possibility that the definition of personal, academic, and professional growth may be different between researchers.

Costa (2012), in her doctoral dissertation, interviewed seven students of whom four went to Ghana and three went to England for a semester. One research question was to determine if there was a difference between the two groups of students based purely on their location. The findings suggested that there was a slight difference in the experience with the students to Ghana having a bit more of a struggle but due to the small sample size, the author found her study to be weak in validity.

Cultural Diversity

Cultural diversity is a term that is often used interchangeably with multiculturalism and refers to the idea that in the same physical or conceptual space, it is when “different people coexist, from different cultures in terms of memories, options, references, values, preferences, projects, expectations, experiences, practices, and attitudes” (Sarmiento, 2014, p. 606).

Heinzmann et al. (2015) stated that the prevalence of students interacting with culturally diverse people related directly to their travel experience indicating that those with zero to minimal travel experience will most likely avoid interacting with people while abroad. This appears to be a gross generalization and does not take into account many other factors relating to the individual such as their intercultural experience at home or an intrinsic desire to meet new people.

For those less familiar with interacting with those culturally different from themselves, it can be challenging to initiate conversations and understand local customs. Chan et al. (2017) reported from their study that experiencing uncomfortable moments abroad is when their students experienced critical thinking and to establish how their own thinking is different from those around them. The authors believed this helped contribute to students resisting the urge to automatically respond with typical behaviours but to consider another perspective. Heinzmann et al. (2015) reported that it is these uncomfortable moments that result in study abroad students being forced into a cultural adjustment and their research on these experiences have shown that there is a positive result of one's intercultural development as a result.

Vandermaas-Peeler et al. (2018) observed that the relationship between the host community and the study abroad visitors was a very important connection that resulted in strengthening intercultural development. Without the community connection, it can be difficult for students to engage with locals and to understand the local culture better. This “deep engagement with the community can provide opportunities to connect theory and practice, enhance communication and reduce language barriers, as well as foster a sense of belonging” (Vandermaas-Peeler et al., 2018, p. 130).

Language Barriers

One of the most common reasons that students do not pursue study abroad opportunities is the inability and fear of the local language (Kelleher et al., 2016). These authors found in their study of nurses' desire to go abroad, the majority of the students stated that if English were the language of instruction, they would be more likely to participate. “Language is a limitation to cultural immersion and resultant cultural awareness, without communication there is a sense of

isolation and difference, rather than immersion and acceptance” (Maginnis & Anderson, 2017, p. 352).

In the field of healthcare, language is critical in the effective healthcare management for patients (McCarthy, 2013; Meuter et al., 2015). Meuter et al. (2015) found that “language discrepancies may result in increased psychological stress and medically significant communication errors for already anxious patients, something to which patients in language-congruent encounters are less vulnerable” (p. 2). With the growing of multicultural communities, language barriers are becoming more prevalent in all aspects of professions. In addition to basic language concerns, the description of pain can be conveyed differently across cultural groups and therefore misinterpretations can be common and be a deterrent to a proper health assessment by clinicians (Meuter et al., 2015).

Strategies used by nurses need to be creative as there are aspects of both verbal and nonverbal communication in today’s society and so many contextual and cultural meanings (Leininger & McFarland, 2002). In a study of Norwegian and Madagascar students studying in each others’ country, the students found that language was the most substantial barrier to practicing healthcare, but they were able to find ways to overcome it as best as possible (Tjoflåt et al., 2017). This experience in a language-barrier environment is a challenge but also allows a student to see themselves as *other* and attempt to overcome the challenges it produces. This overseas experience is great practice for any nurse, language barriers and feeling like “other” can easily be encountered in nurses’ home countries in a healthcare setting with an immigrant patient unable to understand the clinician. The next section discusses key theoretical foundations to this research, for example social cognitive theory with its efficacy dimensions, adult learning theory, experiential learning, which also supports the discussion and concluding chapters.

Theoretical Foundations

Three theories will be discussed that have a connection with how people learn. Social Cognitive Theory is concerned with individual's self-efficacy development that increases capability beliefs. Adult Learning Theory examines how adults learn, the environment in which they learn, and how learning relates to experience. Experiential learning theory is based on the construct that learning occurs through the process of doing and being actively engaged in the environment.

Social Cognitive Theory

Social Cognitive Theory (SCT) is one of psychology's most studied theories with a very broad ranging impact (Beauchamp et al., 2019). Bandura (1986) developed this theory with its focus on social learning, however, he eventually adapted the name to include the cognitive influences that were critical in how people perceived their ability. This theory posits that individuals and their environment are interactional in that cognitive factors interact with biological factors and one influences the other (Eun, 2018). This theory has been utilized in studies within the fields of healthcare, education, law, and business as well as sport and exercise (Beauchamp et al., 2019). These authors believed that human capability is influenced by many factors such as "forethought, self-regulation, self-reflection, vicarious learning, and innovation through generative imagination and communication" (Beauchamp et al., 2019, p. 111).

With attention given to influence and capability, Bandura endeavoured to understand self-efficacy beliefs and the underlying drive that motivates people. For the purposes of this study, the core dimension of self-efficacy within the Social Cognitive Theory (SCT) model will be the focus.

Self-efficacy

Self-efficacy is a cognitive and behavioural process associated with Social Cognitive Theory. Eun (2018) described this process as the belief of one's capacity in which 'belief' is considered the strongest predictor of performance. It is important to note that self-efficacy is a trait that anyone can develop through experiences and support (Heslin, 1999). In a detailed explanation on the impact of efficacy beliefs, Bandura (2000) detailed the importance:

Efficacy beliefs influence whether people think erratically or strategically, optimistically or pessimistically; what courses of action they choose to pursue; the goals they set for themselves and their commitment to them; how much effort they put forth in given endeavors; the outcomes they expect their efforts to produce; how long they persevere in the face of obstacles; their resilience to adversity; how much stress and depression they experience in coping with taxing environmental demands; and the accomplishments they realize. (p. 75)

There are low and high levels of self-efficacy in which the former relates to those that are not as willing to believe they have the ability to do something. Those with high levels of self-efficacy often have the ability to face numerous obstacles and have a higher sense of motivation (Beauchamp et al., 2019; Eun, 2018). When dealing with a setback, those with a high level of self-efficacy "use various strategies to cope with and manage their emotional distress and seek even more effective cognitive strategies to deal with the demands of the situation and tasks" (Eun, 2018, p. 4).

Bandura (1986) argued that there are influencing mechanisms that can increase or decrease one's self-efficacy beliefs. These four ideas include: performance mastery, vicarious learning experiences, social persuasion, and psychological state. Sinclair and Ferguson (2009)

summarized the mechanisms by which “it is the perception of performance success, observation of and feedback from others, along with one’s emotional state that determine perceptions of self-efficacy” (p. 2).

Performance Mastery

Within the theory of self-efficacy, it is believed that self-confidence is best enhanced by independent achievements” (Bandura et al., 1975, p. 142). Heslin (1999) argued that the best way to do this, especially with harder tasks, is to break them down into smaller tasks which helps to build confidence as you achieve them. It is important however to make sure that not all successes are easy as it sets up people to obtain quick wins and can be discouraged quickly with any failures (Bandura, 2012). In a study that looked at people’s fears and how to work toward improving their comfort with those stimuli, researchers were successful with performance mastery to aid in the lowering or eliminating the fear in 88% of the participants (Bandura et al., 1975).

Vicarious Learning

The second way that can influence self-efficacy is social modeling, often referred to as vicarious learning. This is described as “seeing people similar to oneself succeed by perseverant effort raises observers’ aspirations and beliefs in their own capabilities” (Bandura, 2012, p. 13). This style of learning allows a student to see a fellow student completing a new task which encourages them in the same vein as ‘*if they can do it, so can I*’ as opposed to seeing a trained teacher complete the task. Heslin (1999) found that there were two important aspects to social modeling in which the first allows people to get an idea as to how the task should be completed and instills confidence in the observer. The second is that confidence can develop by watching

people be successful but also see errors which provide the observer with the understanding of why something did not work.

In a study by Sinclair and Ferguson (2009), students reported that a key aspect to enhancing their learning was working closely with their peers, which supports the theory in its description of vicarious learning. These authors maintained that by “observing the success of others who are perceived to be similar to oneself may influence belief about one’s capabilities” (p. 3).

In clinical practicums for nursing students, it is important that they work closely with their fellow peers when learning new tasks so they can watch each other but also encourage each other. Group efficacy, which has relevance to this research study, is commonly referred to as collective efficacy and is explained as a shared belief within a group that they can complete a task (Eun, 2018). Similar to individual self-efficacy, a high level of collective efficacy will result in stronger motivation to get a task completed.

Social Persuasion

The third mode of influence is referred to as verbal or social persuasion. This idea proposed that “if people are persuaded to believe in themselves they are more perseverant in the face of difficulties” (Bandura, 2012, p. 13). Eun (2018) emphasized that SCT focuses heavily on feedback of which must be immediate, relevant to the situation and correctly given. “Verbal persuaders are those which communicate confidence and faith in the individual’s abilities. Telling a person that they can succeed in a given task improves their belief that they can achieve it, and self-efficacy beliefs are raised” (Pike & O’Donnell, 2010, p. 406). Constructive feedback should come both from teachers and peers, with positive and verbal praise followed by tasks that are more challenging so as to reinforce their self-efficacy (Heslin, 1999). Heslin noted that

“verbal persuasion is most likely to increase self-efficacy when it is perceived as credible and emphasizes how success results from devoting sufficient effort to mastering acquirable skills” (p. 57).

Beauchamp et al. (2019) reported that “people are often required to perform tasks of varying levels of difficulty (from easy to hard) or complexity (from simple to complex), and in so doing they form beliefs in their capabilities to perform these tasks at these different levels” (p. 111). Within any practicum placement, students are required to complete a multitude of tasks of which fall into any of these categories.

Psychological State

The fourth and final assumption about self-efficacy beliefs relate to the psychological/emotional position of the person. Pike and O'Donnell (2010) spoke to the idea of anxiety or depression as feelings that could control the perspective of the individual and make them look at a situation or task as one in which they would not succeed. Bandura (2012) noted the connection between an emotional state and the assessment of one's own self-efficacy.

“Efficacy beliefs are strengthened by reducing anxiety and depression, building physical strength and stamina, and correcting the misreading of physical and emotional states” (Bandura, 2012, p. 13).

Bandura's SCT, and subsequently his theory of self-efficacy, has a lot of implications in the educational realm for students. Zhao et al. (2015) found that if students possessed a higher level of self-efficacy, they were more likely to use adequate problem-solving skills during a time of stress. Their study of 221 undergraduate nursing students found that with enhanced confidence, not only do students experience less stress in their work environment but can deal better when stress does present itself.

In a mixed method Canadian study by Sinclair and Ferguson (2009), simulations for nursing students were created in order to generate a 'real world' situation so students could engage in the same behaviour as they would in the nursing environment. Students described higher levels of confidence following the hands-on experience as it allowed them to merge classroom learning with hands-on learning.

A small-scale qualitative U.K. study looked at nurses' efficacy following a simulation and found their self-efficacy increased following the hands-on approach (Pike & O'Donnell, 2010). Although this study had its limitations with the size, they found that Bandura's theory was accurate in the increase of one's belief in their ability. Pike and O'Donnell's (2010) study, however, described its limitations in that simulation can often be hard to generalize to real-life environments because they are using props such as dummies instead of actual people.

There is an importance of creating a learning environment for students that is constructive and facilitates opportunities for students to work towards developing their confidence (Zhao et al., 2015). The importance of specific pedagogical approaches which focus on self-efficacy and confidence is critical in the field of nursing and can only be beneficial to clinical competence through the transition from school to work (Pike & O'Donnell, 2010).

Limitations within SCT address the concern that some skill development and self-efficacy development may not generalize to other situations (Pike & O'Donnell, 2010). In the field of nursing, gaining ability and confidence while performing a task in a simulated environment may not translate to a real-world setting especially in an emergency. In addition, Beauchamp et al. (2019) discussed the idea that this theory has not adapted to our current way of life and there are now additional factors that are associated with the perception of ability, especially in the youth demographic.

The concepts within SCT are connected with other educational and experiential learning perspectives (Rutherford-Hemming, 2012). Within the scope of this study, the relationship with Adult Learning Theory is relevant within the framework of healthcare and overseas experiences.

Adult Learning Theory

Andragogy is a European-coined term meaning *adult learning* and it was created to differentiate from pedagogy, which refers to *child learning* (Knowles, 1978). Pedagogy as a term, stemming from Greek, developed in Europe between the 7th and the 12th centuries and it focused not only on the understanding of how children learn but how to successfully teach children (Holmes & Abington-Cooper, 2000). Educators soon realized that the teaching styles in a classroom of children did not necessarily translate to adult students.

A grammar schoolteacher named Alexander Kapp coined andragogy in Germany in 1833, but the word was not used again for 100 years until other German academics brought the term back into the literature (Holmes & Abington-Cooper, 2000). By 1940, adult education concepts had not yet become a theory but with the explosion of more qualitative research approaches in the 1950s, adult learning theory began to solidify. Over the last 70 years, adult education has widely become recognized as a tool that not only enhances personal growth and development but also contributes to the success of a society (Day et al., 2011). *Adult education* and *lifelong learning* are terms that correspond and are often intertwined in the literature. Adult education refers to the “formal, non-formal and informal learning to attain the fullest possible development in personal, social and professional life” (Aitchison, 2004, p. 518). Lifelong learning refers to deliberate learning that occurs throughout the life of an individual (Knapper & Cropley, 2000).

Adult education generally includes literacy, fundamental education, vocational training, health education, nutrition, family problems, community development and more” (Fordjor et al.,

2003, p. 188). An essential component of adult learning theory is the emphasis on the holistic way in which adults learn. It may not come directly in the more traditional manner of teacher-student but can result from interactions with peers or online resources to name a few.

Adult Learning Theory argues there is a distinction concerning the learning approaches between adults as opposed to children. Learning has to be meaningful in order for adults to take the time and spend the money for it (Illeris, 2003). Knowles (1978) summarized adult learning with five assumptions about the needs of adult learners. The first is that due to their own life experiences, adults are motivated to learn. The second is that their learning is centered around their own lives. The third assumption is that experience is vital for adults. The fourth is that adults want to be self-directed in their own learning so a teacher's role is not to project their teaching but to guide through mutual inquiry. The fifth and final assumption is that as adults age, educational learning must adjust for changes in the learner, which may include a lack of skills with new technology or the pace of learning in older adults.

Burnard (1989) wrote about how experiential learning and andragogy in nurse education has the ability to be combined as a powerful tool to enhance nurse education if they can be thoughtfully united. The connection between experiential learning and andragogy has been shown in the development of capabilities. "Adult education can be instrumental in fostering capabilities, but likewise, capabilities can play a crucial role in the decision to participate" (Rubenson & Desjardins, 2009, p. 196).

A difficulty that is found within adult learning theory is the transition into adult learning environments may be a tough adjustment for students given that they have been taught from an early age that learning is a passive, teacher-centered approach (Holmes & Abington-Cooper, 2000). Knowles (1978) explained the distinction between childhood education and adult

education with the example of a classroom comprised of adolescents will look to the teacher as all-knowing and to impart wisdom whereas in an adult classroom, the students have life experience and look to the teacher as a facilitator to create a comradeship amongst the learning group. Post-secondary students are transitioning from adolescent learners to adult learners and therefore need to adapt to new ways of being taught as they shift from pedagogic to andragogic teaching methods. One of the literature debates in adult education arise from the idea that there should not be a divide between these two methods of teaching and learning but they should overlap or merge together (Davenport & Davenport, 1985; Knowles, 1978).

Experiential Learning Theory

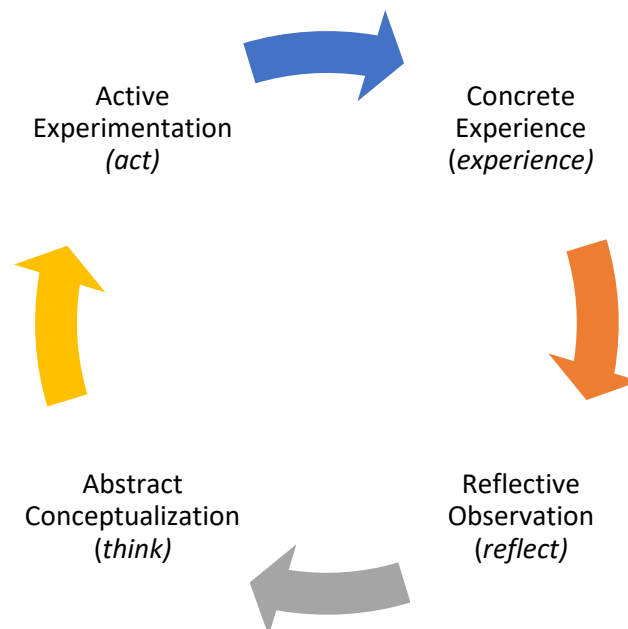
Experiential Learning Theory (ELT) in the most rudimentary sense is the idea that learning is a result of doing. It is the understanding that the real-life activities allow students to “efficiently transform the knowledge learnt from the classroom and textbooks into their understanding” (Chan, 2012, p. 405).

ELT derived from frameworks developed by Dewey, Piaget, and Lewin with their theories of experience, education, adult development, cognitive development, and action research. These three philosophers were instrumental in David Kolb’s development of his four-stage model of learning processes (Chan, 2012). The four-stage learning cycle developed by Kolb (1984) outlines “the process whereby knowledge is created through the transformation of experience and is continuous” (p. 7). This cycle includes concrete experience (CE), reflection observation (RO), abstract conceptualisation (AC) and active experimentation (AE), all of which outline and describe how the learner grasps the experience and transforms it into knowledge (see Figure 2.1). Kolb and Kolb (2009) speak to the theory as an iterative, recursive process that requires a cyclical model, which touches the constructs of experiencing, reflecting, thinking, and

acting in an effort to strengthen and deepen the learning. These four stages fall on two dialectically related concepts in which CE and AC relate to how learners grasp experience and RO and AE relate to how learners transform that experience (Kolb & Kolb, 2009). In reviewing the theory, Chan (2012) summarized these stages in which:

- Concrete experience is gained when the learner actively experiences and performs.
- Through the process of reflective observation, the learner consciously reflects and draws conclusion on their experience.
- In the third stage of abstract conceptualisation, the learner can conceptualise a theory or model and utilise these generalisations as guides to engage in further action and experiment with different scenarios in the final cycle of active experimentation (p. 406).

Figure 2.1
Four-stage Learning Cycle (Kolb)



ELT is also “very compatible with the goals of nursing education, considering its holistic view of the learner and emphasis on both the cognitive and affective aspects of learning”

(Spence Laschinger, 1990, p. 992). Yardley et al. (2012) refer to all medical education as a field that has a long-standing tradition of experiential learning in which students participate heavily in ‘on-the-job’ learning.

This theory is important to this study as it provides an overview of the learning process by which students participate in experiential learning (such as hands-on work) and progress through circular stages of processing their new experiences. This study involves nursing students engaged in a new learning environment for the purposes of learning and understanding a new global health perspective. This experience is meant to supplement what they have already gained during their four-year degree and help develop their cultural skills for a nursing career. This theory may provide a foundation to how nurses learn while participating in experiential learning practicums, and how that learning has the potential to strengthen and deepen if given the right support and environment.

There are criticisms of ELT, mainly focusing on the cyclical model, and that the sequential or cyclical system in which learning happens is not always the case, but argue instead that learners move freely throughout these aspects (Dyke, 2017; Holman et al., 1997). A second common criticism relates to the lack of cultural diversity within this theory and its focus on the Western learning perspective (Beard & Wilson, 2006; Seaman, 2007).

Although a large part of the ELT involves specific learning styles, this is outside the scope of this study so has been omitted here. For the purposes of this research, the learning styles of this theory are not addressed, however, the cyclical four-stage model will be discussed later in later chapters with respect to the data and discussion of this study.

Support

Support for students is a vital component embedded in successful overseas programs in that it can aid in the development of professional, educational, and leadership skills (Mahoney, 2001). Within the scope of this study, mentorship for nursing practicum students is focused on professional and cultural development. In addition, peer and faculty mentorship in developing leadership skills is discussed, as well as leadership styles that resonate within healthcare roles.

Mentorship

The root of mentorship stems from Greek mythology in which the character Mentor took care of Odysseus' son during the Trojan War (Dziczkowski, 2013). The term is used to refer to someone who supports, guides, and helps empower another in their education or career (Marie Block et al., 2005). Two styles of mentoring are important in this study, which is nurse mentoring and cultural mentoring. Nurse mentoring has demonstrated a positive correlation between the retention of nurses and mentorship programs in the U.S. (Bowles & Candela, 2005). Like our American counterparts, most Canadian nurses work 12-hour shifts, deal with emotionally and physically stressful situations, and in 2003 the rate of turnover amongst Registered Nurses in Canada was 14.6% (Marie Block et al., 2005). "Practices such as mentoring can facilitate knowledge transfer between older and younger nurses, and at the same time increase job satisfaction for both cohorts of nurses" (Kwok et al., 2016, p. 501).

Cultural mentoring is focused on enhancing skills related to the development of cultural skills. Paige and Goode (2009) defined this style of mentoring as "the role of international professionals in facilitating the development of intercultural competence among their students" (p. 333). It is also a way for students to get some direction if they are not successfully navigating their way through a new cultural environment (Niehaus et al., 2018). Paige and Vande Berg (2012) stated the purpose of mentoring is for "engaging learners in ongoing discourse about their

experiences, helping them better understand the intercultural nature of those encounters, and providing them with feedback relevant to their level of intercultural development” (p. 53). Lou and Bosley (2012) found that study abroad students who received support with a mentor improved their intercultural competence approximately twice as much in comparison to those that did not receive support. Schwieter et al. (2018) conducted a study that involved Canadian students participating in a summer language acquisition program in Spain. The authors found that with regular debriefings from faculty members, as cultural mentors, there was a stronger connection for students between what they were seeing and learning. Mentorship relationships between faculty members and students are important in making meaning of new situations and increasing cultural understanding.

Mentorship support in nursing and cultural skill development is important during a practicum experience whereas leadership skill development is significant throughout an undergraduate degree. “It is important for educators to assist nursing students in recognizing their personal growth in leadership behaviors” (Foli et al., 2014, p. 81).

Leadership Development

Since the 1960s, literature on leadership has increased considerably and therefore types of leadership and their definitions have become quite comprehensive (Sellgren et al., 2008). The definition is broadly defined across the literature and often encompasses many concepts, traits, qualities, and attempts at definitions (Zaleznik, 1981). The two most common meanings of leadership in health-related literature are the ability to influence others (Zilembo & Monterosso, 2008), as well as a being a catalyst to motivate yourself and others to move from ideas to action (Morrison et al., 1997). Within the field of nursing, Mahoney (2001) articulated that in order to make a difference, nurses need to develop leadership skills and occupy leadership positions.

“Anytime a person is a recognized authority and has followers who count on this person's expertise to carry out their objectives, the person is a leader” (Mahoney, 2001, p. 269). There are three types of leadership styles reflected in the literature as they relate to the field of healthcare, which are: transformational, authentic, and congruent leadership styles.

In a literature review of leadership within the nursing profession, Sofarelli and Brown (1998) concluded that the most empowering style of leadership is *transformational*. Characterized as a style that is exemplified in an area that is both ethical and caring (Biordi, 1993). Transformational leadership has been described as “dynamic and capable of empowering change among individuals” (Zilembo & Monterosso, 2008, p. 201). Given the barriers that nurses face, this style of leadership within the nursing profession creates an easy assumption that finding a transformational leader who has the ability to carry through change can be tricky. In a profession so consumed with being overworked, changing shifts between night and day, and undertaking difficult tasks, rising up to a level that can induce transformational change within an organization must be difficult.

Authentic leadership is a relatively new theory that emphasizes the needs of people to be genuinely inspired (Zilembo & Monterosso, 2008). In an unpublished manuscript, Bergeron (2002) stated “the authentic leadership model makes use of whatever strategies may be apparent as long as they are congruent with values and beliefs that ‘lead to positive action’ (as cited in Zilembo & Monterosso, 2008, p. 196). In an effort to become authentic in a leadership role, there is an importance of self-examination in which one is completely aware of who they are in all aspects of their life (Duignan & Bhindi, 1997). Introspection, reflection, and self-analysis have been connected to travel in the literature (Kurasawa & Nagatomi, 2007; Moon, 2013; Savicki &

Price, 2017) which links the possibility between overseas travel and authentic leadership skill development.

The third form of leadership that is highlighted in the healthcare literature is *congruent* leadership (Zilembo & Monterosso, 2008). This style of leadership is “based on the leader’s values, beliefs and principles, and is about where the leader stands, not where they are going” (Stanley, 2006, p. 138). An interesting caveat of the congruent leader is that it does not require someone to be in a leadership position but is one that can still inspire others to enhance their performance or to improve their current situation. Stanley (2006) emphasized that these leaders are focused on empowering others rather than increasing their own power. This style of leader is thought-provoking in any professional field because it is important to inspire others despite achieving a designated leadership position.

Leadership skill development during an undergraduate degree can only assist in the betterment of students. Zilembo and Monterosso (2008) articulated the importance of embedding leadership training with nursing students but they also concluded that by developing training opportunities that are specific to their future employment, these students can continue to develop the skills well into their career path. Career, personal, and leadership skill development should be intentional and connected with the training so it can continually be cultivated.

The literature review was an overall look at the facets that are involved when developing an overseas nursing practicum. There are differences that exist between any overseas program as they all encompass many variables and this difference makes programs hard to compare. The gaps in the literature related to the importance of missing many contextual pieces of a placement and how they interact with each other. There were no studies that spoke to the facets of cultural immersion, pre-departure training, reflection, language barriers, mentorship support, hands-on

work, and others, in the same study, despite that each was spoken about separately and identified as important. The literature focused primarily on the length of time abroad with some studies focused on reflection or if the program took place in a developing or limited resources country. In addition, there was limited Canadian research with most studies emerging primarily from U.S. and U.K. institutions.

The research questions and ultimately the purpose of this study were designed to examine the impact of nurses' practicum placement in a resource-limited country and how their experiences might influence professional and personal skill development, self-efficacy, cultural competencies, and leadership abilities. All of these possible outcomes are related to the importance of: having a cultural immersion experience within a different environment; being properly trained through pre-departure workshops; the promotion of daily reflection; dealing with language barriers in a healthcare environment; having both instructor and peer support; and working directly with locals through hands-on work.

Summary

This chapter provides an overview of the existing literature related to the many facets involved in overseas practicum programs. Various components were acknowledged in different studies as playing a crucial role in the overseas practicum placement, yet no study provided a comprehensive list of requisite components. This chapter concludes with a summary of these components (segmented into three aspects) and theoretical perspectives found in the literature.

Practicum Experiences

The literature emphasized the importance of understanding that the concept of *culture* is vast and can be defined in numerous ways. The literature referenced that nursing and cultural care are strongly integrated yet there is limited research regarding the link between the two.

Cultural understanding for nurses is important given their interaction with patients from diverse backgrounds. Gaining a broader depth of cultural understanding is a process that includes awareness, knowledge, and sensitivity, all of which cannot be developed in a short period, rather is a lifelong learning dimension as nurses are exposed to different people and varied cultural practices, norms, and values.

The literature acknowledged that *pre-departure* training was a vital aspect of overseas practicum experiences. Pre-departure training included workshops of cultural preparation, attaining visas, group work, and other preparatory pieces depending on the location. Despite the usefulness of these workshops, which were demonstrated in some studies as critical to some programs, these workshops or reference to the workshops were limited or absent in much of the research.

The literature in the area of *reflection* emphasized the importance of this process in any area of learning, going as far as saying that deep learning is influenced by reflection. In relation to overseas practicums however, there was a gap in the literature on how to structure effective reflective practices in these unique and challenging environments. In the studies that referenced reflection, there was a lack of detail, such as the timing, duration, and how in-depth these practices were or should be.

One of the most strongly debated aspects of all overseas practicums was the importance of the *length of time* a student engaged in their overseas practicum. This revealed a gap in the literature in that programs are often compared to each other purely by the length of time students engage in practicums in another country. However, consideration of other similarities such as country of placement, preparation, work being done, reflection activities were not taken into

comparable and yet these can alter the outcomes of any program, not simply the time spend overseas.

Practicums are developed in order for participants to have *hands-on work experience*, therefore it is easily identified as an important component to an overseas practicum. However, the emphasis or importance of the practical work experience this not highlighted in the literature. Some placements were reported as observational, some included hands-on work, but most studies did not indicate how their participants engaged in their work. Active engagement in the work, especially in the field of nursing, was reported as integral to the development of skills.

Environment

The location of a practicum placement plays a large role in the overall success of the program. It was noted in the literature that the greater the contrast between the overseas practicum environment to a students' home country nursing environment, the greater the likelihood of their personal, professional, and cultural skills development. The “practicum environment” in the literature was described in relation to three main categories: challenging context; cultural diversity; and language barriers.

A *challenging context* was not easily described as it related to a multitude of factors. The literature demonstrated using *challenging context* as a descriptor produced conflicting concepts because there was no consistent interpretation of what was “challenging”.

Much like a “challenging context”, *cultural diversity* was also complicated and was often used interchangeably with the term “multiculturalism”. Some explained cultural diversity as when people coexist who come from different cultural backgrounds and therefore have unique values, memories, preferences, and attitudes. Others spoke to the experiences of students wherein those with minimal experience with cultural diversity were less likely to interact with those

different from them. However, other studies demonstrated that those uncomfortable moments for less culturally experienced students resulted in the most impactful learning experiences.

The last category within the topic of environment related to how *language barriers* were a common issue cited in the literature of study abroad practicum programs and was one of the most common reasons why students chose to opt out of overseas practicum opportunities. In nursing studies, it was deemed important for nursing students to gain strategies in working with patients that do not speak or were not fluent in the same language in order to develop an understanding of nonverbal communication. The language barrier in these overseas practicum experiences assisted students to understand other's perspectives because they themselves had experienced being considered as *other*, which promoted students' greater cultural understandings and empathy for minority groups and those of cultural diversity in the nurses home nursing settings.

Theoretical Foundations

Three main theories were identified in this literature review as they provided a sound foundation for interpreting the data and understanding nursing students' and faculty members' perspectives related to overseas practicum experiences. First, Bandura's *Social Cognitive Theory* was utilized to understand how people learn in a social setting, later with the addition of a cognitive influence. As part of this framework was the exploration of Bandura's self-efficacy theory and the means by which social aspects influence the drive of the learner to increase or decrease their capability and agency. Through the four influencing mechanisms of this theory (i.e., performance mastery, vicarious learning experiences, social persuasion, and psychological state), people increase or decrease their self-efficacy beliefs. Literature related to overseas nursing practicums identified the importance of simulations and real-world situations in order for

students to develop their confidence and skill competence. These four mechanisms were identified in the nursing literature as important in the development of self-efficacy beliefs.

Second, Knowles et al.'s and Merriam et al.'s *Adult Learning Theory* was identified as an important aspect in the literature related to how adults learn, specifically in environments outside the traditional classroom setting. Adult learning theory also identifies the importance of utilizing past experiences and allowing the learner to be self-directed which were dimensions that overlapped with the current study.

Third, *Experiential Learning Theory* is based on the idea that learning results from practice. As practicum experiences are focused on *doing*, it resonated with this theory. This theory focuses on reflection as part of the cyclical model of learning and how reflecting on experiences changes how the learner thinks and acts in regards to an event. The field of nursing is connected to experiential learning as students are undertaking hands-on work in order to develop their knowledge and skills.

There were some criticisms levied at each of these three theories as some authors indicated they may not necessarily fit all people and/or contexts; however, within the recent nursing literature some authors were proposing the relevance of these theories as useful in understanding the healthcare field.

Support

Support plays a large role in any group activity, especially when the group is traveling to a challenging context and subsequently working and living together for many weeks. The literature spoke to the notion of *mentorship*, with attention given to the role of nurse mentoring as well as cultural mentoring. The former was crucial in the retention of nurses while the latter helped new nurses develop the necessary skills to work in a culturally diverse environment.

Leadership development was often noted as learning outcomes, not necessarily identified in terms as “leadership”, but the construct and characteristics were demonstrated as part of the nurses’ skill development outcomes. There are many types of leadership noted in the literature. In delimiting “leadership” for the purposes of this study, three types of leadership were discussed as they related to the nursing profession: transformational, authentic, and congruent. Each of these theories emphasized different styles of leadership within nursing and how working towards leadership skills was imperative to the development of more skilled and competent students.

The purpose of this literature review and summary was to bring together the importance of how many components were included in developing an overseas practicum program. The literature identified each of these components as important in developing successful overseas programs yet none referred to them all together as integral as a whole.

Chapter 3 – Research Design

Introduction to the Study

This chapter will articulate the research design of this doctoral study that explored the impacts of an overseas nursing practicum experience. The research design was based upon the pragmatic paradigm, which will be further discussed in the next section. The methods utilized a mixed method design that incorporated both interpretive/constructivist components such as interviews and document analysis, as well as the positivist components of questionnaires. This study collected data from alumni and professors over a wide range of years from one institution who participated in a Global Health Practicum (GHP) to Africa.

The methodology section outlines the approach that was used for data collection and is broken down into the two phases that were included in this study. The method section comprises the majority of this chapter, which details how the data was collected through document analysis, questionnaires, and interviews. The population and sample are described along with the type of sampling techniques that were utilized. Data gathering techniques were done systematically through use of document analysis, an online questionnaire, written responses within the questionnaire, and with online interviews.

A generous section of this chapter refers to the legitimization of the data through the use of mixed methodology. It is important to demonstrate both quantitative and qualitative reliability and validity, and trustworthiness and credibility, which ultimately encompasses important legitimization processes. The latter portion of this chapter reviews the procedures, data processing, and analysis included in this research. This chapter concludes with the ethical considerations related to this study.

Paradigmatic Underpinning

There has been a lot of discussion surrounding the use of the word paradigm to the extent that the term *paradigm wars* was quite prevalent (Shannon-Baker, 2016). Morgan (2007) defined paradigms “as systems of beliefs and practices that influence how researchers select both the questions they study and methods that they use to study them” (p. 49). Some find that the term worldview and paradigms are interchangeable but there is agreement that “paradigms are formal philosophical systems...they are abstract, generalized, and logically consistent” (Smith, 1997, p. 74). An overview of the three paradigms reviewed in this chapter are the positivist, interpretivist/constructivist and the pragmatic paradigm. In this study, the researcher’s worldview aligns with the pragmatic paradigm while appreciating the key elements of the positivist, interpretivist/constructivist paradigms.

The historical context of positivism comes from Auguste Comte, a French philosopher who believed that “positive” philosophy would be the counter to “negative” philosophy which was the metaphysical perspective (Corry et al., 2018). This perspective was connected with quantitative research and strongly connected to empiricism (Ryan, 2018). Empiricism is a philosophical understanding of science that refers to the idea that observations are the only method to validate a theory as logically consistent (Sober, 2008). This idea opposes subjective reality because “for positivists, objective truth existed and the goal of science was to discover it” (Corry et al., 2018, p. 3).

Constructivism and interpretivism are often linked together in the literature because these perspectives focus on experience given “from the point of view of those who live it” (Schwandt, 1994, p. 221). The interpretivist paradigm is one that examines individual experience while understanding the context in which that experience occurs (Thanh & Thanh, 2015). The rationale behind interpretivism is that all humans have an idea or pre-conceived notion about people,

places, and things and these notions influence the perception of any new event. Willis et al. (2007) expanded on this by explaining that reality is socially constructed and that the philosophical understanding of interpretivists is that even though one can be the direct recipient of an experience, their interpretation of that experience does not necessarily make it reality. Interpretivists look at the world in that there is no “one” reality and individuals can identify multiple meanings to an experience (Onwuegbuzie & Leech, 2005).

Constructivism is based on the premise that students bring with them years of existing knowledge upon which they build and are therefore more capable of self-directed learning (Peters, 2000). This theory is tied to the idea that the only way to understand the world is to actively engage and experience it. This study included nurses in their final year of their Bachelor’s degree who were considered to be adults and who brought with them years of experience. It is their understanding that connects constructivist theory with the practicum model of hands-on learning, peer mentoring, and time spent reflecting and learning from experiences.

Pragmatism came to the fore in the early 20th century as a result of philosophical thinkers deeming there was more to reality than what positivists argued (Kuklick, 2017). A pragmatic thinker is one who looks at “the problem in its social and historical context rather than on the method, and multiple relevant forms of data collection are used to answer the research question(s)” (Evans et al., 2011, p. 2). Evans et al. (2011) stated that pragmatism inherently holds close the ideas of action and reflection, which were two important aspects to this current research. “The argument here is that pragmatism can serve as a philosophical program for social research, regardless of whether that research uses qualitative, quantitative, or mixed methods” (Morgan, 2014, p. 1045). Shannon-Baker (2016) added that “pragmatism offers a strong

emphasis on research questions, communication, and shared meaning making” (p. 331). Thus, pragmatism is defined as:

typically, associated with mixed methods research, focuses on the consequences of research, on the primary importance of the question asked rather than the methods, and on the use of multiple methods of data collection to inform the problems under study. (Creswell & Plano Clark, 2010, p. 415)

Studies similar to this research study have been quantitative in nature by which assessment measures have been taken to determine impact on students following a practicum experience. The most widely sourced study was done in 1996 by Zorn in which her team developed the International Education Survey (IES) to determine if nursing students had a positive impact from their overseas placement based on four dimensions (Zorn, 1996). These dimensions included: professional nurse role, international perspectives, personal development, and intellectual development. Although her study utilized a quantitative approach, it included open-ended questions in an effort to expand and allow greater depth from the responses. This utilization of multiple research methods was mirrored in this current study as it allowed the researcher to gain a deeper understanding of the impact of these types of nursing practicums. The decision to use this style of research will be discussed in the following sections.

Methodological Approach

The 1960s was a time in which researchers started to question the notion of choosing either purely quantitative or purely qualitative research (Leech & Onwuegbuzie, 2007). Researchers were finding they were better able to understand certain phenomenon by examining it from different perspectives and utilizing different methods rather than through the lens of just one. In addition, by combining the quantitative and qualitative methods, researchers found that

they could minimize weaknesses that were found in each method (Wong & Cooper, 2016). Cohen et al. (2011) demonstrated that getting detailed responses from questionnaires was unobtainable, but through the use of interviews, they were able to probe for more rich explanatory data from the participants. Additionally, interviews alone did not allow for large sample sizes which restricted the generalizability of the findings from qualitative studies (Wong & Cooper, 2016). Hence, the combination of both quantitative and qualitative methods resulted in both generalizability and richer detail in research. This led to the rise in popularity of mixed methods research due to this advantage of minimizing the weaknesses of each method (Creswell, 2014).

Mixed methods research (MMR) was a result of this slow development and this new technique came to represent “research that involves collecting, analyzing, and interpreting quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon” (Leech & Onwuegbuzie, 2007, p. 267). The main component of mixed methods is the difference in the techniques, such that a quantitative approach often separates the researcher from the participants while the qualitative approach finds the researcher more involved in the responses from the participants (Onwuegbuzie & Leech, 2005). Bazeley (2004) outlined the features of the two approaches by stating that:

Qualitative and quantitative approaches have been distinguished (and thereby defined) on the basis of the type of data used (textual or numeric; structured or unstructured), the logic employed (inductive or deductive), the type of investigation (exploratory or confirmatory), the method of analysis (interpretive or statistical), the approach to explanation (variance theory or process theory), and for some, on the basis of the presumed

underlying paradigm (positivist or interpretive/critical; rationalistic or naturalistic). (p. 2)

Leech and Onwuegbuzie (2007) noted one of the complaints with the use of MMR is the copious amounts of designs in existence, which can often overwhelm or confuse those new to this method. These authors reported however, that with the plethora of MMR designs available, and to assist with the classification and differentiation, they have each been conceptualized to fall within three dimensions: “a) level of mixing (partially mixed versus fully mixed); (b) time orientation (concurrent versus sequential), and (c) emphasis of approaches (equal status versus dominant status)” (p. 268). The level of mixing refers to the extent in which the researcher mixes quantitative and qualitative methods across the many stages of the research process. A study is partially mixed if no mixing occurs until the phase of data interpretation. The time orientation refers to the state in which the quantitative and qualitative process overlap or if they fall sequentially. The emphasis of approach is whether one approach takes priority in answering the research question(s) (Leech & Onwuegbuzie, 2007). The three continual dimensions in which two approaches exist in each, result in a mixed method study designated into one of eight categories. This study was a partially mixed, sequential, dominant status design. It was partially mixed, as there was no overlapping of qualitative and quantitative approaches in any stages until the data analysis stage. It was sequential in that the phases occurred one after the other and it was dominant in that the qualitative data was more significant when addressing the research questions proposed.

The important feature in determining if mixed methods was the correct choice for this research was understanding that qualitative and quantitative approaches may be different but are both focused on achieving the same goal, that was, optimally answering the research questions

through the use of different methods and drawing upon each method's inherent strength (Onwuegbuzie & Leech, 2005).

Methods

With a pragmatist framework, this research design utilized an explanatory, sequential mixed method (ESMM) design in an effort to get the most detailed picture of the Global Health Practicum experience. An ESMM design focuses on the implementation of one data collection method followed by the other in a sequential manner. It is explanatory in nature by which the second phase utilizing a qualitative design allowed for explanation and deeper analysis of the quantitative data (Creswell, 2002). There are a few benefits provided by using this style of design beginning with utilizing one approach to start, analyzing the data, and then continuing on with a second approach, which allows the researcher to explain, expand on, and complement the former (Creswell, 2002). Through the analysis of data from the first phase of this current study, the process resulted in a slight revision of phase two questions. This allowed the researcher to adapt some questions to address the initial data and further explore the themes that emerged from phase one. It also allowed the researcher to clarify responses that were different from other responses and to follow up on specific questionnaire items. Johnson et al. (2007) stated that “during the data analysis stage, qualitative data can play an important role by interpreting, clarifying, describing, and validating quantitative results” (p. 115). This sequential method was easier than others to conduct, especially as a solo doctoral researcher, as the phases were kept separate, but it took longer to complete the data collection due to the inclusion of data analysis between phases (Teddlie & Tashakkori, 2006). The data analysis of phase one was utilized, as a small number of participants responded with criticisms, so, the phase two questions were adapted to address these for a deeper understanding.

Data Collection Methods

Mixed method design calls for the utilization of both quantitative and qualitative tools to conduct research. This study design encapsulated a few different forms of data collection in the quest to gain multiple forms of information from participants, as well as background information about the practicum. Data collection in this current research included document analysis, an online questionnaire, written questionnaire responses, and semi-structured interviews. These data collection methods will be described in the next sections.

Document Analysis

The first method of data acquisition in this study was document analysis in order to provide information about the historical context about the GHP as well as the most up-to-date syllabi and training information. Document analysis is common in qualitative research as it focuses on a procedural way of evaluating both printed and electronic documents for the purpose of gaining understanding of the contextual factors related to the research (Bowen, 2009). These types of documents can include more traditional forms, such as, newspaper clippings to more current documentation such as a digital posting (Bowen, 2009). Indeed, Patton (2015) stated document analysis may include:

Written materials and documents from organizational, clinical, or program records; social media postings of all kinds; memoranda and correspondence; official publications and reports; personal diaries, letters, artistic works, photographs, and memorabilia;...are collected. Data consist of excerpts from documents captured in a way that records and preserves the context. (p. 14)

I requested as many documents as possible that existed since the inception of the program and I was able to obtain multiple types of documents from previous instructors of the practicum, which included syllabi from the past few years, pre-departure training documents, location-specific training, and summary reports from previous faculty members and students. The final type of document analyzed was students' online blog entries, and these will be discussed as follows.

Syllabi

Previous instructors of the GHP provided the most current syllabi in addition to previous reiterations of the syllabi. There is a senate-approved syllabus for every course taught at a university, and the GHP syllabi outlined the program, the specific structure of the international placement, as well as the learning outcomes approved by the School of Nursing. The thematic analysis of these syllabi helped to structure academics' interview questions, as the interviews centred on the program goals, the pre-departure training, and the implementation of the learning outcomes. Therefore, themes that emerged from these documents related to these specific categories of: program goals, the pre-departure training, and the implementation of the learning outcomes.

Training Documents and Student-submitted Reports

The second document submitted by the instructors were the training documents and student-submitted reports. The training documents included 40 preparatory documents designed to overview many Africa-related health situations that the students may be required to know. Analysis of these documents revealed nursing discipline-specific educational resources regarding: malaria, HIV/AIDS, tuberculosis and other diseases and disorders that students

needed to learn and become familiar with as part of the preparation for nursing within these different contexts.

Additionally, further themes emerged from the document analysis that related to travel information such as vaccination requirements and advisories, and visas, as well as a summary report from previous practicums including instructor overviews on the program and general feedback and suggestions for future years.

There were nine student-submitted documents which were reports created by these students outlining a project they were part of while in Africa with an overview of their thoughts on the benefits and feedback on the work. These documents allowed for a cross-reference to blog entries and were connected to questions about leadership projects during the interviews.

Students' Online Blogs

The final document review were the online blogs created by the students of the GHP. As required by this practicum, starting in 2010, every cohort of students was required to maintain the nursing blog for their year which included student posts prior to departure, and during their time in Africa. The online blogs for Ghana and Zambia were public and each country blog reused the site from previous years; therefore, you can view one country and students' experiences from 2010 to the present. Blogs were typically written every few days and either by one student or a group of students and included many photos accompanying the posts. Thematic analysis of these blog posts revealed descriptive impressions, important moments, and students' perceptions and reactions related to their day-to-day activities that occurred during their placements. These posts gave this research an unparalleled view into the experiences had by the students in this practicum. Themes that emerged included: the range of emotions, cultural perceptions, nursing skills, and the importance of peer discussions to student learning and

comfort levels which linked to efficacy development and ultimately agency. They covered experiences that were heartbreaking, inspiring, sad, funny, and all other reactions that could be had by over 300 students in 10 years over two countries. Some of these experiences were reinforced in the later interviews and were so impactful they shaped the narrative accounts chapter.

The Document Analysis Process

In order to be properly reviewed, analyzed, and coded, the blog entries were copied from the two public online websites, transferred into Word documents (totalling 1209 pages), separated into the two countries, and uploaded to NVIVO 12 software for open-ended rich data analyses. NVivo is a computer-assisted qualitative data analysis software that assists the researcher in the task-based data maintenance such as storing and sorting the data (Morse & Richards, 2002). This software tool provided a platform to identify themes and codes while analyzing qualitative data, which could be organized and amalgamated into overlapping themes. This platform was used primarily for the use of document analysis, however, it also allowed the researcher to integrate interview transcripts, qualitative open-ended questionnaire comments, as well as the biographical data for each interviewee for the purposes of identifying overlapping themes from all forms of qualitative data.

The Value of Document Analysis

The value of document analysis is to reveal insights into a research problem and the context with no intrusion that interviews or observations may cause (Merriam, 2009). In addition, Bowen (2009) articulated a list of benefits that document analysis provides which include: efficiency, availability, cost-effectiveness, and a lack of obtrusiveness. There were many benefits to utilizing the document analysis method as it allowed me to understand the foundation

of this program with the syllabi and pre-departure training documents. Additionally, the blogs were an unparalleled bonus to this research as it gave the “real time” experiences of the students and contributed a large portion to the qualitative data and informed the interview schedule providing potential probes to explore emotional dimensions and to encourage reflections on the impact of their experiences at the time and post graduation. This gave the research rich and detailed experiences, as well as an immediate impact of those experiences on the students as it was happening. In addition, the blog entries were mirrored with the participant comments from the questionnaire and as well as the interviews as specific memories and stories were discussed and were represented in all three of these data collection methods. Following the document analysis, new aspects of the practicum experiences were identified and adjustments were made to the questionnaire. Items were added to further examine areas related to reflection, knowledge in the field of global health (e.g., tropical diseases, malaria), as well as areas of personal and professional self-efficacy. These areas were documented within the syllabi, student blog entries, as well as student-submitted reports and due to their repetitive nature, it was important to further delineate these to examine their impact on the graduates of this program.

Although there are many benefits to this data collection method, it has been argued that documents are not always retrievable and therefore can be biased by what is available (Yin, 1994). For this research, documents from more than five years earlier were not available therefore it is important to note that the documents represent the last few years which may have been different from the first 10+ years of this practicum. Lastly, document analysis alone may not be enough to address a particular research problem (Atkinson & Coffey, 2004). Document analysis for this study was used both as a foundation to understand the program (syllabi, training documents) as well as a real-time in-depth description of the student experience (blog entries).

The use of document analysis in this study allowed the researcher to gain both the student and instructor perspective and to help guide the interview questions.

Instrument Design

The online questionnaire was the second data collection method utilized in this study. “Questionnaires are a written collection of self-report questions to be answered by a selected group of research participants” (Gay et al., 2012, p. 165). Creswell and Plano Clark (2010) expanded on this definition in which “quantitative data are collected on closed-ended questions based on predetermined response scales or categories” (p. 177). In this study, the questionnaire allowed the researcher to quantify demographic data, as well as perceptions (Likert attitudinal and rating scales) on the impact of nurses’ overseas placement. Quantitative approaches in international nursing research studies have helped to measure cultural understanding along with language skills (Chieffo & Griffiths, 2004), nurses’ skill development (Zorn, 1996), and cultural self-efficacy (St Clair & McKenry, 1999). The questionnaire utilized in this current study was designed to address the multiple areas of impact that could result from a nursing practicum to a limited resource country. By utilizing previous quantitative research nursing studies, I developed a merged instrument that addressed areas of cultural impact (perceiving world issues), social impact (interactions with others), personal impact (interpersonal relationships), as well as professional impact (development of nursing skills) (see Appendix A).

The benefits of questionnaires are multi-faceted by which they have the ability to reach many participants, have a low cost, can be distributed in a number of ways, and require minimal training to administer them (Jones et al., 2008). This study had 337 participants in the population sample, so this instrument fitted the need of this research.

A disadvantage with the use of questionnaires is the response rate is most often much lower than traditional paper formats (Legaspi & Henwood, 2017). These authors noted that when completed on paper, the researcher often remains in the room, which creates a sense of obligation to complete the questionnaire. When respondents are allowed to complete it in their own time, there is no sense of obligation to complete it. In addition, some respondents may not feel comfortable submitting their answers digitally as it creates a record of the submission and many do not trust digital privacy measures. To conclude with the disadvantages, Legaspi and Henwood (2017) noted that with online questionnaires, many respondents may open the questions on a small mobile device which could make the questions seem longer than intended and create fatigue for the participants. For this current study, the benefits of questionnaires outweighed the disadvantages, and every attempt was made to mitigate the weaknesses with the use of the Qualtrics software platform. The questionnaire could have only been done through digital form as it was expected that graduates of this program would have been located throughout the country and the world, which was the case. This Qualtrics platform allowed the researcher to see how the questions were presented on all digital platforms, as well as show percentage of questions remaining, which encourages the respondent to persevere to answer all the items. These attempts to promote completion were believed to have been successful, as only two participants (1.7%) did not continue to the end of the questionnaire.

Questionnaires are associated with quantitative studies because they tend to have standard yes/no answers and numerical evaluation responses (Creswell, 2002). There are, however, questionnaires associated with quantitative research which structure questions that require more detailed responses such as open-ended response options. Zohrabi (2013) indicated that open-ended questions are more likely to reflect what the participant intended to say when

responding to a question; therefore, “it is better that any questionnaire include both closed-ended and open-ended questions to complement each other” (p. 255). This study used two optional open-ended response boxes for participants to add additional comments so they can elaborate if needed, details on these responses are outlined later in this chapter.

The design of the questionnaire for this study was to focus on three sections. The first being demographic information, which provided a full overview of the participants including their age (during the practicum), cohort year, gender, country location (Ghana or Zambia), profession, and education level.

The second section was Likert scale items specifically seeking information about the impact of the practicum. The questionnaire asked participants to rate 20 items relating to their time abroad and the extent of the impact that item has on their current lives. They were instructed to respond with a score of one to seven (1-7) with one (1) indicating a low impact and seven (7) indicating a high impact. As responses were not mandatory, there were 37 items skipped by participants and not included in the final data. The results for each item were coded into three categories which included ratings of one to three (1-3) classified as low impact, a rating of four (4) indicating a neutral position, and ratings of five to seven (5-7) was identified as ‘high impact’.

The final section of the questionnaire concluded with seven leadership-based nursing questions, developed by Grant and Massey (1999), in order to gain an understanding on the perspective that each participant has in their current role. This section required a *yes/no/not applicable* response. As discussed in the literature review, leadership and nursing are critical during the development of nursing students and identified through transformational, authentic, and congruent leadership styles.

The questions were standardized to all participants, which refers to the uniformity of the instrument to be the same for each participant and therefore minimize bias (Creswell, 2002). Using this instrument allowed the researcher to see any relationships between variables and to analyze results that were consistent among participants. It also allowed for quicker coding of responses based on nursing cohorts, as well as generating comparisons between all respondents (Currall & Towler, 2003).

Questionnaire Pilot

Original International Education Survey (IES)

The questionnaire for this study was developed based on the International Education Survey (IES) that was created by Zorn in 1996 to determine if nursing students had a positive impact from their overseas practicum. This survey was divided into two sections, the first consisting of demographic information while the second section was titled “Impact of International Education”. The latter section was divided into four dimensions: professional nurse role, international perspectives, personal development, and intellectual development. These four dimensions totaled 29 items in which participants were asked to rank each item on a Likert attitudinal scale of one to seven with 1 being “low/small” and 7 being “high/large”.

Amendments

Both versions of this instrument, Zorn’s and mine, included demographic questions to start in order to get an understanding of the participants and their involvement in the overseas practicum. Zorn’s IES requested the following information: current age, age at time of international placement, year of graduation, gender, marital status, current employment position, race, highest level of education completed, academic year level of international placement, and location of placement. In this current study, the instrument removed four of the original

demographic items related to current age, marital status, race, and academic year level, as they were not relevant.

The second section of both questionnaires were the Likert-rating section and some amendments were made to fit the needs of this study. Revisions were completed by the researcher in consultation with one graduate and two instructors of the Global Health Practicum. As a result of these consultations, 14 items were removed, and 15 remained from Zorn's original IES were used verbatim or with minimal phrasing adjustments. For example, one of the items was split into two items (personal and professional self-efficacy) while four new items were added for this research study. These amendments resulted in the current study having 20 Likert-scale items (with ratings of one to seven) that accounted for four dimensions: cultural, social, personal, and professional.

The removal of the 14 items were done for a variety of reasons. Three were removed because they related specifically to life in the United States (*e.g., enhanced your understanding of U.S. politics*). A further three focused on participants' course reading materials or ability to read/speak another language. These items were not relevant to this study. Another four items were removed as pertained to how the overseas practicum experience affected volunteer or religious activities, which did not pertain to the current study. One item specifically asked about *long-term* impact as a professional nurse which would not make sense to recently returned graduates from this program. One item asked about intellectual development as this may have caused confusion between overall intellectual ability and nursing-focused development, the latter being the intent of this research. The other two items were removed because they were duplicates and there were concerns about the number of overall items. Hence, to avoid survey fatigue these repetitions were removed.

My IES instrument included open-ended questions in which participants had the opportunity to add any additional comments. The original IES asked: “*What else is important for us to know about your international education experience*” and this was amended to “*If you have anything you’d like to add or expand on about your Global Health Practicum experience, please add anything here or leave blank*” in the current study instrument.

The final change to the original IES was the addition of leadership questions, which became the third section of the current study’s instrument. This section included seven leadership-based nursing questions to gain an understanding on the perspective that each participant had about their current role. The leadership-focused questions were included in this study for two reasons. The first was to gain some context of the current professional status of the participants, and the second was due to the blog entries identifying many leadership experiences and skill development exercises that took place for students while abroad. These questions strategically did not ask if leadership skills were developed in Africa because these types of skills often take years to develop, therefore it could have been too great an assumption that leadership would be developed in five weeks. It was anticipated that all previous practicum experiences, including the Global Health Practicum, contributed to the development of leadership skills for nursing students or led to nurses’ current leadership roles/capacities.

As mentioned earlier, a graduate and two current instructors of the Global Health Practicum were involved in advising about the instrument amendments made to the original IES instrument. These reviewers/advisors were instrumental in confirming clarity of terminology and phrasing, nurse-related employment options, as well as reviewing all 20 items in the second section for unambiguous understanding. In order to pilot this amended questionnaire, they assisted in confirming the suitability of the final version and they also undertook the

questionnaire to gauge the timing for participants with the intent to minimize survey fatigue. Additionally, two of my student-peers piloted the instrument and answered the questionnaire, one on a mobile device and one on a tablet, which confirmed the clarity of questions and presentation was optimal for participants. To see the adapted questionnaire used for this study, please refer to Appendix A.

Unfortunately, document analysis and questionnaire responses were insufficient in understanding the impact of an overseas practicum and answering the research questions of this study. Speaking directly with those involved in this practicum through qualitative interviews allowed the researcher to understand the thoughts and feelings of the participants and to gain a broader understanding of the impact of this experience.

Individual Interviews

Interviews were the third data collection method utilized in this study, following document analysis and the questionnaire. Interviews are classified as: structured, semi-structured, and unstructured. Structured interviews include a set of prescribed questions with no option for follow-up for any elaboration. They typically include close-ended questions, which consist of static responses of which the respondent must choose the best answer (Nelson-Gray et al., 1989). Unstructured interviews have little to no organization and consist of open-ended questions, which do not have response options, instead the respondent is expected to answer of their own free will and can elaborate on their response (Hoffman, 2007). An example of this would be “can you tell me about your practicum experience?”

Semi-structured interviews were utilized in this study as it permitted me to have both closed- and open-ended questions and encouraged follow up (Newcomer et al., 2015). This style

of interview began with guided questions that targeted key areas and it was a common method used in the healthcare field (Gill et al., 2008).

There are advantages and disadvantages for using any method of interview style and these can change depending on the style of research as well as the sensitivity of the research questions (Sturges & Hanrahan, 2004). Phone interviews are a common option but also consist of positive and negative attributes. Creswell (1998) noted there are other aspects of communication such as informal and nonverbal expressions not seen by the researcher through use of the telephone. However, Miller (1995) noted it can be distracting in face-to-face interviews when the researcher is taking notes, so this is eliminated in a phone conversation. Another benefit to this style is if a topic covers sensitive information in which case phone interviews can give participants a private and safe space to answer questions they might not feel as inclined to answer face-to-face.

Face-to-face interaction has always been the preferred method in qualitative interviewing when the focus is on semi-structured or in-depth interviews (Sturges & Hanrahan, 2004). This allows the researcher to build a rapport with the respondent in order to get authentic responses.

Skype and other online platforms such as Zoom and BlueJeans allow researchers to “virtually” interview participants with the audio quality of a phone call and the video to allow for face-to-face interaction. These free (e.g., Zoom and BlueJeans) platforms allow for both parties to avoid the cost of moving to a new location and enhances availability due to no travel time. It is also the most effective for interviewing outside the general area as international interviews, even by phone, can be cost prohibitive (Seitz, 2016).

Due to the issues of the global pandemic, face-to-face interviews were deliberately avoided in this study, and most interviews were completed through digital video via Zoom or

Skype and three were done through email. Seitz (2016) noted that because the screen is often just from the neck up, reading body language is impossible which can have a negative impact on progressing comfortably through the interview. In this current study, the researcher addressed less-sensitive topics, such as study abroad, and found that Zoom or Skype were great platforms for conversations as participants were able to talk from abroad and share in a virtual face-to-face way. Adding to this, study abroad students were generally very familiar with online platforms as this was a common method for keeping in contact with family while traveling. The participants in the current study appeared very comfortable on both Zoom and Skype platforms and did not have any issues with using it on either their computer or phone.

One of the major downfalls of virtual platforms is that they rely on internet quality and can therefore result in poor audio or video as well as disconnection at any time during the interview. As mentioned earlier, three interviews were done via email in which the participants responded to the questions digitally and emailed their responses. Two of these participants were currently overseas and one had poor internet while the other could not find a time that worked with his time zone and schedule. The third student worked 12-hour nightshifts, slept during the day, and did not feel she would give quality verbal responses given her schedule.

“Surely advances in technology shape the way we do research, and researchers need to consider how the technology in question fits in the lives of potential respondents” (Sturges & Hanrahan, 2004, p. 116). Ultimately, the type of research being conducted should guide the interview mechanisms that are utilized and allow for the most beneficial form based on the needs of the participants as well as the researcher. As there was a global health crisis gaining in momentum at the start of the interviews, which took place in mid-March to mid-April 2020, online platforms and paper submissions were the only safe options available for this study.

The benefits to using semi-structured interviews in this study was to gain a deeper understanding of the personal experience that a respondent encountered during their practicum abroad. The interviews allowed me to capture the stories from participants as they reflected on their GHP experience in an effort to elicit those impactful experiences. Newcomer et al. (2015) explained that due to the more relaxed nature of this type of questioning, semi-structured interview design often takes more time and therefore is not ideal for large groups of participants. The 15 participant interviews and two instructor interviews averaged one hour in duration, so semi-structured interviews worked well for this study. These conversations focused on the established questions (see Appendix C), but participants would often discuss other aspects of their time abroad that did not pertain to the interview questions. Themes from the document analysis revealed issues of distress such as witnessing intense medical outcomes (babies dying) and adjustments to new ways of healthcare (not having proper resources) so it was important in the interview stage to have participants speak to these areas. All participants were encouraged to discuss specific situations that were impactful, whether positive or negative.

The quantitative and qualitative findings of this study were combined with one data set where there was alignment and therefore able to capitalize on the objectives of this study.

Rigour in Research: Validity, Reliability, Trustworthiness, Triangulation, and Legitimation

Rigour within mixed methodology studies is unique in that potential bias must be addressed for both the quantitative and qualitative phases of the study (Onwuegbuzie & Leech, 2005). “Rigour refers to the extent to which the researchers worked to enhance the quality of the studies” (Heale & Twycross, 2015, p. 66). It is important that rigorous methods are used within all the stages such as “data collection, analysis, and interpretation for both quantitative and qualitative data” (Creswell, 2014, p. 552). The following sections will cover the areas of validity,

reliability, trustworthiness, triangulation, and legitimation within this mixed method research study.

Validity

Validity in the simplest definition is a test or measurement that is accurately measuring what it is supposed to (Golafshani, 2003). It has historically been associated with quantitative studies and is widely referenced in literature (Onwuegbuzie & Johnson, 2006). To measure this study as valid, it is important to have clear questions that measure the concept that is being researched as “asking the wrong question actually is the source of most validity errors” (Long & Johnson, 2000, p. 35). “Validity in mixed methods research involves employing strategies that address potential issues in data collection, data analysis, and the interpretations that might compromise the merging or connecting of the quantitative and qualitative strands of the study” (Creswell & Plano Clark, 2010, p. 417).

This research study included an adapted questionnaire, of which changes were made in consultation with current nursing instructors and a GHP alumni, but also as a result of the document analysis stage, all of which was indicated in the Questionnaire Pilot section earlier. Consultation was done to increase clarity on the items along with their relevance to the program and student experience, and to minimize confusion from participants. These instructors, who have both participated in taking nursing students abroad, made edits and confirmed the questions are clear and understandable for the participants as well as to the context of both practicum locations. The GHP alumni made small edits to a few of the items and requested a few items be removed from the questionnaire. These modifications were provided in detail in the Questionnaire Pilot section earlier.

There are multiple forms of validity that exist for both quantitative and qualitative studies but for the purposes of this research and to validate the instruments being used, internal and external validity measures will be reviewed.

Internal Validity

Internal validity is the procedure in which a study is measured to determine if the research findings align with reality and if the study “observes and measures what is supposed to be measured” (Zohrabi, 2013, p. 258). Merriam (1998) recommended six methods to increase internal validity: long-term observation, peer involvement, collaborative modes of research, bias, member checks, and triangulation. Although not all methods were possible within this study, four were involved in an effort to maximize validity and are described as follows.

Peer Involvement (inter-rater Reliability Processes)

A team of peers were able to assist in the data analysis stages by way of reviewing documents and interview transcripts to analyze, code, and theme the content. Peers were not provided codes prior to their work in an effort to minimize any influence and this process resulted in agreed upon codes and themes from multiple perspectives. This process of inter-rater or “inter-coder reliability” (Creswell & Plano Clark, 2017) analysis provided me with confidence that my assessments and perceptions of the data were accurate, relatively unbiased, and the content was being represented authentically to the participants’ voices.

Collaborative Modes of Research

In an effort to validate the intention of this research study, I sought the advice of both past instructors and GHP alumni to review the research questions, the questionnaire items, as well as the interview questions as discussed earlier in this chapter. Their review did not result in changes to the research questions, but the questionnaire items and interview questions were

amended slightly as previously described in the section related to the instrument design.

Involving previous instructors and graduates also addressed issues of instrumentation and assisted in ameliorating researcher bias.

Instrumentation and Researcher Bias

By conducting a pilot study with the help of previous instructors and graduates, it minimized the instrumentation and research bias (Chenail, 2011). This was done through a few techniques such as requesting feedback from pilot subjects, identifying ambiguities, addressing and changing overly complex questions/items, timing the instruments to address fatigue-issues, and to re-word questions that were too vague, ambiguous, or double-barrelled, or could be interpreted two different ways (Oppenheim, 2005). This was done prior to ethics submission and completed again, to a lesser extent, when questions or items were adjusted following the previous stage.

Member Checks

Another component of demonstrating rigour is member checking, which is described as the process by which transcripts of interviews are returned to participants to check their accuracy and correct interpretation from the perspective of the participants (Birt et al., 2016). This method was utilized in this study as all interviews were recorded and transcribed, therefore provided the opportunity to review each one multiple times to identify areas of confusion. Due to internet disruption occurring during one zoom and one skype interview, there were two small sections in these interviews wherein clarity of intent was necessary from the participant in order to appropriately interpret their meaning. These two participants were emailed the interview transcript and asked to address the missing words in the interrupted sentences as well as to

confirm my accuracy in the interpretation. The last method to increase validity is the notion of triangulation, which is addressed later in this chapter.

External Validity

The extent to which findings can be generalized to other settings relates to the level of external validity (Zohrabi, 2013). This study focused on a nursing population at one university in Western Canada, therefore, the generalization to other nursing programs may be possible provided there is sufficient similarity in context, program design, and processes related to an overseas practicum. These aspects of similarity are essential in determining the level of transferability that is possible between one setting and program to another (Creswell & Plano Clark, 2017). In order to do this, it was important to obtain a sample size that is adequate to make claims about the findings which was done with the results of this study, to be outlined further in Chapter 4.

Reliability

Validity and reliability are often used interchangeably and although they are similar, they are not the same concept. Reliability is referred to as the ability for a procedure or measurement device to result in consistency after the reproduction within a similar methodology, that is, it speaks to the capacity for repeatability (Bajpai & Bajpai, 2014). In this research, reliability was established with the use of a questionnaire that included Likert scale ratings, which resulted in all responses having consistent coding and a transparent understanding of the themes that were generated. An audit trail of the steps was taken which included all relevant dates of procedures, details about the coding procedures, as well as how the data was analyzed. The audit trail “involves the presentation of details of all sources of data, collection techniques and experiences, assumptions made, decisions taken, meanings interpreted, and influences on the researcher”

(Long & Johnson, 2000, p. 35). The purpose of doing this is “to examine both the process and product of the inquiry and determine the trustworthiness of the findings” (Creswell & Miller, 2000, p. 128).

As the definitions of validity and reliability are the usual terminology linked to quantitative research as these constructs generally relate to the instrument design processes and must be as objective and uniform as possible. However, in qualitative research, the constructs of rigour relate to the processes that the researcher(s) undertakes to reassure the reader that the research processes were done with fidelity. These terms relate to trustworthiness and credibility. In mixed methods research, being a combination of both quantitative and qualitative research forms, the constructs of rigour relate to triangulation and legitimation as described by Onwuegbuzie and his colleagues (Onwuegbuzie et al., 2006; Onwuegbuzie et al., 2011). They are broken into sub-sections of what is ultimately referred to as the trustworthiness of the research study.

Trustworthiness

Trustworthiness is defined as the degree to which the study conveys confidence in the data, in the interpretation of the data, as well as the methods used (Connelly, 2016). This is a qualitative measure in which the researcher should outline the procedures used which aim to increase the trustworthiness of a study. Trustworthiness in qualitative research rests on the researcher and their practices, whereas validity in quantitative studies rests largely on the instrument design processes (Creswell & Plano Clark, 2017). Graneheim and Lundman (2004) noted that trustworthiness should be the end result of any research study and the evaluation of procedures to get those results should be required. They also noted, “trustworthiness will increase if the findings are presented in a way that allows the reader to look for alternative

interpretations” (p. 110). In relation to qualitative research, Lincoln and Guba (1985) created a cross comparison of terms between the two methodologies which include “credibility (replacement for quantitative concept of internal validity), transferability (replacement for quantitative concept of external validity), and dependability (replacement for quantitative concept of reliability)” (as cited in Onwuegbuzie & Johnson, 2006, p. 49).

Credibility

Credibility refers to the notion that the report given by the participant is accurate and is interpreted by the researcher accurately (Cope, 2014). Creswell and Miller (2000) reported “another procedure for establishing credibility in a study is to describe the setting, the participants, and the themes of a qualitative study in rich detail” (p. 128). These authors explain how these narrative descriptions of settings and participants allow the reader to feel the experience and the environment to get a better sense of the situation.

In this study, the qualitative interviews were recorded, doctoral peers of the researcher reviewed each recording in an effort to make sure that the researcher’s account of their responses were accurate. This supported the credibility of findings, maximized the inter-rater reliability, and eliminated any misinterpretation by the researcher.

Transferability

The notion of *transferability* relates to the reader being able to generalize the outcomes to their own life and make meaning of the results (Cope, 2014). To enhance this current study, the description of the practicum setting was described in detail with the view that it would assist in the transferability of the practicum experience to the readers’ lives. In addition, the research setting, described earlier in this chapter, was provided to give a detailed account of the

qualitative research process which provides a thick description of the phenomenon and the context.

Shannon-Baker (2016) emphasized the connection between pragmatism and transferability as a great opportunity to make connections in a research study and to generalize to others. “Pragmatism is based on the belief that theories can be both contextual and generalizable by analyzing them for ‘*transferability*’ to another situation” (Shannon-Baker, 2016, p. 322).

This current research intended that the results obtained are transferable to the lives of others, in that a connection could be demonstrated between an overseas experience in a limited resource country and a strong impact, whether culturally, socially, personally, or professionally for the participants.

Dependability

Dependability refers to the idea that if this study were repeated in similar conditions, the results would be similar (Koch, 2006). This term is analogous with the quantitative term of reliability as it relates to the consistency over time (Long & Johnson, 2000). Edmonds (2012) reported that overseas programs created by institutions cannot often be repeated with similar conditions, given that these programs always vary by many factors. Although two exact programs may never occur, dependability is shown if the study is “consistent across time, researchers and analysis techniques” (Qazi, 2011, p. 14). The strength of dependability can be shown in three methods which are: the position of the investigator, the audit trail, and triangulation (Merriam, 1998). Zohrabi (2013) outlined the role of these three techniques: the position of the investigator refers to the detailed explanation of the study, the logic behind the design, and the explanation of the participants and their recruitment. The audit trail, described earlier, was completed to outline a clear and concise presentation of all the aspects of the study.

The third technique of enhancing the dependability of a study was measured by the use of triangulation of methods.

Triangulation

Edmonds (2012) stated “nurse researchers are required to be familiar with the philosophical underpinnings of quantitative, qualitative, and triangulated methodologies before embarking on a study” (p. 548). Triangulated methodologies refer to the use of many sources of data collection and methods, as well as the use of multiple investigators in some studies (Long & Johnson, 2000). Collecting multiple data sources is important in being able to provide assumptions that are recognized through the data and therefore are triangulated (Casey & Murphy, 2009). “By examining information collected through different methods, the researcher can corroborate findings across data sets and thus reduce the impact of potential biases that can exist in a single study” (Bowen, 2009, p. 28). With the use of mixed methods, triangulation serves the purpose of validating the research, controlling bias, and enhancing the credibility of the study (Long & Johnson, 2000). This current study used different methods such as document analysis, questionnaires, open-ended questionnaire responses, and interviews as part of the multiple data sets. In addition, there were multiple stakeholders involved as the participants included student alumni as well as instructors. Having data from multiple sources to act as a verification of the thematic analysis was ideal for triangulation.

Legitimation

Onwuegbuzie and Johnson (2006) spoke to the idea that the word validity in both qualitative and mixed method studies is counterproductive. They argued there is a need “to use an alternative word that is more acceptable to both quantitative and qualitative researchers” (p. 55). As a result, the word legitimation is a mixed method term that covers the areas of reliability

and validity (for quantitative studies) as well as credibility, dependability, and transferability (for qualitative studies) (Onwuegbuzie & Johnson, 2006). Legitimation and rigour intertwine in this mixed method study through both the quantitative and qualitative data processes.

Onwuegbuzie and Johnson (2006) outlined nine legitimation types as part of mixed methodology (see Table 3.1). A number of these legitimation approaches were identified as useful in this study.

Table 3.1.
Typology of Mixed Methods Legitimation Types

Legitimation Types	Description
Sample Integration	The extent to which the relationship between the quantitative and qualitative sampling designs yields quality meta-inferences.
Inside-Outside	The extent to which the researcher accurately presents and appropriately utilizes the insider's view and the observer's views for purposes such as description and explanation.
Weakness Minimization	The extent to which the weakness from one approach is compensated by the strengths from the other approach.
Sequential	The extent to which one has minimized the potential problem wherein the meta-inferences could be affected by reversing the sequence of the quantitative and qualitative phases.
Conversion	The extent to which the quantitizing or qualitzing yields quality meta-inferences.
Paradigmatic mixing	The extent to which the researcher's epistemological, ontological, axiological, methodological, and rhetorical beliefs that underlie the quantitative and qualitative approaches are successfully (a) combined or (b) blended into a usable package.
Commensurability	The extent to which the meta-inferences made reflect a mixed worldview based on the cognitive process of Gestalt switching and integration.
Multiple Validities	The extent to which addressing legitimation of the quantitative and qualitative components of the study result from the use of quantitative, qualitative, <i>and</i> mixed validity types, yielding high quality metainferences.
Political	The extent to which the consumers of mixed methods research value the meta-inferences stemming from <i>both</i> the quantitative and qualitative components of a study.

Note. This table outlines the nine legitimation types as identified and outlined by Onwuegbuzie and Johnson (2006).

There were four forms of legitimation that were deemed useful and appropriate in this study, which enhanced the rigour and trustworthiness: inside-outside; weakness minimization; paradigmatic mixing; and sequential.

Inside-outside – This legitimation type examines the emic (insider perspective of the data) and etic (outsider analysis of the raw data) views of the research. In a mixed methodology study, it is important to denote the balance between these two views. Onwuegbuzie et al. (2011) argued the extent to which emic and etic views are given primary attention relates to the emphasis given to the quantitative or qualitative data. This study was considered a qualitative dominant mixed study while recognizing the advantages of the quantitative data. Therefore, the participants' (emic) subjective reality and perspectives were emphasized over my (etic) views, while noting however that throughout the results of this study, both emic and etic viewpoints were shared.

Weakness minimization – this legitimation type addresses the ways in which the weaknesses of one approach are addressed by the strengths in the other approach. In mixed methods research this means the flaws of the quantitative method (questionnaires in this case) were overcome by the qualitative data forms (i.e., the interviews and blogs). Another aspect of weakness minimization presented itself in the study in exploring self-efficacy development. Questionnaire items pertaining to self-efficacy were followed up in the interview as more clarifying information was required from the results of the first phase. One weakness of a questionnaire is the lack of space to fully describe a term therefore a concern arose that with a lack of understanding of the term self-efficacy, it may have resulted in skewed responses in the questionnaire. The interviews allowed me to explore and expand on the participants' self-

efficacy and to provide contextual responses and examples to this question. This provided much more clarity to this area of inquiry.

Paradigmatic mixing – this legitimization process was demonstrated in chapter one with the full description of my philosophical position that provided the framework for this study. The rationale for utilizing a mixed method study was demonstrated throughout the formulation stage and throughout the research process, clearly articulating the need for an explanatory and sequential study to address the research questions.

Sequential – this legitimization style focuses on the issues around meta-inferences of the data if the order of the phases were reversed, therefore altering the data interpretation. This study utilized a sequential mixed method study in which the questionnaire phase preceded the interview phase, and this was done so that phase two could elaborate more on the experiences of the participants and to explain the ratings and attitudes rated in the questionnaire. This sequential order was carefully considered, along with the knowledge that a reverse of the phases would most likely not impact the data interpretation and ultimately the meta-inferences. Participants given the interview phase to start would provide rich data pertaining to their experiences prior to completing the questionnaire of which would not have been dramatically affected by their interview. This style of mixed research provided data based on questionnaire responses, open-ended responses, and rich data from semi-structure interviews conducted with participants and instructors, which did lend legitimization to the results.

Positing that sequential was not likely to result in very different results is offered largely because the questionnaire was developed based upon established instruments in the field. As outlined in the Questionnaire Pilot section, the questionnaire was adapted from an existing survey, with many of the original items remaining, which demonstrated its validity and reliability

through its use in many studies since 1996. All methods of data responses were tracked, coded, and reviewed through inter-rater reliability processes. This, along with the aforementioned legitimization types indicated above, were done to ensure that the themes presented from the data analysis were, in fact, legitimate.

Sampling Frame

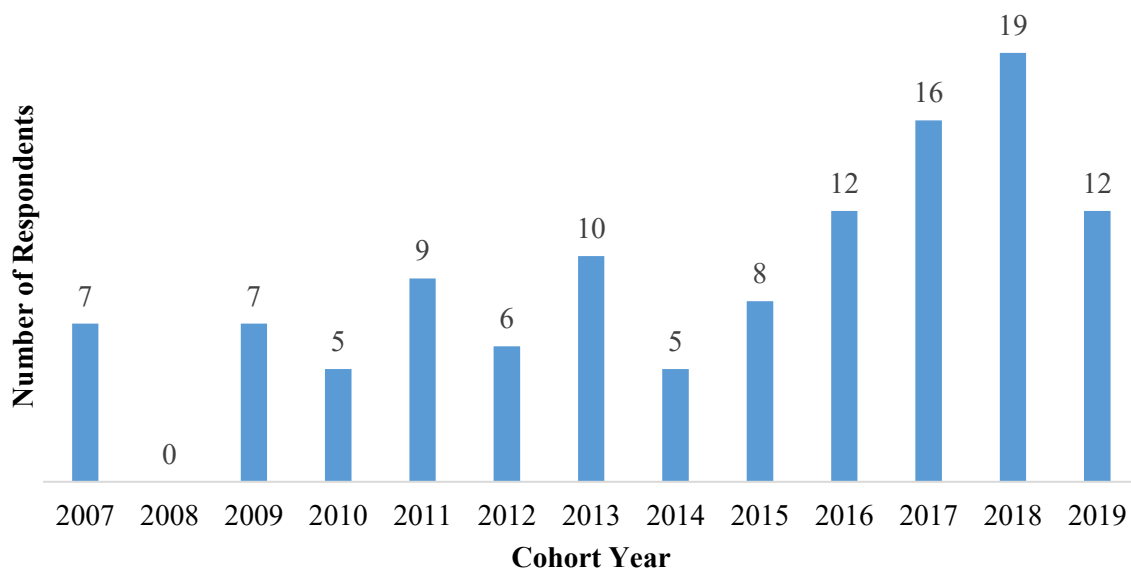
The Global Health Practicum (GHP) is offered as a fourth-year nursing practicum placement by a university in British Columbia, Canada. It can be either domestic or international and is chosen by the students but requires an application and instructor vetting in order to qualify. Students must be in good academic standing, have positive reports from their previous 11 practicums, and have a valid CPR training certificate. For students wishing to go internationally, they select their preferred country (Ghana or Zambia) on their application and are matched to one country by the instructors. Participants of this current study were drawn from the graduates of this Africa-based practicum. This group of GHP alumni included a population of approximately 400 graduates who undertook an overseas practicum in the past 18 years, however this study was only able to locate 363 email addresses from the internal system.

Sampling

Sampling is the process of obtaining participants for a study that can represent a wider population in an effort to generalize the data (Creswell, 2002). This study examined a population of graduates that collectively participated in the same fourth-year program at the same institution. This population study invited, via email, all available graduates of the GHP to participate in the questionnaire phase of which the completed submissions (n=116) included 5 men and 111 women. The participants who went to Ghana represented 54% (n=63) of the sample size while 46% (n=53) went to Zambia. As the GHP has been sending students to Ghana for

approximately 18 years, the hope of this study was to recruit participants as far back as the beginning. Unfortunately, the email addresses located in the academic system traced back 15 years (2005) as this was the year of the merger between the old institution and the current university. The participant responses ranged from the 2007 to the 2019 cohorts with no participants from the 2008 cohort. See Figure 3.1 for a breakdown of cohort responses.

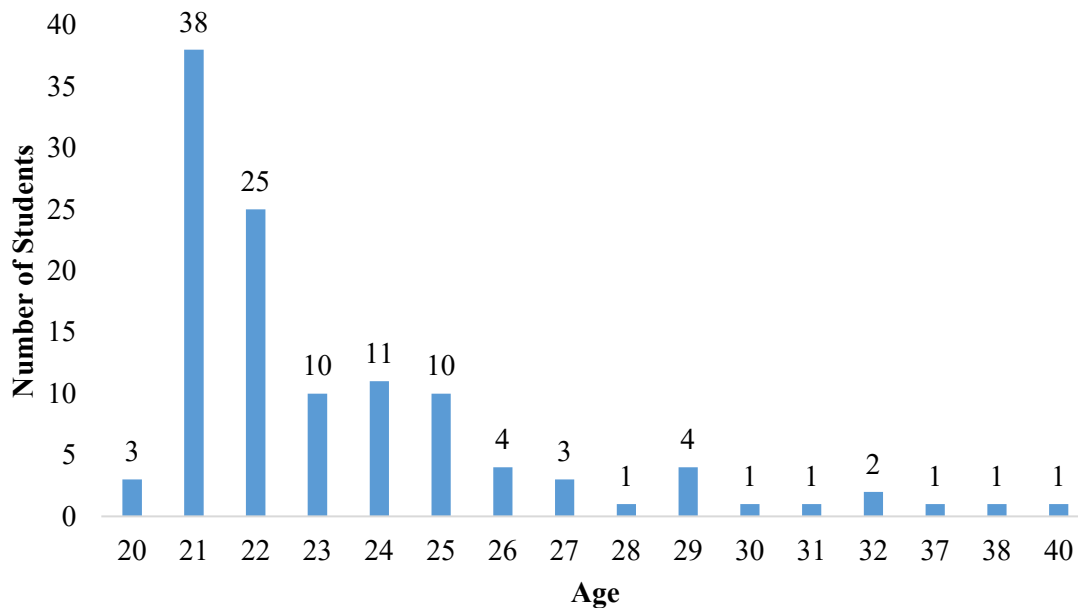
Figure 3.1
Number of Participants Based on their Cohort Year Abroad



Note. This graph represents the cohort participation the students took part in during their Global Health Practicum experience. The earliest year of available email addresses was 2005 but the earliest participant was from the 2007 cohort. There were no participants from the 2008 cohort.

At the time of their overseas experience, the age range of the students varied from 20-40 with the average age being 23. Figure 3.2 outlines the ages of the participants with the majority being between 21-25 years old.

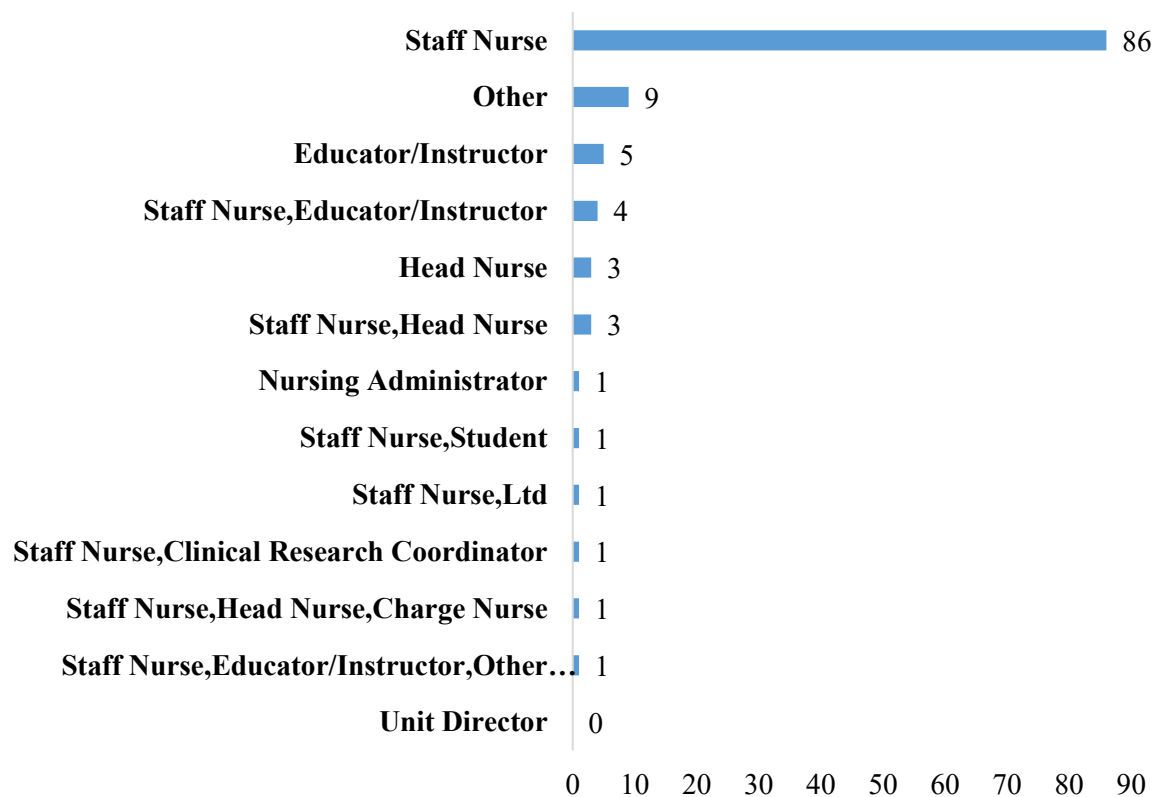
Figure 3.2
Age Range of Students While Abroad



Note. This graph outlines the ages of each participant while abroad in Africa. Two students reported having birthdays while in Africa, their ages were represented by their age at time of entry into their respective country.

Participants were asked to identify their current area of employment to determine if they were still working within the healthcare field. As outlined in Figure 3.3, the majority of participants (n=86) are currently working as staff nurses while 21 are working as healthcare educators, researchers, head nurses or doing a combination of these positions. Nine participants selected “other” and these include one on maternity leave from a head nurse position, five that are working in healthcare specialties such as community practice, anesthesiology, and hospice care, as well as three graduate students. The three graduate students (two Master’s, one PhD) disclosed their area of study of which all relate to the healthcare field. In summary, within the 116 participants, 112 participants are actively engaged in the healthcare field while four (three students and one on maternity) are on a leave from their healthcare positions.

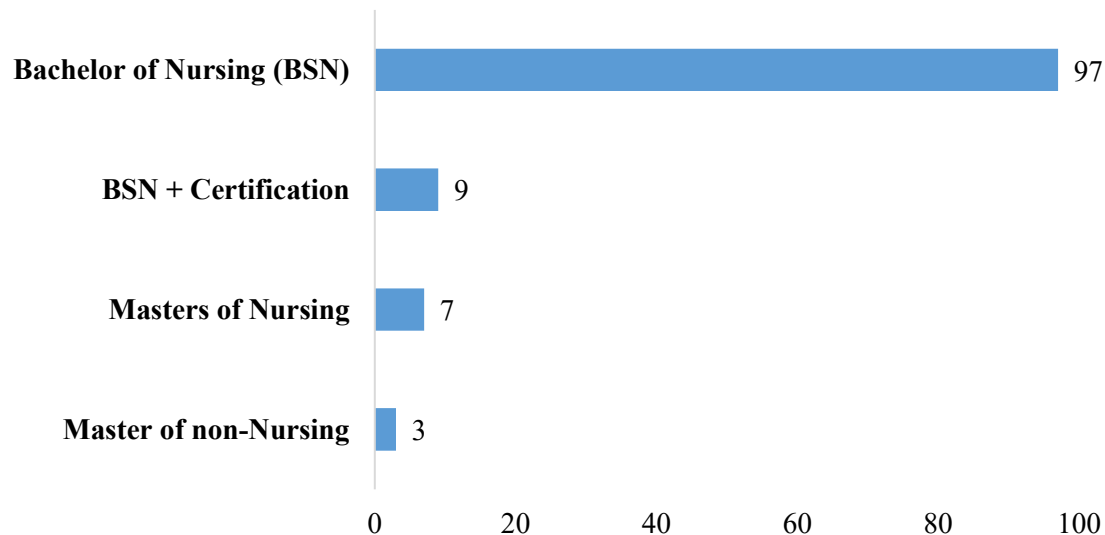
Figure 3.3
Current Employment Positions of Participants



Note. This figure represents the current positions held by the participants of this study. From the data, 96.5% of participants are currently working in the healthcare field while 3.5% are currently graduate students or on maternity from a healthcare position. The graduate students are all pursuing higher education in or related to healthcare.

The questionnaire requested the highest level of completed education of the participants to understand how far they went with academia following their time abroad (see Figure 3.4). The completion of a Bachelor of Science in Nursing (BSN) degree encompasses the vast majority of the respondents with 84% (n=97) while 10 participants have completed a Master's degree. There were nine (9) students that selected the *other* category which has been broken down into graduate degrees currently in progress (n=3), Bachelor of Science in Nursing (BSN) with certificates in Critical Care (n=3), Emergency Nursing (n=2), and High Acuity (n=1).

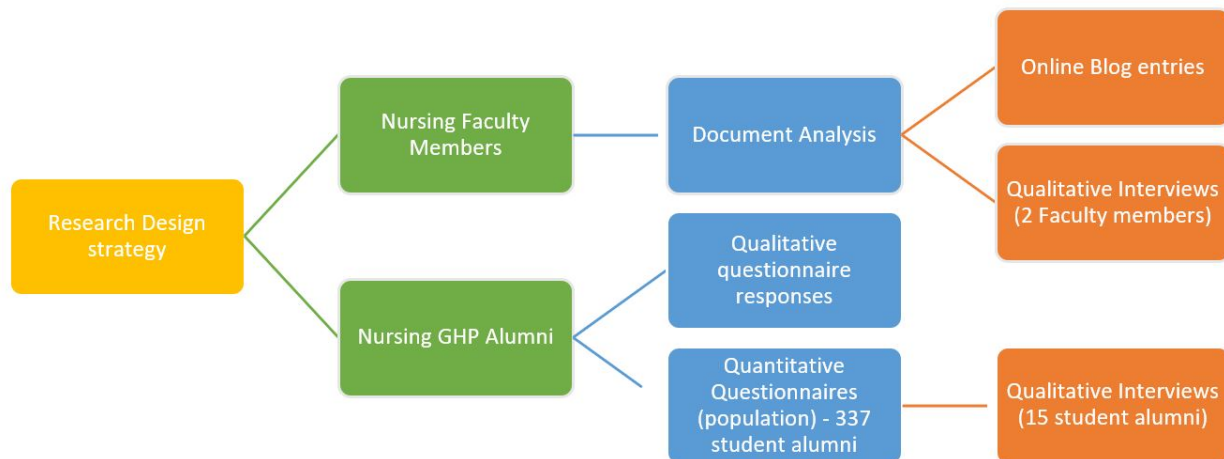
Figure 3.4
Participants Current Level of Education



Note. All participants have a Bachelor of Nursing (BSN) while 16% (n=19) have a BSN plus an additional certification (Critical Care, Emergency Nursing, and High Acuity), have completed a Masters, or are in pursuit of a Doctoral degree.

The second phase (interviews) of the study was done through purposive sampling in order to obtain a sample size that would represent the entire population of alumni. This second phase was governed by the principle of reaching saturation; that is, sampling that continues until no further new themes emerge whereupon the interviews will be drawn to a close due to reaching saturation of information (Saumure, 2008). The final participant numbers of this study were 116 questionnaire responses, 15 participant interviews, and 2 instructor interviews. As shown in Figure 3.5, the sample varies in the quantitative and qualitative phases.

Figure 3.5
Sampling Framework



Note. In this figure, the framework outlines the research design strategy and how it is connected to the recruiting of faculty and alumni and the quantitative and qualitative methods used.

In the ESMM model, the explanatory phase is often a smaller sample size than the previous phase as “the sample members selected for one phase of the study represent a subset of those participants chosen for the other facet of the investigation” (Onwuegbuzie & Collins, 2007, p. 292). This study did include a smaller qualitative phase in which 17 interviews were conducted. The qualitative methods however, encompassed many documents, interviews, open-ended responses, and blog entries therefore the data resulting from the analysis was considerably larger than anticipated.

The interview phase was done through purposive sampling which refers to the researcher selectively choosing which participants to be interviewed in an effort to get a depth of information but more importantly, to acquire insight and to “maximize understanding of the underlying phenomenon” (Onwuegbuzie & Collins, 2007, p. 287). This study chose to avoid random sampling when selecting for qualitative interviews as it may have resulted in eliminating some that could provide useful information. As an example, male students represent a very small sample of the population of the GHP alumni group and the possible elimination of male

participants would not be beneficial to the study's outcome. A second concern of random sampling is that it may eliminate some participants that gave an overall negative or lower rating which would have also negatively influence the results.

This purposive selection in the qualitative phase was done by: (1) representing as many cohorts as possible, (2) having a similar representation of countries, (3) an appropriate ratio of men and women and (4) varying representation of current employment and education levels. The study also selected participants that had both low and high ratings from the questionnaire responses and were identified as outliers. This was done in order to get a better understanding of infrequent or singular experiences and to address any situations that resulted in a long-term negative impact. Purposive selection guided by this type of criteria resulted in the study obtaining a group of information-rich participants (Palinkas et al., 2015).

There were 18 initial requests for participant interviews and five (5) requests for instructor interviews. Unfortunately, many potential interviewees responded saying that due to the global pandemic and their current work in the healthcare field, they were not able to participate in the interview phase. Six (6) interviews were completed and additional requests for interviews were asked of the original list of 62 participants who agreed to participate in P2. This study concluded with 15 participant interviews (24% of those willing to participate in P2) and two instructor interviews. As part of the 15 participant interviews, two were alumni who returned back to the University to take a leadership role and assist the instructors in taking students back to Africa.

Although interviews were based on purposive sampling in an effort to get a representative sample of the population, the global pandemic resulted in the researcher unable to get an interview from every cohort. However, interview participants represented eight cohorts,

both African countries, age ranges of 21-40 (while in Africa) as well as respondents who were more critical of the practicum and those that rated it highly. It represented people with different occupations and with varying levels of education. See Table 3.1 for a breakdown of the interview representation.

Table 3.2
Participant Interview in P2 based on Representation Factors

	Representation Factors	Number of Interviews
Countries	Ghana	8
	Zambia	7
Cohorts	2007	1
	2009	1
	2011	2
	2013	1
	2015	1
	2016	4
	2017	2
	2018	3
Genders	Male	2
	Female	13
Ages	21	5
	22	2
	23	1
	25	1
	26	1
	27	1
	29	2
	32	1
Employment Status	40	1
	Staff Nurse	11
	Head Nurse	3
	Student	1
Education Level	Bachelors	9
	Masters	4
	Other	2

Note. This table outlines the representation of the interview participants (does not include instructor participants). In an effort to represent the larger population, the researcher aimed to interview participants that represented both countries of placement, as many cohorts as possible, genders, a range of ages, employment areas, and education levels.

The two (2) instructor interviews were experienced School of Nursing professors who had taken students abroad at least three times and represented both Ghana and Zambia. This allowed the study to have an overview and understanding of the entire program including pre-departure, in-country experiences, and the post-country experience. Instructors participated in the interview phase and were not included in the questionnaire data.

During the data collection phase of qualitative research, there comes a point in which no new information is being received by the participant responses, which is referred to as data saturation (Saumure, 2008). Although there is no standard number to reach as each study is unique, it is important to recognize when there is no new information or to help draw conclusions. This study found that with 15 participant interviews and two faculty interviews which followed 116 questionnaire responses, there was no new additional information being shared and that data saturation had occurred. Inclusive of both phases of this study, it concluded with 34.4% of the total population of graduates that took part in this research. Overall, the aim of this study was to reach as many as possible “to ensure that a sufficient database has been collected to develop an in-depth understanding” (Creswell & Plano Clark, 2017, p. 176).

Instruments

From the literature review, a number of potentially useful questionnaires were found including the International Education Survey (IES), which was discussed in the paradigmatic underpinning section of this chapter. This questionnaire was designed by a team led by Dr. Cecelia Zorn at the University of Wisconsin – Eau Claire, School of Nursing in 1996. For this study, I sought permission from Dr. Zorn to use and adapt her survey and was granted permission by email. Please refer to the Questionnaire Pilot section of Chapter 3 for details on how the survey was adapted. Creswell et al. (2003) emphasized the value of using existing

instruments if they can be modified to meet the needs of the study. Thus, my use of an established and recognized instrument will add to the legitimacy of the study.

Items focused on the skills and/or knowledge gained abroad and how it affects the lives of graduates on a cultural, social, personal, or professional level. As mentioned earlier, the use of optional open-ended responses in a questionnaire are valued (by both participants and researchers) as it allows for additional comments or feedback from the respondents. This study had two optional open-ended response text boxes during the questionnaire (following the 20 Likert items and again at the end) and encouraged participants to add any additional comments they wished. Reja et al. (2003) reported that open-ended responses could be an added benefit in that unprompted responses can add to the results as well as minimizing any bias that might occur when responses are suggested for participants. Of the 116 participants who completed the questionnaire, 43 respondents (37%) utilized this option and added comments ranging from feedback-focused suggestions to positive and life-changing remarks. Many responses validated the questionnaire ratings such as a career-related item asking if the “GHP had a positive influence on your practice as a nurse”. As 81.9% of participants rated this high, it was supported by comments such as *“I found this experience to teach me very unique nursing skills I would not have gotten elsewhere. I found it both challenging and rewarding and believe it helped shape me as a nurse and person”*. Another result of the open-ended text boxes was that these responses opened a window to addressing concerns that were not discussed in any documents or blogs therefore were not on the radar of the researcher. For example, one student wrote *“I was frustrated with the instructor's role in this practicum. Ensuring completely open conversation between students and instructors around the expectations of the practicum before leaving would make this practicum a generally better experience and one that I would recommend to others”*.

Although this response may have been an outlier based on one student experience, it provided context as to why a small percentage of ratings for one item were lower than the majority. For those that gave lower rankings and were then selected for phase two, the interview questions were shaped to address these more critical comments in order to get a well-rounded perspective. It is important to recognize during data analysis that the numerical data is critical in supporting the research questions and that the written responses support the numerical data (Bazeley, 2004). Bazeley (1999) also noted that “the capacity to evaluate the text itself against the quantitative variables from the survey has the potential to greatly enrich the interpretation of the data” (p. 281).

As the 20 items were designed for Likert scale responses, participants were asked to rate each item as one to seven with one indicating a low impact and seven indicating a high impact. The 7-point scale was used in this study for two reasons. The first was that this rating scale was used in the original IES so it made sense to keep it unchanged. Secondly is that Dawes (2008) reported that the difference in responses between a 5-point and 7-point scale are minimal, resulting in the same results however a 10-point scale demonstrates a statistically significant lower mean response. For the purposes of analyzing the data which is discussed further in Chapter 4, participant ratings of one to three (1-3) indicate low impact, four (4) indicates neutral impact, while five to seven (5-7) indicate high impact. There were no mandatory items that required a response, so the value would remain blank if it was skipped by a participant. With 116 respondents answering 20 items (2,320 total responses), there were 37 (1.6%) skipped responses.

The IES was developed as a paper-based survey but with changing technology, it was easily transferred to a digital mechanism and this study utilized it through an online survey platform, Qualtrics. This platform “contains professional-grade survey building tools, including

support for questions paths and customisation by scripting and stylesheets” (Stevenson & Wood, 2018, p. 329). Qualtrics enables multiple options to create visual diagrams in order to gain a detailed picture of the responses and can do so based on a number of variables. The visual representation of data easily showed outlier responses that emerged which the researcher identified and targeted for further follow up in the interview phase.

Procedure

Through the explanatory sequential mixed methods (ESMM) design, this study aimed to determine if the GHP had an impact on graduates over four areas of their lives (cultural, social, personal and professional). To do that, it used a variety of quantitative and qualitative methods to understand the impact and did so in a step-by-step procedure. The ESMM study was conducted in nine phases as shown in Figure 3.6.

Figure 3.6
Mixed Method Research Step-by-Step Procedure



Note. Step-by-step procedural guide through the process of this research study beginning with context gathering through document analysis, merging of quantitative and qualitative data, and finalizing with the write up of results.

Step One began with document analysis in order to get a firm understanding of the program, the history, and any written information such as reports or blogs that are permissible from faculty or students. The School of Nursing permitted me the use of the current and previous syllabi, which gave an overview of the program and the learning objectives for students. The syllabi also outlined many aspects such as description of the location, expectations of in-country experience, as well as work to be done abroad. The blog entries resulted in 1,209 text pages copied from the website and transferred to NVIVO 12 for analysis. The document analysis highlighted the areas of leadership and cultural diversity, which resulted in the revision of two items on the questionnaire (increased culture-related healthcare knowledge and encouraged socialization with international-focused people) as well as the addition of a leadership-focused section.

Step Two was the submission of an ethics approval application to the University of Calgary Conjoint Faculties Research Ethics Board (CFREB) and my completion of the CORE tutorial. This board is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS). Following the ethics approval from the University of Calgary, I submitted and received ethics approval from the University of British Columbia and the Behavioural Research Ethics Board (BREB). All associated communication and recruitment scripts, instruments, methodology, and procedures were included in each of these ethics applications and can be reviewed in the Appendices.

Step Three began with an administrative assistant from the School of Nursing sending an email (see Appendix B) to the alumni (those listed in their files) of the GHP, requesting their participation in this study and to complete the online questionnaire through the link imbedded

into the email. The admin assistant notified the researcher of any bounce-back emails following the first email to 363 graduates, which did result in 26 responses identified as email addresses that were no longer in use. The total population of this study was 337 possible participants.

Step Four was the initial data analysis stage in which the current questionnaire submissions (totalling 86) were reviewed for outlier responses as well as developing an initial list of possible interview candidates that represent the population. Responses were coded in two sections, the first being biographic/demographic data and this coding provided visualization to the data such as age at time of experience, gender, educational level, cohort year, and current employment status. The second coding section identifies the impact of the GHP and the participant's view of the impact it had in areas such as cultural influences, social impacts, personal development, and career progression. Following the coding, themes emerged that helped guide the semi-structured interview questions. There were a few adjustments to the interview questions, both for the alumni participants as well as the instructors. For the alumni of the program, there was additional focus on personal changes (living arrangement, etc.) that occurred as a result of their time abroad. It was the most skipped item in the questionnaire and required a deeper understanding. Additional clarity on the personal and professional self-efficacy items was also required so this was addressed in more detail in the interview phase. The instructors were asked more specifically about reflection activities based on the questionnaire responses provided by student alumni. Interview questions were formulated ahead of time but opportunities for flexibility in following up new themes or probing for further detail were integrated in the approach to ensure that rich data was possible from the interviews.

Once a handful of participants were identified as representative interview candidates, step five comprised of virtual interviews getting organized as the global pandemic had just begun to

heighten within Canada. These semi-structured qualitative interviews allowed participants to expand on any responses and delve deeper into any specific situations that occurred abroad. Interviews done virtually lasted between 45-70 minutes and were video/audio recorded with consent given by each participant. Three interviews were completed on paper and emailed through to the researcher. All 15 participant interviews were conducted over 23 days and were transcribed through rev.com, reviewed once for accuracy, and reviewed by the researcher and at least one peer to start the coding process. See Appendix C for the semi-structure interview questions.

Step six included reaching out by email (see Appendix D) to faculty members who have led this experience abroad in order to gather background information on how the program began, the evolution through the years, and the current status of the program. Five instructors were emailed and two were able to complete a virtual interview. One instructor did not respond to the request and two others were unable due to their work schedule during the pandemic. The instructor interviews were completed via Zoom, transcribed through rev.com, reviewed once for accuracy, and uploaded to NVIVO for researcher and peer analysis. See Appendix E for the semi-structure instructor interview questions.

Step seven began with closing the online questionnaire 28 days after sending it out as there were no new responses for eight days. Data analysis of the questionnaire focused on the demographic information to start in order to identify outlier responses and pull tables and graphs to identify the demographic breakdown of the participants. The 20 Likert-scale items were broken down and separated into the four dimensions and reviewed for themes, for missing responses, and for mean responses. These were translated into percentages for easier readability

and checked by a peer for accuracy. The data from the leadership questions were broken down and reviewed.

Step eight included doing cross comparisons of the quantitative and qualitative data sets in order to see links between the two. This was a form of iterative thematic coding where all data forms were revisited for further refinement of themes and new perspectives on previous emergent codes and themes. Within qualitative data analysis, thematic coding refers to the task of “visiting and revisiting the data and connecting them with emerging insights, progressively leading to refined focus and understandings” (Srivastava & Hopwood, 2009, p. 77). This process was iterative, in that I read over and coded repetitively across the same data sets, and the process of coding was changed during the coding process as codes were identified, consolidated, and confirmed (Braun et al., 2019). The coding of the blog and document data was reviewed again during this stage to find linkages between the qualitative and quantitative data. Theme development began during the open-coding process in Stage 1. To enhance the rigour of this research and to minimize any researcher bias, multiple peers reviewed the questionnaire data and interview transcripts to inform and refine the coding schedule. This process is known as inter-rater reliability and is defined as the process in which “the degree to which different raters or judges make consistent estimates of the same phenomenon” (Multon & Coleman, 2018, p. 863). An example of one of the modifications made to codes as a result of these inter-coder checks was the addition of *Intense Experiences*. This code was identified by two student-peers as a distinct code which was originally tagged as the *Reality of African Nursing*. Through discussion with my peers, it was identified as an important distinct aspect of this practicum and I agreed that it fell within the theme of *Experience in Africa*. The responses from the Likert-scale questionnaire responses were compared with the interviews and the blog entries to find identifiable links, and

the leadership questions from the questionnaire were compared with the leadership themes/codes from the interviews.

Step nine was the exploration and write up of the descriptive statistics, the results, the misaligned or outlier responses between the data sets, the discussion of limitations of the study, as well as suggestions for future research.

As described earlier, an audit trail of all instruments, steps taken, coding procedures, and data analysis were completed throughout each stage of the procedure. This included consistent notetaking in my “researcher’s journal” during all the steps in order to maintain accuracy of my memory, clarity, to remain organized, and for ease of reference to other data, along with the analysis and interpretations of these data.

Data Analysis and Interpretation

Using a mixed methods approach purports that data will be received in multiple stages and with different methods of content analysis. This study utilized multiple stages in which both quantitative and qualitative data were analyzed to generate themes. These data were analyzed separately, but the data from the quantitative results was used to inform the qualitative interview questions as indicated by the sequential mixed methods design. In addition, the qualitative document analysis (reports, syllabi, blogs) were the building blocks to generate some additional items in the questionnaire as well questions for the interview schedule. For example, the leadership themes led to self-efficacy items in the questionnaire, and comments made about strong group dynamics from the questionnaires led to additional reflection and team building questions in the interviews.

Quantitative Data Analysis

The questionnaire in this study was completed online through the Qualtrics platform, which made data easily accessible for analysis and peer reviewers as well as creating an audit trail. As discussed earlier, this platform provided me with many capabilities to develop user-friendly questionnaires that were accessible on all digital formats (e.g., computer, tablet, and mobile), provides detailed reports for data analysis, and allowed for visual representation of the data to identify unique responses such as outliers.

The data from the 20-Likert-scale items as well as the seven final questions did not require peer review as the data were numeric and drop-down in style therefore, they did not necessitate further interpretation. This resulted in theme creation, which overlapped with the four dimensions (cultural, social, personal, and professional) of the questionnaire items and were mutually agreed upon between the peers and the researcher.

Qualitative Data Analysis

Interviews were completed by skype and zoom and were audiotaped and transcribed into a Word document and imported into NVivo. For the purposes of this research, there are three reasons for the importance of utilizing this software. The first is so repetitive words used during interviews will be more perceptible if in written form. Secondly, by having both written and audio form of the participant responses, an iterative method of data analysis can take place called thematic coding, described earlier in step eight. Coding of quantitative data is straightforward, single-dimensional, and directional (Sivesind, 1999). With qualitative data however, coding can be complicated as it can be multi-dimensional, multi-directional, and can be interpreted differently between researcher and peers (Bazeley, 2004). “Coding or categorising of data is undertaken to facilitate understanding and retrieval of information in almost any approach to

analysis” (Bazeley, 2004, p. 6). Once codes were agreed upon during the inter-rater reliability process (myself and my peers), and themes were identified, they were compared with the conceptual framework, which was the structure for guiding the research questions. The final rationale for this qualitative analysis method was that it allowed all dialogue to be received, which allowed for an audit of the material.

Interpretation

This mixed method study used a triangulation model in which multiple forms of data collection occurred in order to understand the impact that this practicum had on the graduates of the program and to explore how this related to the intent of the design from the perspectives of the faculty members. Triangulation occurred at the analysis phase and was demonstrated in the coding practices, inter-rater reliability consultation approach, iterative thematic coding of the data, and ultimately culminated in the combination of the multiple data sets to gain an interpretation of the results. As this study had attributes associated with each participant (e.g., age, gender, career position), the program attached those attributes to the qualitative and quantitative responses. The qualitative data strongly substantiated the quantitative results in which participants elaborated on the experiences of the practicum and the extent to which it impacted their lives. The questionnaire data resulted in many ‘high impact’ responses (rated 5, 6, 7) of which were elaborated on in both the questionnaire open-ended responses and throughout the interviews. In addition, items resulting in ‘low impact’ ratings (rated 1, 2, 3) were addressed in the interviews and expanded to discuss aspects that were either not impactful or to address outlier responses.

Ethical Considerations

Ethical considerations are important in research, and throughout this study these considerations were consistently being reviewed. Resnik (2011) outlined four aspects of ethics in research. The first is that ethical norms in research help guide the purpose of the research, which is the seeking of knowledge and truth. Second, to conduct proper studies, one must work collaboratively with others, which includes establishing trust and respect. Third, is that ethical norms will keep researchers accountable to the public as well as enhance public support for the work and future research. Fourth, ethics helps to validate the moral and social values that people hold, such as human rights, environmental responsibilities, and safety.

This research study included two ethics submissions to both the student's university and the research site university because the study was overseen by one institution but the program under study was at another. The first submission to the Conjoint Faculties Research Ethics Board (CFREB) resulted in amendments in which a second consent form was required as one focused on Phase One participants whereas the second was for Phase Two participants. Additionally, it was required to adjust the consent 'button' on the digital questionnaire to make sure participants could not continue without noting their agreement with the ethics statements. Further clarification was required on how consent would be given for telephone or zoom conversations wherein they would provide verbal consent while audio recording captured this. An adjustment was made to the demographic question of gender allowing respondents to select "you don't have an option that applies to me. I identify as ____". The ethics board required additional information about the availability and permissibility of using student-submitted reports which was confirmed by the School of Nursing that these were available just as syllabi was available for review. There was clarity around supplying coffee to interviewees which, due to the pandemic, was not something that occurred. It was instructed that the invitation to participate

was not done through any past instructors but through department assistants. Finally, they required documentation that I would be seeking ethics approval at the institution which housed this program whereupon I supplied my initial conversations with the ethics board at the second institution and was awaiting approval prior to submitting for this second ethics approval.

Following the ethics approval from the University of Calgary, I submitted and received ethics approval through the University of British Columbia and the Behavioural Research Ethics Board (BREB). Due to the detailed submission at the first institution, there were no amendments required and was able to obtain this second approval quickly.

In a qualitative study, “the process of engagement, discovery, and understanding the phenomenon being studied relies on dynamic human interaction” (Robley, 1995, p. 45). It was important for this research to consider the behaviour of the researcher and the development of trust between the researcher and the participant. Participants were encouraged to talk about all aspects of their experience, positive or negative, and were told (verbally and in the consent form) they were welcome to stop the interview at any time. This was a reflective study in which participants were asked to recollect their practicum experiences, and for some this meant reliving some difficult memories. Within the healthcare field, research can vary widely and therefore ethical decisions need to be made and thoroughly considered to not cause harm. There were no interviews that resulted in distressing emotions but there was one that required a follow-up. One student indicated in her questionnaire open-ended response that as a result of her time in Africa, she returned home suffering from post-traumatic stress disorder. She did not wish to participate in the interview phase but had left her email address so she could receive a summary of my findings. I reached out to her to make sure that she was receiving assistance for her PTSD and to refer local supports if needed. She informed me that she had recovered and was doing well.

Ethics also involves the selection of the participants to make sure that representation is accurate and that voices are being heard (Robley, 1995). In an environment such as nursing, which predominately consists of women, it is critical to understand any negative ramifications of participation that might exist and to mitigate those issues as much as possible. This research did not have any negative ramifications for participation. As there were no distressing conversations and all responses were anonymous, there is no reason to believe that harm was caused.

The qualitative data of syllabi, reports, and online blogs were public documents of which the latter two did have identifying information. All attempts were given to minimize any connection between this information and the names of the individual when used in this research. As the online blogs were public, there were no ethical concerns for this data, however, if quotes were taken from these blogs, all names were changed or removed for the sake of anonymity.

“Closely linked with informed consent is the promise of anonymity, confidentiality, and privacy of research participants” (Robley, 1995, p. 46). In this study, participant information was anonymized in any reports generated from the results and personal identifying information was confidential throughout the study. All identifying information was removed when data was transcribed, it was not shared with peer reviewers, and participants codes were used to replace identifiers. Only the researcher had access to the identifying information and codes during this process and after the data analysis phase, identifiable information was not required. This study did not inflict harm on any participants.

Limitations

Limitations of research studies involve those aspects that are uncontrollable by the researcher and referred to as imposed restrictions (Theofanidis & Fountouki, 2018). One of the limitations of this study is the length of time between an overseas experience and the

participation in this research. A few participants had completed their overseas practicum 13 years ago so acknowledgement that there are possible uncontrollable influences of additional or previous travel made by the participants that may have amalgamated in their memory with their practicum experience. Long-term memory is a vital component for many of the participants and potentially could be a reliability concern. Within the interviews with the older participants, it did not appear to reflect an inability to share their experiences, but it may have influenced those that chose not to participate in the study, or influenced those that chose not to participate in the second phase of the study.

Another potential limitation relates to the quantitative questionnaire that was adapted to fit the needs of this study. Some of the items may have been interpreted as difficult or confusing to answer which resulted in an inaccurate or blank rating. The researcher does not believe these created issues, as the unanswered items were minimal and there were zero open-ended responses in the optional open-ended comments indicating any confusion.

A final limitation relates to the current global pandemic that was in progress at the start of my research and continues to be the case during the write up of the results. The questionnaire was emailed to alumni in early March 2020, which was prior to the start of issues in Canada. However, the request for participation in the interview phase took place approximately a month later, which resulted in a handful of participants indicating they would no longer be able to participate in the second phase. Due to their role in the healthcare field, there could have been many participants feeling a high level of stress due to the situation. This had the potential of affecting the results and providing the research with an incomplete representation of the population.

Summary

This chapter outlined the theoretical and philosophical background that guided this study. The paradigmatic underpinning bound together the philosophical, theoretical, and methodological pillars which helped to create the research questions, generate the conceptual framework, and ultimately provide the foundation for the methodological decision of using an Explanatory Sequential Mixed Method (ESMM) design for this research study. Through the use of ESMM design, the researcher was able to get a multi-faceted perspective on how the participants interpreted their experience and how they made meaning of their time abroad. The research methodology and methods that were the foundation of this research study were discussed along with the analysis of the mixed method style. This study utilized a range of different methods that procured the data, namely document analysis, blog entries, questionnaires, open-ended responses, and interviews. The use of an ESMM design allowed participants to rate multiple items on a questionnaire, be provided space for open-ended comments, as well as to participate in a one-on-one interview to have a deeper discussion about their experience. This design method was chosen for its ability to use multiple facets to obtain the clearest picture of an experience while also obtaining quantitative data from a large group of participants. These multiple facets (document analysis, instrument data, and interviews) were outlined with both their ease of use as well as the benefits and for some, possible detriments of use. The use of rigour was discussed and how the quantitative and qualitative aspects of validity, reliability, trustworthiness, and triangulation, are all interconnected in a mixed method study with the culmination of legitimation.

The population, the sampling frame and the sample were discussed along the instruments that were used in this study. There was an eight-step procedural component to this study in which each step was outlined both in a visual representation as well as a description. Data

analysis and interpretation followed with a breakdown of both the quantitative and qualitative interpretation along with the combination and analysis of the two. The final aspects of this chapter focused on the ethical considerations that were taken as part of this research as well as the delimitations and limitations that presented itself or had the possibility of impacting the results of the study.

The following chapter will discuss the results of this study and have done so in which the quantitative and qualitative components overlap and demonstrate their interconnectedness with the data.

Chapter 4 – Results

Introduction

The purpose of this study was to examine the effects of an overseas nursing practicum on the participants in relation to their personal and professional lives. The conceptual framework (see Figure 1.1) for this study related to three concepts associated with the in-country experience, the environment, and the support given to the participants. Social Cognitive Theory (SCT), Adult Learning Theory (ALT), and Experiential Learning Theory (ELT) were the theoretical foundations that relate to how adults learn and develop skills. All participants in this study were either graduates of the Global Health Practicum (GHP) or instructors who took the participants overseas. Throughout this chapter, the term *student* refers to any student that participated in the GHP, had an email address, and were represented in the online blog posts of which the total population was 363 students. *Participant* refers to the graduates of the program, who did their placement in Ghana or Zambia and consented to be part of this study. The African country will be represented by name where applicable or will be referred to as an African placement. The professors involved in this research are referred to as *instructors*.

Quantitative and Qualitative Data Presentation

Data collected for this mixed method study came from a questionnaire, document analysis, published student blogs, faculty and student submitted documents, and participant and instructor interviews. Phase one (P1) of this study began with graduates of the GHP (N=363) asked to complete an online questionnaire. Instructors were not asked to complete this phase of the study as the questionnaire related only to the student experience. Every part of the questionnaire was reviewed for accuracy by nursing professionals as well as GHP professors and one past graduate to validate the content and confirm the verbiage would make sense to

participants. The questionnaire consisted of three sections of which began with demographic questions and those pertaining to the time and location of their placement. The second section comprised of 20 items to examine four dimensions of possible influence, which included: 1) cultural, 2) social, 3) personal, and 4) professional. The third section included seven items related to leadership in Nursing. In total, 116 participant questionnaires were submitted (response rate = 32%). The online questionnaire was delivered via Qualtrics and the data was transposed into MS Excel for analysis.

Phase 2 (P2) of the study comprised of semi-structured interviews, open-ended questionnaire comments, analysis of faculty and student-submitted documents, as well as blog postings made during the practicum. The latter enabled the researcher to gain a more robust and explanatory description of the student experiences in Africa. In total, 17 interviews (15 participants, 2 instructors) were completed, 49 faculty and student-created documents were analyzed along with 43 questionnaire comments and 1209 pages of blog posts.

Due to the extensive blog posts as part of the qualitative phase, quotes and paraphrasing are included in this chapter to give an overview of an experience or perspective that was common among the students. Interview quotes have been edited for minor grammar and filler word usage. Documents and blog entries were reviewed and analysed prior to the questionnaire request and the interviews were completed after the questionnaire was closed. All 15 participant interviews were completed followed by two instructor interviews. Following the closure of the questionnaire, all responses from the open-ended text boxes were included in the qualitative analysis.

Note: Direct quotations from participant interviews are presented in italics to ensure these are visually easily identified in the text – I recognize this is not strictly APA compliant, but this was done to honour the voices of participants.

Emergent Themes

As a result of the data analysis of P1 and P2, the study findings were organized into six themes and 20 sub-themes, outlined in Figure 4.1. These six themes were: (1) experience in Africa, (2) working with African counterparts, (3) development of leadership skills, (4) the importance of reflection, (5) proper training at home, and (6) support. These themes emerged from the qualitative and quantitative data analysis and sub-themes emerged that identify a relationship to the general theme and allowed a detailed perspective from graduates of the GHP. As context was critical in understanding the perspective of the participants, the sub-themes provided a foundation and detail to the general themes found in the data.

The themes listed in this chapter are in order of the frequency of codes, broken down by the qualitative and quantitative sources of documents, questionnaire responses, questionnaire open-ended comments, and finally participant and instructor interviews. The first major theme that emerged from the data, *Experience in Africa*, accounted for 39% of the codes and speaks to the broad experience of the GHP students while in Africa. The main source of data for this theme was derived from the online blogs of which students over the past ten years were required to contribute during their time in Africa. These entries gave a rich and personal perspective to the work involved as well as the cultural experiences the students had all in real time. Questionnaire comments and interview data also contributed to this theme as participants reflected on their time abroad and spoke to the African experiences that have continued to impact their lives.

The second, third, and fourth themes relate to the tangible aspects of the practicum that helped to develop skills or at the very least, to build memorable experiences. These were specific projects, assignments, and community work that included relationship building, hands-on work, teaching, leadership development, and reflection.

The final two themes touch on the aspects of training and support, the purpose of which is to emphasize a strong foundation of education, feedback, and validation. These two themes focused on what the students expect of their time abroad as well as to respond to the experiences they are having in order to anticipate the challenges and maximize the outcomes.

Figure 4.1
Emergent Themes and Sub-themes

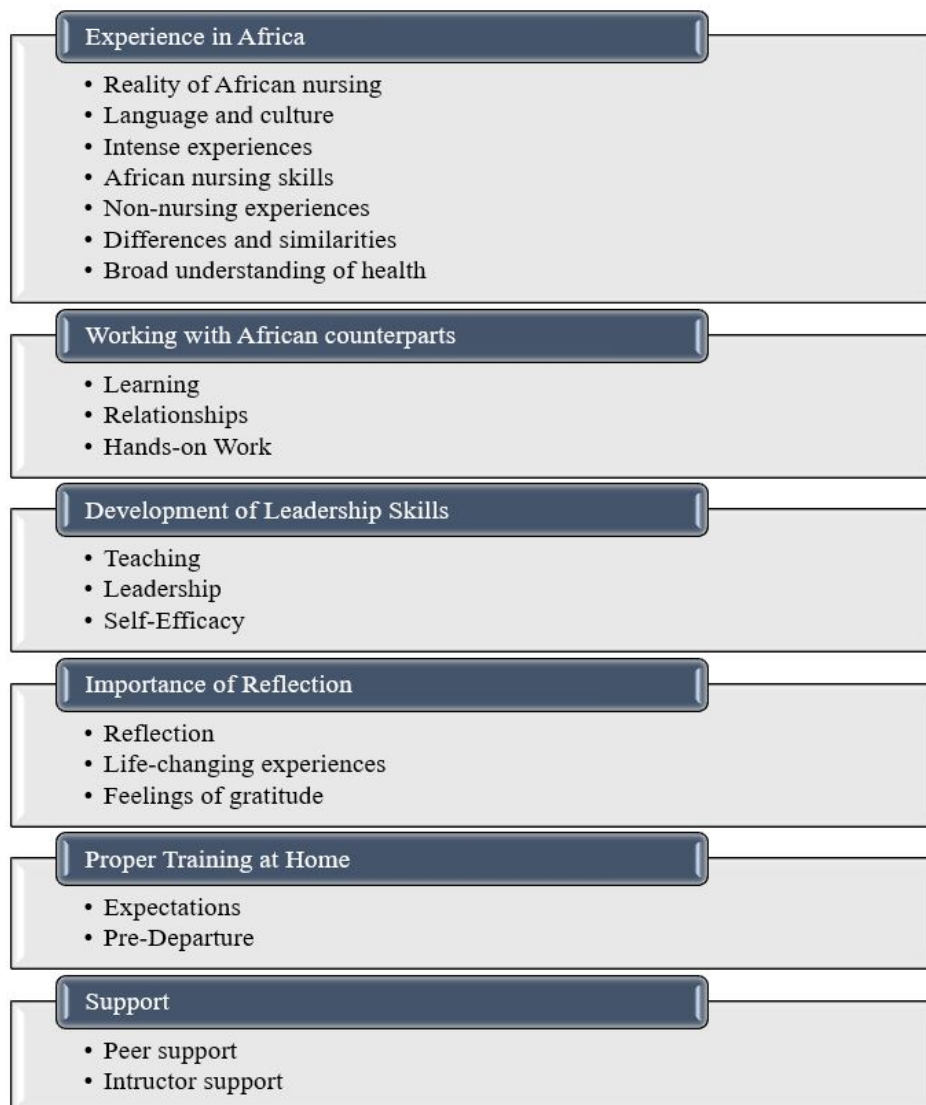


Figure 4.1 summarizes six themes and sub-themes emerged from qualitative and quantitative research data. The themes were decided based on data analysis of the documents (syllabi, student reports), blog entries, interviews, and the questionnaire. The themes and sub-themes are organized by the frequency of coding.

Table 4.1
Frequency of Codes

Theme	Sub-Theme	Interviews	Blog posts	School docs	Questionnaire	Total	Theme total	Rank
Experience in Africa	Reality of African nursing	12	114	2	2	130	409	1
	Language and culture	14	70	0	1	85		
	Intense experiences	9	51	0	8	68		
	Africa nursing skills	11	21	1	2	35		
	Non-nursing experiences	6	28	0	0	34		
	Differences and similarities	14	15	0	4	33		
	Broad understanding of health	12	4	0	8	24		
Working with African counterparts	Learning	11	77	1	7	96	235	2
	Relationships	4	54	11	6	75		
	Hands-on work	8	47	4	5	64		
Development of Leadership skills	Teaching	7	72	7	1	87	170	3
	Leadership	14	30	6	7	57		
	Self-Efficacy	13	10	0	3	26		
The importance of Reflection	Reflection	12	61	8	1	82	164	4
	Life Changing experiences	10	25	1	18	54		
	Feelings of gratitude	7	17	0	4	28		
Proper training at home	Expectations	4	13	4	2	23	42	5
	Pre-departure	3	12	1	3	19		
Support	Peer support	11	7	0	1	19	35	6
	Instructor support of students	5	10	0	1	16		

Note. Through an iterative coding process, the frequency of codes was developed from the school documents (syllabi, student reports), blog entries, interviews, and questionnaire. Codes were developed during the coding process and were not pre-determined. A total of the codes found in all data sets were combined to create a theme total and a ranking of codes. The code ranking is the order in which themes are discussed in this chapter.

Theme 1: Experience in Africa

The first and largest theme, accounted for 39% of the codes, arose primarily through the blog posts, which encapsulated the experience in both African locations (Ghana and Zambia) and highlighted the reality of what nursing in Africa necessitated. The specific stories and scenarios gave a glimpse into the experiences had by these students. The experiences were unique, were encompassing of both work and non-work life, and often overlapped into many of the themes and sub-themes in this chapter. The practicum for these students was distinctive in that it fell within a very complex environment quite different from training in the Canadian context.

The first few days were spent really trying to understand the system here. There is a lot less paper, you have to dig for background information and be very creative when it comes to personal care and interventions as the supplies are often not readily available as they are back home. I have learned how to use a glove as a tourniquet and IV tubing as a drain and the list goes on.

The “Experience in Africa” theme included many sub-themes: the reality of African nursing, language and culture, intense experiences, Africa nursing skills, non-nursing experiences, differences and similarities, as well as a broad understanding of health. These sub-themes summarized the student experience in Africa and will be discussed with examples from the quantitative and qualitative data of this research.

Reality of African Nursing

This sub-theme derived from the practicalities of the healthcare experience for the practicum students in Africa. This appeared to be a surprising aspect for the students as they stepped into the healthcare locations and began their work as practicum students. In the questionnaire, participants were asked if the GHP was influential in their understanding of

nursing and healthcare in other countries of which 88.8% rated this as a five, six, or seven on the Likert scale (indicating a high rating). Understanding healthcare in other countries was exemplified by student posts, which spoke to the alarming lack of resources and the abundance of family involvement, which was repeated throughout all ten years of the blog posts.

Our placement opened our eyes to the inside view of Global Health. One of the first things we noticed was that every child had at least one family member at the bedside. Without looking carefully and truly understanding their health care system, we would have thought of this as beautiful because we are seeing the children's support system. But in all truth, these children need their families with them. Families are responsible for providing personal care, feeding, washing, mobilizing and buying medications for the patients. These families have no choice but to drop everything in order to be there for their child. They must leave their work, their village, their fields, get someone else to look after their other children, and sometimes even borrow money from others in order for their child to be in the hospital.

The importance of family involvement in the hospitals was connected to the staff-to-patient ratio according to the students and confirmed by the instructors. This was noted in blogs and interviews from both Ghana and Zambia placements as a huge shift in thinking when it comes to patient care and what the local nurses can actually accomplish. The local staff averaged one nurse to 40 patients in most areas of a hospital, so patients were primarily taken care of by their family. One student reported in her first three hours in the delivery ward, four babies were born without nurses around to assist once the baby was out. The mothers walked themselves back to the room shortly after giving birth and left the hospital with their baby about six hours later. One student spoke about her current position as a labour and delivery nurse in Canada

while dealing with labouring and new moms in our first-rate hospitals. She had to keep her comments in check when a new mom was complaining unnecessarily or being demanding because she remembered how much the African moms had to deal with.

The lack of resources was posted consistently in the blogs with many examples of a lack of technology, medical staff, and supplies. A student from 2011 wrote that on her first day in the Ghanaian hospital she was doing a dressing change on a wound. She gave a slow wipe to clean the wound with the gauze and tossed the soiled item in the garbage with intent to get a sterile second one. The local nurse who was watching her gasped and told her she would bankrupt the Ghanaian government if she worked like that. The student realized that you do not have more than one gauze to use while doing these cleanings, no matter how bad the wound is. She wrote that *“this increases the risk of infection significantly which in a downward spiral, increases the overall amount of resources used in order to combat the infection caused by reusing/saving resources. An unfortunate and very real cycle”*. In an interview, a student reflected on this lack of resource in Africa and said that even now, 10 years later, she cringed at the overuse of resources in Canada. She said, *“everything here is barely used, sometimes not at all, and tossed so quickly and it makes me sick how much waste there is”*.

The blog posts reflected life in Africa while detailing the differences that existed between what students were seeing compared to life in Canada. Aspects of an African life to a Canadian student required a lot of understanding and students posted about how they were trying to grapple this environmental shift. From an early blog entry, one student noted:

they do the best with what they have in the constant face of hardship. It's amazing to see such a vast, diverse culture that is so different from home. Being here has expanded our minds in so many ways and has helped us to further appreciate the life we already live.

African nursing realities were an adjustment for the visiting nursing students and understanding the logic behind the decisions often comes with communicating with the instructor. Along with adjusting to a new style of healthcare, language and cultural issues also added to the confusion.

Language and Culture

A sub-theme that accounted for 85 coded entries was the language and cultural experiences that occurred for the students while in their placement. Language and culture were combined here as they were often intertwined when discussed as both challenges and opportunities by students. Language and culture are often aspects of any travel adventure in which it takes time to adjust to new values and norms, in addition to dealing with barriers that are associated with these new values and norms. For students who do an overseas placement to Africa, they were dealing with language and cultural issues within their working hours as well as during non-working hours. The challenges were varied considering that the students had a wide range of previous international experiences so some may have experienced less of both language and culture shock than their peers. However, the majority had experiences like the one outlined in a blog post from nine years ago:

I started off doing vitals. I've been taking vitals since first year, so the skill itself wasn't difficult, but it was difficult not understanding what my patients were telling me when I said "good morning" and they went into a big monologue. It was difficult wanting to connect with people and not really knowing how. It was difficult to be missing the stories and the art of nursing which I love and having to find new and different ways to connect. Not only am I learning a lot about a disease I've rarely seen before now, but I'm learning to transcend an incredibly large language barrier.

The questionnaire asked participants if this practicum affected their interaction with people from other cultures and 66.1% of participants indicated a high rate of impact from the experience. In an interview, one participant spoke to the language barrier experience in Ghana as one she remembered vividly, which ultimately transferred to her nursing work in Canada. When one of her patients does not speak English, she remembered that feeling of confusion and frustration experienced abroad and will work harder to communicate through different means. Culturally sensitive care is taught within a nursing curriculum, but when one faces this challenge as the minority, which was identified in the blogs on multiple occasions, it allows the student to experience firsthand that feeling of lacking status. This should be considered a great experience for Canadian trained nurses.

There were frequent observations regarding the language barrier relayed over many years of blog posts. These related to the difficulty with learning the local language, communicating health-related information to a non-English speaker, as well as the recognition that it was not just one language or dialect in the area. One interview participant talked about how she had finally learned a few phrases in the local dialect and the following week, when they moved to another community just a few kilometers away, they spoke a completely different language. So many dialects and languages within a country and even within neighbouring communities was a challenge for everyone, including the locals. One participant talked about how communication would start with a patient, which would be translated once or twice before being translated to English. This situation had the possible negative effect of misdiagnosis as well as poor medical care. Multiple languages and dialects present issues not only for students but also in the broad understanding of healthcare within a nation. Within the blogs and interviews, participants talked about the difficulty in creating a sustainable federal healthcare plan when there are 40+

languages in one country. This frustration led to blog comments from students about how it would be hard to instill change in a place like this, and this was also echoed in a questionnaire comment in which one student said she would not want to work abroad again knowing that changing the system would be nearly impossible.

Culture is an often-invisible dimension that covers many aspects of a country, a region, and a community. Numerous aspects can define a culture of which much was touched on throughout the blogs; specifically facets of norms, ethics, and behaviour were common postings. Culture can also be connected to work which dictate the rules and values for the employees. For instance, the culture of working in Ghana is dictated by weather and seasons experienced in different regions of the country. In Northern Ghana, where the students spend a few weeks, nurses will often start work early in the day and finish in the early afternoon, as the community health centres are too hot after that time. *“The temperature here reached a staggering 40 degrees on our first day as if Mother Nature was welcoming us with a tease”*. Aspects of adjustment were spoken about in interviews and the blogs such as this from a student, *“a lot of our time has been spent trying to understand and be sensitive to the cultural differences which are glaringly apparent”*. A common theme in the blogs over the years was the recognition of cultural differences upon arrival with questioning and somewhat negative talk about those differences. *“Why is there trash everywhere? Why are there so many languages in one country?”* However, there was a common theme in the blogs that over the five weeks of the practicum, these comments vastly changed and were replaced with statements such as:

Looking at Ghana, we often take time to reflect on what's around us. It's hard to describe in words what makes the country beautiful, but around us are people who are strong physically and mentally and never give up. They do the best with what they have in

the constant face of hardship. It's amazing to see such a vast, diverse culture that is so different from home. Being here has expanded our minds in so many ways and has helped us to further appreciate the life we already live.

As exemplified in this statement, students changed their focus over time and began to understand they could not impose their Canadian beliefs abroad. There was so much history and culture as to how and why things were done in these African nations so instead the rhetoric began to change to, “*we must collaborate, ask questions about their needs, and work together to find solutions*”.

During his interview, one participant talked about how his cultural skill development in Zambia was a daily event such as “*walking down the street and having a conversation with a local shopkeeper, or stopping to play a game of soccer with a group of schoolchildren on our way home, or by practicing the local dialect with our taxi drivers*”. He recognized that all of these somewhat mundane experiences helped to further his cultural fluency.

As students finalized their practicum abroad, much reflection occurred due to the overwhelming cultural influence that the countries had on the students. From the quantitative data, 71.9% of participants said that the GHP highly impacted their discussions with others about cultural or international issues. This quote from a student perfectly summed up the perspective that was apparent throughout the cohorts.

There are parallels that run between health challenges in Canada and Ghana, even though at a first glance, the two health care systems could not seem more different. Health care, anywhere in the world, is about health and healing. It is about the patients and the care and compassion that they need. Culture shock has led me to examine my own culture and biases more closely. While trying to understand my place here in Ghana

I have been given the privilege of distance from my own Canadian bubble. This distance has led me to question everything I know and take for granted back home. I am thankful to have been so thoroughly welcomed here in Ghana and to have had these open discussions about marginalized populations and religion. These aren't always comfortable discussions to have, but in this discomfort lies personal development.

Intense Experiences

The sub-theme relating to intense experiences was prevalent in the blogs as well as throughout the interviews and accounted for 68 anecdotes or stories. Intense experiences, due to their nature, often have a lasting impact on students and are often unforgettable. Unfortunately, in the case of a challenging overseas nursing practicum, many of these intense experiences can be unpleasant. There were quite a few stories of stillborn babies, young children dying of diseases due to a lack of vaccinations, and weapon wounds that were not often seen in Canada. Witnessing intense situations in a difficult context resulted in posttraumatic stress for some graduates of the GHP. This was detailed in the qualitative data as a result from both observing distressing events, but also the inability to correct or alter the situation or to produce a more positive outcome. For other graduates, it was shown that although the intense emotional and physical experiences were hard to deal with, it appeared from the blog posts to be the impetus for something bigger. One student wrote about an experience in the labour ward and how she felt it was important to stay at the mom's bedside after her stillborn child was delivered. She held her hand, spoke softly to her, and the mom reached over and said 'thank you very, very much'. It was during this unbelievably sad experience that this student realized that labour and delivery was where she belonged. A similar comment was also made in the questionnaire in which a different participant added a note saying it was in Africa that made her realize that labour and

delivery was where her heart was. She was able to see the importance of this area of healthcare because of the unpleasant situations she witnessed, and she continues to work as a labour nurse.

The questionnaire asked participants to what extent the GHP had a positive influence on their practice as a nurse and an overwhelming 81.9% of respondents rated this high/very high as a result of their African experience. These intense nursing experiences can shape the life of a nurse and they are often ones that are remembered and retold for years. Chapter 5 looks at a few narratives that outline some of the intense experiences that nursing students experienced while in Ghana and Zambia.

Africa Nursing Skills

This sub-theme represented an aspect that was very important in the development of nursing skills for the students. There were many references to specific skills and knowledge that were initiated in Africa of which were either not encountered by the Canadian students yet, or was a situation that was not within the scope of student training. Every year, blog entries noted the newness of working with patients who had diseases unfamiliar to fourth year nursing students. *“Subjects such as ophthalmology, tropical disease, and HIV are not really taught back home...because we often don’t see these diseases in Canada”*. Another student posted that if a cobra spat into your eyes, you must keep them closed as there are crystals in the spit that will scratch your cornea.

When asked if the GHP increased their knowledge in the field of global health, 70.7% of respondents rated this high/very high. Increasing knowledge in global health was one of the main outcomes of this practicum, so it was important to the researcher to see this response broken down into cohort years to determine why the response was not closer to 100%. Table 4.2 outlines the cohort responses of which there is quite a variation in overall *rated high* values. For a cohort

response to decline from 71.4% to 20% in one year appears that the emphasis of global health may not have been the focus each year. One interviewee said that unlike most of her peers, she spent her weeks in the community setting rather than hospitals so her work did not involve the disease-related knowledge that was experienced by other cohort members. One questionnaire comment reported that her experience found that the program had less of an instructional approach and more of a tourism approach. She explained that although they did hands-on work in the communities, it felt like her group was there on a travel tour and the health placements were created to make them feel like they had something to do. Another student in the same year as this respondent indicated that her instructor was new to taking students abroad. It can be assumed that a lack of leadership experience led to minimal planning and implementation and subsequently resulted in a low impact program for the students. In contrast to the overwhelming support and positive commentaries, another student reported that she felt her group was ineffective in their roles within the community and was not sure if the Canadian students nor the host organizations were receiving anything of value throughout their time in Africa. These differences in experiences will be discussed further in the following chapter.

Table 4.2
Increased Knowledge in the Field of Global Health, by Cohort Year

Year	Rated High	n=
2007	71.4%	7
2009	71.4%	7
2010	20.0%	5
2011	66.7%	9
2012	50.0%	6
2013	60.0%	10
2014	60.0%	5
2015	75.0%	8
2016	66.7%	12
2017	75.0%	16
2018	78.9%	19
2019	100.0%	12

Note. Participants were asked if the Global Health Practicum increased knowledge in the field of global health. Those that ranked the question as high impact (5, 6, 7) were included in this table. The results were separated by cohort year to determine how each cohort rated this item and to identify the difference between the years. The number of respondents (n=) represents the number of participants who responded to this item in the questionnaire with a rating of 1-7. This data was also analyzed by country, which did not show a difference in ratings.

Although the teaching of African-based nursing information was reflected by students as fascinating knowledge, it resulted in feelings of injustice and frustration. One student wrote about how different the diseases and illness were, such as malnutrition and malaria, which was followed by the death of young children on a daily basis. The most common reference found in the blogs and repeated in the interviews and the questionnaire comments, was the unfairness of disease across the globe and how *“one young child could die from a disease in one country that they would be successfully treated for in another”*. The students were constantly faced with this disparity and the posts about this inequality was prevalent over the past 10 years of blogs.

Another aspect of skills and knowledge as applied to the African context related to the idea of creativity and critical thinking skills, which came as a surprise to many students. During

the interviews, participants talked about the freedom of using creativity in unique situations unlike what they would do in a Canadian context. At home, there are systematic guides for most medical situations, but in Africa it was important to be creative with medical solutions when there were limited or zero resources available.

Nursing here is challenging in a whole new way. The few resources they do have are often not exactly what you need or are difficult to use. Something as simple as taking vital signs can take an extremely long time to do because the equipment is so old and worn. Critical thinking comes in very handy here, and we are thankful we had such a great education that was able to teach us the skills we needed for this.

The interaction with the local doctors and nurses was a surprise as year after year, students realized that with creativity and ingenuity came a real understanding of healthcare beyond the technology. *“These doctors work with so little and are able to do so much. It really made me realize how much we rely on diagnostics in Canada”.*

African nursing skills were prevalent in *once-in-a-lifetime* stories of which were told in many of the interviews. One participant spoke about her time in Ghana in which she helped treat children suffering from Guinea worm infections. Upon arrival to the clinic, they were given an overview of the Jimmy Carter Foundation with its focus on the treatment of this disease. The group of nursing students proceeded to sit with the infected children and *“we would undo their bandages and take out this worm out of their bodies”*. She spoke about how this was not only an incredible experience, but how thrilling it was to be part of this national program of eradicating a disease. She talked about how she continues to use this story, 13 years later, as an example of a phenomenal nursing experience.

The discussion around specific skills and knowledge related to Africa-based healthcare appeared quite impactful on students upon their reflection both in their blog entries and interviews. Although many did refer to this specific training and knowledge acquisition as not something to be used when they returned to Canada, they were still great skills to have learned and utilized during this experience. The use of critical thinking, the feeling of autonomy, and the ability to diagnose without technology were three aspects in the blogs, the student reports, and in the interviews that were spoken about in detail and with more excitement than most other accounts.

Non-nursing Experiences

This sub-theme arose from the discussions of non-nursing adjustments or recognitions that students made while abroad. There were six interviews that spoke to non-nursing experiences while blogs comprised of 28 posts focused on insects, weather, food, accommodation, and the cultural aspect of being the minority. Just as nursing experiences do, these aspects of living abroad contributed greatly to the development of individuals as they adjusted to a different way of life. Although preparing for life in these two African countries was covered during pre-departure training, one cannot prepare for many circumstances. The first experience upon arrival, discussed in many of the blog posts, was the necessity for adapting to new ways of hygiene. Within a few days of arrival in both Ghana and Zambia, there were many hours spent on buses with bathroom stops being worse than expected. As almost all the GHP students are women, the adjustment to bathrooms can be a challenge as toilet bowls tended not to exist outside of the accommodations. Learning how to use a seat less toilet is one ordeal, but using this in a very public area surrounded by local women was a new challenge all students faced. As mentioned earlier, heat adjustment was a unique challenge associated with posts about

insects, as they were both common and there were new insects in every space, including the accommodation. A student in Zambia wrote upon arrival, “*frogs, cockroaches, very large spiders, geckos, all sorts of crazy flying insects*”. All of these adjustments became part of the reality of working in Africa and was summed up by this post by a GHP student.

The simple action of trying to form a thought in this heat is a challenge in itself, and a cool relief is next to impossible to find. The ceiling fans cannot seem to keep up with the layer of sweat that covers my body at all times, worsened by the sticky layers of bug spray and sunscreen. Being the center of attention also becomes overwhelming. People constantly run up and take pictures of you and with you, often putting their arms around you for a pic or going straight for the selfie. One lady even video recorded our whole conversation together, something I realized at the end as she walked away. I am not used to being an outsider. My heightened awareness and processing of all that is around me is exciting, but mentally and physically tiring.

These adjustments usually result in the inevitable homesickness that strikes a few students each year. The blog and the students’ personal journals provided the space to reflect and convey gratitude for the life at home, but also recognize the reality of life where they are. One student wrote about how she missed western food, her coffee maker, and washing machine but felt guilty about missing these luxuries when surrounded by poverty and severe illness. This perspective was discussed in the interviews in which students still remember that feeling of gratitude upon returning home and having those luxuries they once took for granted. Although discussions about the difficulties were ubiquitous throughout the blogs, when the participants were asked if the GHP influenced their travel or study abroad post graduation, 60.6% said that it did while 79.8% reported that they would recommend international education to others.

Differences and Similarities

Throughout the blogs and interviews, as well as a few mentions in the questionnaire comments, arose the notion of differences and similarities. These posts focused on the processing of information students went through to understand the context and to compartmentalize the information received each day. Students, while adjusting to their new environment, were identifying things that were different or similar as a way to process the new information. Students found differences and similarities in every aspect of their experience including language, finances, living situations, work ethics, and food. What was striking was both the understanding of the similarities between the host and home country, as well as aspects of African culture that gave them an advantage over Canada. One student spoke in her interview about how breastfeeding in Africa was something so natural and public, whereas in Canada it was still taboo and often discouraged without at least a covering. Years later, she still remembered those small aspects of African life that supersede the cultural norms of Canadian life.

These nursing students complete 12 practicums during their degree of which the GHP is an option for the final placement. It was important for the researcher to understand how this GHP experience differed from the previous 11 practicums in an effort to see what nursing-specific work was unique to this overseas experience. Some of the interviewees were able to find a few similarities (such as tending minor wounds and taking vital signs), but the majority talked about the differences between the domestic practicums and their African experience. One interviewee stated that comparing the two kinds of practicums (domestic and international) is the same as comparing “*apples to baseball bats*” which aptly summarized the interviewee comments when asked how the African practicum was different from the previous eleven. Another participant

articulated the difference by saying that in Canada, nursing is about efficiency and following protocols where in Africa it was about critical thinking and operating as an autonomous care provider. Recognizing the differences and similarities while being able to articulate that as a graduate of the program, allowed students to appreciate the different styles of learning and to have a broad understanding of healthcare across the globe.

Broad Understanding of Health

This sub-theme came about in all the areas of the research data (only brief mentions in the blogs) as this was noticed following the experience more so than during. A broad understanding of health was discussed in 12 interviews and referenced by eight questionnaire respondents when they recounted their experience with a better understanding of what they gained abroad. In one interview, a participant recalled that the experiences she found most helpful were those directly in the community as opposed to clinics or hospitals. She was able to get a better understanding of what that community needed and reinforced the notion that those needs have nothing to do with the ideas and expectations she had.

When I went there, I had the expectation that this is what we're gonna do. We're gonna do dah, dah, dah, dah, dah, dah. But, really understanding, it's not about us. It's about them. We're on their turf and we have to appreciate and respect and value the information they're giving us. And change our mode of thinking.

A student from an early cohort, who then returned as a leader for two years, spoke about the *relational practice* experienced in Africa, explained as understanding the patient as a whole with respect to the contextual factors and healthcare needs. While in Africa, students were able to use the student training of relational practice in Canada and utilize it to find and understand

the whole person, their background, and their values. In turn, this relational understanding allowed them to comprehend the true meaning of global health as heard from a student.

From a Canadian nurses' perspective, we tend to look at healthcare from a very clinical and medical standpoint. Since being in Mongu, we've noticed that the nurses and staff here take a more relational approach to nursing care. It's something that has really resonated with us, and is something we will incorporate into our practice back home.

Having a broad understanding of health can be an effective start to becoming more versed on global issues. When asked, 87.8% of participants reported that their perception of world issues was influenced as a result of their GHP experience. Having this experience in Africa allowed the graduates to understand a large aspect of the cultural identity of a country. Understanding healthcare issues across the globe was also a result of working with African counterparts, which is the second theme that arose during the data analysis.

Theme 2: Working with African Counterparts

The second theme related to the day-to-day interactions and relationships developed with African counterparts in the hospitals, clinics, and communities in Ghana and Zambia. These interactions were widely discussed in the blog data and referenced frequently throughout the interviews. The word *relationship* was referenced repeatedly within the data and coded 75 times. The two other sub-themes, which were linked with relationship development, were the *hands-on work* and the *learning* that often goes along with this type of experience. Hands-on work and learning were two areas that although the former is not referenced as such by students, both were consistently discussed throughout the blogs and the interviews with participants and instructors. The aspect of *learning* was imbedded into the questionnaire and was referenced by participants

in the open-ended comments as well as identified in all other forms of research data for this study.

Learning

Although aspects of learning are present in many themes of this research, it was strongly connected in the data with work among African counterparts. Learning, as discussed by students and participants in all forms of this research data, related to many things that were experienced in a five-week overseas placement. It included new knowledge in healthcare, how to hand wash clothes, and how to illuminate an operating room with your smart phone during a power outage. It was also about understanding African diseases, diagnosing without equipment, or even how to create a makeshift glove out of a plastic bag.

During the pre-departure stage of the GHP, it was made clear to students that their role in Africa was not to ‘fix’ anything, as this is still a common assumption when Westerners go to Africa. Students were prepared for some teaching opportunities, but an important outcome of this practicum was focused on learning, which is referenced many times in the syllabi and preparation documents. It is the job of each student to return with a new understanding of healthcare in a global context and to have learned new skills or techniques that may or may not be utilized in a Canadian context.

Although the focus on learning was discussed at length throughout the months leading to departure, it was shown in the blog entries, in the text portion of the questionnaire, and reflected in the interviews, that students were surprised by how much learning they did abroad. One interviewee talked about how selfish she felt during this practicum because she was learning so much more than what she felt she was contributing. The breadth of learning was shown in this comment made in the questionnaire such that, *“it was such a great experience. Some of the top*

things learned and gained from going to Ghana are: self-reflection, understanding of other cultures, gratitude, patience. Overall, it has helped me become a better nurse". There were two qualitative responses that presented a juxtaposition in which these respondents indicated that no nursing skills were developed as a result of their time abroad. One of these students wrote, "*it honestly contributed nothing to my nursing education or knowledge*". When discussed further in the interview, this student clarified her response as one focused specifically on nursing skills rather than the overall global health connection and the importance of cultural training. This will be discussed further in Chapter 6.

One specific aspect of learning that students were immediately engaged in was the process of autonomous thinking when the standard resources were not available. As discussed earlier in reference to African nursing skills, students consistently spoke to the skill development of diagnosis. They had to learn to diagnose based on the colours of pupils or skin because the diagnostic technology did not exist, or the power was not working to run the machine. In her interview, one student reflected on her experience in 2015 and said:

the biggest skill that we took away was not relying on diagnostic evidence all the time, but kind of going with your gut and learning a little bit more about signs and symptoms rather than being able to rely on just getting a blood result back.

Students were astounded by learning how the perspectives of life and death truly shaped the healthcare of a country. Canadian nurses are trained to do whatever possible to save a life, yet both the Ghanaian and Zambian healthcare focus was to save those that are savable and to recognize and accept those that are not. This concept was harder to grasp and this frustration was conveyed repeatedly throughout the blogs, mentioned in the interviews, and written by a 2013 student in the questionnaire comments as something that stuck with them upon returning home.

Reflecting on the loss of premature babies and trying to comprehend and accept that medical care was not available in these countries for babies that required a lot of medical care. Although it appeared that the majority of students could understand the contextual factors, it was still hard to grasp the disparity of healthcare across the globe. When asked if the GHP increased their desire to practice nursing in another country, 60.9% rated this high/very high which is a telling percentage given this work is not easy, but clearly something the majority would do again.

Relationships

Participants and instructors talked about the importance of strong relationships and how they are vital to a successful practicum. While researching the development of this practicum, reviewing syllabi, speaking with instructors and graduates, and ultimately visiting the location in Zambia, it was clear to the researcher that these relationships have been strategically developed through years of open communication between the countries. An example of this is the consistent needs assessments in which the rural communities in Ghana and Zambia make the decisions on where the Canadian nurses work, what type of work is needed, and where the fundraising money is allocated. A student wrote about how the money raised in Canada is allocated in the local communities of which the locals are responsible for identifying the priorities, often times in direct communication with chiefs and other public officials. An instructor participant noted that the priorities were often given a year in advance while some are decided upon the arrival of students to the respective country and determined by the fundraising amounts raised. Not only was it important to work together on fundraising activities, but it was crucial the Canadian students felt welcomed and valued in the communities they worked. With a welcoming environment, the students and instructors feel their time is put to good use and the existing relationship with the communities continues to strengthen. One of the critiques from a participant

in the comments section of the questionnaire was that due to the strong relationships between the two groups, occasionally the work in Africa felt as though it was manufactured. Her perspective was that in order to make the Canadian students feel they were contributing, the work felt “*made up just to appease us and give us something to do*”. This statement appeared as an outlier as most comments were in recognition of the work the students were able to participate in which resulted in a feeling of reciprocity to the local communities. A student wrote about the importance of this relationship upon arrival to her first placement.

Both [my colleague] and I were amazed by how quickly we were integrated into the inter-professional team! I think it speaks to the amazing relationships that have been built here through work that has been done here by XXX staff/students. Everywhere we go we are told "you are welcome here" and it is evident to us that an incredible amount of trust has been established between both groups. It's sustainable relationships like this that make international practicums not only possible but so important.

Hands-on Work

Hands-on work was not a term commonly used by students in the blogs or by participants during the interviews. Hands-on work experiences were referred to with stories and anecdotes told by the students and participants of the work they did while in Africa. Any experience in which a student or participant spoke about participating directly in an experience was coded as a hands-on experience, and this represented 47 codes in the blog entries, eight references during the interviews, four references in the student reports, and five references mentioned in the open-ended comments of the questionnaire (see Table 4.2). As an example of this type of experience, there were many mentions about delivering babies while in Africa, which is not within the scope of practice for nursing students. Nursing students in Canada may be present in the delivery room

and assist the doctor, help the mother, and participate in cleaning and checking the baby post-delivery, but they are not trained to physically deliver a baby. This was discussed during the interviews, but also in length throughout the blog posts such as this student from Zambia who said *“I was very nervous, I kept running through emergency resuscitation in my mind, but I was also thrilled. In Canada, you would never get to deliver a baby as a student”*. This involvement allowed the practicum students to experience a new role as well as fully appreciate the context of healthcare in a different country. They were able to discuss and reflect on this privilege of participating in areas once outside their scope of understanding and to recognize their own abilities. In an interview, one of the instructors noted that working outside the scope of training is not recommended and many discussions prior to departure are held about the risk of participating in these situations. As Canadian students are not trained in these areas, she commented that although it might be a great experience, there are also negative repercussions that must be recognized for both the student and with the local health professionals. The negative repercussions were not discussed further so this study was unable to determine what potential ramifications could be faced by the visiting university students or the host healthcare organizations.

The students blogged often about the differences between learning in a classroom versus seeing things firsthand such that *“it was one thing to learn about these conditions but to see them in a patient really helped to bring all our learning together”*. One meaningful aspect of hands-on experiences for the students was the mixing of healthcare and community settings. Although some may have previous domestic practicums that were community-based, rural placements in Africa come with unique features and a blog entry from 2016 described it well.

It was very cool to nurse outdoors, with the scale hanging from a tree and little stools of goat hide for us to sit on. In the end, sometimes that is where the best nursing can happen. When you nurse in the hospital or a clinic, the patient has come to you and is in an unfamiliar environment. But when you go to their community and work in a common space, it's being present and allowing the community members to be comfortable. These pieces of community involvement and allowing people to be comfortable with their nurse only helps the profession and leads to better follow-up care and adherence to physiological and pharmaceutical regime.

There are many aspects connected to the involvement with healthcare professionals and relationship development with African partners. The facilitated learning, relationship building, and hands-on work can truly allow students to develop their abilities, which includes their leadership skills, teaching skills, and self-efficacy.

Theme 3: Development of Leadership Skills

The third theme arose with a focus on leadership development, which includes teaching, leadership experiences, and enhancing self-efficacy. The term *leadership* was not referred to in the blog data, as this is not a common term used by undergraduate students when referring to themselves. When developing the questionnaire, the researcher omitted the use of *leadership* as it can often be misinterpreted and assumed that a leader equates to holding a designated leadership position. The questionnaire did include seven items related to Leadership in nursing and asked the students to respond with a *yes*, *no*, or *not applicable*. The interviews also included a question about leadership development, all of which will be discussed in this section. Teaching and self-efficacy are sub-themes that relate to the development of leadership skills, referred to throughout the research data, and will be overviewed here.

Teaching

The GHP in Africa lends itself to many teaching opportunities that contribute to enhancing leadership skills. Teaching aspects for students in Ghana and Zambia is broad and was outlined by the students, participants, and instructors with many examples. Blog entries revealed that for the students in Zambia, teaching opportunities began within days of arrival. Each student was assigned a prevalent African disease and were required to present it to their peers – how the disease would present itself, and how it could be treated. This peer-to-peer teaching provided an opportunity for the group to learn from each other and for each student to become well versed in one area of prevalent diseases in the host location.

Students were able to teach rural nurses about relational practice, they taught community organizations about water filtration, and they taught school-aged children about sexual health. The sexual health project was a large scope initiative involving a worldwide organization as well as local education officials and governing bodies. The local government decided on which schools participate and the nursing students present over consecutive days to adolescents about sexual health, consent, and specifically with the girls about hygiene and menstruation. As HIV/AIDS and teenage pregnancy is rampant in these two countries, the Canadian nurse's acted as role models and talk to younger African girls about the repercussions of sex. The students are also involved in the *Days for Girls* initiative (for more detail refer to Appendix F). As feminine hygiene products are not options in rural communities, African girls remain home during menstruation and miss many days of school as a result. The *Days for Girls* kits allow the girls to remain in school during menstruation and the Canadian students taught them about these products, which are sustainable and have been developed in collaboration with African partners. These kits are brought from Canada and distributed to the schools identified by the local

educational leaders. Part of this leadership project is to bring the kits to identified schools and then teach the hundreds of students together. As one student wrote:

We split into 7 stations and rotated small groups of girls through each topic. These topics included: puberty, sex-ed, menstrual cycle, how to care for and wash the kits, HIV/STIs, consent, and empowerment. The girls were so attentive and engaged, this was so cool to experience. Although there was a lot of content to cover, they were amazing listeners and asked challenging but great questions.

An aspect of leadership that is prevalent throughout the 10 years of blogs and student reports, is an excellent level of teaching between the students of the GHP. Much insight has been collected over the years, and emphasized in the blogs, in which students learn what teaching methods have worked and what was unsuccessful. They have also learned how to connect with the students and to inspire them to learn more and to engage in conversation about important topics. Entries from a few years ago discussed how a group of students were teaching Zambian moms about nutrition and how to store food properly. They instinctually taught about food storage from a Canadian perspective such as refrigeration, water, sanitation, and cleanliness. Following the presentation, they were able to visit some local homes that are most common in the rural area. They found no electricity, no running water, and no way to keep insects off the food, in addition to minimal food in the house. They learned that teaching about food storage and nutrition has to be designed by their local partners and delivered in a way that makes sense to locals. This type of awareness and understanding was written about in the blogs and student reports, so it can be shared with future students. Although students are not required to read the blogs from previous years, many indicated in the interviews they do for both deciding to participate in the GHP as well as in an effort to feel prepared. This type of teaching and

leadership between cohorts has great potential and in an interview with an instructor, she noted that this is where the program could better utilize the knowledge gained from year to year. Due to students immediately graduating following the GHP, changes in teaching staff every few years, as well as project changes in country, information sharing between the cohorts has been complicated to arrange but could be an area of development.

Leadership

Within the field of nursing, advocacy is one aspect of leadership that is taught during a nursing degree but can be intimidating as a young professional. Advocacy is speaking up for another individual, who is often in a vulnerable position, and prioritizing their needs over oneself. It was referenced throughout the blogs in relation to speaking up for patients, as well as talking about the awkwardness of advocacy in a new environment. Students reported they were not sure of their role in advocating for local Ghanaians or Zambian patients due to their limited experience in the local ways of healthcare. Many found themselves speaking up for patients because they felt it was the right thing to do, despite not knowing if it was the culturally correct thing to do. P1 participants were asked if the GHP had a positive effect on patient interaction with those who are culturally diverse, in which 69.9% said it did. Those patient interactions while in Africa allowed students to strengthen their abilities while working within culturally sensitive contexts. Advocacy, however, is a leadership trait that can cross language and cultural barriers and this experience in Africa allowed the students to see how important it is.

A traditional leadership role is that of a project lead. In one interview, a participant relayed a story about running a high blood pressure clinic while she was in Zambia, as high blood pressure is a condition prevalent in Mongu, where the group was located. She and a peer developed the outdoor clinic, which “*started in the shade of a mango tree*”, by which they would

take blood pressure readings and talk to the locals about risk factors. She quickly found herself in charge of the event, bringing in more volunteers to assist, and by the end of the day, she and her volunteers had screened approximately 300 Zambians. As blood pressure issues were an area of needed attention, the health minister came out along with pharmacy dispensaries to dispense blood pressure medication. By the end of the day, the mayor came by and asked her to record messaging for the local radio station of which they would play on the air to reach more people. Not only was this a rewarding experience, she spoke about the leadership skills she developed as well as those she wanted to improve on. She talked about her minimal delegation skills during this event and reflected on how to improve that for the next project she would lead. She spoke about how this project was unlike anything she had done in the past as a student or in previous practicums as it was a tangible event that had value, possible consequences, and became something much bigger than anticipated. She had to learn and adapt as the day continued and was able to reflect on those unique aspects afterwards. She noted that there were leadership projects during her degree, but none that included this level of autonomy, on-the-spot decision-making, and immediate impact. This story is described in further detail in Chapter 5 and showcases the leadership opportunities that were provided in this overseas environment. Examples of different opportunities that were available, most identified as out of the comfort zone for most students, were shown in the blog entries. In the questionnaire, 67.8% of respondents agreed that the GHP increased their willingness to seek out different opportunities and when further explored during the interviews, half of the respondents connected their time abroad to an increase in beliefs about their leadership ability or their leadership potential. One interviewee reported that it was the GHP experience that led him into an international graduate degree in Global Health and he currently takes on leadership roles within this field.

The questionnaire asked participants to respond to seven items with a *yes*, *no*, or *not applicable* concerning how the item pertained to their profession. These seven items are directly related to leadership abilities within the nursing profession and can be demonstrated at any level of healthcare positions. These skills intertwine with the nursing profession as key leadership functions that any nurse can acquire and are aspects that are encouraged in this profession. These skills do not require a nurse to hold a recognized leadership position, but he or she can actively demonstrate these skills on a daily basis. As Table 4.3 shows, all participants (n=116) responded to these items with the majority of participants responding positively that they possess many of the nursing-related leadership traits.

Table 4.3
Leadership in Nursing

Within my profession...	Yes	No	NA
I collaborate with others to provide optimum health care	114	0	2
I take responsibility to provide information and support to patients	114	0	2
I am able to act as a role model for others	112	3	1
I use the nursing code of ethics to guide what I do	111	2	3
I advocate for change to benefit patients and/or the organization	106	7	3
I look to research and theories to give excellent nursing care	100	13	3
I try to influence policies within the organization	73	40	3

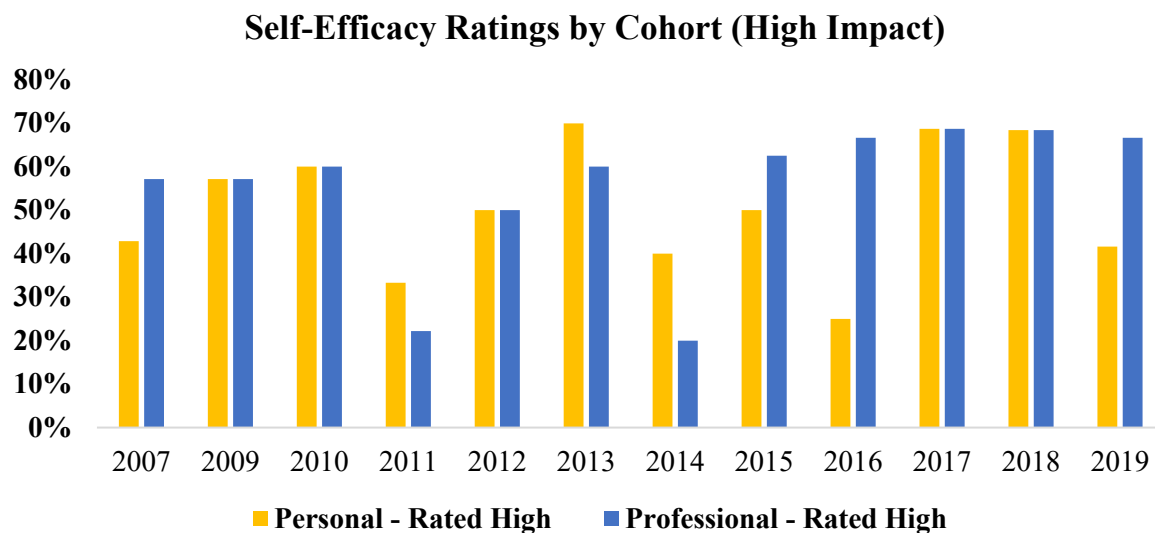
Note. Grant and Massey (1999) developed a set of questions relating to leadership in the nursing profession. Participants were asked to answer yes, no, or not applicable. All participants (n=116) responded to all seven questions.

Influencing policies within the organization was given fewer affirmative responses than the others which could be expected as it may be regarded as a complicated leadership skill that comes with time in the profession. This section of the questionnaire did not ask participants if these traits were developed as a result of the GHP, but they helped to guide the leadership-related conversation within the interviews.

Self-efficacy

As discussed in Chapter 2, self-efficacy refers to a cognitive and behavioural process associated with Social Cognitive Theory (SCT). Bandura (2000) outlined this process as one in which personal beliefs influence the way in which people think, the actions they pursue, the amount of effort given toward their goals, the level of resilience and perseverance, as well as other contributing factors leading to an outcome. Like *leadership skills*, self-efficacy is typically not a term used by students when referring to skill development or the ability to complete tasks. The researcher was able to identify blog entries that related to the development of self-efficacy in addition to analyzing the responses to the self-efficacy items in the questionnaire and the interviews. The questionnaire contained two items pertaining to the development of self-efficacy with one focused on personal and one on the professional impact as a result of the GHP. When participants were asked if they found that personal self-efficacy was impacted by their GHP experience, 54% reported a high impact. When asked about professional self-efficacy impact as a result of the GHP, 61% of the participants reported a high impact. In his interview, one student said “*I wholeheartedly agree that one of the great strengths of the global health placements are their ability to increase the self-efficacy of new nurses during their entry to practice.*” See Figure 4.2 for a breakdown of self-efficacy across the cohort years.

Figure 4.2
Self-Efficacy Impact Across the Years



Note. All participants were asked in P1 if there was an impact on their personal and professional self-efficacy as a result of the GHP experience. They were asked to rate them on a scale of 1 (minimal impact) to 7 (high impact). This graph shows the high impact rating (5, 6, & 7) for the personal and professional self-efficacy ratings. It is shown by cohorts in order to see the ratings across the 12 years that participants were engaged in the GHP.

To obtain context behind how the participants viewed their self-efficacy development, an interview question was proposed to all participants. “During your time overseas, did you find that what you did (both in nursing and non-nursing activities) assisted in building a belief in your abilities?” Some interviewees had trouble answering this question, with many responding with “yes, I think so” after a long pause, but no examples given. Some shared examples of doing things they had never done before (i.e., delivering a baby), but did not elaborate by sharing how that impacted their ability or belief in themselves. This type of introspective question can be difficult, as deconstructing an experience takes time and recognizing changes in oneself can be complicated. However, some interviewees were quick to say ‘yes’ and share an example. One participant shared a story about participating in a three-day outreach clinic to access people in the smaller communities of Zambia. She talked about how the first day was overwhelming as she

did not know her role, did not have experience with many of the tasks, and did not speak the language. She soon realized she could do everything required of her and was quickly looked at as someone with skills and expertise. By the end of the three days, she described the feelings of accomplishment but also of empowerment in her skills unlike anything she has experienced before. She talked about leaving the clinic feeling like a completely different nurse with a sense of confidence and belief in herself that she did not anticipate. Stories like this were apparent throughout the blogs, but examples did not surface in more than four of the interviews. Within the 15 interviews, 13 of the participants (86%) agreed that self-efficacy (both personally and professionally) increased as a result of the GHP yet this does not coincide with the questionnaire response data.

As seen in Figure 4.2, there were two cohort years that rated both personal and professional self-efficacy lower than the other years. The interviews included two participants from the 2011 cohort and zero participants from the 2014 (as the low-ranking students wished not to participate in P2). The 2011 participants did not elaborate on the feelings of neutrality on the subject of self-efficacy. However one participant from 2016, in which she rated personal self-efficacy low in the questionnaire, spoke in depth during her interview about working with a local organization that was connected to the African organization and how on a personal level, it made her see a bigger connection and something she'd like to participate in the future. This would indicate that despite a low rating of personal self-efficacy on the questionnaire, following the interview the participant would have rated personal self-efficacy high as a result of her time abroad. Given these disparities between data sets, it could be that participants did not fully understand the definition of self-efficacy in P1, but when explained further in P2, it allowed them to make an association between the concept of self-efficacy and themselves. It could also

be viewed as a question in which participants do not wish to answer no in a face-to-face conversation therefore a simple agreement was given.

Despite the discrepancy between the blog data, questionnaire responses, and interview answers, there were many examples of students required to complete tasks, either inside or outside their scope of training, which resulted in a complete transformation of the belief in themselves. In a written response within the questionnaire, one participant said: *“the global health nursing practical experience contributed greatly to my confidence in my nursing skills and was a major contributing factor to my decision to go back to school to pursue medicine”*. Participants also talked about how it was different from responsibilities in a Canadian setting because the context in Africa was much more challenging. They were carrying out nursing tasks in addition to dealing with language barriers, unbearable temperatures, copious insect bites, lack of resources, and many other taxing variables. One interviewee said: *“I was not a strong clinical nurse before this and learning to be adaptive and to work with minimal resources instilled in me the belief that I can do most any skill”*.

A common thread in the blogs and interviews was the different patient assessment techniques utilized within nursing. According to the blogs, reports, questionnaire, and interviews, the health assessment techniques used in Africa were not the same as those used at home. Assessment in Canada is often done by use of blood work, scans, and other technology. Without those resources in Ghana and Zambia, the students had to learn how to complete this work through different methods. As mentioned earlier in this chapter in reference to the sub-theme of *learning*, students learned how to identify malaria and tuberculosis by looking at the patient, seeing verbal and physical reactions, and assessing the skin. The students noted that by enhancing their assessment skills, they could see the growth in their critical thinking skills,

which helped them recognize their own competence. During the interviews, this skill development was discussed as a long-lasting impact of the GHP. Two participants talked about how, in their current positions, they still use their assessment skills to pre-diagnose while awaiting the lab results to verify their assessment. One of the students reported that she will often think back to her days in Zambia each time she does this as she remembers her constant use of critical thinking and judgement as the only method of assessment.

Living in a different cultural environment can also develop self-efficacy skills and this was noted by the researcher while reviewing the blog posts. Students wrote about feeling insecure upon arrival into their new countries and recognizing their minority status as well as a lack of experience with talking to others who appeared and spoke different. Over the weeks and with so many interactions, the relationships that developed helped to increase not only the student's confidence with the locals, but also a genuine belief in themselves to seek out the *unfamiliar* and start conversations to learn and understand. During an interview, a participant talked about that skill development as something that resonated long past her experience in Africa.

Not all students found that the Africa practicum helped to increase their self-efficacy. When asked if their self-efficacy increased as a result of the GHP, 27% responded with a low/very low score regarding personal development while 32% reported a low/very low score for professional development. As seen in Figure 4.2, two cohorts rated professional self-efficacy, as a result from the GHP, low in comparison to other cohorts. Two comments from the questionnaire, as well as a few interviews, provided an explanation in which some cohorts as a whole did not have overall positive experiences during their program. Each year the program can differ slightly in terms of work involvement in the community placements, less than ideal group

dynamics, poor weather, and inexperienced instructors (i.e., lacking international practice). All of these variables can play a substantial role in the evaluation of the experience and what skills are learned during the practicum. Another variable that plays a considerable role in an overseas practicum is that of reflection, discussed in the following theme.

Theme 4: Importance of Reflection

This theme arose as a result of the blog, questionnaire, and interview data, indicating a wide range of reflection-focused accounts. These included life-changing narratives, intense gratitude for the African experience, the feeling of success over the completion of a degree, and knowing the return to Canada would bring comfort and familiarity. The researcher would like to clarify the terms *debriefing* and *reflection* as they are frequently used throughout the blog posts as well as the interviews. They were coded together as *reflection* as they were used interchangeably within the blog data and participants of this study.

Reflection

In an interview with one instructor, she spoke to the different ways in which the students and instructors reflected on situations. One style, called reflection-in-action and discussed in chapter two, refers to reflecting on an experience while it is occurring in order to seek a deeper understanding. The instructor emphasized in her interview the importance of reflecting during the experience or immediately following as it allows one to process what just happened. Participants spoke of leaving a room in which they had witnessed or had been part of a situation that did not end well and the need to immediately discuss it with either a peer or a supervisor. For others, it was at the end of the day that reflection took place. Three interview participants spoke of the many tears shed dealing with troubling incidences of which were discussed in the evening at the accommodation. Many of the situations, especially at the beginning of the

practicum, required more context in order to process it. For instance, a situation that repeated itself throughout the cohorts and retold in an interview was the constant reality of premature babies. The resources required (primarily incubators) to handle babies born too early are not as available in rural communities of Africa, therefore babies who require this extra attention do not have a good chance of survival. In addition, babies that require additional time in hospital or additional medical care once home is often not supported by the family. The instructor explained that this contextual reality was discussed prior to departure and reiterated again once a student experienced it firsthand. This can be a one-on-one chat or a group discussion depending on the situation.

In one interview, a participant talked about how the online blog allowed for an opportunity for reflection, but it was conversations with peers that strengthened her reflection skills. She appreciated the group conversation, as it was comforting to know others were going through the same thing and she preferred to reflect privately with those she trusted. The participants talked about how easy it was to engage in reflective activities because they were given the environment to focus on it. One participant spoke in her interview about how in the evenings, the conversation flowed naturally about the day and they were able to listen, to support each other, to share experiences, as well as listen to the instructors provide guidance or context about what they were going through. A participant spoke about how verbal reflection was not something she had practiced prior to her time in Africa as she felt vulnerable and was lacking in self-confidence as a nursing student. She said that the natural reflection activities that took place in Africa allowed her to see that with trusting people and an authentic environment, she was able to participate and to understand the value of it. She continues to practice reflection with her nursing colleagues in her current position. Participants were asked if the GHP enhanced their

ability to reflect on their learning in which 53% reported that it had done so. It can be assumed that reflection is much easier when peers participating in the same challenging experience are processing the situation at the same time.

It is also important to note that reflective activities were not focused solely on work-related experiences. During her interview, an instructor explained that reflection was occasionally the need to debrief about a fellow student. She spoke to this type of environment in which students are working and living together, therefore personalities will inevitably clash. Given the tight living quarters, it is important that there is space to step away and either have some time alone to reflect or to seek out a peer or instructor to talk out the situation.

As mentioned earlier, two students reported having posttraumatic stress upon their return to Canada. As they had witnessed events that were difficult to process, the emotional impact of these experiences remained with them. In one case, this impact influenced this nurse so that she only committed to part-time nursing employment as she embarked on her professional life. In her interview, she spoke about the lack of structured reflection while overseas and upon return. She stated that despite the informal group chats, she felt cheated by the lack of structural debriefing within her cohort, which should be mandatory in this style of program. She reported that the intensity of the situation abroad truly impacted her mental health upon returning home as she began working in a Canadian healthcare context. She suffered for quite a few months before a friend recommended she seek professional help. Luckily, she was able to work through the distress she experienced but recommended that post-return reflection should be available for students following their time abroad.

The timing of the Global Health Practicum means that students are preparing to enter the professional workforce while they are abroad, lining up job prospects and interviews for when

they return. There is minimal time allotted to sit and process the overseas experience before jumping right into the professional realm.

Once home, setting aside time to reflect while one is engaged in a busy life is most likely challenging to a new professional. Many interviewees reported that they do not practice reflective activities in their current position but understand the importance of it and spoke highly of how reflection activities in Africa made an impact to their learning.

Life Changing Experiences

“I have learnt, I have taught, I have laughed, I have cried, and most important, I have changed”. This was written in a final blog post by a student and it summarizes this sub-theme, which is the idea that while students are abroad, they are constantly processing their experiences, while their perceptions and ideas are being challenged. A student cited her GHP instructor from a few years ago and said that *“if this experience doesn’t change your life, it will change how you think about your life”*. Specific references of having a *life-changing experience* was referenced 35 times in the blogs and interviews. In addition, reflections about how the GHP was life-changing was referenced in the open-ended comments section by 18 questionnaire participants, which was directed at both personal and professional aspects of their lives. *“The experience I had was life and career changing. I gained perspective in both my personal life and in nursing on how lucky we truly are in North America and how little you truly need to still give good care”*. Life-changing experiences can be both negative and positive intense emotional occurrences and as shared in the syllabi, this program contends that even through the negative experiences, students will be able to learn and grow personally and professionally as a result.

One interviewee spoke to a personal situation in which prior to starting her fourth year, was put on medication for anxiety as she was struggling with the transition of going from student

to nurse. She was finding it difficult to stay focused and to think about what she wanted to specialize in following graduation. Her doctor recommended that she not participate in the GHP because *“if you think it’s hard here, it will be harder there”*. She decided to participate anyway and said that within a week of arrival, her anxiety about nursing quickly lessened because while in Zambia, she had felt the presence of God with her and with the people there. She said that an overwhelming sense of comfort came to her while she was working with the local patients and for the first time felt positive about her future as a nurse. She admitted that she was still scared about the transition into the professional world but knew now it would all be okay.

Feelings of Gratitude

Understanding and feeling gratitude is a powerful ability not everyone naturally possesses. When stepping outside a familiar culture, one is able to see how others live and work, which can often result in a new respect for things initially taken for granted. Within the blogs, questionnaire comments, and interviews, there was constant recognition and gratitude for being born, raised, and trained in Canada. References about making comparisons to Canada account for 174 mentions in the blog posts, of which most relate to how differently things are done and gratitude for the ease of medical care in Canada. A word count throughout the blog posts found that *‘feeling grateful’* or *‘experiencing gratitude’* was written 137 times and a comment made in the questionnaire stated *“my experience in Ghana has made a huge impact on how I view things to this day. I commonly compare how fortunate we are in this country and use that piece of knowledge to seed gratitude where possible”*. This awareness of difference and gratitude were common, and posts such as the one below represented the multitude of comments throughout the blogs, questionnaire, and interviews.

We have gained insight and knowledge in regard to global health and another culture's way of living. We've appreciated the opportunity to witness another health care system and have a new appreciation for our own. We have a new awareness of our privilege in Canada, including our education system and a healthcare system abundant in resources. We are grateful for this experience and all that we have learned. We look forward to sharing our stories and experiences upon our return to Canada.

Reflection, gratitude, and life-changing experiences are all value-added components to an overseas practicum. They are aspects that provide a multifaceted depth to a program, which can potentially influence each person to challenge themselves and strengthen skills. The foundation of any good program is proper training at home, including pre-departure preparation and an overview of expectations, which is the next theme of this study.

Theme 5: Proper Training at Home

This theme is characterized by the nursing preparation and the pre-departure training that occurred between instructors and students in the months prior to departure. It also included the expectations of the School of Nursing, the institution, as well as the expectations reported by the students. Proper training in a safe environment is the underpinning feature for this program and has been evaluated and re-worked since the inception of this program. Through feedback of past graduates and years of experience, the School of Nursing has been able to determine what is essential in pre-departure training. The primary data included in this theme arose from blogs and faculty-submitted documents. While there were no training-at-home related items on the questionnaire, there was reference to expectations and preparation by a few interview participants. Study abroad literature speaks primarily to the preparatory needs of students, yet instructors should be engaged in detailed training as well. Although this study did not request

information about instructor training prior to departure, it is important that all instructors are prepared for dealing with intense trauma, sickness of students, or other scenarios that may present themselves while abroad.

Expectations

The sub-theme of expectations consists of two ideas concerning the GHP and the proper training of students. The first was the instructor expectations for the group and the learning outcomes that must be met during this practicum. These guidelines were outlined in the latest syllabi for the course (see Appendix G) and were delineated to the students during pre-departure workshops. During an instructor interview, she conveyed that going through these details was critical during pre-departure so that students' understanding was consistent with the instructors and learning outcomes are clear. The conversation around expectations was also how this practicum is unlike the previous 11 domestic practicums that students complete. As one participant stated in her interview:

It's about kind of looking at health and healthcare from a different perspective culturally. And those things like even going into the practicum, they said to us, this isn't about, you know, extending your skill set. It's not about working on your motor skills or your time management or your workflow in a hospital. This is going to be completely separate than that. It's not going to look the same at all. And you have to ... be comfortable and prepared for that.

The instructors also went through a detailed list of expectations in relation to behaviours and dress that was expected of each student. As the group is easily identified in the rural villages of Africa, it was important to follow culturally sensitive guidelines in order to show respect to local communities and customs.

The second idea related to the expectations that students had on their upcoming journey into Africa. Prior to a departure on any global experience, there are expectations that one has on how their time abroad will look and feel. Transparency is key, according to an instructor. It is when expectations and reality conflict that anxiety and unhappiness can develop. A blog post outlined this transition in perspective during her training and reinforced once she was in Africa.

When I first started reading about global health years ago, I had the image in my head of saving lives and being a hero when I went overseas. I have learned that is not what it is about. It is saying you are just as important as those we care for at home. It is being a presence and building relationships. It is gaining a new perspective. It is teaching and it is learning.

Pre-departure

The faculty-submitted documents and interviews with both instructors and participants resulted in the sub-theme of pre-departure. There were brief mentions of pre-departure in the blog entries as well as one comment from the questionnaire. As the pre-departure workshops involve many months of scheduling, Figure 4.3 gives an overview of the training process for the GHP students as outlined in the faculty-submitted training documents and confirmed by an instructor. These workshops were strategically created to develop proper expectations, to manage health and safety concerns, to refresh necessary nursing skills, and to minimize shock upon entry into the placements. These sessions were detailed in the data with objectives and references by participants and instructors.

Figure 4.3
Pre-departure Sessions

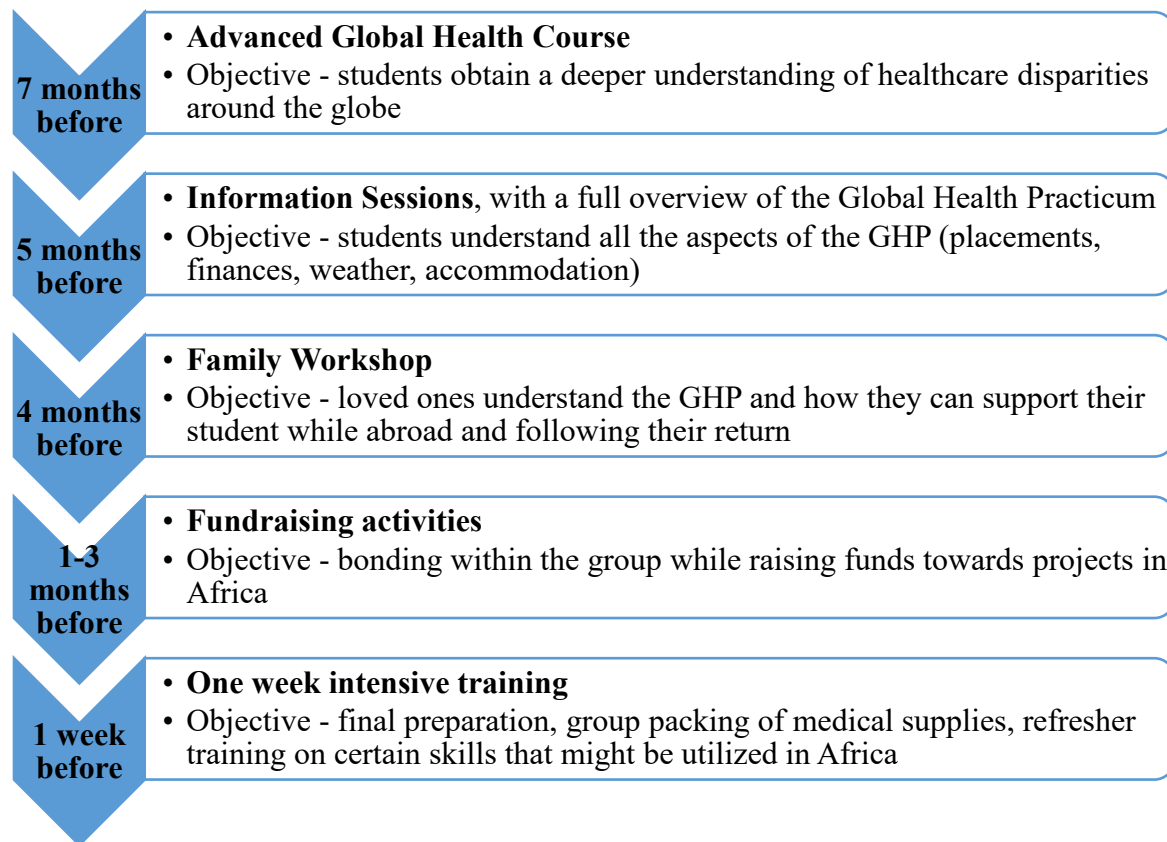


Figure 4.3 provides an overview of the timeline of the pre-departure sessions and their schedule within the months leading up to departure. These sessions were overviewed in the syllabi and school documents. The sessions were discussed in both the participant and instructor interviews and referenced once in the online blogs.

The syllabi indicated, and was confirmed by an instructor, that there was foundational training required if students wish to do their final practicum in Africa. This foundation was a course in the term prior to departure called Advanced Global Health and the instructor who has led students to Ghana for the past six years summarized the course as one that focused on neocolonialism, socio-political determinants of health, theoretical foundations of global health, and cultural safety. This was a course offered in the first term and was open to any fourth-year nursing student but was mandatory for any Africa-bound student in Term 2.

Other foundational aspects involved information sessions at the university prior to any student acceptance into the GHP. These sessions gave a detailed summary of the practicum timeline, in-country work, finances, weather, and all pertinent details that guided students to make an educated decision before they committed to participating. A five-week experience in a challenging environment calls for a firm understanding on possible experiences in the healthcare settings, but also in the non-nursing environment. Presentations were discussed at length covering the work-related settings such as hospitals, community health centres, and outreach organizations. They also provided an overview of the accommodation, transportation, shopping, wi-fi, and other non-nursing but relevant information using photos and stories from past instructors and GHP alumni. This allowed students to grasp what the day-to-day experience would be like inside and outside of the work environment to allow students to understand and adjust their expectations, if needed. One student recalled in her interview that she was conflicted for months and was not sure if going to Africa was the best choice for her. It was the detailed information session that persuaded her as she felt it was a once in a lifetime opportunity and going with her fellow peers would be a great support network.

The instructor noted that due to students being in the Advanced Global Health class while progressing through the application and workshops, it gives them time in Term 1 to focus on specific knowledge of Ghana or Zambia. Students were encouraged to focus their project assignments on their country of placement.

Over the years, the School of Nursing and GHP instructors have found value in hosting a family pre-departure workshop. This was done four months prior to departure in which loved ones of the nursing students were encouraged to attend, either in person or virtually. This workshop was approximately three hours in length and the intended outcome was for significant

others to understand their role in supporting their nursing student, the possible traumatic scenarios they will hear upon the students' return, and how to best support their student virtually and upon their return home. Reverse culture shock is a widely studied phenomenon in which people returning home from abroad may have a tough transition back into the normal life. Given that fourth year nursing students have the potential to witness intense experiences while abroad, this portion of the workshop was important as the loved ones can be directly impacted. One participant talked about her parents being very nervous about her going to Ghana, but following the family session, had a much clearer idea of the safety precautions as well as the work she would be doing.

Fundraising activities occurred in the three months leading to departure, which allowed students to bond as a group while raising money for initiatives in Africa. One of these events was the Global Gala, which was led by a small group of students who take on the leadership of fundraising activities and recruit volunteers. One interviewee spoke about this Gala as a great leadership opportunity as it involved connecting with community members, recruiting volunteers, pursuing large companies for donations, and presenting at the Gala.

In the week prior to departure, a three-day workshop covered preparatory areas such as *“tropical disease and culture shock, ethics surrounding international nursing, and participating in emergency birth simulations”*. These workshops were exhaustive and crucial for the students, covering an array of topics (see Appendix H).

Although pre-departure was essential and regarded by students and instructors as a key element to preparation, both the instructors and the students were quick to talk about the multitude of aspects that one cannot prepare for. One of these realities was witnessing absolute poverty which was referred to by this student in a blog post:

yesterday afternoon, we were taken down to the slums in Accra where hundreds of thousands of people live that have no job and no money. We all were shocked at what we saw for the few hours we were down there. No amount of reading books could have prepared us.

In reference to preparation, comments made during the interviews were similar in style of which they confirmed that preparation was critical, yet many experiences came as a shock despite the best preparation. The instructors aimed to structure the preparation workshops in a way to minimize shock upon entry and allow the students to feel settled as quickly as possible. It allowed students to gain an understanding of a new style of nursing work as well as cultural information that allowed for open-mindedness and encouraged dialogue within the group.

One important aspect of pre-departure was the personality profile development for each student. In an interview, one instructor explained the importance of working with her group to determine what the needs were of each individual when situations escalate and when support was required. She said: *“it’s important that for each student, I know the answers to: what do you need when you’re stressed, what do you need when you’re overwhelmed, do you need support, do you want to be alone?”*. Responses were recorded so when a situation arose during the placement and a student looked to be having a tough time, the instructor referred to the profile document and addressed the situation as needed. She has found this not only useful but also respectful to each student as everyone processes difficult situations differently.

The pre-departure sessions were beneficial in that they bring students together into a cohesive group. The two (Ghana and Zambia) groups worked together on fundraising initiatives, but then also connected in their country groups to get acquainted. This type of relationship building is the foundation to the sixth and final theme of the data, which is *Support*.

Theme 6: Support

The final theme captures how different levels of support impact the strength of an overseas practicum. Prior to starting the research, it was assumed that support would primarily arise between the instructor and the student. As students spend a lot of time with the instructors, who are the experienced leaders of the group, it would be expected that the instructor as mentor would be the most important connection for each of the students. The instructor was certainly a valuable source of support, but also found in the results was the peer support that was ubiquitous throughout the blogs, referenced in the questionnaire comments, and spoken about during the interviews. The data indicated that both peer support and instructor support are critical in these types of learning environments, of which both are overviewed in this section.

Peer Support

Peer support was evident throughout the blogs, interviews, and commented by a participant within the questionnaire. There were considerable references about the role that each student had, as student nurses but also as a support system for the rest of the group. The blogs and interviews outlined that while in country, students would complete their daily placements with a least one other student, both for safety as well as moral and emotional support. Throughout their shifts, students were learning together, talking to each other, and processing what they were experiencing. One student talked about witnessing the death of a child and quickly leaving the room so she would not cry in front of the devastated mother. Her fellow peer followed her outside to sit with her and talk about what just occurred. She said that never having to deal with these things alone was a great comfort, especially at the beginning when it was all so new. As discussed earlier within the theme of reflection, the evenings would often result in informal debrief sessions with each other while sitting outside or making dinner. Participants

spoke about these conversations as very natural while many tears were shed as they recounted the often unpleasant, but sometimes extraordinary events of the day.

Having someone to play crib with, to go for a bike ride, to sit and read quietly...someone who has witnessed the same tragedy, poverty, helplessness, and pain you have witnessed helps ease the sadness and provide comfort. I think it is safe to say that we have each had a turn to play the therapist, and that we have each had a turn to have our eyes opened to the hardships that plague countries less fortunate than ours.

This sharing also contributed to incredible teaching opportunities, as students were able to guide their peers who would be at the same workplace setting the following week. Primarily in the Zambia location, each week students move to a new setting of which two of their peers were the week before. They took this as an opportunity to share information about how to prepare, what to expect, and tips they learned that week. This peer mentoring was reported by participants in their interviews as invaluable information and strengthened the group bond. This peer support was mentioned frequently, and one interviewee talked about how she and her cohort are still connected and will get together once a year to share memories of their African experience.

The significance of this style of practicum is that students were together following their work, unlike the previous 11 practicums in which they return to their individual homes each night. This type of setting allowed the students to stay together, to bond, to reflect, and to teach each other during this unique personal and professional experience.

In addition to peer support while in Africa, another type of support emerged during this research, which is that of friends and family. During an interview, one student disclosed that upon her return home, she struggled with the disparity of the healthcare systems, could not forget about the situations she witnessed, and had trouble adjusting into her life as a nurse in Canada.

Luckily, a friend recognized her struggle and pushed her to seek help. During her interview, she said:

If I had not had someone to advocate for me when I was unable to do it for myself, I don't know what would have happened to me. I almost quit nursing for good. I worry where my mental health would be, or if I would even be here. That was a very scary place to be, and it felt like once we finished our clinical hours we were basically on our own. I worry what might happen to someone who doesn't have the same social supports I had.

The student reported that she now works as a part time nurse and has struck a good balance with the field she loves and her own mental health. The importance of friends and family following this experience is the focus of the family pre-departure workshop mentioned earlier. This experience can involve many unpleasant and traumatic events so the support of peers, friends, and family are critical to ensure safety and mental health of all the students.

Instructor Support of Students

Data obtained from the school documents, blog posts, interviews, as well as the researchers personal experience during a recent Zambia GHP visit, the role of overseas practicum instructor is extensive. Prior to departure, the instructors play a large role in preparing students for their time abroad. As this program has been running for so many years, this preparation is a comprehensive process, and the instructors are well versed in this area. Their role is tasked with overseeing issues of food or health concerns by students and assisting the group with the required vaccinations and country-specific medications. For a recent cohort to Ghana, the instructor had to negotiate a time in which all students could visit the travel clinic together so they could all share a vial dose of the yellow fever vaccine due to its limited supply. During travel, the instructor's role is to journey with the group (this differs slightly by country)

and to make sure all students arrive safely. In country, the role of the instructor is to assign student placements and to oversee their safety and wellbeing as they navigate the new healthcare system. They work with students when dealing with intense situations and guide them through reflection activities. Their role is vast, it is day and night support while in country, and it is administering the student experiences which includes navigating the many personalities that come with a group of students working and living together.

As stated earlier, this was the twelfth and final practicum for these nursing students, so they were well versed on the role of a practicum supervisor – called preceptors. What differentiates the instructors in the GHP from other practicum preceptors is a lack of evaluation that takes place during the practicum hours in Africa. In her interview, one participant noted that throughout a regular Canadian practicum, there are checklists of tasks that a nursing student must complete, and each experience ends with an evaluation. Although some preceptors can be mentors, knowing that each one has to complete an evaluation has the tendency to make it more of a student-teacher interaction. She spoke about when the evaluation is taken out of the instructor role, it often becomes a mentorship role. In the GHP, the instructor was not there to evaluate the student or to make sure they complete a checklist of items. It was a pass/fail experience, and the instructor was there to support and guide each student through the navigation of this new terrain. There were many references, in the blogs and interviews with respect to instructor guidance, which emphasized the importance of their role. In an interview, a participant spoke highly of her instructor in which she said *“I found when we went, she [instructor] was there as our support system and of course mentor because she was there helping us, guiding us through everything we were seeing and doing. She was never there evaluating what we were doing”*.

Peers, family, friends, and instructor support were invaluable aspects to an intense overseas educational practicum. The data indicated that the role of a support network was critical in making the experience an effective and valuable one.

Chapter Summary

This chapter detailed the six themes that emerged and were reviewed in order of their prevalence in the qualitative and quantitative data. Through the iterative coding process, themes emerged that demonstrated what the participants found to be important during their overseas practicum. The chapter will conclude with a summary of the key findings within the six themes outlined: experience in Africa, working with African counterparts, development of leadership skills, importance of reflection, proper training at home, and support.

Experience in Africa

The first theme of experience in Africa outlined the specific in-country involvement as participants spoke about their day-to-day interactions. This theme was broken into seven sub-themes which all intertwined yet had a separate focus on the aspects of nursing in a challenging environment.

The sub-theme that dealt with the reality of African nursing was the area of most surprise for students in which, despite any preparatory training, the reality of healthcare in the country was a consistent blog post comprised of narratives as well as photos that were surprising and resulted in a transition of thinking for students. The language and culture sub-theme came from a wide range of data as there were constant language and cultural experiences as well as barriers that presented itself. The data related to this theme also showed frustration as it was hard to complete nursing tasks when communication with a patient is not possible or the temperature negatively impacts the day-to-day work being done. This sub-theme however resulted in

transformation of the students in which they spoke to seeing the countries differently after some time, which came with a level of understanding and respect. As a result of the GHP, 71.9% of the participants reported that their experience has led to better discussions with others about cultural or international issues. As the researcher does not work in the nursing profession, the sub-theme of intense experiences was difficult to read about and listen to throughout the data collection phase. These were replete with stories about tragedies, lack of resources, and feelings of helplessness amongst the students. Participants spoke about these experiences as traumatic, some were negatively impacted long-term, whereas others transferred these experiences and grew personally or professionally. The majority of participants spoke to these experiences as helping guide them, or solidifying their interest in a specific healthcare field. Africa nursing skills was the fourth sub-theme and focused on the very specific nursing skills relating to healthcare in Africa. Students in the blogs, and participants in the interviews spoke to experiences such as pulling guinea worms out of children, and understanding the symptoms, side effects, and death rates of those with malaria, HIV, and tuberculosis. Due to this experience, 70.7% of participants reported that the GHP resulted in an increase of global health knowledge.

Non-nursing experiences is a sub-theme that is very important in an overseas practicum but is not one that is often referenced in the literature. Living abroad in a much different environment than home brings with it challenges that must be faced in addition to the work-related aspect of being in the country. Dealing with insects, weather, lack of comfort appliances (e.g., washing machine, television), and different foods all play a role in the development of a person and can either hinder or enhance their interpretation of an experience. The sub-theme of the differences and similarities, discussed in the blog posts and interviews, outlined the constant processing done by the students in which comparisons to Canada were frequent. This type of

awareness is an aspect of learning in which one processes new information in relation to existing information. Without understanding context, this type of thinking could result in an ethnocentric perspective, so it is important to the instructors to provide a contextual basis to what students are witnessing. The final sub-theme related to the broad understanding of health, which is the perspective that often presents itself to students following the GHP experience. This sub-theme resulted primarily from interviews and questionnaire participants as students were able to understand the GHP experience following their return, sometimes years after, and how it was connected with the broader understanding of global health. Relating this concept to having a better grasp of world issues, 87.8% of participants reported this to be the case.

Working with African Counterparts

The second theme is connected with the first in which the relationships and day-to-day interactions with African counterparts were central in the development of impactful experiences. Learning was the first sub-theme and related to the continual education students were involved with from day one. Aspects of learning were so constant that participants in both P1 and P2 of this study spoke to how much learning they did and one reported feeling guilty that they received more than they gave. The learning that was emphasized in the data was all encompassing and included medical-related knowledge (delivering babies), health-related tactical information (using a makeshift glove from a plastic bag), and non health-related pieces such as destroying any possible remnants of bacteria on food by washing them in a bleach solution. The data demonstrated that the learning involved in this type of experience is crucial to the overall impact on students. As they were not bystanders in the environment, they solidified their learning with tangible events and involvement with the local communities. The sub-theme of relationships was a large part of the learning involved as well as the collaboration with African counterparts. All

the methods of data emphasized the long-standing relationships that exist between the institution and the two placements in Africa. With every mention of relationships in the data, it was clear that a strong relationship provided the foundation for a solid and valuable practicum placement. Multiple narratives about the African communities deciding on the projects that would be done, where the money would be allocated, and what type of work the students would do all direct to the foundation of a strong relationship. This program demonstrated that they are not Westerners coming to save Africa, but instead are collaborators and colleagues to lend a hand and to shape the lens for reciprocity of teaching and learning. Hands-on work was the final sub-theme discussed which referred to the tangible experiences of which the students took part. The data emphasized that this practicum was not a watch-and-learn style of education, but that each student is getting their hands dirty and putting their knowledge to work in the hospitals and community centres. Although so much of the work was about learning, they were learning while doing, which was highlighted by the student blog entries as the epitome of experiential learning.

Development of Leadership Skills

The development of leadership skills outlined the third theme, which focused on the data related to teaching, leadership opportunities, and self-efficacy within the practicum. Teaching was the first sub-theme and highlighted the teaching opportunities for the Canadian students in Africa. These were shown in the data to be experiences that were both learning opportunities for students (such as teaching aspects of nutrition that was not relevant), as well as eye-opening opportunities (such as teaching about sexual health) which was found to be very valuable to the young students and educational leaders. Leadership opportunities was a sub-theme as it referred to leadership opportunities as opposed to specifically about building leadership skills. As areas of critical thinking and autonomous decision-making were so prevalent in the data, this opportunity

was referred to throughout all the data sets and interpreted by the researcher as leadership skill development. When identifying it as such, 69% of the interview participants agreed that leadership development was evident within their overseas practicum. There was leadership-focused interview conversations in which stories of leading projects in the community became eye-opening experiences. Others spoke to advocacy as a nursing tenet, which proved to challenge the students with a fine line between cultural respect and patient support. The blogs and interviews spoke to a wide range of leadership opportunities, many of which were not obvious to students as leadership development opportunities. Self-efficacy was the last sub-theme, which was a complex concept and led to mixed results in the data sets. First, there were obvious cohort differences in which ratings for some years were pointedly different from other years. This suggested that one or multiple situations arose during those years in which events did not go as planned, given they were outliers in the data. As well, the questionnaire data showed that 66% of participants rated self-efficacy as impactful from the GHP while 86% did so from the interviews. Despite the discrepancy, the majority of students rated self-efficacy in both a personal and professional realm, to have been positively impacted as a result of their time abroad.

Importance of Reflection

The fourth theme outlined the importance of reflection in reference to learning and processing the experiences that are new and challenging. As the disparities between Canada and developing nations such as Ghana and Zambia can be quite large, reflecting on these is essential to developing an understanding of the context and to challenge the student perspective on what is a global healthcare perspective. Reflection was the first sub-theme in which accounts of continuous reflection throughout the five weeks in country as well as upon return were prevalent

throughout the data. Due to the environment in which students were working and living together, there was constant room for the sharing of information as well as the processing of new, and often troubling experiences. The practice of reflection was evident throughout the blogs (the blog itself was a conduit for reflection), the questionnaire comments, as well as the interviews with both participants and instructors. As there was so much intensity with learning the new ways of healthcare in Africa, reflecting on this as well as the context of the communities or country, was the primary way to understand what was happening. Students were dealing with people dying from diseases nonexistent in Canada and lacking basic care resources that developed countries take for granted. Processing this information and reflecting on all the pieces associated with this reality can take time. Some participants found the extent of reflection insufficient to fully process the inequities of healthcare they were experiencing. The emotional toll at the end of the day, after seeing people die from a lack of resources, was draining and frustrating for students trained to do whatever possible to save a life. Making sense of these experiences takes time and perspective, therefore students would have benefitted with a more strategic guided reflection method. The second sub-theme was the reference to life-changing experiences, of which were touched on by the blogs, the questionnaire comments, and the interviews with participants. Life-changing experiences could occur from a simple conversation or from the participation in a shocking event, whether good or bad. It could mean seeing something from a different perspective or watching a baby pass away hours after birth. Practicums in rural communities in Africa are almost guaranteed to come with life-changing experiences whether they are noticeable immediately or years later. So much of the data in this study referred specifically to having '*life-changing experiences*' or referred to experiences that changed who they were personally or professionally without characterizing them as life-changing. The final sub-theme here was the

very common feelings of gratitude expressed in the blogs, questionnaire comments, and interviews. *'Feeling grateful'* or *'experiencing gratitude'* were terms referenced 137 times in the blog data and continued to resonate with the participants who were interviewed years after their experience. This feeling comes from the comparisons to Canada that are inevitably tied to experiences like these, especially from students with a limited travel background.

Proper Training at Home

The fifth theme of this study focused on the proper training that was a fundamental foundation for these practicum placements and honed over many years at the institution. Expectations was the first sub-theme and related to both expectations of the School and instructors, but also those created by the students. As there is quite a difference between the 11 previous practicums and the GHP, it is important for students to understand the context of Africa and the learning outcomes for this style of practice. The instructors emphasized the need for all the students to understand not only the work-related expectations, but also those outside the work environment, such as cultural expectations of dress code and behaviour. Student expectations need to be matched with reality, so the instructors share crucial information related to the accommodation, wi-fi, shopping, food, and weather aspects to this experience. Pre-departure was the second sub-theme and was largely reported by the instructors of this practicum. There were, however, mentions throughout the blogs and in the participant interviews about the value of this training. As pre-departure has always been part of this practicum, this study cannot compare cohorts that received or did not receive it to justify its worth. Preparation can be tricky for any overseas experience as each participant has their own set of skills and background understanding, but preparatory workshops are vital to the development of open-minded students. The data

revealed five layers of training and team building, which involved the instructors, the students, as well as their families.

Support

The sixth and final theme focused on support of which was provided by instructors, peers, friends, and family. This theme emphasized the importance of the relationships that developed within the cohort and how each person dealt with processing the experiences that were often intense and emotional. The theme of support and reflection tied closely together, in which reflection often took place naturally within the peer group. The blog data as well as interview conversations spoke specifically to the importance of peer relationships during the program as the main source of support. As the students meet at least 6 months prior to departure, if not from the first year of their degree, there are tight relationships created so this peer support is highly revered. The instructor support is also a crucial aspect for the students as they provided a sounding board and allowed for context and country-specific information to help guide the students.

The themes that arose from this study exemplify the multitude of variables that are associated with an experience being meaningful, impactful, and substantial for those involved. These variables are intertwined with each other in a continuous and ever-changing system. Experiences in Africa are connected with the work done with African colleagues, time given to reflection is connected with the support system, and leadership development is linked with the hands-on work within the African communities. As seen during the data analysis, all six themes were referenced directly or indirectly in all methods of data collection.

Interspersed throughout the chapter were the quantitative results of the questionnaire, which presented the data on the impact of the GHP on four dimensions. These dimensions

referred to cultural, social, personal, and professional items and participants were asked to rate on a scale from one to seven indicating very low to very high, when asked if an impact was made as a result of the GHP experience. A full summary of these results is provided in Appendix I. The analysis revealed a cohort connection in which a lower rating from a participant was often seen in similar ratings from fellow cohort members. Questionnaire data, comments, and interviews shed light on varying factors that influence the GHP experiences had by some cohorts, which differed substantially from the majority of cohorts. In addition, demographic factors can also influence the overall feelings of impact such as varying levels of travel experience or the age of the student.

Chapter 5 – Narrative Stories

This chapter outlines four narrative accounts of experiences had abroad in Ghana and Zambia as part of the Global Health Practicum. These stories are provided in the first-person perspective as told by four participants of this research study. Each story provides a unique insight into the real-life experiences of student nurses on a rural African practicum.

These four accounts are included to outline unique opportunities that have presented themselves but also challenges that students face both in culturally diverse communities but also as nursing professionals. The first story outlines new medical procedures that are encountered along with the importance of pre-departure training, debriefing, and reflection. The second story examines experiences that may possess many fearful aspects yet by facing these, working with the locals, and understanding the cultural elements, allows you to see a distressing situation differently. The third story outlines the involvement of a prevalent African disease in which culture and global health play a strong role in its assiduous nature within the country. The direct involvement of this participant's narrative demonstrates the importance of experiential learning and understanding the impact of cultural nuances. The last story summarizes the significance of teaching, community relationships, and leadership within a practicum placement.

Each story includes reflections on what lessons were learned as well as my own debrief of the account and its relevance to this study. All stories illustrate the impact of an overseas experience in a challenging environment and this was done through changing ones thinking, adjusting one's cultural attitudes, affecting one's ability to lead a group, and enhancing one's perspective on global health. These four stories are examples of how this practicum can help to shape the personal and professional lives of future nurses.

Story One – “Elaine”

I was like any other fourth-year Nursing student when I took a chance to do my last practicum in Africa. I was 22 years old and was so unbelievably nervous and excited to be taking this adventure with the girls in my group. I had never traveled abroad before but Rebecca, who I had been friends since first-year nursing, was coming with me and her parents took her to Africa in high school. It was great to have her as a source of support. Jean had placed Becky and I together for our rotations in Zambia which is great because we had a strong connection and our interests in nursing were different, so we complemented each other well. Our instructor, Jean, gave us all a list of items we needed to pack at our last pre-departure workshop, so Becky and I were able to save some space and share a few things like toothpaste and lotions.

The Zambia practicum was five-weeks long, which included one week of travel time and four weeks of rotations within the community centres and the local hospital. Each of the four weeks included a transition to another healthcare sector in order to get a full understanding of the many areas of African healthcare. Some of these were similar to our Canadian practicums and others were very different, like the HIV clinic. In my second week, I was on the maternity rotation, which was thrilling because there was always a likelihood of delivering a baby while on shift. Delivering babies in Canada is not part of the nursing curriculum so I was eager to experience something new. I had spent about one month in maternity during my practicums in B.C. and our role was to assist the doctors and to help the mothers with their breathing during labour. Although my time in maternity was limited, I knew early on that maternity was not where I wanted to nurse, but it was still interesting. Becky on the other hand, loved maternity, so she would always tell me stories from her Canadian placements.

In the first few days on the maternity ward, Becky passed along helpful tips, but we were both surprised to learn many things in this area. Women in labour in Zambia, walk themselves to

the birthing room and after delivering, walk themselves back to their bed. Friends and family are not allowed in the delivery room, and often they do not visit following the delivery either. It was also a common cultural practice for the mothers to limit their noise during their deliveries as it was considered inappropriate to be too loud. It was quite surreal to watch these women, delivery after delivery, take care of themselves while making very little sound. Another odd part was the steps following a delivery. As soon as the baby was delivered, it was set aside in a makeshift plastic basinet while the mom was given a health check. The mom would get up and walk back to her bed at which point the baby would be inspected for signs of breathing and normalcy. It can be 30 minutes later when the mom holds her baby for the first time. We had learned this custom in pre-departure training so we could understand the rationale, which is that newborn deaths are common. It is easier to keep a mother and baby separate until they are both deemed healthy, at which point the baby is brought in to see the mother. Mothers leave with their babies about six hours following the birth and most walk many miles back to their home.

The postnatal unit was a large open room that crammed in about 40 beds and no curtains to separate them. Each plastic bed mattress was torn, some with springs showing, and would make a terrible squealing sound when moved. There were cracks in the ceiling, missing floor tiles, and open windows to let in minimal airflow as well as a lot of bugs. Near the end of the week, I was in the postnatal unit when I saw a woman who was struggling in her bed and had recently given birth. The baby had yet to be brought in to meet her mom and this woman appeared to be in a lot of pain. She was moving uncomfortably in bed, so I walked over and saw she was bleeding and signaled for Becky to come over. Right away we both knew it was a post-partum hemorrhage because the bleeding had increased so I signaled to the head nurse to come immediately. She glanced over, shrugged her shoulders, and said “it’s God’s will”. Becky and I

looked at each other in disbelief as the head nurse went back to her work. Without thinking, I yelled back saying “no, it’s not”, and thought I heard a sigh from the nurse. I tried to speak with this new mom who was now writhing quietly on her bed, but she couldn’t understand English. Becky gripped her hand tightly and the new mom softened slightly as she seemed to understand we were there to help.

The next few minutes were a blur of activity as I tried to recall the training in this area. Unfortunately, Becky had never witnessed a hemorrhage during her previous practicums so we both had to remember our preparation from class. During pre-departure about two months earlier, Jean had gone over this because hemorrhages were common in Africa and luckily that training stuck as it all came back to me. I had remembered that the top part of the uterus across from the cervix is called a fundus and when there was excessive bleeding, the uterus would be soft following delivery, which required massaging to strengthen it. You do this by placing one hand in the vagina and pushing against the body of the uterus while the other hand compresses the fundus from above the abdominal wall. The massaging of the fundus provides oxytocin, which will ultimately stop the bleeding. It doesn’t take long to bleed out following a delivery, so this procedure has to be done quickly. With Becky holding the woman’s hand, I put my hand inside the woman, applied pressure carefully, and found what I hoped was the fundus. Given that this woman had just given birth, this process is very painful for the mom as the uterus is very sensitive. I remember her shuddering in pain as Becky held her hand tighter while my left hand slowly pushed on the woman’s lower abdomen from above. I turned around to see if either of the two nurses in this ward would supervise, but they had over 40 patients, so we knew we were on our own.

With my hands continually massaging, I remember thinking back to the diagrams I had seen during pre-departure as I still wasn't positive I had it right. I remembered hearing that a normal fundus should feel like a tennis ball, which this one did not, so I continued what I was doing. After what seemed like an hour but was probably only minutes, I slowly felt the fundus began to strengthen and the blood loss start to weaken. Becky indicated to the writhing mother that she was going to get some IV supplies and let go of her hand while the mother continued to make no sounds. Becky found the supplies in a cupboard at the end of the hall and raced back to the room. When she returned, I told her the fundus felt much harder and the bleeding had subsided, so I stopped massaging while Becky checked vitals and administered an IV. Luckily, she was able to get the IV in on the first try, which rarely happens for nursing students. We stayed with the mom until she was able to fall asleep and when she woke, she met her daughter.

Reflections on the Lesson Learned

Looking back on this experience, I remember feeling completely overwhelmed and angry when we saw this woman in pain and bleeding out. There were so many patients in that ward and only two nurses, so of course they couldn't spend a lot of time with one person. We heard "it's God's will" a lot during our time in Zambia and, I guess, I now understand that when you are understaffed and under resourced, you have to make tough choices. Afterwards, Becky and I talked about seeing the mother resigned to her fate as she too had decided it was God's will to die that day.

Being a nursing student, in a foreign country, performing a procedure I had never done before, while not being able to speak to the patient, will definitely be something I never forget. I saved a woman's life, in what felt like "a blink of an eye". It was not God's will to lose that woman and leave that beautiful baby without her mother. Later that night, back at the

accommodation, I was debriefing with some of the other girls, and going over the situation, and what we did, while Jean [the instructor] listened quietly. Two of the girls in our group were going to be on the maternity ward the following week so they were “all ears” and asked many questions about the procedure I performed. When Becky and I were back in our rooms and sitting making sense of the memories of the day, I remember thinking that if I had not come on this experience, that woman would have died. It made me smile to think about my response, how I had jumped into action, and I loved that my training prepared me. It has been 12 years since that day in rural Zambia, and whenever I think about it, I can’t help but be incredibly grateful for that experience.

Researcher’s Debrief

It was clear from this narrative that this student gained significant efficacy from this first-hand experience (Bandura, 1986). She was able to take what she learned from previous instruction (vicarious learning) and applied it to the task in front of her. Despite being unsure if she was doing the procedure correctly, she persisted with it until she started to see the situation change. This is typical of Bandura’s mastery experience wherein one succeeds at a challenging task, which results in enhanced belief in one’s own abilities. She then took what she learned and shared it with her group, providing them with a vicarious learning experience and received verbal support from her instructor, that is, “positive reinforcement” (Bandura, 1993). Townsend et al (2016) also reported similar significant field learning experiences and linked this to a notion of “learning out of the box”:

students were working in settings where they were genuinely needed and therefore developed a sense of contribution and connectedness to the services in which they were placed, emphasised in the subtheme of ‘learning outside the box’. It has been suggested

that when students feel valued as part of a team they experience increased empowerment and are more able to learn effectively. (p. 64)

This narrative also demonstrated leadership qualities and ethical values, as the student followed her intuition honed by previous training to do whatever she could to save a life despite a lack of supervisor support or direction. Twelve years later, this story was told with such in-depth detail, it clearly demonstrated the impact that this mastery experience carried. Therefore, this was a pivotal “self-efficacy” nurturing experience.

Story Two – “Christy”

Deciding to go back to university after having three kids was a difficult choice. I had always loved nursing but getting married young and having a family put everything on hold. Juggling the kids with full time studies and my husband working was very hard, but we got into a rhythm after a year or so. At the end of third year, I began thinking about Africa for my final practice, which was something I got really excited about. My husband wasn’t thrilled but we had family support to help with the children and I had put money aside to help pay for the trip. Just like my classes, I knew I would be the oldest in this practicum, but I was used to being *the mom* at school anyway. I had just turned 40 when I left for Ghana and was excited to finally take this opportunity and to focus on something just for me.

In the five or so months leading up to departure we learned about all the placements in Ghana and all I knew is that I didn’t want to work with labour and delivery. Despite the fact that I had three kids of my own, I knew in Africa that maternity equaled death and I wanted no part in it. Our instructor said a placement in maternity might happen but not to fret as we had gone through all the scenarios of what might happen and she was confident that I was fully prepared.

It was only two weeks into being in northern Ghana that I was placed in obstetrics and despite my worry about being in the delivery room, it was absolutely amazing. As the labouring mom began to crown, the doctor pulled me over and asked me to take over. I think because I was an older nurse and that I was a mom as well, they assumed I knew what I was doing. I did not! I was so nervous, but the doctor stayed with me and guided me. He directed where to put my hands and even explained the cultural custom of the labouring mom not making much noise, which was worrying to me at first. The guidance I received from the doctor was such an amazing experience and gave me confidence as I followed his instructions. The whole experience was a dream and this beautiful and healthy boy arrived into my arms. The doctor walked me through cutting the cord and explained how to handle a cord wrapped around the newborns neck. As the new mom got out of bed 10 minutes later to walk to the postnatal unit, I was able to reflect briefly with this doctor on the delivery to make sure I had done it all correctly. I had never realized how much learning I would do on this practicum, but this day alone was eye opening.

It was a day after this experience, while still riding high on the maternity ward, when I walked into the postnatal ward and saw a woman who had delivered triplets. They were born the night before and had come early at 28 weeks, which is unfortunately common here due to malnutrition and a lack of prenatal care. I received a quick overview of the situation while walking over to where the three babies were in two old plastic basins. All three babies were in need of oxygen but because incubators were not available, the nurses had to move two oxygen tanks between three babies. I immediately began to help the nurses by moving the two tanks, alternating between the babies, trying to assist as best I could while the mother lay on the other side of the crowded room, disengaged physically and emotionally. After a few hours, one of the tanks had emptied and I knew there was no way to fill them. We were left with one tank to be

shared between three babies and the emotions that came over me had to be held in check, as I didn't want to alert the mom that at least one of her babies would soon die. I quietly asked the nurse if there was something more I could do and she responded with "it's God's will" and I closed my eyes and tried to stop the tears. I stayed later than I was scheduled, but I knew the babies would lie there unattended if I left. Despite the mother being twenty feet away, she had yet to see any of her children. Before it got too dark, I left the ward after passing along the one remaining tank to one of the two nurses on duty. The next morning, I learned that the first baby died in the middle of the night and the second baby a few hours later. I had returned to one tiny baby girl laying alone in the basinet. She was barely moving, but I could see the slight chest movements as I picked her up. I remember thinking that this was my fear, this is what I had dreaded before I came to Ghana. I held this tiny girl wrapped in a blanket and will never forget the feeling of her last breath. Her limbs went numb, her little arm dropped to one side, and all signs of life were gone. I looked over at the mom who was sitting up in bed, staring expressionless out the window, seemingly disengaged from the realities of the room. I wasn't sure what was culturally appropriate so I did what I would want as a mom. I took the baby girl over to her mother, who continued to remain cold and distant on the old, rickety bed. I unwrapped the baby's tiny body so she could see that her daughter was perfect. The head nurse came over quickly and covered the baby to shield her and shook her head. As she walked away, I unwrapped the baby again because a mother needs to say goodbye. The mom, not understanding English, leaned forward slowly to look at her baby girl in my arms. One tear slowly traveled down her face as her hand grasped the tiny fingers. I made eye contact with the mom, shared a loving look of understanding, and I slowly walked away with her beautiful baby girl.

Reflections on the Lesson Learned

I knew I was pushing cultural boundaries by bringing the deceased child to her mom. I knew it was not how things were done here, but as a mom myself, I knew that closure was important. For my week in the maternity ward, there were a number of confusing aspects of delivery and post-delivery with which I had to adjust. Women walking themselves to and from delivery, not introducing mother and baby until well after giving birth (and baby's survival), and mothers making little to no noise during delivery, were an adjustment. However, the lack of resources there that directly connected to so many deaths in the maternity ward was something I still cannot accept. Watching triplets die within two days of being born was something I hoped to never witness as a nurse. However, now that I had, I was able to understand the connection between context and healthcare. I was able to see that bringing home three babies with potentially lifelong health needs was not ideal in this country. The lack of resources to save these three children was the same lack of resources that existed to take care of them. This country was geared to provide for the strongest (survival of the fittest rational), so I understand now that letting them go was the better route to take.

Researcher's Debrief

This narrative exemplified two leading impressions from the participants of this study, who were working in an atmosphere of cultural differences and nursing with a lack of resources. The cultural adjustment required for the nursing students was identified by the participants as expected, yet shocking (Gallavan & Webster-Smith, 2012). When examined further, it was explained in two respects. The first was that cultural adjustments to food, language, weather, and social behaviours were expected. These were aspects discussed in pre-departure, and were details that some students had experienced in previous travels. The cultural adjustments identified as

shocking related primarily to social behaviour within the healthcare setting. This caused these students to reflect deeply on their own situations, beliefs, knowledge, and capacities to make sense of what they were experiencing (Gallavan & Webster-Smith, 2012). Using this narrative as the example, every cohort throughout the 10 years of blogs spoke to the surprising nature of maternity protocol and female expectations and behaviour. Women were expected to remain quiet throughout delivery, walked to and from the birthing room, were not immediately given their babies, and left the hospital to walk home within hours of giving birth. These cultural nuances were difficult for nursing students to grapple with and was a source of confusion and frustration for many. Indeed, Santoro (2014) discussed similar dimensions in a teacher education program overseas experience. She identified that these trips increased students' cultural competence through "self-realization" (p. 440). However, Santoro stated:

pre-service teachers taught only at orphanages and schools for the disabled, they witnessed extreme deprivation, suffering and poverty and may have been overwhelmed by what they saw and experienced. In other work I have suggested that placing pre-service teachers in contexts that are too far beyond their comfort zone can be counterproductive because their discomfort becomes a hindrance to what might otherwise be a productive learning experience. (p. 442)

This though did not appear to be the case in this program. Students were able, through deep reflection, to come to terms with cultural differences, learn about themselves and the cultural norms, and appreciate these as useful learning experiences. An important point that Brendel et al. (2016) noted was "the importance of regular reflection meetings for intercultural learning" and this triggered "intercultural learning processes on a *personal level*" (p. 298, italics

in original). This did appear to be the case in this program where students regularly engaged in reflective discussion even though these were generally informal and unguided.

The lack of resources was a consistent topic throughout the blogs, questionnaire responses, and the interviews. Students connected the lack of resources as the reason for so much death and disease yet provided the purpose for creative problem-solving in the healthcare field. It appears that problem-solving skills are honed-in these less sophisticated nursing settings as Smith et al. (2011) noted in their study of overseas nurses practising in Australia. They found that these foreign nurses noted that lack of problem-solving capacities in their Australian counterparts potentially because there was little need to do so. The lack of resources also offered insight into bigger systemic issues in which group discussions with instructors and locals led to clarity for the students. These discussions focused on government involvement, the rural nature of these struggling communities, and limited education about disease. This conversation provided the students a better understanding as to the healthcare situation in the countries.

Story Three – “Jennifer”

On our first day touring the Lewanika hospital in Mongu, Zambia, it was clear that the most populated section was the HIV area, called the ART clinic (*antiretroviral therapy*). The front desk window sat under an awning to protect the nurses from the 35° Celsius heat. This window faced toward a walled courtyard, consequently blocking all airflow into the clinic. The 200 or more patients-a day sat in this large outdoor area with a small covering, enough to protect a few dozen people from the relentless heat of the day.

The roles in this clinic were numerous and each day you might be placed in a different section. Despite our inability to speak with the majority of patients, as most do not speak English and our Losi is basic, all roles included direct interaction. One of these roles was sitting at the

front desk window and communicating, mostly non-verbally, with the patients at the window. Each patient had a paper health card, which provided their name, some biographic details, and the list of all previous medications including those for HIV-Aids. At the window, my job was to look at the card, take vitals, and dispense the next round of medication as per their health card.

The majority of patients to the window were HIV positive men who were there to get their medication and to get their vitals checked and recorded. However, some were there to be tested for HIV of which we performed the blood tests and results were provided within 15 minutes. In Zambia, one out of every four tests done at this clinic resulted in a positive result, so we were prepared well in advance for the emotional toll of this clinic. Cramped into a hot room with the stale air weighing heavily on our chests, young, white Canadian students were responsible for sharing the life changing news of a positive diagnosis. After a positive reading from one test, a confirmation test would be performed in which one drop of blood goes with a few drops of a chemical solution. One pink line to identify a false positive while two lines indicated a true positive. Many days into the week, I still had trouble comprehending how many people were in line to get their next round of medication or to be tested for this horrible disease.

Nearing the end of my week, a young girl came up to the window, barely tall enough to reach the ledge. She had a clean card with her, unlike all the other patients of which their cards were folded and tattered, filled with numbers and dates. The girl held up nine fingers indicating her age and I began to write her information on her card and proceed with vitals and weight. All of a sudden, it hit me why this young girl would be at my window, looking pensively at my white skin yet seeming self-assured. Rape. This was the cause of many young girls being infected with HIV in a multitude of African countries. I tried to keep my hand steady as I reached out with a thermometer to take the girls temperature, and the little one jumped back in

fear. I had learned over my weeks here that many patients were not comfortable with a white nurse and some were quite reticent at the beginning. I reassured her with a smile that I was there to help and held up the instruments I would be using. The young girl allowed me to take her pulse but because of her nerves, I had to take it twice to get a proper reading. She projected feelings of timidity and fear, yet she held her head high and her gaze straight at me. She appeared so confident despite her current circumstances and I was in awe of this young child.

I signaled to a local nurse to complete the blood test, knowing that the child would feel more comfortable. I didn't want to admit to myself that I asked for assistance because I could not stomach to learn the results of that test. I could not witness a nine-year old girl testing positive for HIV in a country that is crippled by a 15% HIV rate and a culture so scared of drugs that most treatments were never taken. Four years of nursing education did not prepare me for this. I was not taught how to speak the right words to comfort a person in this position, nor truly understand the effect it would have on them or their family. As she walked to the next room, the feelings of remorse and pity overwhelmed me, as I knew there was nothing I could do with the reality of where we were. Learning about the prevalence of HIV in Africa while sitting in a comfortable classroom in Canada is how myself and my peers learn about global diseases. We learn about inequities, disparities, and how corrupt governments perpetuate the cycle. Sitting there looking out from my hot and humid window, watching as 200 people wait their turn, and a nine-year-old waiting for test results, the realism was...well, surreal.

Reflections on the Lesson Learned

When I think about learning through experience, I think of my one week in the ART clinic in Mongu, Zambia. One week in that area of the hospital taught me more about prevalent African disease than a year's worth of lectures could have taught me. Sitting on that chair

looking at hundreds of patients, feeling the dewy air, smelling the filthy clothes, and hearing the babies cry, has permanently imprinted into my memory with unbelievable force. Holding tattered health cards with years of dates and medications while having so many patients that the world *normal* is associated with HIV-Aids. That week was one of the hardest of my educational and professional life, but that week changed my understanding of global health. It gave me perspective unlike any previous training had provided, and it gave me empathy unlike any experience I have had before.

Researcher's Debrief

There is a long list of learning outcomes and rationale underpinning the creation of an overseas nursing practicum. Creating a community of nursing professionals that have a profound understanding of culturally sensitive care is the primary objective. This is endorsed by similar practicum studies such as Gallavan and Webster-Smith (2012), Bonnett (2015), and Townsend et al. (2016). I would argue that to obtain cultural sensitivity, you have to be exposed to different cultures and preferably be the minority within those cultures. This was discussed by Santoro (2014) who indicated that there was a danger of reinforcing postcolonial and neocolonial views unless skilled debriefing was implemented to challenge views of “whiteness and privilege” and “racial and cultural difference” (p. 441) and this might be as subtle as reflections on Canada’s health system in contrast to those in African nations, even subconscious comparisons. The AIDS epidemic is real in many parts of Africa and is proliferated by the cultural acceptance of sexual violence, lack of protection, and minimal sexual education in schools. Jennifer’s experience at the ART clinic provided her not only a full understanding of this epidemic but the contextual pieces that perpetuate this issue.

Story Four – “Alexis”

One of the projects I had worked on during our Advanced Global Health course in Canada, focused on blood pressure. I had learned that blood pressure was a growing concern for people in Mongu, Zambia. Due to the difficulty of getting to the one regional hospital as well as waiting hours to see a nurse, most people did not have their blood pressure checked. Through my pre-departure project, I learned about the risk factors as well as the diet and lifestyle of the Zambian people in order to understand the context of the issue. This information provided me with a foundational understanding, which helped me design an outdoor clinic to address this concern. I asked a peer to help me and we were ready to start about two weeks after our arrival into Zambia. We set up our clinic under the shade of a mango tree to help with the unrelenting heat, knowing we would be outside all day. My goal was to take blood pressure readings for anyone who came, to talk through their status, to talk about risk factors, medications, and ways to lower this naturally. I knew we would have some language barriers, but I also knew that many Losi people could speak English and would help to translate for those that could not. It was within an hour of setting up that we began to understand how needed this project was. As the line up of people got longer, I texted my peers back at the accommodation and requested any willing hands who could help. A handful of fellow nurses joined us and I had to redesign our set up and reorganize for efficiency. In addition to taking blood pressure, I was directing the volunteers, creating pathways for patients, and answering questions from both groups.

By 2pm, the health minister had arrived along with pharmacy dispensaries so they could distribute blood pressure medication to those requiring it. By 3pm, the mayor sought me out and asked if I could record messaging for the local radio station of which they would play on the air to reach more people. By 4pm, myself and my amazing volunteers had screened approximately 300 Zambians. I knew that blood pressure issues were prevalent but had not realized how quickly

word would spread that we were offering this service. Testing for high blood pressure was the first step as this concern was part of a larger systemic issue. My hope was that with a high blood pressure diagnosis, along with hearing some strategies for mitigating it, these local Zambians might focus their attention on the importance of their health.

Reflections on the Lesson Learned

The day was incredibly long yet had gone by so quickly. I had imagined this event like a roadside lemonade stand as opposed to what it ended up being, a Saturday at Costco. I had never led a program like that and did not know I had the ability to oversee such a large and successful event. When I look back on this experience, I remember feeling a bit out of my element to start but really took charge throughout the day. I began to lead with confidence and when speaking with the mayor, I truly felt confident in my abilities. Following that experience, I have led other projects in my career and continued to grow my leadership skills as a result. Despite being a new leader when I was abroad, I was so thrilled to run an event that proved so valuable to the community we care so much about.

Researcher's Debrief

Alexis' experience highlighted three important parts of the Global Health Practicum, which relate to teaching, community relationships, and leadership. Part of the learning outcomes of this program focus on the aspect of teaching, this includes teaching peers within the group, teaching young girls about menstruation and sexual education, and it involves some teaching in the community. Teaching amongst peers has been demonstrated to be a crucial aspect to an experiential learning environment, both through direct instruction as well as vicarious learning (Sinclair & Ferguson, 2009). This style of teaching and learning within a practicum setting helps both the instructor as well as the learner. Alexis was able to create and deliver an outstanding

clinic in which the focus was to educate adult community members on blood pressure health and how to mitigate this often-chronic issue. The community involvement of this project was central to its success as it targeted locals and utilized local resources (radio, businesses) to enhance the message. The extent to which Alexis was able to communicate directly with the local community truly propelled this clinic into a successful one. Finally, leadership played a substantial role in this project and this was demonstrated in her ability to design, implement, inspire, and analyze. She was able to identify areas that could have been improved on, how she could have better delegated, and to recognise the strengths of the project. These types of undergraduate practicums are important for developing leadership skills of which proves highly useful in professional nursing care (Foli et al., 2014).

Chapter 6 – Discussion

Overseas nursing practicums are distinctive across the globe, each taking place in different locations consisting of unique work involvement, variations of time commitment, and diverse layers of pre-departure training and reflection activities. They differ in the extent of their relationships with hosts, interactions with locals, and within their own group dynamic. All these factors play a role in the overall value of an experience and the impact on the participants. This study was designed to determine if there was a personal and professional impact for graduates of the Global Health Practicum (GHP) as a result of their placement. The results indicate there was, but also how individual factors, when altered, could affect the overall perception of a student experience.

Findings are discussed with references made to the existing conceptual framework, see Figure 1.1, as well as references to concepts overlooked which came about as a result of this study. The framework also included three theoretical foundations that provide a perspective to the overseas experience and the development of a challenging practicum. These theories, Social Cognitive Theory, Adult Learning Theory, and Experiential Learning Theory, give support to a process of social skill development, adult learning attributes, and the principles of experiential learning.

Significant Findings

There were six themes outlined in chapter four, which developed from the examination of the data. These six themes arose from the quantitative and qualitative analysis and included: 1) experience in Africa, 2) working with African counterparts, 3) development of leadership skills,

4) importance of reflection, 5) proper training at home, and 6) support. These themes included 20 sub themes that gave a comprehensive overview of the data (see Figure 4.1).

This chapter will present the key findings that surfaced and were supported by the theoretical facets within the conceptual framework (see Figure 1.1) as well as the literature. Three findings emerged from the analysis of the major themes and were generated to provide support in creating a strong and successful practicum experience that could have a lasting impact on students. This chapter will examine them further in relation to the framework theories.

1. *Importance of Environment and Relationships in Africa* – the Global Health Practicum (GHP) is founded on the importance of the environment in which students are located throughout their stay in Africa. This environment includes the rural work placements, the community, and the living accommodations. The practicum environment is strongly connected to the relationships that exist, both at the macro (institution-host) and micro (student-host teacher) levels. There are years of strong relationship-building that help to highlight the practical work between the Canadian institution and the two African communities. These relationships give validation not only to the work, but they contribute to the feeling of accomplishment from the students. This finding arose from the themes of *experience in Africa* and *working with African counterparts*. These two themes focused on the direct experiences in country along with a strong connection to the specific environment and people.
2. *The Necessity of Education and Training* – this finding developed from two themes outlined in a previous chapter of which were the *development of leadership skills* and *proper training at home*. These two themes outlined the importance of previous nursing training, in-country training, teaching, and the educational focus during the practicum.

The pre-departure workshops played a substantial role in the preparation of each student and the time given to those workshops were important. The in-country training, education, and practice is a critical piece in the overall impressions from students and is the crux of evaluation as to the success of the program. To allow for more active engagement of the work, hands-on experiences are discussed as to their importance as well as the theoretical background of these types of activities in practicum settings. The purpose of education and training is to expand the knowledge of global health and give a broader context to students' nursing skills.

3. *Support and Reflection as a means for growth* – this third finding encompassed a wide range of personal and professional development bound together between peers, instructors, and family. Through the use of internal reflection (journals) and external reflection methods (online blog, peers, instructors), students are able to examine and process experiences as they are happening. Instructor guidance and leadership, as well as peer support, is fundamental to student success and the development of their understanding. This finding outlined the connection between support and reflection in which the latter is critical in enhancing cultural competencies. Reflection in overseas practicums can present quite differently from domestic practicum experiences, which provides a unique context for the students, and one that may help in navigating their success.

The remainder of this chapter will delve deeper into these three key findings of which were guided by the themes of this study outlined in chapter four. Examining previous literature on factors associated with these types of experiences, comparisons and distinctions are explored.

The first finding relates to the ‘importance of environment and relationships in Africa’ and will outline the connection between the physical space and the relational space, both of which play a substantial role in the development of a practicum placement.

Finding One - Importance of Environment and Relationships in Africa

The practicum environment and relationships within the local community were both vital aspects that interacted with each other and created a strong practicum foundation. The first explores the importance of environment in regard to the physical space while the relationship development refers to the connection that has been cultivated over many years between the sending institution and the host organizations. The relationships referenced in this finding refer to the long-lasting affiliation that has been cultivated for almost two decades between the Canadian post-secondary institution and the host organizations in two African countries, specifically the rural communities.

Environment

Concerning a practicum placement, the environment refers to the physical and relational space that encapsulates the experience. This includes the location, the working space, the living area, and the supportive environment, all of which have the capacity to strengthen or debilitate a student during a placement.

Williams (2005) indicated that studying abroad, in the most basic sense, referred to leaving the country of origin for the purposes of study. In much of the literature, many nursing placements around the globe referred to students moving to a location not overly different from the home location. Participants included Irish nursing students completing their practicum in mainland Europe, or Americans spending a few weeks in the United Kingdom. Although these are technically study abroad opportunities, there is criticism regarding the lack of challenge that

these placements produce, as these locations are similar to the home location (Kelleher et al., 2016). Ruddock and Turner (2007) speak to the importance of which students are unlikely to engage in true cultural and ethnic healthcare situations without a challenging environment, and therefore they do not develop the culturally sensitive care required in the healthcare field. These authors explained that by having this challenging experience, the students in their study “learned to appreciate, respect, and accept cultural differences and this, in turn, informed their understanding of the influence of culture on family, politics, healthcare systems, and people’s beliefs about health and illness” (p. 366). In addition to deepening cultural awareness, a challenging practicum is what enhances growth in learning and for reflection to take place, both of which will be discussed in the two remaining findings. The Global Health Practicum (GHP) in this study provided opportunities for students to engage in a challenging environment that was distinctly different to that in their homeland, Canada. The difference between an African placement and those in Canada (or similar) were focused primarily on the mundane aspects of food, accommodation, language, weather, and other aspects of ‘normal’ daily life. The adaptations to new kinds of food, weather, language, as well as changes in culture, nursing, and behavioural expectations, all contributed to a challenging experience. These differences increased the possibility of strengthening one’s skills, both in a personal and professional manner. Indeed, nurses in this study indicated that their time abroad had a positive effect on a personal level as well as on their professional nursing career. This highlighted the difference between this practicum experience in comparison to that discussed by Koskinen and Tossavainen (2004).

In addition to selecting a challenging placement in a global context, another consideration is the style of practicum within that country. An Australian study by Edwards et al. (2004),

which also mirrored studies in Canada and the U.S., looked at the location of practicum placements and found that most students did their placements in large urban areas. This urban experience resulted in students not being prepared for rural practice following graduation and therefore did not select these different areas as a career option. Edwards et al. (2004) argued that rural practice allowed students to see a different set of healthcare issues, presented unique employment opportunities, and included communities that differed from urban settings. This vastly different rural experience allowed GHP students to see divergent standards in healthcare in addition to varied communities and cultures. Some respondents had indicated that their nursing skills had not been impacted as a result of their time overseas and that most certainly is the case for some students. The role of this practicum was not to enhance specific nursing skills, but to provide nurses with the global health mindset and understanding to be a better nurse in a multi-cultural environment. This experience also allowed them to stretch their skill levels and to engage with different procedures not included in their previous practicums, such as delivering babies and utilizing their creativity in a healthcare setting. Thus, these practicum experiences challenged them in a multitude of ways while creating several learning opportunities, which differed from a safe and contained hospital environment analogous to those in Canada.

Another aspect of how the environment played a role in the success of a practicum placement was the detail given to cultural experiences for students. Shannon (2013) outlined this importance by arguing that with ecotourism participation, it satisfied the craving to see the touristy aspects of a country, but it also allowed students to connect with the environment and understand how these tourism-related excursions play a role in the culture. Wright (2010) noted that excursions and cultural activities not only allow nursing students to understand the lifestyles of their patients, but it provides an opportunity for both the students and instructors to alleviate

fatigue from the often-stressful work environment. The GHP experience in this current study provided at least one cultural excursion in order to understand the culture, in addition to providing a release from nursing work. These opportunities provide students with a cultural understanding in their host country, a respect for the environment, as well as an opportunity to unwind and participate in team bonding.

In a Canadian mixed method study, Wang et al. (2019) explored the impact of a practicum on students' anxiety, which found that practicum location played a large role in the level of anxiety in upper-level nursing students. The study found that placements focused on allowing students to acculturate to the new environment was critical for minimizing anxiety and to increase learning and effectiveness as nurses. In this current study, the GHP can be exceptionally difficult in the two rural environments. A learner is adjusting to all the aspects of a new environment (weather, food, language), as well as to the new healthcare practices. Findings indicated that adjustment occurred throughout the entire practicum and for some they never fully adjusted. This placement therefore can only do so much in reducing anxiety levels in students, but pre-departure, discussed later in this chapter, played a role in addressing this area.

Work-related positions form part of the environment and are referred to as organizational climate. These climates can play an important role in the adjustment and ultimately the success of students. Although these are linked to all aspects of practicum placements, and all workplaces in general, their role in an overseas environment can often play a much greater responsibility.

Organizational Climate

Stone et al. (2006) described organizational climate as the perceptions of a staff member on aspects of the organization such as the leadership, values, norms, and the decision-making practice within the organization. The climate of an organization influences an employee on

numerous aspects such as job satisfaction, retention, supervision styles, and behaviour expectations to name a few. A social cognitive study examined organizational climate and found that it had a positive impact on nurses' self-efficacy and outcome expectations (Lin, 2016). Every practicum placement has a specific or unique organizational climate into which a student has to adapt, or at the very least, understand the basic features of their new environment. In this doctoral study, the organizational climate of the GHP placement was a different style of work atmosphere because it comes with nuances related to the work culture, professional culture, available resources, language spoken, and many other aspects. According to Lin (2016), if the organizational climate can be adopted and understood, the motivations and behaviour of the employees have the opportunity to progress in a positive direction, which would increase self-efficacy.

Organizational climate refers specifically to the work-related aspects of this practicum, but it is also important to look at *acculturation*. This process refers to when an individual or a group are able to embrace or at least adjust to a new system of cultural norms of another group (Mitchell et al., 2017). Starting at a university is an example of acculturation, in which students adopt or adapt to the new norms of post-secondary culture. Acculturation in overseas nursing involves the adaptation to the new cultural norms of the environment, both personally and professionally. Lee and Negrelli (2018) reported that the process of acculturation can influence behaviour, which was shown in their participants, yet the authors reported that behaviour changes as a result of acculturation are underestimated and often ignored. These authors stated the importance of involving cultural activities into the overseas experience in an effort to better acculturate students. The GHP utilizes these practices by intermixing work-related experiences

with cultural activities within the host country in order to increase levels of acculturation amongst the students.

Organizational climate and experiential learning have a natural connection in which the former is often the foundation of the latter. In more specific terms, experiential learning opportunities fall within an organizational climate when it comes to nursing practicums, and the success of that learning is dependent on the acculturation to this new climate. One aspect of Experiential Learning Theory (ELT) relates to the roles that learners will take on which aim to aid in their skill development. Yardley et al. (2012) noted that roles given to learners that are appropriate to their current ability and then increased in responsibility, is the best way for learners to gain purpose in what they are doing. Relating this to the current abilities of fourth year nursing students, this was shown to be true although their current ability may have been difficult in the translation to a new environment. In the present study, GHP students understand how to properly clean a wound in a Canadian setting yet in rural Africa this task must be adjusted to fit the cultural norms. The importance of this type of challenging experiential learning allows the students to *see* that the practices are different as well as *why* the practices are different. ELT outlines the constructs and importance of how experiences can be transformed to enhance learning, but when related to a challenging practicum it is important to recognize that not all students might be as prepared mentally, physically, or professionally, for the experience.

In a working environment, the relationships with those around can be influential in the professional setting. The following section will speak to the importance of relationship building, its impact on practicums, and how these relate to the success of the student experience.

Relationships in Africa

The ties to both the work environment as well as the relationships with the community are crucial in developing a strong practicum placement. Direct contact with local healthcare providers created an atmosphere of training, support, and direct practice with community customs and cultural norms. Ruddock and Turner (2007) conducted a study which looked to determine if having an international nursing experience helped with the development of cultural sensitivity and they found that “interest, openness and acceptance from local people...helped our participants to adjust to their new environment” (p. 365). The study found that the connection students made with the locals allowed for the development of cultural sensitivity as it presented an opportunity to learn through the lens of politics and environment, as well as having support while dealing with stress and culture shock. Fenech et al. (2013) reported that the interactions with local people played a large role in the overall experiences of the students. Programs that include a high level of interaction with locals, the language, and subsequently the culture have a much higher likelihood that a positive impact would result. The results of these studies echo the results of this current study, as there was strong agreement of GHP participants recognizing and appreciating the interactions with locals while learning about the culture of the country.

The connection between long-established relationships in overseas nursing practicums was difficult to locate in the literature, but it could be presumed that interactions with local healthcare professionals and locals in the community are richer when a relationship has already been established. Due to the long-standing relationship that exists between the home and host organizations in this study, the importance of the relationship impact was evident on the student experience. The uniqueness of the GHP is the length of time in which both communities have remained connected and years spent deepening the affiliation.

It is important to note however, that despite having a strong relationship with the host organizations, expectations, and the organization of work placements for each year must be determined prior to departure. Memorandum's of Understanding (MOU's) are an important and strategic document that outline the parameters of a placement. "This document delineates the responsibilities of each party and will cover areas of faculty role, student responsibilities, and health and accident insurance" (Wright, 2010, p. 281). Without this information in writing, there can be confusion or lack of organization of a placement. For example, one participant referred to their time abroad as "tourist"-based, while another reflected on feeling ineffective within the African nursing community. The former was created by a lack of proper work structure and the latter was due to placements that felt unnecessary. These critiques came from participants of the same cohort year to the same country, which would indicate a breakdown in communication between the instructor and host organization. It also underscores the significance of instructor preparation and proper training of leading students overseas.

The environment and relationship building provide a solid foundation, which lends itself to the second key finding of this study. The importance of education and training within a practicum placement is without a doubt a crucial element in the success of an overseas placement.

Finding Two – The Necessity of Education and Training

This finding arose from a multitude of areas in which learning was paramount to the development of students. This finding overviews the importance of pre-departure training, the unparalleled in-country hands-on learning opportunities, as well as leadership endeavours within the practicum placement. This key finding also ties in with the theory of adult learning that examines the processes by how and why adults learn.

Preparatory Work

Pre-departure preparation encompasses many aspects of didactic (health training), and logistical (insurance and visas) preparation, as well as project work. All of these components are organized to prepare students for a challenging overseas program. Fenech et al. (2013) asserted there was a positive correlation between the preparatory work prior to departure and the amount of personal growth reported by students who went abroad. “A program that does not adequately prepare its participants jeopardises the effectiveness of the whole program...the more academically prepared participants are, the more intense the overseas experience is” (Fenech et al., 2013, p. 461).

As discussed in earlier chapters, the fourth-year nursing students who wish to go to Africa take an Advanced Global Health course in the semester prior to departure (see Appendix J). The cultural training component of this course is a vital element as students learn about healthcare systems in countries with fewer resources as well as understanding common diseases. This course also provides guidance to students on aspects of inequity and harmful narratives that can pertain to these types of practicums. This macro level of pre-departure training lays the foundation for the remainder of preparatory training in the months to follow. In a review of the pre-departure literature, Kalbarczyk et al. (2019) found that researchers recognized the importance of embedding global health preparation into the coursework but did not find that these were common practices. Maas-Garcia (2009) reported that although nursing abroad is becoming more and more popular, the preparation to acculturate nursing students abroad is minimal. In addition to preparing students for their time abroad, pre-departure “opens the door to longer-term global engagement and helps build a platform for a robust career in global health in the future” (Kalbarczyk et al., 2019, p. 7).

This study found that the preparatory training in the months leading up to departure focused solely on the students with little discussion relating to instructor preparation. Whether instructor preparation took place or not was outside the scope of this study, but a lack of discussion of instructor training is common within study abroad across North America. The literature consistently reports that instructors of these group programs abroad are not given adequate or any training to prepare for taking students abroad (Goode, 2007; Rasch, 2002). Focus within the literature, as well as in this current study, is based solely on the pre-departure workshops for students.

In the most rudimentary sense, pre-departure training is a series of workshops designed as a practical guide for the logistics of packing, visas, and insurance as well as understanding the requirements for malaria treatments and other travel-related medical information. Shannon (2013) is a professor who has traveled extensively as well as taken groups of nursing students abroad so can speak with confidence when she preaches the importance of planning and preparation. She stated that the most important aspect of a study abroad experience was the planning by faculty to design their program based entirely on the learning objectives.

Learning objectives in this type of program have to resonate with the outcomes of this program and the School of Nursing, but it is also important to consider the learner, which is further examined through the lens of the adult learner.

Adult Learning

“Learning within a community of practice complements the underlying premise of many adult-learning theories, particularly the notion that an individual’s readiness to learn relates to knowledge required in the real world” (Onda, 2012, p. 275). Adult Learning Theory (ALT) is comprised of many facets, one of which is andragogy. This term refers to the way in which

adults, typically 25 years or older, learn while also providing some differentiation to how children learn (Holmes & Abington-Cooper, 2000). Andragogy focuses on the motivation and readiness of adults in their learning, their orientation to learning, and past experiences of the learner (Knowles, 1978). In the fourth year of a nursing program, students' ages varied considerably, ranging from 21 to 40 at the time of their overseas experience (see Figure 3.2). However, many of the concepts of ALT can be regarded as beneficial to all students, given they are in their final year and bring with them various levels of experience. Andragogy has basic principles that guide the modification of an educational environment from a teacher-centered model to a learner-centered approach. This hybrid style of education allows the best of students to be brought forward (Cho & Kim, 2019). Within an overseas practicum, this style of learning environment would focus on utilizing the established skills and experiences of the student with guidance from both the instructor as well as the host staff. This teaching method is congruent with the adult learning literature in which utilizing skills and experiences of the students is the key for robust development (Rubenson & Desjardins, 2009). The utilization of previous skills and experiences of learners is a key component within hands-on work that often accompanies a practicum placement. This hands-on aspect is a fundamental component of this practicum placement and how it is connected to positive practicum outcomes will be discussed in the following section.

Hands-on Work

References to hands-on work, in relation to overseas nursing practicums, was diverse in the literature. There are a multitude of nursing practicums situated in locations around the globe that offer hands-on work while others are observatory in nature. An example of hands-on work in these settings could be working directly with patients whereas observatory work could be a

presence in the room and watching others perform the tasks. Fenech et al. (2013) stated that if there is a high degree of immersion learning while abroad, students are more likely to link prior training to the experiences from abroad. The current study looked at immersive African experiences following three and a half years of nursing education so the association between the experience and previous education had the ability to create a strong connection and a lasting impact.

Hands-on work in this style of practicum comes with the inevitable role of supervision and oversight of the nursing students. Supervision is directly related to achieving established learning outcomes (Kristofferson et al., 2013), causing no harm to patients (Henderson et al., 2006) as well as ensuring that all students feel safe throughout their work placement (Browne & Fetherston, 2018). This research found an unexpected number of students who spoke to their workplace autonomy, referenced as a positive characteristic of this practicum, yet could result in a high risk to the local healthcare system and to the students. As shown in Elaine's narrative (see Chapter 5), two students took the initiative to save a woman from a postpartum hemorrhage while their supervisor continued her work with other patients. They took on this task because they were trained in Canada to do whatever possible to save a life, however the local healthcare professionals were trained otherwise. This experience happened to result in a positive outcome, however it is easy to assume that a negative outcome would have been psychologically detrimental to the students. This, and other qualitative examples, brought forward the concerns of oversight and the responsibility of a student during an experience and following it. In situations in which experiences ended poorly, an instructor participant spoke to their strategy of helping a student through the aftermath in which one-on-one consultation would take place to walk through the situation and the rationale behind the outcome. From the results of this study, this

style of debriefing was sufficient for most participants who experienced those troubling scenarios. There are, however, potential situations that must be addressed prior to departure in which a risk mitigation strategy needs to be developed.

Risk management is an area of international programs that is, or should be, all inclusive of every aspect of university travel (Visovsky et al., 2016). The Global Health Practicum works with their universities' International Exchange Office in which information is gathered collectively between that office and the School of Nursing. Risk management overviews the safety of the location, travel to and within the country, disease or conflict in the area, and the process of evacuation if needed. There is a database utilized to collect student information such as emergency contacts, health details, and important document information such as passports and visas. It is a secured system and the student information is shared confidentially with the School of Nursing as well as the instructors taking students abroad.

Experiential Learning Theory (ELT) refers to “the process whereby knowledge is created through the transformation of experience and is continuous” (Kolb, 1984, p. 7). This theory emphasizes the need to use immersion activities in an effort to generate understanding and knowledge. In reference to the healthcare field, this would require nursing-related activities in which the students were included in the action. Wang et al. (2019) stated “learning is most effective when embedded within an authentic environment, wherein learners are immersed in real-world activities” (p. 104). A core aspect of experiential learning is being an active participant in the learning (Yardley et al., 2012). This aspect is mirrored in the hands-on learning approach of any traditional nursing degree in which students are immersed into real-life healthcare situations. The importance of immersing nursing students into a challenging environment is they are able to understand why things are done differently in certain contexts

and move towards understanding how and why global health presents differently across the world.

Social Cognitive Theory (SCT) posits that individuals and their environment are interactional in that cognitive factors interact with biological factors and one influences the other (Bandura, 2000). This theory, and these cognitive and biological factors, overlap with this current study and highlights how consistently students interact with each other, with previous and current learning, and with locals. This interactional style of education on a daily basis, formal and informal, illustrates this theory specifically with the feature of self-efficacy, a component of Bandura's theory.

Self-efficacy is one of six constructs of the SCT, which is broken into four areas that contribute to its development. These four principles (i.e., performance mastery, vicarious learning, verbal persuasion, and emotional/physiological states) were outlined in chapter two, but will be delineated here to convey their importance with an overseas nursing practicum. There is significant overlap with the principles of self-efficacy development and the practicum experience had by nursing students. The following four principles were outlined by the SCT model created by Bandura (1986).

The first principle refers to performance mastery, which is the notion that the experiences we take on and succeed at, are those that contribute to building self-efficacy. It is the idea of continuous improvement on a task and 'mastering' by doing. In a study done by Roh et al. (2016), experiences that involve hands-on work along with feedback from supervisors, showed increased levels of knowledge and self-efficacy amongst nursing students. Any practicum experience should provide an opportunity to work towards tasks with the expectation of successful completion.

The second principle of Bandura's (1986) self-efficacy theory is the idea of vicarious experience, which refers to observing and emulating another, specifically someone who stands as a role model or has completed the task you wish to undertake. A study done by Chan (2015) exhibited students utilizing vicarious experience on a particular nursing skill, which revealed a statistically significant increase in their self-efficacy on that task in comparison to the control group. In addition, self-efficacy was rated higher in students that learned the negative impacts from the task than those that learned the positive. This research presented an interesting finding in which students retained and learned more from what went wrong as opposed to what went right when observing someone else recap the situation. Overseas nursing practicums can provide a unique environment in which students are together day and night and this would conceptually allow for more vicarious learning within the group.

Verbal persuasion is Bandura's (1986) third principle of self-efficacy development, which refers to the positive words one bestows on another in order to encourage and motivate. As with any challenging endeavour, it is important for skill development to receive positive confirmation of your work by others. Although the literature has shown that verbal persuasion is not as useful as performance mastery and vicarious experience, this principle is used effectively "when dealing with staff who appear to be on the verge of mastering a new skill but need just a bit more encouragement" (Manojlovich, 2005, p. 277). It is important to note however that an overseas healthcare practicum can involve a wide array of death and disease therefore verbal support could benefit if it were in tandem with forms of self-care. Reflection of these difficult situations, such as journaling or talking to loved ones back home can provide additional support during stressful situations. Evidence of this was shown in this current study by means of daily

blogging, personal journaling, video calling parents and loved ones at home, as well as constant communication with peers throughout the day and evening.

Emotional and physiological states is the final principle in Bandura's (1986) theory of self-efficacy. This principle references the current mental status of each individual prior to working towards tasks as this can affect the development of self-efficacy. The emotional and physiological state of a student is important prior to departure and should be discussed between the applicant and instructor leading overseas programs. Although one instructor interviewee spoke to her individual discussions with her students, it did not appear to be GHP common practice that instructors met each student to talk through any issues or concerns about their upcoming overseas experience. Although these conversations took place sporadically over previous years, not all instructors were able to (or chose not to) work individually to alleviate any concerns from their students. This could be from a lack of experience in leading international programs or a lack of available time given their full teaching schedule. The potential concern with missing this important step is that if any students are struggling with mental health issues, participating in this challenging overseas experience could negatively affect their practicum and their future in the healthcare field. They may struggle with mastering skills abroad, with accepting feedback or praise from their peers, and generally not work towards developing the beneficial skills to be gained in this type of experience.

Emphasized by Koskinen and Tossavainen (2004), "communication and interaction with individuals from another culture is psychologically demanding so the students should be emotionally resilient to respond to the stress of intercultural immersion" (p. 112). The emotional or physiological state was not within the scope of this study, however, discussions of mental health did appear throughout the qualitative data. Students wrote in the blogs about the

importance of preparation as well as the discussions in pre-departure workshops about expectations in order to fully understand their upcoming experience. In addition, the training students received in their semester long Global Health course prepared them for low-income healthcare contexts, as discussed within the interviews.

Social Cognitive Theory (SCT) lends itself well to the social context and interaction of this current study. The phases of self-efficacy development through the realms of performance mastery, vicarious experience, verbal persuasion, and emotional/physiological states all play an extensive role in the positive development of students on a practicum placement, specifically in a group context. This social aspect lends itself to the third significant finding of this study, which is support and reflection.

The finding of education and training was a result of the amalgamation of two themes: development of leadership skills and proper training at home. Within these two themes and again within this significant finding, underscores the importance of learning. Proper training at home is the start of students' learning as it relates to an overseas practicum, and this learning continues through in-country training, hands-on work, and ultimately enhancing leadership skills. The third finding brings the experience together with the focus of support and reflection and how these features are connected with previous two findings.

Finding Three – Support and Reflection as a Means for Growth

The third key finding of this study derived from the importance of support and reflection that was evident in the themes that arose in the previous chapter, the literature, as well as the theoretical foundations of this study. Support refers to the emotional and verbal encouragement given to the participants by their peers, their family, and the instructors. Reflection refers to the formal and informal ways in which students participated in debriefing, critical analysis, as well

as communicating their experiences with others in order to gain perspective and understanding. Support and reflection play a substantial role in making a challenging overseas nursing practicum a positive one.

Support from Others

The more a country is perceived to be different from the home country, the more significant that experience may become (Fenech et al., 2013; Paige, 1993). The reference of *significance* from both these studies is open to interpretation, but they demonstrated that levels of difference between host and home could result in an elevated extent of adjustment challenges, including culture shock and anxiety. Foronda and Belknap (2012) reported that “participants displayed an emotional disconnect and defense mechanisms to unconsciously protect themselves from experiencing the deep sadness of seeing individuals in poverty” (p. 159). This type of change, especially for anyone that has not travelled to low-income countries, can be intense and can result in different types of support to adjust. In the current study, the most popular kind of support was peer support of which students would talk through situations or they would take a walk together. O’Mara et al. (2014) reported, “when they had supportive relationships with others, students reported increased learning and self-direction and sometimes increasing self-confidence and comfort as the term progressed, even in the face of challenges” (p. 211). These findings were echoed in the current study in which participants spoke directly to this as a substantial influence on the overall positive association with their practicum experience. The connections made with the peer group not only enhanced their learning and reflection while in-country, but for many cohorts it continued long past their return to Canada. Positive connections with the instructor were imperative to the development of these supportive relationships in which many participants spoke highly of their leaders. This finding was also reinforced on the opposite

end in which a few participants reported a poor relationship with their instructor, which led to an overall lower rating of their practicum experience. As indicated in the literature, all forms of positive support are critical to the success of a practicum and this was demonstrated in this study.

Within the realm of support is the practice of reflection, which can be done individually, with another, or within a group. Reflection plays an imperative role in the development of nursing professionals as indicated in the literature and shown in the results of this study. The following section outlines this importance and how support and reflection are a means for growth for practicum graduates.

Reflection

Mezirow (1991) argued that true reflection could only be completed if the validity of prior learning is challenged. To use this perspective from the results of this study, the overseas practicum could be classified as a challenge to prior learning. In low-income rural communities in which the practicum students are based, patients died from diseases that either do not exist in Canada or could easily be treated at home. Students practicing within these communities encountered diseases beyond their training, including malarial and HIV patients, which resulted in a disparity between what has been taught and what was experienced. In addition, nursing students in Canada are taught to save a life in any way possible, which was a challenge for the students of this practicum as evidenced through the qualitative data. To process the disparity in teaching versus experience, reflection played a large role for the participants in this study. Onda (2012) reported that when a group of nursing students come together to discuss a situation, the tacit knowledge becomes explicit which helps to process the cognitive comprehension of the event. This author stated through the articulation of a situation comes the understanding of ‘why’ and this contributes to the internalizing of the knowledge. “Articulation brings theories and ideas

to the forefront and encourages exploration of rationales for actions, hence helping to develop clinical reasoning skills” (Onda, 2012, p. 278). Within an overseas placement, if students are placed together in shared accommodations, debriefing sessions would happen organically in which the day’s events would be a natural discussion topic. With instructors available to help guide the conversation, reflection of events helped students to understand the ‘why’ of a troubling situation. Participants of the current study spoke to the natural reflection that took place as they were making dinner together, which revealed the benefit of being together within the accommodations along with the ease of reflection amongst trusted peers.

Roessger (2014) spoke to the learning styles within the Experiential Learning Theory (ELT) framework in which introverted learners are more likely to be reflective whereas extroverts tend not to reflect at the same level. Despite the comfort level of practicing reflection, the literature indicated that mandatory reflection is often required in these types of programs (Fleck & Fitzpatrick, 2010). Students are often requested to submit journals, which are reviewed by instructors and included in student assessment and grading criteria. This style of mandatory reflection can cause students to withhold their true feelings or to “tailor writing to accommodate what he/she thinks the assessor would like to read” (Burton, 2000, p. 1015). Creating an environment in which students are not required to debrief or reflect with the group, whether in formal or informal sessions, was an area of strength found in this current study. If students were struggling with the challenges of the overseas placement while also not participating in debriefing sessions, they were identified privately by the instructors to assess their coping strategies and mental health. This style of supportive, but not compulsory practice provided a space for students to participate willingly, which added a layer of trust. Burton (2000) emphasized that “being forced to reflect does not suggest that the exercise would necessarily be a

fruitful one” therefore these activities should be guided by the students (p. 1015). Although mandatory reflection was not required in the GHP practicum, the results of the study indicated that critical incident reflection, or guided reflection, would be beneficial for this type of program. Two participants indicated having posttraumatic stress following their return home, one of which reported that structured debriefing sessions with the instructor or a counsellor would have helped to mitigate the stressful return back to Canada. One of the criticisms of the GHP that arose from the results is the lack of time that instructors have to spend individually with students while in country. Instructors are in charge of 10-15 students therefore guided reflection through one-on-one sessions or in small groups is not feasible in addition to their already busy daily schedules. Scheduled guided reflection, in addition to critical incident debriefing, should be available to any student throughout their time abroad as well as following the return home.

Critical incident debriefing is the process in which a feedback model is delivered through dialogue and reflection. The purpose is to analyze and discuss an incident with the hopes of learning from the situation and positively affecting future performance (Salas et al., 2008). This style of debriefing can be used individually or within a group dynamic, both of which follow the same course of action. Salas et al. (2008) outline the basic process in which a leader (1) identifies the problem, (2) reviews the details of the event with those involved, and (3) provides guidance on how to respond correctly to the same event in the future. This process is interactive and constructive feedback, along with positive feedback, is encouraged.

It is important to note that in this overseas nursing practicum, reflection looked different than traditional placements as they typically included critical context elements related to culture, history, politics, economics, and regional healthcare. Rather than reflecting on experiences of suturing wounds or taking vital signs, overseas nursing students reflected on the cultural

complexity of underfunded hospitals, lack of resources, and patient care. Curtin et al. (2015) aptly stated, “reflection is about developing new insights through thinking about experiences and their meaning. It is through this process that students understand the reason behind practice and professional decisions” (p. 97). This quote is strongly connected to the current study given that by understanding the reason behind this new way of healthcare delivery allowed students to recognize how culture can influence healthcare and how all these characteristics are interrelated.

From my personal experience, reflection post-experience has been a complicated process for overseas programs in which inviting students back to campus post their overseas experience proves incredibly difficult. Shared by an experienced instructor of this nursing practicum, this has also shown to be a complicated endeavour in which multiple attempts have been made to bring the students together to discuss their experiences. It proves unsuccessful with the main causes being that the overseas experience is the final practicum before transitioning into professional employment. Many students return home and often re-locate to different areas of Canada and the world. Secondly, many students utilize the practicum location and remain in Africa to travel to neighbouring countries and do not return home for several weeks following the practicum. These factors create obstacles in designing post program dialogue and group reflection activities. With these limitations in mind, daily debriefing and critical incident debriefing while in country is clearly substantiated and needs to be made a priority in this type of experience.

Summary

This chapter overviewed the three findings that arose from the themes of this study. Each of the findings were connected by their focus in enhancing the practicum placement to be impactful for graduates.

The first finding concentrated on the importance of the environment and the relationships in Africa, which included the majority of time spent for students abroad. This finding arose from the themes of *Experience in Africa* and *Working with African counterparts* from the previous chapter, which included 10 sub-themes. This finding outlined the importance of the physical and relational space that characterized the environment of which the practicum students lived and worked. It included their work placements, the community in which they spent time, as well as their accommodations. Organizational climate played an important role in how success was viewed by students as they navigated the terrain of a new work culture. The current study demonstrated success in practices of connecting work and cultural-related activities with the intent of increasing levels of acculturation and overall satisfaction. The second part of this finding had an association to the first in which the positive environment of the practicum was a direct result of the strong connection had with the hosts in Africa. Students as well as participants of this study spoke positively on the long-standing relationship that exists between the home and host organizations. This deep seeded connection is unique as relationships like these did not appear prevalent in the literature.

The second finding of this study was the necessity of education and training which developed from the themes of *development of leadership skills* and *proper training at home*. The predominant feature of this finding was the importance of learning, which originated within the home preparation courses and workshops, while leadership skill development focused on teaching and hands-on work. Adult learning theory, experiential learning theory, and social cognitive learning theory were discussed in relation to this finding and their involvement in areas of learner-focused training, hands-on experiential work, and the components of the self-efficacy

model. The latter outlined the four components of this model and their overlap with the overseas practicum role in advancing nursing skills and abilities.

The third finding focused on the importance of support and reflection as a means for growth. This finding was based off connected themes in the previous chapter, which emphasized the importance of reflecting each day while utilizing peers and instructors as a trusted network to understand, learn, and develop. Internal and external reflection methods helped to understand the situation while peer support was outlined as a critical technique for students in this study to comprehend the healthcare situation in which they found themselves. Reflection methods in this study outlined with uniqueness of focusing attention on bigger picture contextual pieces as opposed to task-based skills. Participants reported that debriefing with each other and the instructors was important when trying to grasp the political and economical compositions that dictated the healthcare system. This finding spoke to the strength of shared accommodations in which this fostered a culture of bonding and trust among the group, which contributed to increased sharing and learning from each other. Guided reflection should be more prevalent in this type of practicum experience as participants were found to have experienced intense stress following the return home.

These three findings summarize the themes found in the results of this study and do so by connecting them with existing literature and theoretical foundations. The findings encapsulate the necessities for creating a successful overseas practicum placement for nursing students.

Chapter 7 – Conclusion

The purpose of this study was to determine to what extent a fourth-year nursing practicum to a challenging environment effected the personal and professional lives of the participants. This study examined if cultural, social, and leadership skills were influenced as a result of the overseas experience. The quantitative and qualitative results, along with theoretical underpinnings and existing literature, resulted in the creation of two models – the Overseas Nursing Practicum Design (described at the Macro & Micro Levels). The intent of the models is to guide educators to create international practicums in such as way as to maximize potential in creating long-lasting impacts for graduates. The concluding recommendations centre on creating practicums that can elicit positive outcomes in areas such as enhanced cultural training, leadership development, and improvement of reflection skills. The recommendations also include creating long-term career and professional-related influence as well as enhancing self-efficacy skills.

Overview of Major Findings

This study implemented a mixed method design in which quantitative and qualitative methods were utilized over two phases. The quantitative component comprised a questionnaire revised from an American nursing study (Zorn, 1996) and was compartmentalized into four dimensions. These dimensions encompassed: cultural, social, personal, and professional influence as a result of participating in a Global Health Practicum (GHP).

The Influence of an Overseas Nursing Practicum

This section overtly describes the findings related to the RQ1: *How does a 4th year international nursing practicum to a challenging context, influence career-related choices, and/or professional development?*

The African practicum had an influence on the career and/or professional development of graduates in a myriad of ways. Students were able to solidify their nursing focus, gain a new perspective on existing areas of healthcare, and experience new areas of healthcare. This allowed graduates to complete their nursing degree with a heightened perspective of global health and their own passion. This overseas practicum also influenced education-driven behaviours in which graduates considered further degrees, certificates, and diplomas in healthcare.

Self-efficacy Influences from an Overseas Practicum

This section overtly describes the findings related to the RQ2: *How does a 4th year international nursing practicum to a challenging context influence self-efficacy?*

The global health practicum contributed to increasing personal and professional self-efficacy and did so by providing students with a challenging environment with obstacles that differed from a traditional Canadian healthcare environment. Self-efficacy is defined as the belief of one's capacity in which 'belief' is considered the strongest predictor of performance (Eun, 2018). There were a few identified features of the overseas practicum that led to the increase of self-efficacy, personally and professionally. Continually working towards a task, vicarious learning through peers and colleagues, as well as instructor and peer support through verbal persuasion were all methods of self-efficacy enrichment. These aspects are central to any practicum placement and along with a challenging environment, provide the opportunity for growth and development amongst the graduates.

Skill Development Influences from an Overseas Practicum

This section overtly describes the findings related to the RQ3: *Does the skill development (such as cultural competencies, leadership skills, and reflection abilities) have an impact after the placement?*

When looking specifically at skill development, there is a wide range that pertain to the nursing field. The scope of this study focused on three, which included cultural competencies, leadership skills, and reflection abilities.

Cultural Competencies

Cultural competence is a level of achievement that is accomplished through cultural awareness, knowledge, and sensitivity (Ulvund & Mordal, 2017). It can be concluded from this study that the development of cultural competencies, both in a personal and professional aspect, increased as a result of the overseas practicum. It is important to note however that a five-week overseas practicum is a short cultural immersion experience and should be regarded as a portion that contributes to many future experiences leading to a culturally competent nurse.

Leadership Skills

The African practicum experience provided leadership opportunities, which contributed to the increase of skill development in this area. As shown in the narrative of Alexis (see Chapter 5), who assumed a leadership role in a community-based project focused on high blood pressure, which utilized many skills including creative problem solving. The ability to be creative when addressing problems, identified as a cognitive skill by Mumford et al., (2017) and interpreted as a leadership skill by this current study, was addressed when participants spoke to the lack of resources while in Africa. This practicum provided many opportunities for creativity within the

nursing profession as well as enhancing problem-solving skills of which both are considered valuable soft skills in the professional world.

Reflection Abilities

Due to the intensity of the African practicum, reflection practices were important and an increase of long-term reflection abilities was an assumption made by the researcher. This study's major findings revealed the importance and enhancement of reflection-based activities with peers, instructors, family, and friends. It was noted that the focus of reflection in this practicum was unique in that conversations were concentrated on aspects of global healthcare issues, such as poverty, resources, politics, and economics. This style of reflection enabled the students to understand the context in which they were working and cultivate their cultural perspective of why disease and death present differently than at home. There was a distinction identified in the use of reflection in these types of placements as different from reflection in a traditional occupational space. It is important to note here that reflection activities are easier if (1) there is an expectation of reflection without it being mandatory, (2) there is ample time for reflection, and (3) the environment is comprised of trusted friends and peers. It was also identified that although peer-to-peer reflection was useful for most, not all graduates of this program found this to be sufficient. Some participants identified issues upon returning home in which guided reflection abroad and counseling upon return would have been beneficial.

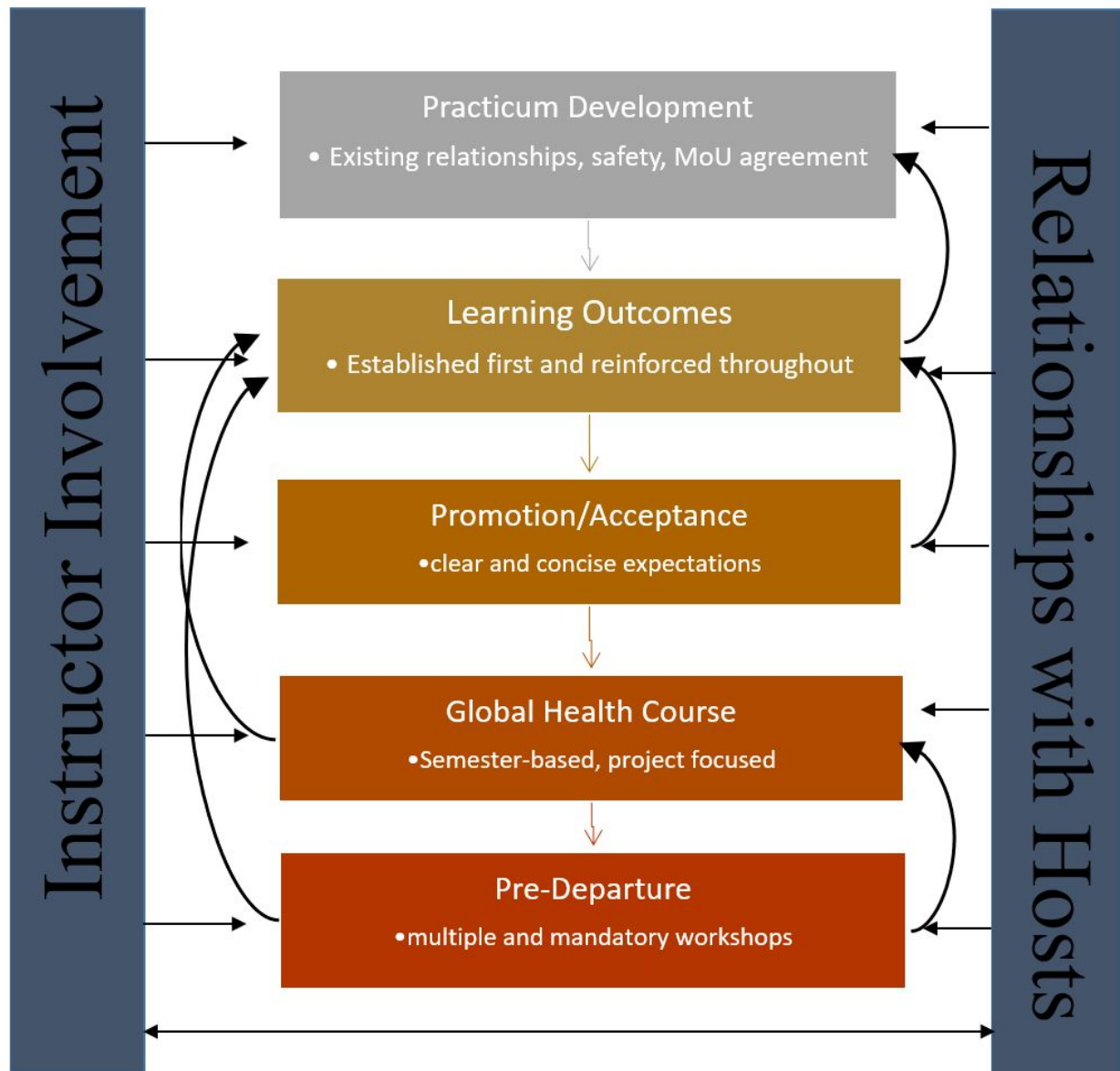
Skill development, specifically in areas of cultural, leadership, and reflection abilities were enhanced as a result of this practicum placement. This research question, along with the previous two, aimed to identify the outcomes of a nursing practicum placement in an African setting.

Models for Overseas Nursing Practicums

The development of an overseas nursing practicum involves a considerable amount of planning, researching, delivery, and assessment. The multiple components imbedded into the development of this style of practicum all have the potential to enhance outcomes. These components are outlined in two models, both of which provide an overview of the essential pieces that are recommended as areas of focus with an overseas practicum. The macro model (see Figure 7.1) focuses on the overarching framework of an overseas practicum with attention given to the development, recruitment and training of students, and the relationships with African partners. The instructors and the community relationships, which guide the planning and the development of outcomes of the practicum, drive this model.

The micro model (see Figure 7.2) concentrates on the in-country experiences and supportive connections between peers and instructors. This model centres on the student experience and how that experience manifests through the work assignments, the accommodation, and the support provided through peer and instructor interactions. Both the macro and micro models include facets that are interrelated within the model and connected between the models.

Figure 7.1
Model for Overseas Nursing Practicum Design (Macro Level)



Note – the macro model of overseas practicum design demonstrates the seven interwoven aspects to creating meaningful practicums. Instructor involvement and Relationships with hosts are overarching components that interact with all levels. The five step-by-step components follow in order but are highly inter-connected and related throughout the development of the practicum.

Practicum Development

For institutions with no current nursing relationships abroad, it is recommended to start with a nursing faculty who may have experience or connections in another country. Assessing

the safety of that country through the Department of Foreign Affairs and International Trade (DFAIT) is critical to determine the viability of safe travel for students. One or more instructors should visit the location to assess the area, the community organizations, the work projects, and the accommodation options. During the country visit and upon return, conversations with the hosts should clarify the aspects of the practicum work, the supervision of students, and the legalities involved with Canadian nursing students participating in healthcare work. Some countries require students to register with the government and may require additional documentation and financial commitments. All of these specifics should be documented through a Memorandum of Understanding (MoU) in which both parties agree to all contract details of this experience. It is important to revisit this document on a yearly or bi-yearly timeframe to make sure it fits the needs of both visiting and host organization. The host should provide support with choosing appropriate accommodations and any bureaucratic requirements for visiting nursing students. Upon return, communication with the hosts should be regular in which drafts are created outlining the timeline of events, work details in writing, oversight of students, and other pertinent information relating to the placement. It is important to create placements that are beneficial to the host and the visiting students, which can only be created through honest conversations and mutually shared priorities.

Instructor Involvement

The macro model includes two overarching components interconnected with all areas, and the first is the role of instructor involvement. The instructors guide the practicum development from the initial stages of creation to the recruitment and preparatory work leading to departure. From the results of this study, it is recommended that instructors should not be leading these groups in addition to teaching a full academic course load. A reduced course load

would provide the time for instructors to focus on developing a great overseas practicum, which requires months of preparatory work, recruitment, oversight of many students, an exhausting schedule abroad, as well as student programming upon return. Focused time would also allow the instructors to have individualized time with each student during the preparatory phase. This would provide students the opportunity to discuss any specific concerns about this placement and hopefully address any mental health concerns that may impact the student, the instructor, or the group while abroad.

Instructors should commit to 3-5 years of taking students abroad, which will allow each instructor to obtain a deep understanding of the practicum and to enhance it in consecutive years. Instructors should work in pairs in an overlapping model, which would enable steady transitions of faculty members every few years with one instructor having a few years of overseas experience when welcoming a new instructor. Using this method can result in a seamless hand-over, sharing of knowledge, expertise development, and so on, which would facilitate ongoing leadership throughout subsequent years. Working in tandem provides better leadership, increased service to students, as well as relief and support to the instructors while overseas.

Instructors should also be trained in guided and critical incident reflection prior to departure. This knowledge better prepares instructors when dealing with difficult situations as well as provides guidance to have meaningful conversations with students. Experts at the home institution could offer this training and be a continual source of support for instructors while abroad.

Instructors should be required to complete a risk assessment for the institution as well as their School in order to mitigate any risks associated with this overseas program. Risk mitigation includes plans of emergency departures, sick instructors or students, loss of passports, civil

unrest, and any other possible scenarios that could hinder the success of the program. This is the time to discuss with other outbound instructors and home School about traumatic situations, psychological and physical, that could arise during the weeks abroad. It would include detailed plans of addressing issues and seeking assistance when needed.

Relationships with Hosts

The relationships with in-country hosts is the second overarching aspect in this model and should be involved in every aspect including recruitment, learning outcomes, and all forms of preparatory work. Relationship building requires consistency over a long period in an effort to have strong and meaningful connections that provide a mutually beneficial working relationship. Strong relationships are shown through consistent communication, stability in work projects, oversight by local medical professionals, and culturally focused training by local health personnel. This relationship building is critical to an impactful placement as noted throughout this study.

While in-country, open communication with colleagues is critical when discussing the needs of the local hospitals and community centres. It is imperative to remember that the locals are the experts, and the student nurses are there to assist and learn. Upon departure, it is important to spend time with the local partners and discuss the placement in order to flag any issues and to touch on areas of success. Once a relationship is established with the host organization, there should be constant communication throughout the year to focus on assessing the program from the host and visitor perspectives. The results of this current study exemplified the importance of host-visitor relationships as vital to the success of overseas nursing practicums.

Learning Outcomes

Instructors committed to overseas practicums should work together to develop learning outcomes, which draw a clear association between the experience, degree requirements, and the connection to future nursing work. Learning outcomes are critical in any successful practicum and should be repeated and transparent throughout the promotional stage, reiterated again when students are offered acceptance, and again during pre-departure workshops. Learning outcomes of this practicum should guide the promotion and recruitment phase with the intent to demonstrate expectations at the outset. Assessment of the learning outcomes should be revisited each year between the instructors and the School to determine if they are meeting the needs of the degree and the practicum experience.

Promotion/Acceptance

Meeting with applicants individually will result in students fully understanding the practicum, generating an accurate idea of expectations, as well as addressing any financial or mental health concerns. If the instructors were released from teaching a full course load, it would allow extra time for this process therefore, it is recommended that post secondary institutions plan for the teaching release for these instructors. The recruitment phase should include a graduate of a previous year's cohort that can speak directly to the student experience. As the results of this study have demonstrated, peer-to-peer learning is essential, and cross-cohort training is an added benefit. Utilizing photos and videos of previous years (or instructor visits) is important so students can visualize the location and have a clear understanding of the program. Images should include work placements, community pictures, as well as accommodation in order to provide future students with as much information as possible. Instructors should provide open

drop-in hours to address any concerns for prospective students and offer transparent information surrounding the financial commitments for students.

Global Health Course

Prior to departure, all students should be required to take part in a course focused on global health, inequities, and social justice, which should enable the students to get a comprehensive look at healthcare across the globe. For an example of this type of course, please see Appendix J. This course accomplishes a few outcomes that enhance an overseas practicum, starting with preparing students to comprehend the complexities of global healthcare. Understanding inequity, in what should be universally standard care, is the foundational understanding for this type of work experience. This course will also prepare students to understand common diseases (relevant to the placement) that are not common in Canada. Focusing attention on these diseases is critical for students to get both the medical training, but also the cultural understanding around these issues. Lastly, this course is the initial coming together of the participants heading overseas therefore relationship building through peer support will begin during this time. The development of peer support is outlined further in the micro model, but the beginning of peer relationships will start early in the process. This course should be implemented in the semester prior to departure and project work should include specific focus on the country of placement. This course will lay the groundwork for the pre-departure workshops that occur leading up to departure.

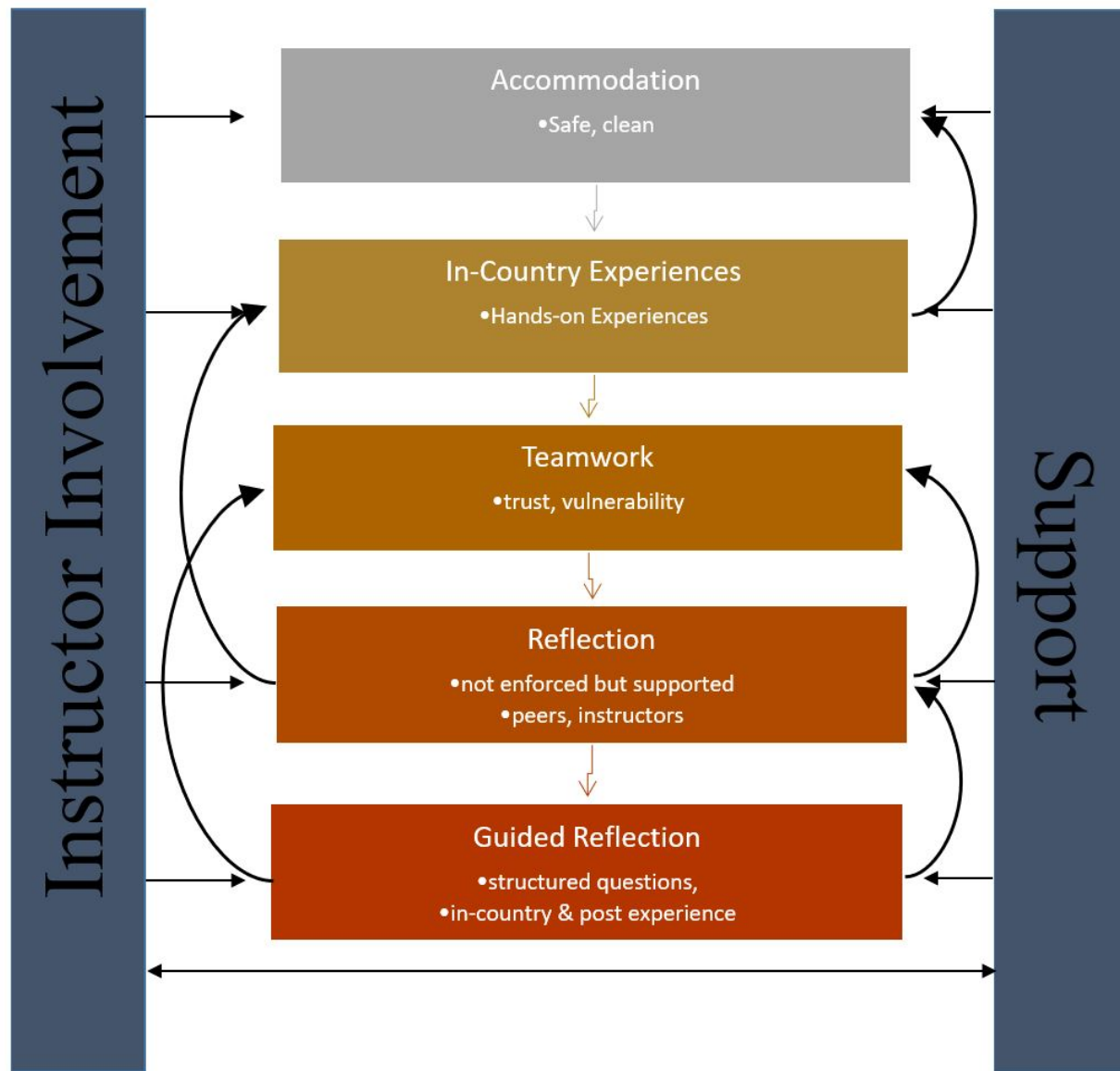
Pre-Departure Workshops

Learning outcomes, recruitment, and the global health course are the building blocks to the pre-departure workshops. Overseas nursing practicums should include many mandatory workshops that overview numerous aspects of the practicum. Workshop content should include a

detailed overview on specific in-country work assignments, culturally appropriate behaviour in the workplace, possible negative work situations, accommodations, health and safety, vaccinations, trip planning, packing, team building, and reflection activities. If individual conversations were not completed during the recruitment phase, it would be beneficial for instructors to have these conversations during the workshops in order to convey the expectations, and to have an open conversation about mental health and preparedness.

The macro model provides an overview of the essential pieces necessary to create an impactful overseas nursing practicum while emphasizing the importance of the instructors and hosts in this creation. The role of the instructor is vital and continuous throughout the macro and micro models, emphasized within the practicum design (macro) and practicum implementation (micro). The micro model of a successful overseas practicum involves seven interwoven concepts, all providing value towards the goal of creating meaningful practicums. They are ordered in such a way that one typically occurs after the previous one, however they are all interconnected. School involvement and support are two areas that are overarching and influence all the concepts.

Figure 7.2
Model for Overseas Nursing Practicum Design (Micro Level)



Note – the macro model of overseas practicum design demonstrates the seven interwoven aspects to creating meaningful practicums. Instructor involvement and support are overarching components that interact with all levels. The five step-by-step components follow in order but are highly inter-connected and related throughout the development of the practicum.

Instructor Involvement

Similar to the macro model, instructor involvement plays a substantial role in the practicum model at the micro level. The role of instructors within the micro model provide a

focus on the daily activities of the group starting with the settling into accommodations. It is important that all students feel safe and secure in their new living situation while helping them to get settled into their new environment. Instructors should take a leadership role on the academic and hands-on placements with students while in-country, providing guidance in the new work placements and to introduce students to their new local colleagues. Instructors should build on the teamwork activities that started back home in an effort to strengthen the bond within the group. It is the responsibility of the instructor to provide oversight and guidance to the act of debriefing with the group and to organize guided reflection sessions. This should be a central focus for instructors and one that is scheduled as an ongoing priority within the group.

Instructors are the experts in this area and they need to provide a space for students to recall the events of the day and talk through both the mundane and the troubling experiences. The instructors should be trained to properly facilitate guided reflection for the group in order to maximize the potential to learn in a challenging environment. As a result of concentrated attention to the students, the final role of the instructor is to generate an environment of support.

Support

While in country, many students may experience a high level of anxiety and shock, therefore it is imperative for instructors to cultivate an authentic and trusting atmosphere to support students as quickly as possible. The micro model of successful overseas practicums is all inclusive of *support* that should start at the recruitment phase and continue long after the practicum has ended. Support is critical to a strong group dynamic and includes trust, vulnerability, and interaction. Support should be included in all areas of teaching and learning while overseas, which includes non-work activities that help develop respect for the environment and allow for team bonding. Support should be continually built upon from the first group

meeting and, as a result of peer interaction overseas, should produce a strong team dynamic for years following the placement.

Accommodations

Accommodation is a simple yet important aspect of any overseas practicum and one that should be given care and attention. It is critical that students feel safe and retain some amenities, such as the ability to cook and shower. This study found that accommodation that was comfortable but also provided some complications was an important feature as this balance allowed students to adjust to new challenges while not viewing their experience as a vacation. Staying in an accommodation in which amenities are limited provides an understanding, and possible empathy from students, to the under resourced nature of the country itself. Students are able to experience gratitude for things they may have once taken for granted (i.e., washing machine, clean running water) which is an experience abroad that typically has positive outcomes following the return home. Students living together in large communal spaces can have its advantages as well as its problems in an environment such as a nursing practicum. Living communally brings the students together through debriefing, cooking, laughing, and learning through sharing of stories. However, group dynamics play a role in the sanity levels of students and instructors, so it is important that students have their space to step away when needed. As nursing is a female dominated field, close living quarters over long periods of time can result in negative outcomes. Within the accommodation environment, it is important to minimize potential issues through consistent communication and respect within the group. Recommendations for proper accommodations should be guided by the hosts and, if possible, utilized year after year in order to create working relationships with the proprietors.

In-country Experiences

The findings from this study directed a lot of attention to the immersive, hands-on experiences that were had by the participants and the lasting impact they made. A recommendation for creating impactful overseas nursing practicums is the essential hands-on learning experiences. This allows nursing students to practice first-hand the healthcare practices in another country. These types of hands-on experiences are beneficial when prior learning is utilized and new knowledge such as location-specific diseases or ways of care, are available. Including these practical experiences presents the opportunity of three features of leadership-focused competences that was brought to attention within the findings of this study. The first is critical thinking skills, which occurred when students were faced with situations that caused them to think independently and not from a structured 'list of tasks' they were taught during domestic practicums. The second competency, which blends with the first focuses on enhancing problem-solving skills. This opportunity presents itself when faced with new problems in unique situations of which should be the core of an overseas nursing practicum. The third competency is the ability to be strong within a team and work together through challenging situations. These three components of a successful practicum provide students with invaluable opportunities to guide their own learning and to enhance skills that would be advantageous in any professional environment. When students are placed together in challenging environments and work together through difficult situations, they are provided with experiences and memories that have potential to create long lasting effects both personally and professionally.

Teamwork

Group practicums thrive when positive teamwork practices are accomplished and students are able to work collaboratively with others. Having students work together on shifts

allows for peers to collaborate and develop skills together. It was shown in this study that peers were often teaching each other as they all have different skill sets as well as varying levels or previous practicum work in assorted healthcare specialities. Tandem shift work also provides an excellent opportunity for peer support and reflection opportunities. This was demonstrated in the narrative of Elaine (see Chapter 5) as she worked with her peer helping a new mother through a post-partum hemorrhage. These two students were able to work together through a difficult and emotionally taxing situation as well as debrief with each other following the event. In addition, providing experiences for students to interact outside of the work environment allows for bonding and building trust within the team. Team building is connected with the accommodation for the purposes of spending time with others in a relaxing, non-working space in which students talk, cook, eat, and reflect together.

Reflection

Reflection is a core component of any successful practicum and researchers who study reflection purport that learning cannot happen without proper reflection (Fleck & Fitzpatrick, 2006; Savicki & Price, 2017). Reflection should be emphasized from the start of a practicum, practiced throughout, and utilized as a group upon return to Canada. There should be a multitude of opportunities for reflection, none of which should be mandated, but encouraged and supported by instructors. Reflection exercises should address those feelings of disconnection from the comfort zone while encouraging students to embrace new perspectives. Reflection can be completed in a number of ways such as journaling, artistic endeavours, and debriefing recent experiences through dialogue. The results of this study indicated that reflection itself may not be enough for all students of this program, whereas guided reflection may result in more meaningful learning as well as support to the mental health of the graduates.

Guided Reflection

Guided reflection is the act of using structured questions to dive deeper into the meaning behind the experiences (Elverson & Klawiter, 2019). The three categories (what? so what? and what now?) are based on experiential learning theory and developed by Schmidt and Brown (2016). These three categories of questions focus on understanding the situation, analyzing the situation, and looking forward to seeing what actions can be taken to make the situation better. An example of the three categories of guided reflection questions is shown in Table 7.1.

Table 7.1
Guided Reflection Questions

Category	Taxonomy	Sample Questions
What?	Remembering Understanding	What do I expect to get out of this overseas practicum? What did I observe? Describe the people you worked with in the healthcare settings
So what?	Analyzing Applying	What did I do that was effective? How was I different/similar than other people? What values, opinions, decisions have been made or changed?
What now?	Evaluating Creating	How was I different/similar than other people? How will my efforts contribute to social change? How can society better deal with this problem? What is the next step in the process?

Adapted from Schmidt and Brown (2016) and Elverson and Klawiter (2019)

Recommendations

Models Figure 7.1 and 7.2 include a number of key recommendations related specifically to implementing the models. Within the macro and micro models, there are a number of concepts discussed throughout this chapter that were identified as important to building any overseas practicum program, such as relationships with hosts, accommodations, and team building practices. These were concepts found in previous literature and identified in the findings of this

study. However, four recommendations listed above were not discussed in previous literature but were outcomes of the findings of this study and have the potential to substantially elevate these programs for longer-term impact. These four recommendations are highlighted here:

1. ***Instructors should not be teaching a full academic course load while also preparing to lead a program abroad.*** As these programs require a lot of time, energy, and cognition, it is important for department/faculty leaders or administrators to provide release time to faculty members in order for them to focus on creating impactful and sustainable programs and to support the facilitation of these experience in country (while overseas). This plan is directly related to teaching load and must fall within the Human Resources teaching allocation designed by each institution. However, it is unfair to expect faculty members to juggle their usual workload as well as the challenges of these taxing overseas teaching/supervision responsibilities. If consideration is not made for faculty members, leaders run the risk of faculty members withdrawing their goodwill, expertise, and effort that is essential to the successful facilitation of these overseas practicums.
2. ***Instructors should commit to 3-5 years leadership of an overseas practicum program and to establish successful transitioning of faculty members.*** This recommendation relates to both the development of skilled faculty members specific to the program demands and addresses the need to ensure smooth transition of experienced faculty out of the program and the inexperienced or new faculty members into the program. Related to the first point is that each instructor needs experience in the program to gain a deep understanding of the practicum, to hone their own skills, and to provide suggestions to enhance the program. The second point is that this provides a peer-to-peer teaching opportunity wherein new instructors can learn from experienced (in terms of the practicum program) instructors. This

overlapping period could enhance the transparency for students and to ensure parity in the quality of student experience, and seamless transitions from year-to-year that affect students.

3. ***All instructors taking students abroad should be understand the theory and practice of reflection as well as be trained in guided reflection techniques.*** This recommendation is based directly from participant feedback where they reported that reflection should not end at the culmination of the program. Many participants required additional reflective time with instructors and peers following their return to Canada, especially as they transitioned into nursing careers. However, given that reflection is a psychological dimension that requires a deep understanding of its purpose and process it is important that nursing instructors are educated in how to structure and scaffold reflective practice to maximize student learning and debrief the sometime traumatic experiences. This would also have the additional advantage of promoting ongoing reflective practice for enhancement of practice in their nursing career.
4. ***Instructors and students should meet individually.*** These conversations should take place during the recruitment phase to make sure that expectations are realistic and that any financial or mental health concerns are identified and discussed.

Additional Recommendations

There is a final recommendation that is more generalized which does not relate directly to the components of the models; however, it draws on a unique opportunity for interdisciplinary learning which could address gaps found about the program. Due to the often-strenuous ratio of instructors to students on an overseas practicum, the time and attention required of instructors cannot always be provided to students. Those who require or at least appreciate more time to talk through challenging scenarios via guided reflection could do so with the assistance of an honours

undergraduate or graduate student in the area of psychology, social work, or counseling. This recommendation envisions a few students within these three areas operationalize their own practicum experience by working with the nursing students during three times of importance. *Prior to departure*, the non-nursing practicum students would familiarize themselves with the role of student nurses, participate in the semester-based course, and partake in the pre-departure workshops. They would be trained in areas of guided reflection and group-based debriefing along with culture-based education relevant to the location. *During the overseas experience*, they would accompany the nursing students to their placement and work with the instructors to delineate their time both in the healthcare settings and in their role at the accommodation. Their role would be to lead guided reflection sessions either daily or semi-daily with the large group or in smaller groups, in order to talk through the experiences of the day. The facilitation would provide the students with the opportunity to answer targeted questions and involve the instructors as much as possible to shape the narrative through expert nursing feedback and guidance. *Following the overseas experiences*, these students would facilitate post-return debriefing sessions through reverse culture-shock exercises and provide an arena for any students wishing to talk through their experience further. To address the issue of the nursing students' location, these sessions could be structured in an online environment designed for multiple time zones. These sessions would be ideal to recruit articulate graduates to be showcased for the following year as program alumni and peer supports for future students. Following the post program sessions, the non-nursing practicum students could provide detailed reports on the overseas practicum, feedback from the nursing students, the instructors, as well as their own, which would be of use to the School of Nursing. This recommendation of additional practicum students addresses (1) the need for nursing students to consistently debrief and reflect, (2) the reality in

which instructors cannot supply the time required for daily conversation within a large group, and (3) the beneficial experience for prospective counsellors to gain practice as undergrad psychology, social work, or counseling students.

The macro and micro models were developed to emphasize the important facets of an overseas nursing practicum and to demonstrate the interaction of these components. Each one of the components is instrumental in creating practicums that generate lasting positive outcomes. Some are smaller in scale when preparing a practicum, such as deciding on accommodation, whereas others require years of time and attention, such as relationships with host communities. It is important to recognize how each model has inter-related pieces, as well as how the models have important overlapping features. Creating impactful and long-lasting overseas nursing practicums should take many years of development and revision along with constant communication with stakeholders.

Linkages and Implications for Theory

Findings of this study linked to the theories that provided the foundation highlighted in the conceptual framework (see Figure 1.1). The growth of self-efficacy skills, both in the professional and personal aspect for students within this program was demonstrated in the results of this study. Resonating with the different aspects of self-efficacy development outlined by Social Cognitive Theory (performance mastery, vicarious learning, and social persuasion), this practicum placement provided students the opportunity to enhance their nursing and other social skills as a result of their experiences. The results endorsed the importance of doing hands-on work in order to master the task, the essential practice of learning with and from peers (cooperative learning), and the critical need to receive constructive feedback by peers, hospital staff, and instructors. Therefore, it is important for these types of overseas practicums to be

designed in such a way as to overtly consider the important dimensions of Bandura's social cognitive theory, particularly as it relates to the promotion of self-efficacy, to ensure the maximum impact on learning and leadership development.

Experiential Learning Theory's focus on reflective skill development was shown here as critical, yet lacking in the results of this study. Even though there was an emphasis in participants' responses regarding the importance of self-reflection and group reflection, the findings did not indicate facilitated reflection during the practicum or any post-practicum guided reflection to process and make sense of traumatic experiences. Therefore, considering both Bandura's social cognitive theory and Kolb's experiential learning theory, the importance of metacognition (self-reflection) should be addressed within practicum program designs. Therefore, the models (see Figure 7.1 and 7.2) which were created as a result of this research along, with the recommendations, emphasize the pivotal nature of reflection and the cyclical model of experience, reflection, cognition, and action as outlined in the Kolb model of learning.

Adult learning theory highlights that adults are motivated by hands-on experiences and the cognitive connections forged with previous experiences; this linked to the central aspect of this practicum placement. The findings emphasized the importance of direct involvement and building on prior learning. Direct involvement occurred by working with local healthcare professionals wherein students completed tasks as part of the staff. As this practicum was a culminating placement (the twelfth following eleven previous domestic placements) prior learning was a pivotal element of their knowledge base and experiences. Therefore, students had four years of classroom learning and eleven prior practical experiences upon which they were able to harness during their overseas practicum.

The three theories which founded this study were fundamental in holistically understanding the nurse-participants' experiences, learning, leadership development, and cultural perspectives which had impacted them to the point that they were able to remember and identify the influence these had had, even for those who had experienced this practicum 10 years ago. They offered a lens to examine how mature students learn and how to enhance learning through experience. These psychology and education theoretical lenses informed and shaped the development of the models and the recommendations which lend a strong underpinning for this type of pragmatic program.

Implications for Further Research

Overseas nursing placements have become common dimensions in nursing programs throughout North America over the last 20 years (Kelleher et al., 2016; Kokko, 2011), yet practicum placements are developed and overseen differently across the globe. Experiences range in length, location (low or high-income), hands-on work, pre-departure preparation, and reflection training. Given these factors, it can be complicated to connect or compare outcomes between practicums.

The current reality for many post-secondary institutions is the lack of established relationships with valuable partners to host nursing students. These strong connections have an impact on the success of a practicum placement, yet these deep-seeded connections take years to develop. Future research could examine a cross comparison of practicum placements of which had an extensive and historical partnership with a host country/organization versus an extemporary placement. This could provide some insight to the extent in which strong working relationships are instrumental in providing positive outcomes for students.

The importance of hands-on experience was essential in this study and demonstrated the value of getting directly involved in the day-to-day operations overseas. In an effort to provide comparative data, future research could look to determine the extent of nurses' learning by hands-on experience versus work done through observation in an overseas placement. This future study could be done with students who had both a hands-on practicum and an observatory practicum within their degree and use these two experiences as a comparison model. As this comparison was not within the scope of this study, a future study could shed light as to the importance of hands-on experience versus observation as it relates to nursing abroad and skill development.

An important aspect, as outlined in the *Model for Overseas Nursing Practicum Design (Micro Level)* (see Figure 7.2), is the topic of support during overseas practicums. The results of this study confirmed the importance of peer and instructor support prior to, during, and following the practicum experience. In a challenging overseas experience, it is vital not only to stay close and connected with the group, but also to build a strong level of trust, security, and vulnerability within the group. Future research could examine the role of peer support in these practicums and the extent to which they influence the positive or negative outcome of an immersive cultural nursing experience overseas.

The final recommendation for future research is a focus on the mental health and wellbeing of nursing students while abroad. The scope of this study did not include mental health concerns; however, it should be addressed in further studies as anxiety and depression among post-secondary students continue to rise in Canada (Glauser, 2017). Future studies could examine mental health as a factor in choosing overseas practicum options to determine if in-

country support is sufficient and if there are long-term negative mental health outcomes from these intense experiences.

Conclusion

It is important to understand that overseas nursing practicums have many features of which attention should be given during the initial development, the time in-country, as well as following the return home. Two models focusing on the macro and micro aspects of practicum development were established as a means of creating successful and impactful overseas nursing practicums.

The macro model of an overseas nursing practicum involves seven components, all of which are intertwined and inter-related. Two of these components are comprehensive, meaning they are imbedded and interactive with all other aspects within the macro practicum model. The first is instructor involvement, which relates to the initial development of the practicum and how this is connected with the other areas outlined in this model. The second all encompassing feature is the relationships with hosts, which referred to the importance of maintaining and strengthening relationships with in-country healthcare professionals. This area is important as students want to feel welcome and valued for their time abroad, while the local staff are happy to have foreign students join their hospitals and clinics. These two parts are intertwined with the five others as their involvement affects all aspects of a successful practicum design. Time and attention towards these core components help to create an experience that will benefit graduates and contribute to their overall skills in the healthcare field.

Practicum development provides the foundation of the program including establishing relationships, overviewing the safety of the location, and creating written agreements between the hosts and visitors. Learning outcomes are the tangible objectives that are set by educational

leaders as the goals of any particular experience. These outcomes should be established well in advance and align with degree requirements along with expectations of a nursing graduate. The promotion of the practicum and acceptance into the practicum are accomplished through a transparent understanding of the upcoming experience. Any successful practicum is enhanced when the realities of the experience align with the expectations of the participants and this is achieved through clear communication and participation in pre-departure workshops. Involving alumni from previous cohorts is a great way to connect peers and to utilize the skills of those graduates to help inform the new group. A semester-based course focusing on global health is a fundamental aspect in fostering well-informed students as well as providing space for team building and development. This course is the first step towards specific pre-departure workshops that speak directly to the African experience and how to prepare for time abroad.

The micro model for overseas nursing practicum design focuses on the student-centered approach through seven interwoven concepts. Instructor involvement and support are the two concepts that connect with each other and the five other concepts that embody this model. The instructor role at the micro level relates to the in-country tasks that directly correspond to the success of each student. Their role is to help transition the students to their new environment, provide guidance during and following work placements, and to assist in creating a safe environment for debriefing and reflection. Support refers to both instructor support as well as through peers as this was shown to be incredibly impactful to the overall success of this overseas practicum. Peer support is imperative with overseas placements as students rely on each other for a myriad of reasons such as preparation, training, and support. Creating a strong social network of students should begin in the months leading up to departure, which would start in a mandatory

semester-long course prior to an overseas practicum. This group dynamic is critical in creating a safe space to share and learn from each other through debriefing and reflection activities abroad.

Accommodations play a small but substantial role in the success of an overseas practicum by which having a safe yet minimal environment allows the group to experience some uncomfortableness, but nothing unmanageable. It also assists in providing a glimpse into living with fewer resources while still providing the essentials. In-country experiences are inclusive of features inside and outside the work environment and produce the bulk of positive or negative memories for students. It is important that these experiences be designed with intention so students are not overwhelmed with their tasks or unchallenged if they are simple. Hands-on experiences within the healthcare field are important so that students are centrally involved and are able to utilize their skills while learning from locals. Teamwork is a vital component in which so much learning within the team results in a positive outcome for each individual. A strong team is a result of building trust and vulnerability through months of active engagement. Reflection activities play a central role in the success of the program and the students. Designated time allotted for unpacking the challenging scenarios through peers and non-nursing students provides a foundation of support for graduates of overseas nursing practicums. Reflection and teamwork connect by way of a strong group dynamic, which can provide support and trust while allowing for a healthy dialogue of experiences and reflection throughout the many weeks abroad. As peers in the group have varying levels of overseas familiarity, life experience, and educational understanding, a strong team provides expertise in different areas and a trusted network of allies. The final component within the micro model is the act of guided reflection, led by structured questions while in-country as well as following the overseas

experience. This work is conducted by trained facilitators and used to maximize experiences through guided conversations.

The macro and micro components of a great overseas practicum increase in excellence after years of working in the same location. This allows the building of relationships with the host country, as well as the leadership development of instructors. Further areas of research in overseas nursing practicums could do cross-comparison analysis in areas such as established host relationships, hands-on experience, and peer support. As mental health issues are increasing in Canadian post-secondary institutions, more research attention in this area could also be beneficial to educators as they develop impactful overseas nursing practicums.

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Appendix A: Adapted IES Questionnaire

Global Health Practicum

Thank you in advance!

Interview Consent Form

The consent form for this study can be found here: [Consent Form](#). This document outlines the purpose of this research, the potential benefits of this research and what will happen with the results. Please select one of the following options:

- ☐ I consent to participate in this research study (this will take you to the questionnaire) (4)
- ☐ I do not wish to participate in this research study (this will exit you from the questionnaire) (5)

*Skip To: End of Survey If Interview Consent Form The consent form for this study can be found here: Consent Form.
This do... = I do not wish to participate in this research study (this will exit you from the questionnaire)*

Demographic Information

Demographic Information

Q1 Which gender do you most identify?

☐ Female (1)

☐ Male (2)

You don't have an option that applies to me. I identify as _____ (3)

Q2 At what age did you participate in your Global Health Practicum experience?

Q3 What year did you graduate from <institution>? (e.g. 2009, 2015)

Q4 What is your current area of employment?

Please select all that apply

- ☐ Acute care setting (1)
 - ☐ Long term care (2)
 - ☐ Community/Public health (3)
 - ☐ School nurse (4)
 - ☐ Physician's office/clinic (5)
 - ☐ Educator in community (6)
 - ☐ Staff nurse education (7)
 - ☐ Nursing educator (technical or university level) (8)
 - ☐ Researcher (9)
 - ☐ Occupational health nurse (10)
 - ☐ Advance nursing practice (practitioner, anesthetist) (11)
 - ☐ Other (please specify) (12)
-

Q5 What is your current level of employment?

Please select all that apply

- ☐ Staff Nurse (1)
 - ☐ Head Nurse (2)
 - ☐ Nursing Administrator (supervisor, director, vice president) (3)
 - ☐ Unit Director (4)
 - ☐ Educator/Instructor (5)
 - ☐ Other (please specify) (6)
-

Q6 What is the highest level of education you have completed?

- ☐ Bachelor of Nursing (1)
 - ☐ Masters of Nursing (2)
 - ☐ Master of non-Nursing (please specify) (3)
-
- ☐ Doctoral Degree (4)
 - ☐ Other (please specify) (5)
-






Q7 Where did you complete your Global Health Practicum?

- ☐ Ghana (1)
- ☐ Zambia (2)
- ☐ Other (3) _____

The following section is broken into four parts (cultural, social, personal, & professional). At the end, there is an optional open-ended text box for you to add anything if you wish.

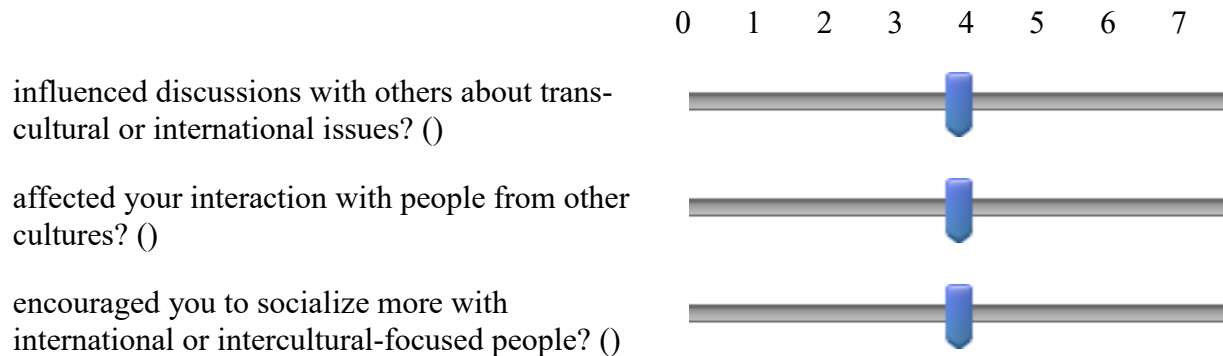
The following questions refer to how the Global Health Practicum had **culturally-related** outcomes for you. Please rate the following on a scale of 1-7 with 1 being low and 7 being high. Select 0 for Not Applicable

Q8 To what extent has your Global Health Nursing Practicum experience...

	0	1	2	3	4	5	6	7
influenced how you perceive world issues? ()								
influenced your understanding of nursing and healthcare in other countries? ()								
motivated you to recommend international education to others? ()								
increased your knowledge in the field of global health? (ie. tropical diseases, malaria, etc) ()								
influenced your travel or study abroad since graduation? ()								

The following questions refer to how the Global Health Practicum impacted **socially-related** decisions. Please rate the following on a scale of 1-7 with 1 being low and 7 being high. Select 0 for Not Applicable

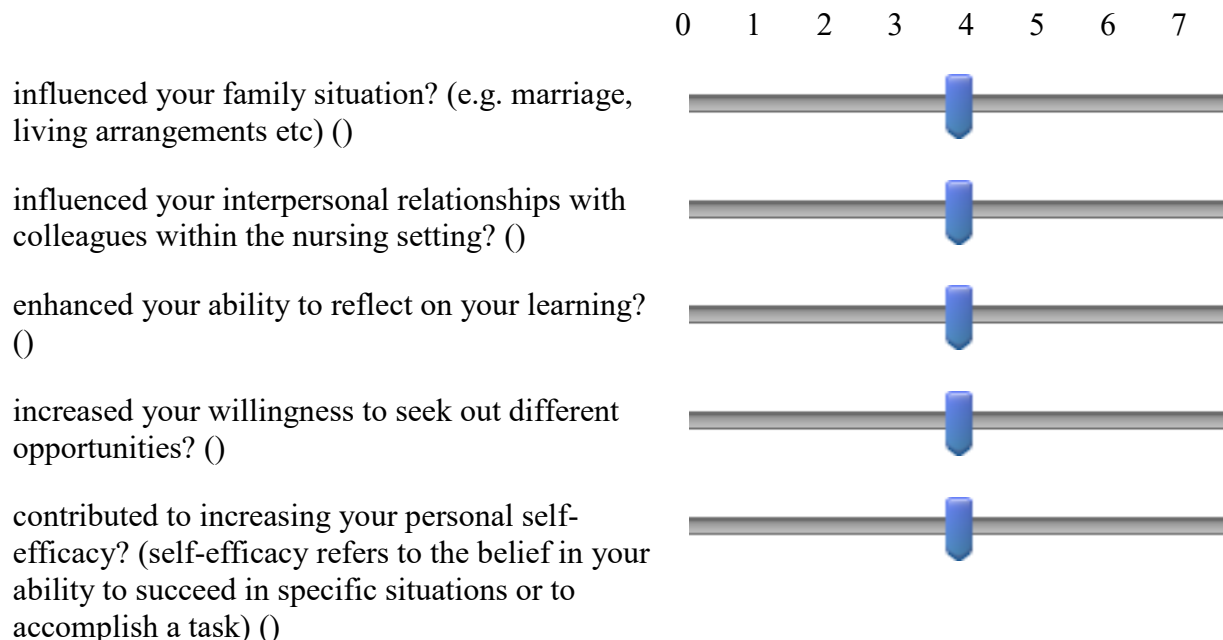
Q9 To what extent has your Global Health Nursing Practicum experience...



The following questions refer to how the Global Health Practicum impacted your **personal development**. Please rate the following on a scale of 1-7 with 1 being low and 7 being high.








Select 0 for Not Applicable

Q10 To what extent has your Global Health Nursing Practicum experience...



Finally, the following questions refer to how the Global Health Practicum may have impacted **career-related** decisions. Please rate the following on a scale of 1-7 with 1 being low and 7 being high. Select 0 for Not Applicable

Q11 To what extent has your Global Health Nursing Practicum experience...

	0	1	2	3	4	5	6	7
had a positive influence on your practice as a nurse? ()								
been relevant to the development of your nursing skills? ()								
enhanced your effectiveness as a professional nurse? ()								
increased the desire to practice nursing in another country? ()								
influenced career decisions you have made since graduation? ()								
positively affected patient interaction with those who are culturally diverse ()								
contributed to increasing your professional self-efficacy? (self-efficacy refers to the belief in your ability to succeed in specific situations or to accomplish a task) ()								

If you'd like to add anything that came up while you were answering the 1-7 rating questions, feel free to type it here.

Q12 You're almost done!! Please respond (with a yes/no/not applicable) to the following sentences

Within my profession...

	Yes (1)	No (2)	Not Applicable (3)
I am able to act as a role model for others (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look to research and theories to give excellent nursing care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to influence policies within the organization (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I advocate for change to benefit patients and/or the organization (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I collaborate with others to provide optimum health care (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take responsibility to provide information and support to patients (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use the nursing code of ethics to guide what I do (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This concludes the researcher questions. If you have anything you'd like to add or expand on about your Global Health Practicum experience, please add anything here or leave blank.

Q13 Your survey responses are confidential by default. If you choose, you have the option to provide your contact information for the purposes below. Please select one.

- ☐ I am happy to participate in an interview (contact email will be requested) (4)
- ☐ I do not wish to participate in the interview, but would like to receive the results of this study (contact email will be requested) (5)
- ☐ I do not wish to be contacted, this concludes my participation (6)

Please leave your email address so I can reach out for a possible interview. Interviews can be done in person, by phone, by skype/zoom. They should not be more than 1 hour but that will depend on how much you'd like to share. As much as I would love to chat with everyone, I will need to select a representative sample from those willing to participate in this phase.

Please leave your email address so I can send you the results of my research. I expect to complete my research in late 2020.

Appendix B: Email Invitation to Graduates



Re: Invitation to participate in the following research study: *International Nursing Education: The long-term effects of an overseas placement*

You are invited to share your experiences from your Global Health Practicum (GHP) that occurred during your final year of your <Institution> Nursing degree. This study requires the perspective of alumni to give feedback on their experiences in an effort to see if there are long-term benefits, professionally and personally, from their time abroad. If you participated in a GHP, we are very keen to gain your valuable insights about ways in which this experience had an influence in the development of your career as well as personal or leadership skill development. We also are looking for suggestions to strengthen and develop better programs to help future students.

There are two data collection stages: 1) a questionnaire and 2) one-to-one interviews. This invitation is for the questionnaire, but we would also welcome your interest in the interview stage as well.

Questionnaire:

You can access the questionnaire at the following link [include link here] which will be open from [opening dates here].

Interviews:

If you would like to chat with the researcher in a one-to-one interview on the phone, or through Skype or Zoom, you will be asked on the questionnaire to agree and to include your contact information. This interview stage is optional and does not affect your questionnaire responses or participation in the study.

Purpose of the study

This study is being conducted to explore the possible long-term effects as a result of a fourth year Nursing practicum to Africa. This study aims to look at different areas of development (professional, personal, cultural, and leadership). Overseas education is under researched in Canada, specifically those that participate in programs within a complex environment such as rural villages in Africa. Mandates have been set by many universities across Canada to increase opportunities such as these, so it is important to see the impact they have both in the short-term

and the long-term on graduates. Research into this type of program focuses on the support students receive prior to departure, in-country work, as well as the development of reflection while abroad and when returning home. Voices of graduates of the Global Health Practicum are crucial in understanding the impact that this program can have for professional and personal development.

The nature of nursing education is one that requires hands-on training in order to properly transition into a professional work placement, which exemplifies the GHP as an ideal candidate for an overseas placement. The problem-solving, multi-tasking, and on the ground decision-making in a complex environment could truly produce skill development that might not be possible in a Canadian context. In addition, the individual knowledge gained from this experience is part of the foundation for their future work as health care professionals and my research hopes to prove that it was an impactful part of training that continued with them as they grew personally and professionally.

It is important to note that participation in this study is voluntary and anonymity for the individuals is guaranteed.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this study.

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

If you have any concerns about the way you have been treated as a participant, please contact the Research Ethics Analyst, Research Services, University of Calgary at 403.220.6289 or 403.220.8640; e-mail cfreb@ucalgary.ca

We would love to have your participation in our study.

Warmest regards,

Graduate Student Leadership in a Post-Secondary Context
Werklund School of Education
University of Calgary
Alberta, Canada

Appendix C: Semi-structured interview questions (graduates)

Influencing professional development and career choices

1. What skills did you learn during the practicum that have been particularly useful in your nursing career?
 - a. What, why, and how?
2. Following your overseas practicum, did you change or consider changing any career plans?
 - a. If yes, can you explain?
3. From your time overseas, did you feel like the experience influenced you as you began a career in the healthcare field?
4. Studies have shown that challenging international experiences such as these have the potential to develop students into leadership roles. This could mean a supervisor role in your career but it can also mean encouraging or influencing others to initiate change. Would you consider yourself someone who has leadership skills?

Influencing self-efficacy

5. Self-efficacy is a term used to describe the belief in one's ability. I'm curious if during your time overseas, did you find that what you did (both in nursing work and non-work activities) assisted in building a belief in your abilities?
 - a. Probing – did you see a change in your personal beliefs?
 - b. Probing – did you see a change in your cultural skills?
 - c. Probing – did you see a change in your travel skills?
6. Prior to completing the Global Health Practicum, you completed quite a few domestic practicums. How was the Africa placement different?

Influencing skill development (cultural competence, self reflection, agency)

7. While you were in <country>, what type of experiences occurred that may have helped you in developing cultural skills?
 - a. Do you feel like these cultural skills helped you in your career, if so how; if not, why not?
8. From my understanding of the Global Health Practicum, there is a lot of reflection within the group as you processed the things you were doing and seeing in Africa. Did you find that reflection activities were something you and your group practiced?
 - a. (If yes) Do you feel you have continued practicing reflection either personally or professionally? Please provide some examples of these reflective activities or experiences.
 - b. Personal reflections
 - c. Professional reflections

Influencing personal development

9. In your personal life, do you feel as though your overseas practicum made a difference or changed anything? For example, did it change friendships, romantic relationships, living in one place versus another?

Development of leadership skills

10. Leadership skills are wide-ranging and are often shown in the following characteristics (have a print of the list below). Do you feel you developed any of these skills while participating in your overseas practicum? And could you speak to one or two specifically and how these skills have now played out in your work life?
 - Patience
 - Empathy
 - Active listening
 - Reliability
 - Dependability
 - Creativity
 - Positivity
 - Effective feedback
 - Timely communication
 - Team building
 - Flexibility
 - Risk-taking
 - Ability to teach and mentor

Final question

11. Being an alumni of the Global Health Practicum and now being in the career world, what suggestions would you have to enhance the practicum?

Appendix D: Email Invitation to Instructors



Dear [Name]

Re: Invitation to participate in the following research study: *International Nursing Education: The long-term effects of an overseas placement*

You are invited to share your experiences as a Faculty member involved with the Global Health Practicum (GHP). This study requires the perspective of Faculty to give context to the development, relationship building, and implementation of this program for students. If you have been involved in this program, we are very keen to gain your valuable insights about the development and/or your experience overseas with Nursing students.

Faculty will be involved in the interview stage of data collection which will require approximately one hour of your time either in person, by phone, or skype with the researcher.

Purpose of the study

This study is being conducted to explore the possible long-term effects as a result of a fourth year Nursing practicum to Africa. This study aims to look at different areas of development (professional, personal, cultural, and leadership). Overseas education is under researched in Canada, specifically those that participate in programs within a complex environment such as rural villages in Africa. Mandates have been set by many universities across Canada to increase opportunities such as these, so it is important to see the impact they have both in the short-term and the long-term on graduates. Research into this type of program focuses on the support students receive prior to departure, in-country work, as well as the development of reflection while abroad and when returning home. Voices of Faculty involved in the Global Health Practicum are crucial in understanding the context and growth while working towards stronger relationships with African partners as well as the development of student skills.

The nature of nursing education is one that requires hands-on training in order to properly transition into a professional work placement, which exemplifies the GHP as an ideal candidate for an overseas placement. The problem-solving, multi-tasking, and on the ground decision-making in a complex environment could truly produce skill development that might not be possible in a Canadian context. In addition, the individual knowledge gained from this experience is part of the foundation for their future work as health care professionals and my

research hopes to prove that it was an impactful part of training that continued with them as they grew personally and professionally.

It is important to note that participation in this study is voluntary and anonymity for the individuals is guaranteed.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this study.

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

If you have any concerns about the way you have been treated as a participant, please contact the Research Ethics Analyst, Research Services, University of Calgary at 403.220.6289 or 403.220.8640; e-mail cfreb@ucalgary.ca

We would love to have your participation in our study.

Warmest regards,

Graduate Student Leadership in a Post-Secondary Context
Werklund School of Education
University of Calgary
Alberta, Canada

Appendix E: Semi-structured interview questions (instructors)

Background

1. When did you first get involved with the Global Health Practicum?
 - a. How many years?
 - b. How many times have you gone abroad with students and to where?
2. Do you make any changes to the established syllabi for this program?

Preparing and in-country

3. Preparing students to go abroad is a huge task. Do you find it tricky to make students as prepared as possible?
4. Hands-on learning is a big part of the work overseas. What type of hands-on work do students do while in country?
5. What type of reflection activities do you try and do while you're in country?

Skill Development

6. Do you think that this program develops nursing skills that are unique to a complex placement such as rural Africa?
7. Do you think that this program develops cultural skills that are beneficial to future nurses?
8. In your experience while abroad with students, do you see them enhance their own self-efficacy in the work they are doing?
9. Do you think that graduates of the GHP take the skills they learned overseas with them into future positions?
10. Leadership skill development can be a tricky aspect as leadership is defined in many ways. Nursing researchers have defined leadership for nurses as people who can take charge but also those that can be a role model, instill change in an organization, or taking full responsibility for the work they do. Do you think that leadership skills develop within the GHP students?

Follow up

11. From your work abroad and when giving a final assessment to students, what surprises you the most from the GHP graduates?

Appendix F: Days for Girls

Website: <http://www.daysforgirls.org/canada>

Days for Girls Canada is a key part of Days for Girls International's mission to shatter stigma and limitations associated with menstruation for improved health, education, and livelihoods. Days for Girls is committed to ensuring that DfG Kits are distributed with personally delivered menstrual health and hygiene education, except in a few very rare circumstances (i.e. emergency relief situations). Our Days for Girls health education covers many important topics including menstrual and reproductive health, personal hygiene, self-defense, sex trafficking, and how to care for the DfG Kit. All the girls receive the small Days for Girls kit (details below) and instruction on how to use it.

Each DfG Kit contains:

- **Two pairs of underwear:** A crucial part of the DfG Kit is underwear, because if girls can't secure the shield, they cannot use the kits.
- **Two shields:** They are made from two pieces of cotton (with moisture-barrier fabric between to prevent leaks), and wings that fold around her underwear and snap in place. There are pockets on each end of the shield to hold the liners in place. The pockets are deep enough for double or triple liners when menstrual flow is heavy.
- **Eight liners:** These liners (or pads) go into the shields. The liners look like washcloths so girls can wash and hang them to dry without embarrassment. They are made from 100% cotton flannel so they are washable with very little water and quick to dry in the sun.
- **Soap and washcloth:** We add a bar of soap and a washcloth for taking care of her menstrual hygiene. She can also use the soap to wash her DfG Kit components.
- **Instructions:** This is one of the most important aspects of the DfG Kit! We provide a pictorial instruction sheet that shows how to use the shields and liners, as well as how to wash them. On the back side, there is a menstrual chart to help track periods. This helps each user know when to expect her period, so she can bring her supplies with her.
- **Transport bag:** All of the kits also include a transport bag to hold soiled liners. The bag, made of a moisture proof fabric, is designed so girls can discreetly carry their soiled liners home to wash.

NOTE

The Global Health Practicum brings these kits to both Ghana and Zambia. Throughout the years of supplying these kits, the teams have noticed that it would be financial beneficial to support a local seamstress to make the kits rather than having them made in Canada. Following the fundraising efforts in Canada, the students heading to Zambia in 2019 were able to donate a sewing machine and the fabric to a local woman who will now be paid to sew the kits together to be used in the Zambian communities.

Appendix G: Global Health Practicum (GHP) Syllabus

School of Nursing

NRSG COURSE SYLLABUS

NRSG 439

Global Health Practicum

Dates: March – April 2019

Course Lead Ghana:

Course Lead Zambia:

NRSG 439 (8) Global Health Practicum

Academic Calendar Entry

Advanced practicum provides opportunities to engage in an immersive global health experience in a variety of settings¹. Students will practice in collaboration with global health partners. The focus is on application of global health and cultural safety competencies. [6-8 weeks]

Prerequisite: All of NRSG 421, NRSG 422, NRSG 429, NRSG 432, and approval of application.

¹Dependent on availability. Cost of travel is in addition to course tuition

Additional Course Requirements

Students must meet the out-of-region practicum requirements. Students must formally apply, demonstrate how they meet the requirement and be accepted into the program. See *Application Guidelines for Global Nursing* on the practice placement coordinator's site. Students will be expected to pay all of the expenses for this out of region practicum. Expenses will include the cost of flights, accommodation, food, vaccinations and transportation, plus their own spending.

Students will be expected to attend any seminars and events required for preparation for this clinical. The School of Nursing cannot guarantee that this out-of-region experience will be available due to factors such as political or health issues that may arise at the site.

Course Format

This is an 8 credit (240 hours) practical course. Students will have the opportunity to work and live in a low-income setting that may be outside of the Interior Health Region. Students will work collaboratively alongside nurses in a variety of settings including hospitals, community health clinics, residential areas, orphanages, elementary and senior secondary schools, Schools of Nursing and universities. They may participate in the full range of nursing practice including acute care clinical nursing, public health nursing, teaching, community assessment and development, and research.

In Ghana:

Students will reflect and utilize knowledge they have gained in the program and how it can be adapted to the Ghanaian context. Practice placement sites will be offered in a variety of rural and remote community clinic settings, rural schools, the University of Development Studies, and the Tamale Teaching Hospital. These will consolidate students' knowledge of acute medicine as well as public health, emergency medicine, community development and child welfare. Students will also be expected to learn from and teach their Ghanaian colleagues.

Course Overview

Nurses have gained an increased awareness of health disparities and inequities throughout the globe. Socio-economic, cultural, political and educational factors affect people's quality of life, where poverty seems to have the greatest impact on health outcomes and where a person's place of birth can determine their life expectancy. Nurses have the capacity and responsibility to work toward solutions for global health issues (CNA, 2009). This practicum allows students to delve into the diversity of life styles and responses to health issues in a low income setting and to

understand, in a transformational learning experience, how global health issues are lived, and by becoming a global citizen, to gain knowledge in ways to work towards creating changes.

In Ghana:

This global health practice experience is a community development-type experience and therefore students will also have the opportunity to gain insight into global health issues, cultural safety, using a bottom-up, grass roots approach to change, group dynamics, and teaching.

Process

The teacher and our colleagues in Ghana formalize practice arrangements for the students. This nursing practice course is designed for students to be active practitioners. Times will be incorporated into the course when a teacher will visit or accompany students in practicum settings. Seminar participation and journal writing are integral component of the course to augment and support student learning. Learning activities will be developed by the student in conjunction with the teacher and/or nurses in the practice setting.

Your teacher's home base will be Tamale and Bolgatanga. When possible they will do daily visits with students at their clinical sites in these areas. The students who are practicing in community health clinics will be visited by a <institution> instructor once or twice a week. Rural outreach experiences will be supervised by our Ghanaian colleagues who have experience working with <institution> nursing students.

Course Content and Objectives

Building on the theory learned in the Global Health courses, students will have the opportunity to experience the reality of some of the most challenging global health issues. Using a social justice model, they will have a cultural immersion experience in a low income and/or limited resourced area where they will develop their nursing capacity to understand health inequities and gain experience in the work that can be done to create changes in global health issues.

- Concepts:
 - Global health
 - Social determinants of health
 - Social justice
 - Health inequities
 - Cultural safety and culturally competent nursing care
 - Gender issues
 - Post-colonialism
 - Global citizenship

Learning Outcomes

After completing this course, students will have had the opportunity to:

- Explore health beliefs that differ from their own
- Critically reflect on health care systems and nursing practice standards in rural and remote communities
- Apply global health theory in the practice setting.

- Apply evidenced-informed health promotion and injury/disease prevention strategies in a rural and remote setting.
- Recognize the social determinants of health and the impact on global burden of disease
- Explore local programs and organizations involved in reducing health inequities
- Examine the unique role and responsibilities of nurses in low income and under-resources communities

Evaluation Criteria and Grading

- This is a pass/fail course
- Students will complete a final performance review. **The PAF form will be printed out for you and brought to Ghana for you to complete.**
- Students will be evaluated based on their engagement with the course concepts, nursing work, and capacity to work as part of the team as professional representatives of Canada, Nursing, and <institution>.
- Students must create 3-4 learning goals for the 8 credit practicum (**not required for Ghana**).
- Reflection and analysis is an essential aspect of this clinical therefore students will participate in post-conferences and will write one reflective journal per week (see below)

For Ghana:

- **Participate in seminar and seminar related activities. The Seminar schedule, topics, activities and readings for the week of March 4th – 6th is posted.**
- **In Ghana, Seminars are a place for students to discuss experiences relevant to their area of practice. Although each student's practice will vary, recognition is given to the value of sharing these diverse experiences in a group setting. Therefore, some seminars will involve the larger practice group and others will be negotiated on an individual basis between the student and teacher.**
- **Students are encouraged to keep a personal journal during their experience as a useful tool to understand their experiences. This may be kept private and students are not expected to share it with the teacher, in the hope that you will feel safe to explore and debrief any topic.**
- **Each student is expected to blog at least once on the Nurses in Ghana blog site. Blog entries will uphold standards of confidentiality and will not contain any clinical information. The purpose of the blog entry is to serve as a means to raise global health awareness.**
- **Disseminate new learning: All students will be invited to share their learning of travelling to Ghana at the GNC homecoming, date TBA.**

Required Readings and Videos

Required readings will be posted on Canvas

Preparatory Sessions

There will be mandatory pre-departure training sessions scheduled. Dates, pre-reading and content will be determined by instructors and students will be notified through Canvas.

Final Examinations

There is no final examination in this course.

STUDENT POLICIES & EXPECTATIONS*

All students are expected to be aware of the University Policies as per the Academic Calendar. Failure to comply with these guidelines may result in academic consequences and disciplinary measures.

Additionally, all BSN students are expected to be aware of, and comply with, the School of Nursing Policies located in the Academic Calendar, that govern:

- Degree Requirements
- Program Requirements
- Academic Regulations

To assist with the understanding of the enactment of the above Policies within the School of Nursing there are Standards, Guidelines, and/or Procedures located on the School of Nursing Website

Academic Integrity

The academic enterprise is founded on honesty, civility, and integrity. As members of this enterprise, all students are expected to know, understand, and follow the codes of conduct regarding academic integrity. At the most basic level, this means submitting only original work done by you and acknowledging all sources of information or ideas and attributing them to others as required. This also means you should not cheat, copy, or mislead others about what is your work. Violations of academic integrity (i.e., misconduct) lead to the breakdown of the academic enterprise, and therefore serious consequences arise and harsh sanctions are imposed. For example, incidences of plagiarism or cheating may result in a mark of zero on the assignment or exam and more serious consequences may apply if the matter is referred to the President's Advisory Committee on Student Discipline. Careful records are kept in order to monitor and prevent recurrences.

A more detailed description of academic integrity, including the University's policies and procedures, may be found in the Academic Calendar

Reach Out and Ask For Help If You Need It

University students often encounter setbacks from time to time that can impact academic performance. If you run into difficulties and need assistance, I encourage you to contact me by email or phone during my office hours, before or after class, or by dropping into my office (location). I will do my best to support your success during the term. This includes identifying concerns I may have about your academic progress or wellbeing through Early Alert. With Early Alert, faculty members can connect you with advisors who offer students support and assistance

getting back on track to success. Only specialized advisors are able to access any concerns I may identify, and Early Alert does not affect your academic record.

Disability Resource Centre

The Disability Resource Centre ensures educational equity for students with disabilities, injuries or illness. If you are disabled, have an injury or illness and require academic accommodations to meet the course objectives, please contact the Diversity Advisor for the Disability Resource Centre located University Centre building.

Equity and Inclusion Office

<Institution> is a place where every student, staff and faculty member should be able to study and work in an environment that is free from discrimination and harassment. <Institution> prohibits discrimination and harassment on the basis of the following grounds: age, ancestry, colour, family status, marital status, physical or mental disability, place of origin, political belief, race, religion, sex, sexual orientation or unrelated criminal conviction. If you require assistance related to an issue of equity, discrimination or harassment, please contact the Equity and Inclusion Office.

Health & Wellness

At <Institution> health services to students are provided by Health and Wellness. Nurses, physicians and counsellors provide health care and counselling related to physical health, emotional/mental health and sexual/reproductive health concerns. As well, health promotion, education and research activities are provided to the campus community. If you require assistance with your health, please contact Health and Wellness for more information or to book an appointment.

DISCLAIMER

Every attempt has been made to ensure the accuracy and timeliness of the material in this Syllabus. Nevertheless, some errors or omissions may have occurred. The Instructor reserves the right to make changes or additions to this document as necessary throughout the semester. Any changes or additions will be posted on BlackBoard Connect and these postings will override this document and will be effective on the date of posting. Students are expected to review postings on BlackBoard Connect regularly to remain apprised

Appendix H: Pre-departure Workshop

Pre-Departure Workshop

This year the workshop was held over 3 days the week prior to leaving. The topics include:

- o Labor and delivery review
- o Neonatal resuscitation
- o Global Health Ethics
- o Cultural safety and privilege
- o Practicum Overview and Expectations
- o Social-political conditions in Zambia (including social determinants of health)
- o Understanding yours and others personality styles
- o Group norms and plans for shared accommodations
- o Assignment of group presentations
- o Assignment of leads for in country teaching

Schedule for Global Health Practicum Prep Seminars 2019

<p>MONDAY</p> <p>AM</p>	<p>Emergency child birth, and neonatal resuscitation</p> <p><i>Six Stations</i></p>	<p>Ghana & Zambia Groups Together</p> <p>Jeanette & Guest Teachers</p> <p>REQUIRED READINGS</p> <ul style="list-style-type: none"> • Review the birthing process and neonate resuscitation in your maternity textbook • Review the WHO Guidelines for ‘Basic Newborn Resuscitation’ Available here: http://www.who.int/maternal_child_adolescent/documents/basic_newborn_resuscitation/en/ • Registered Nurse Initiated Activities Decision Support Tool No. 6: Birth in the Absence of a Primary Care Provider Available here: http://www.perinatalservicesbc.ca/Documents/GuidelinesStandards/Standards/Competencies/6CoreCompDSTAbsenceofPrimaryProviderinBirth.pdf • Skim Mother-Baby Package: Implementing safe motherhood in countries Available here: https://www.who.int/maternal_child_adolescent/documents/who_dhe_msm_9411/en/ <p>Suggested Reading</p> <p>Afaya, A., Yakong, V., Afaya, R., Salia, S., Adatara, P., Kuug, A., & Nyande, F. (2017). A Qualitative Study on Women’s Experiences of Intrapartum Nursing Care at Tamale Teaching Hospital (TTH), Ghana. <i>Journal of Caring Sciences</i>, 6(4), 303-314.</p> <p>Consider</p> <ul style="list-style-type: none"> • What do I need to know if a woman is giving birth and I am the only one there? • What is my role if a neonate needs breathing support but is not receiving it? <p><i>Both of these scenarios have happened which is why we have this class!</i></p>
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<p>MONDAY</p> <p>PM</p>	<p>Intercultural Competency</p>	<p>Ghana & Zambia Groups Together</p> <p>Jeanette to Lead</p> <p>Prior to seminar please reflect on the following:</p> <ul style="list-style-type: none"> • What is the point of this international clinical practicum? • What do I need to know/be/do/think to function there? • Taking responsibility and gaining autonomy and confidence – what does this look like? <p>For discussion in seminar:</p> <ul style="list-style-type: none"> • How do we work respectfully with the Ghanaian/Zambian people? • What post-colonial aspects do we need to pay attention to? • How do we reduce our ethnocentric point of view? • How does social justice inform our practice? <p>To consider:</p> <p>These concepts have been covered in NRS 429.</p> <p>How do you see them relating to our Global Health Practicum? What questions do you have?</p> <ul style="list-style-type: none"> • Community self-determination • Global health ethics • Communicable diseases • Global Health Care Systems and Agencies • Maternal/Paternal Child Health • Environmental Justice and Health • Postcolonial Health Threats • Privilege and Allyship <p>REQUIRED READING</p> <p>CNA. (2010). Social justice... a means to an end, an end in itself. (2nd ed.). Available at: http://www.cna-aic.ca/~media/cna/page-content/pdf-en/social_justice_2010_e.pdf</p> <p>Suggested Readings:</p> <p>Foster, J. (2009). Cultural humility and the importance of long-term relationships in international partnerships. <i>JOGNN</i>, 38, 100-107. Doi: 10.1111/j.1552-6909.2008.00313.x https://www.jognn.org/article/S0884-2175(15)30161-1/abstract</p> <p>Levine, A. (2009). The ethics of nursing student international clinical experiences. <i>JOGNN</i>, 38, 94-99. Doi:10.1111/j.1552-6909.2008.00314.x https://onlinelibrary.wiley.com/doi/full/10.1111/j.1552-6909.2008.00314.x</p> <p>Pinto, A. D., & Upshur, R. (2009). Global health ethics for students. <i>Developing World Bioethics</i>, 9(1), 1-10. http://www.jcb.utoronto.ca/people/publications/dwb2007.pdf</p> <p>Racine, L. & Perron, A. (2012). Unmasking the predicament of cultural voyeurism: a postcolonial analysis of international nursing placements. <i>Nursing Inquiry</i>, 19(3), 190-201 https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1440-1800.2011.00555.x</p>
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Day	Topic/Event	Readings, concepts and questions to reflect on
	PRACTICUM DETAILS & Ethical and Culturally Safe Practice	<p>LET'S TALK ZAMBIA PowerPoint Discussion - Sheila to Lead</p> <p>REQUIRED PREP Google maps – Look at Zambia and where we are going.</p> <p>REQUIRED READINGS How to Communicate to the World: A Social Media Guide for Volunteers and Travellers Cut and paste in your browser: https://static1.squarespace.com/static/52720d41e4b024943bdf6241/t/5a0be22b0d9297328daa35e9/1510728260373/Saih-Social-Media-Guide-2017.pdf</p> <p>CNA. (2008). Global Health and Equity. Available at: https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/ps106_global_health_equity_aug_2009_e.pdf?la=en&hash=A2FFC51EF0818075E4A87CCA407301E67362428C</p> <p>Optional Readings Reimer Kirkham, S., Van Hofwegen, L., & Pankratz, D. (2009). Keeping the vision: Sustaining social consciousness with nursing students following international learning experiences. International Journal of Nursing Education Scholarship, 6(1), article 3. Doi: 10.2202/1548-923X.1635</p> <p>Establishment of a Short-Term Global Health Nursing Education Experience: Impact on Students' Ways of Knowing. (2015). Linda D. Wagner, EdD, RN; Stacy E. Christensen, DNP, APRN. Journal of Nursing Education. 54(5):295-299 https://doi.org/10.3928/01484834-20150417-09</p> <p>Consider What are my motivations to engage in a global health practicum? What are my ethical responsibilities? Consider:</p> <ul style="list-style-type: none"> • You are entering a culture very different from your own (high context, communitarianism) - how you will you navigate? • How do we work respectfully with the Zambian people? • What post-colonial aspects do we need to pay attention to? • How do we reduce our ethnocentric point of view? • How would I nurse if I worked in a low-income country with few resources? • How does this style of nursing practice fit within the cultural context?

<p>TUESDAY</p> <p>PM</p>	<p>Student Experience</p>	<p>Personality & Moral Resiliency</p> <p>Sheila to Lead</p> <p>Who are you? Living Together/Cooking together. Coping with witnessing the suffering.</p> <p>REQUIRED PREP</p> <p>Take the free personality test at Type Focus. Available here: http://free.typefocus.com/ You will need to log in as a new user. There is no charge. Once you've completed the questionnaire (it takes five minutes!), screen shot or copy and paste the results into a word document. Bring your type focus initials to this seminar along with the summary.</p> <p>REQUIRED READING</p> <p>Building moral resilience to neutralize moral distress Rushton, Cynda Hylton PhD, RN, FAAN https://www.americannursetoday.com/building-moral-resilience-neutralize-moral-distress/</p> <p>Consider: <i>What do we need from each other?</i> <i>How do I deal with stress?</i> <i>How can we work together to enhance ourselves and our learning?</i> <i>What should our group norms be?</i></p>
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Day	Topic/Event	Readings, concepts and questions to reflect on
WEDNESDAY AM		<p>CONSIDERING LIFE IN ZAMBIA</p> <p>Sheila – History</p> <p>2019 Zambia Group- Today in Zambia</p> <p>2018 Graduate Guests</p> <p>REQUIRED PREP</p> <p>Prepare a Presentation</p> <p>In groups of 3-4 you will do a 10 min presentation on one of the following in relation to life in Western Province:</p> <ol style="list-style-type: none"> 1. What is life like in a village/dress/ marriage 2. Education 3. Types of employment/ average wages 4. Types of health care workers /levels of health care facilities
Wednesday PM		<p>PACKING</p> <p>Please bring your extra suitcase or bag and any items you have been given to bring to Zambia. We will be sorting and packing the supplies. I will bring a scale to weigh the bags.</p>
In Country Friday March 15th & Saturday March 16th	Seminar Time	<p>Your Turn!!</p> <p>You will present on diseases and first aid. Use:</p> <ul style="list-style-type: none"> ○ https://www.who.int/news-room/fact-sheets ○ The books your bought <p>We will practice days for girls and first aid.</p>

Appendix I: Data Results

All tables include the Mean (M), Standard Deviation (SD), Missing responses, and the range of scores. All participants (N=116) completed the four sections although some individual responses were missing and are indicated in the tables.

Cultural Impact (N=116)

To what extent has your Global Health Nursing Practicum experience...	M	SD	Missing value	Range
influenced how you perceive world issues?	5.71	1.10	1	2-7
influenced your understanding of nursing and healthcare in other countries?	5.91	1.09	0	2-7
motivated you to recommend international education to others?	5.84	1.76	1	0-7
increased your knowledge in the field of global health? (ie. tropical diseases, malaria, etc)	5.20	1.44	0	1-7
influenced your travel or study abroad since graduation?	4.58	2.15	2	0-7

Social Impact (N=116)

To what extent has your Global Health Nursing Practicum experience...	M	SD	Missing value	Range
influenced discussions with others about trans-cultural or international issues?	5.08	1.51	1	0-7
affected your interaction with people from other cultures?	4.81	1.56	1	1-7
encouraged you to socialize more with international or intercultural-focused people?	4.50	1.75	2	0-7

Personal Impact (N=116)

To what extent has your Global Health Nursing Practicum experience...	M	SD	Missing value	Range
influenced your family situation? (e.g. marriage, living arrangements etc)	2.44	1.88	11	0-7
influenced your interpersonal relationships with colleagues within the nursing setting?	3.34	1.79	3	0-7
enhanced your ability to reflect on your learning?	4.42	1.75	0	0-7
increased your willingness to seek out different opportunities?	5.07	1.51	1	1-7
contributed to increasing your personal self-efficacy?	4.64	1.71	1	1-7

Professional Impact (N=116)

To what extent has your Global Health Nursing Practicum experience...	M	SD	Missing value	Range
had a positive influence on your practice as a nurse?	5.75	1.54	0	1-7
been relevant to the development of your nursing skills?	4.47	1.95	1	0-7
enhanced your effectiveness as a professional nurse?	4.51	1.82	2	0-7
increased the desire to practice nursing in another country?	4.51	2.35	1	0-7
influenced career decisions you have made since graduation?	3.83	2.17	4	0-7
positively affected patient interaction with those who are culturally diverse	5.11	1.67	2	0-7
contributed to increasing your professional self-efficacy?	4.59	1.85	3	1-7

Appendix J: Advanced Global Health Course Syllabus

**COURSE SYLLABUS
Nursing 429
Advanced Global Health**

**All classes online via Zoom
October – November 2020
Mondays 0930-1130
Wednesdays 0900-1100**

**Instructor:
Home Office through Covid-19
E-mail:
Office Hours: Available by appointment on Collaborate ULTRA
Phone (only if urgent or emergent):**

NRSG 429 (3) Advanced Global Health

Academic Calendar Entry

Theory, research, and best practices for ethical global health nursing builds knowledge, skills, and abilities for practice. Develops advanced understanding of healthcare systems globally in relation to the determinants of health for diverse populations in cross-cultural and resource-constrained environments. [3-0-0]

Prerequisite: Fourth Year BSN-O Standing and NRSG 320

Course Format

This course is delivered twice weekly as an online synchronous (real time) class lecture using Zoom. There will be independent reading and review of materials (eg. videos, websites, etc.) associated with each class. These will be posted ahead of class on Canvas.

Course Overview

This course expands on concepts explored in NRSG 320 Global Health Issues to prepare you to participate in a global health clinical practice. You will have the opportunity to engage in a social-critical analysis of the role of the nurse as care provider, community organizer/facilitator, educator, global citizen, and advocate within the context of the global arena and the changing health care environment. Using multiple theories and perspectives, you will explore the impact of multi-national, regional, country and local politics on global health and healthcare. Epidemiology, pathophysiology, assessment and management of communicable and non-communicable illnesses in relation to risk factors, health disparities and inequities will be introduced. Throughout the course, you will explore ethical concepts and issues that arise in the provision of culturally safe global health nursing practice.

Course Content and Objectives

Through weekly classes, you will have an opportunity to explore:

- The epidemiology, pathophysiology, assessment and management of common communicable and non-communicable illnesses in resource-constrained countries, regions and environments.
- Advanced Maternal Child health issues
- Healthcare system priorities and strategies in resource constrained countries, regions and environment
- Links between poverty, environmental health and human health in resource-constrained countries, regions and environments.
- The ethics of professional practice, global citizenship, and scientific integrity in a global health context
- Humanitarian aid versus community development
- Post-colonial political influences on global health
- Moral distress, professional boundaries, reflective practice, emotional resilience, ethical fitness and personal safety in the context of global health nursing practice
- Culturally safe work with indigenous people

Learning Outcomes

After completing this course, you will be able to:

- Describe the epidemiology, pathophysiology, assessment and management of common communicable and non-communicable illnesses seen in resource-constrained countries, regions and environments.
- Analyze the impact of socio-economic, political, and historical factors on maternal-childhood health.
- Appraise the effectiveness of various healthcare systems within a global context.
- Explore the links between poverty, environmental health and human health in resource-constrained countries, regions and environments.
- Discuss professional conduct, ethical nursing practice and research practice in a global health practice placement.
- Explore professional boundaries in an out-of-region practice experience.
- Compare and contrast the effectiveness of humanitarian aid versus community development.
- Critique the roles of Canada, Global Health Initiatives, Non-Governmental Organizations and Non-Profit Foundations and the United Nations in global health.
- Explore the concept of emotional resilience associated with working in low resourced region.
- Examine moral distress, professional boundaries, reflective practice, emotional resilience, ethical fitness and personal safety in the context of global health nursing practice
- Analyze culturally safe approaches to working with indigenous people.

Evaluation Criteria and Grading

You must achieve an overall average of 60% or greater to pass the course.

Assignment	Due Date	%
In class midterm In-class online on Canvas Multiple choice and short answer 2 hours for the test	November 16 th , 2020	30%
Case Study Praxis In groups of 4, explore a complex global health scenario Presentation to class	November 25 th & 30 th Presentations to class 4 groups on Nov 25 th Remaining groups Nov 30 th Written portion must be uploaded on Canvas by 0900 November 30 th	40%
Evidence-Based Student Statement of Responsibility Student will explore their background, situational context, and values and develop a statement that sets	December 4 th , 2020	30%

out commitments to be accountable global health citizens		
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Grading Practices

University grading practices are explained in the <Institution> Academic Calendar Grading Practices

The School of Nursing standard for [Grading Practice for Classroom Courses](#) describes expectations relating to assignments and the assignment of grades in the classroom setting. Requests to review completed examinations and assignments will follow the guidelines for [Viewing Marked Examinations](#). In the School of Nursing, you are advised to wait 48 hours after exam or assignment grades are posted before submitting a request to view their exam/assignment.

If you would like to discuss your grade, please book an appointment and bring with you supporting evidence to demonstrate why a different grade may be appropriate. It might be helpful to write out some notes, describing how you met the criteria in the assignment/marking guide.

Required Readings and Videos

As posted in course schedule and on Canvas prior to class.

Instructions on preparation for class will be posted on a Weekly Canvas Page. It is imperative you watch the videos and do the readings before class so that we can get right to work in class.

Basic Technology Needs

A computer, laptop or tablet sufficiently equipped to work with all of the course technology (NOTE: at present, Chromebooks are not able to run some programs)

A camera on your laptop or tablet that allows you to be video broadcast.

High-speed Internet connection. Dialup or cellular connections are not recommended due to the high bandwidth requirements of some course technology

A modern web browser such as Chrome, Firefox, or Safari (*at present, Chrome seems to work most reliably with the applications being used in the Nursing Program*)

An active email account that you will use for course correspondence]

NOTE: if you do not have access to the resources needed to successfully engage in this course, please connect with the Assistant Director,

Basic Course Expectations

Plan to spend about 8-10 hours per week doing mindful work on the course

Start early and work at a moderate pace on all course assignments

Check your email daily.

Check Canvas daily for class preparation.

Maintain a positive, professional attitude, especially in email and discussion board interactions.

Remember that it's often hard to "read" the tone of another person through online communication. Ask questions about anything you don't fully understand

Course Schedule

Topic:	Readings:
<p>Global Health Introduction to the course Review of global health principles Moving to a critical lens</p>	<p>Wilson, L., Mendes, I. A. C., Klopner, H., Catrambone, C., Al-Maaitah, R., Norton, M. E., & Hill, M. (2016). 'Global health' and 'global nursing': Proposed definitions from the global advisory panel on the future of nursing. <i>Journal of Advanced Nursing</i>, 72(7), 1529-1540. doi:10.1111/jan.12973.</p> <p>McGregor, S. (2001). Neoliberalism and health care. <i>International Journal of Consumer Studies</i>, 25(2), 82-89.</p>
<p>Global Health Ethics Privilege and Allyship The ethics of professional practice and global citizenship – the politics of representation and ethical conduct in global health nursing. Moral distress, professional boundaries, reflective practice, emotional resilience, ethical fitness and personal safety in the context of global health nursing practice</p>	<p>Bauer, I. (2017). More harm than good? The questionable ethics of medical volunteering and international student placements. <i>Tropical diseases, travel medicine and vaccines</i>, 3(1), 5. https://tdtmvjjournal.biomedcentral.com/articles/10.1186/s40794-017-0048-y</p> <p>Underwood, M., Gleeson, J., Konnert, C., Wong, K., & Valerio, B. (2016). Global host partner perspectives: Utilizing a conceptual model to strengthen collaboration with host partners for international nursing student placements. <i>Public Health Nursing</i>, 33(4), 351-359. doi:10.1111/phn.12258</p> <p>Melby, M., Loh, L., Evert, J., Prater, C., Lin, H., & Khan, O. (2016). Beyond medical "missions" to impact-driven short-term experiences in global health (STEGHs): Ethical principles to optimize community benefit and learner experience. <i>Academic Medicine</i>, 91(5), 633-638. doi:10.1097/ACM.0000000000001009</p>
<p>Principles of Global Health Research Guest Lecturer: Dr. Katrina Plamondon The politics of representation and ethical conduct in global health nursing</p>	<p>Plamondon, K., Walters, D., Campbell, S. and Hatfield, J. (2017) Promoting equitable global health research: A policy analysis of the Canadian funding landscape. <i>Health Research Policy & Systems</i>. 15 (72), 1–14.</p>

	<p>Plamondon, K. & Bisung, E. (2019). The CCGHR principles for global health research: Centering equity in research, knowledge translation, and practice, <i>Social Science & Medicine</i>, 239, 112530, ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2019.112530.</p> <p>Canadian Coalition for Global Health Research. (2015, November). CCGHS principles for global health research. Retrieved from: https://www.ccgghr.ca/wp-content/uploads/2015/10/CCGHR-Principles-for-GHR-FINAL.pdf</p> <p>Canadian Coalition for Global Health Research. One Pager Principles. Retrieved from: https://www.ccgghr.ca/wp-content/uploads/2015/10/OnePager_Principles-UPDATED.pdf</p> <p>Canadian Coalition for Global Health Research. Joint CCGHR-CSIH statement on defeating Covid-10 calls for global solidarity, not a vaccine power play. Retrieved from: https://www.ccgghr.ca/joint-ccgghr-csih-statement-call-action-defeating-covid-19-calls-global-solidarity-vaccine-power-play/</p>
<p>Community Self-Determination Humanitarian aid, community development and community self-determination</p> <p>The impacts of colonization</p>	<p>Riddell, R. C. (2009). Chapter 3. Does foreign aid work? Doing good or doing better, pp. 47 - 70. <i>Scientific Council for Government Policy</i>. Amsterdam University Press. Retrieved October 11, 2019 from https://www.oapen.org/download?type=document&docid=340016#page=48</p> <p>Caxaj, C. S., Berman, H., Varcoe, C., Ray, S. L., & Restoule, J. P. (2014). Gold mining on Mayan-Mam territory: Social unravelling, discord and distress in the Western highlands of Guatemala. <i>Social Science & Medicine</i>, 111, 50-57. Retrieved online October 11, 2019 from: https://www.sciencedirect.com/science/article/pii/S0277953614002159</p> <p>McKenzie, H. A., Varcoe, C., Browne, A. J., & Day, L. (2016). Disrupting the continuities among residential schools, the sixties scoop, and child welfare: an analysis of colonial and neocolonial</p>

<p>Postcolonial Health Threats Post-colonial political influences on global health</p>	<p>discourses. <i>The International Indigenous Policy Journal</i>, 7(2), 4. https://ojs.lib.uwo.ca/index.php/iipj/article/view/7489/6133</p>
<p>Global Health Care Systems Healthcare system priorities and strategies in resource constrained countries, regions and environment.</p> <p>International Global Health Agencies The roles of Canada, Global Health Initiatives, Non-Governmental Organizations and Non-Profit Foundations and the United Nations in global health.</p>	<p>Review Ridell, 2009 (Week 2)</p> <p>Hoebink, P. R. J. (2009).Chapter 5. Stagnation in Africa: Disentangling figures, facts and fiction, 107 - 125. Scientific Council for Government Policy. Amsterdam University Press. Retrieved August 1, 2018 from https://www.oapen.org/download?type=document&docid=340016#page=48</p> <p>Mouallem, O. 2018. What is Canada like for a refugee? <i>The Guardian</i>. Retrieved October 11th, 2019 from: https://www.theguardian.com/world/2018/may/13/what-is-canada-like-for-a-refugee</p> <p>What Types of Organizations are working on global health? Retrieved October 14 2020 from: https://www.albany.edu/globalhealth/organizations-working-global-health</p> <p>This is an American website. What are the Canadian equivalents?</p> <p>Explore and familiarize yourself with the Global Burden of Disease website: http://www.healthdata.org/gbd</p> <p>(We will be working with this website in class)</p>

<p>Global Communicable Diseases The epidemiology, pathophysiology, assessment and management of common communicable illnesses in resource-constrained regions, countries and environment.</p> <p>The Ebola Virus in West Africa</p> <p>Covid-19</p>	<p>Caeiro, J. P., & Garzón, M. I. (2018). Controlling infectious disease outbreaks in low-income and middle-income countries. <i>Current Treatment Options in Infectious Diseases</i>, 10(1), 55-64. doi:10.1007/s40506-018-0154-z</p> <p>Kiser, E. (2017). Fighting ebola in Sierra Leone. <i>Nursing</i>, 47(6), 49-52.</p> <p>Sanders, D., Sengupta, A., & Scott, V. (2015). Ebola epidemic exposes the pathology of the global economic and political system. <i>International Journal of Health Services</i>, 45(4), 643-656. doi:10.1177/0020731415606554</p>
Independent learning day to work on Case Studies	
Midterm On Canvas in class time 2 hours	
Maternal/Paternal Child Health Sexual Reproductive Health	<p>Say, L., Chou, D., Gemmill, A., Tunçalp, Ö., Moller, A. B., Daniels, J., ... & Alkema, L. (2014). Global causes of maternal death: a WHO systematic analysis. <i>The Lancet Global Health</i>, 2(6), e323-e333. https://www.sciencedirect.com/science/article/pii/S2214109X1470227X</p> <p>Cohen, A., & Caxaj, S. (2018). Bodies and borders: migrant women farmworkers and the struggle for sexual and reproductive justice in British Columbia, Canada. <i>Alternate Routes: A Journal of Critical Social Research</i>, 29. http://www.alternateroutes.ca/index.php/ar/article/view/File/22448/18242</p> <p>Hankivsky, O. (2012). Women's health, men's health, and gender and health: Implications of intersectionality. <i>Social science & medicine</i>, 74(11), 1712-1720.</p>

<p>Environmental Justice and Health Links between poverty, environmental health and human health in resource-constrained regions, countries and environment.</p> <p>Freshwater Health, Climate Change and Environmental Advocacy in North America</p> <p>Indigenous Food Systems in a North American Context</p>	<p>Jones, R., Bennett, H., Keating, G., & Blaiklock, A. (2014). Climate change and the right to health for Māori in Aotearoa/New Zealand. <i>Health and Human Rights Journal</i>, 16(1), 54-68. https://researchspace.auckland.ac.nz/bitstream/handle/2292/22350/Jones_CC%20and%20right%20to%20health%20for%20M%C4%81ori_HHR_June%202014withcoversheet.pdf?sequence=6</p> <p>Levy, B. S., & Patz, J. A. (2015). Climate change, human rights, and social justice. <i>Annals of global health</i>, 81(3), 310-322.</p> <p>Grey, S., & Patel, R. (2015). Food sovereignty as decolonization: Some contributions from Indigenous movements to food system and development politics. <i>Agriculture and Human Values</i>, 32(3), 431-444. https://link.springer.com/article/10.1007/s10460-014-9548-9</p>
<p>Beginnings and Endings What is your commitment?</p> <p><i>Case Study Presentations and Knowledge Exchange (4 groups)</i></p>	<p>Beavis, A., Hojjati, A., Kassam, A., Choudhury, D., Fraser, M., Masching, R., & Nixon, S. (2015). What all students in healthcare training programs should learn to increase health equity: Perspectives on postcolonialism and the health of aboriginal peoples in Canada. <i>BMC Medical Education</i>, 15(1), 155. doi:10.1186/s12909-015-0442-y</p>
<p><i>Case Study Presentations and Knowledge Exchange of Remaining Groups</i> <i>Written portions must be uploaded to Canvas by 0900</i></p>	
<p><i>Statement of Responsibility Due</i></p>	

Assignments
Case Study Praxis
Instructions

In self-selected groups of 4, sign up to work on one of the news articles listed here:

https://docs.google.com/document/d/1TgwAxv1_RSQo6EcBLfTuNchecGIHfOdpK9nXTdeA5U/edit?usp=sharing

Then, work through the questions below, reviewing relevant scholarly literature to ensure a deeper understanding of the issues.

Use the Independent Learning day Nov 9th to develop a first draft with your group and create a work plan to finish any remaining aspects of the assignment. There are rooms for you to meet in Collaborate Ultra at anytime.

You will present your work to the class, focusing on questions 3, 4 and 5.

Four groups will present November 25th, with the remaining on November 30th.

Creativity with your presentation is encouraged.

On Tuesday November 30th, you will submit answers to all the questions via Canvas by 0900. All references are to be cited using APA format.

Questions

What is the problem or issue? (200 words)

What are the key concerns/problems/experiences?

What health issues are relevant to this situation?

Who is involved? (200 words)

Who is in a position of power or influence?

Who is in a position of vulnerability or risk?

Who is or could play a role in addressing the issue?

Who is or could play a role in exacerbating the issue?

What is the context? (600 words)

What political and historical factors/events shape the problem/issue?

What economic issues or factors shape the problem/issue?

What environmental issues or factors shape the problem/issue?

What other issues or factors shape the problem/issue?

What provincial agencies could or should be involved? What role are they playing?

What federal agencies could or should be involved? What role are they playing?

How does this situation compare to similar situations in other regions? If the issue is happening within Canada, compare it to a similar issue in a different country. If the issue is happening outside of Canada, compare it to the Canadian context.

What is your social position? (500 words)

What aspects of the situation are relatable, or alternatively, unfamiliar to you?

What experiences do you have that are similar or dissimilar from what the population discussed is experiencing?

In what ways might you be in a position of privilege or advantage specific to this issue?

How might you be disadvantaged or affected by this situation?

How might you be complicit, or passively benefiting from this situation?

If you were a nurse, working on this issue, what strategies could you employ? (500 words)

How would you build reciprocal partnerships by those who are affected? How will you avoid paternalism or a 'top down' approach?

How would you ensure that you are offering help/services/resources that are relevant to those who are affected?

How can you ensure that you are highlighting the strengths of the community you are working with?

How will you make sure that your work is effective and truly makes a difference?

Rubric for Case Study Praxis

Criteria	Poor	Fair	Good	Excellent
Comprehensiveness & Scholarship 30%	Roughly 0 - 60% of criteria for excellence achieved (0 - 18)	Roughly 60 - 75% of criteria for excellence achieved (19 - 22)	Roughly 75 - 85% of criteria for excellence achieved (23 - 26)	(27 - 30) Excellent use of primary resources, including research and academic sources Appropriate use of grey literature Outstanding <i>scope</i> of the key actors & context Outstanding <i>depth</i> and exploration of contexts and actors Outstanding linkages to nursing and health All aspects of the assignment are submitted
Insight & Creativity 25%	Roughly 0 - 60% of criteria for excellence achieved (0 - 15)	Roughly 60 - 75% of criteria for excellence achieved (16 - 19)	Roughly 75 - 85% of criteria for excellence achieved (20-22)	(23 - 25) Great attention to complexity of situation reflected in answers Strong analysis and identification of equity issues Strategies developed are intuitive, relevant and compelling
Reflective Engagement 25%	Roughly 0 - 60% of criteria for excellence achieved (0 - 15)	Roughly 60 - 75% of criteria for excellence achieved (16 - 19)	Roughly 75 - 85% of criteria for excellence achieved (20 - 22)	(23 - 25) Strong attention to cultural humility and curiosity reflected in answers Outstanding attention to students' own personal values, backgrounds and positions and positions of power Outstanding consideration to potential risks and vulnerabilities and mechanisms to mitigate
Editorial Style 5%	0 - 60% of criteria for excellence achieved (0 - 2)	60 - 75% of criteria for excellence achieved (3)	76 - 85% of criteria for excellence achieved (4)	(5) Writing is easy to follow, concise, and closely sticks to the maximum word limit Grammar, spelling and APA referencing are outstanding Writing commands interest in the topic (i.e. is compelling)
Presentation style	0 - 60% of criteria for	60 - 75% of criteria	Roughly 75 - 85% of	(14-15)

15%	excellence achieved (0 - 9)	for excellence achieved (10 - 11)	criteria for excellence achieved (12-13)	Presentation makes strong use of visual aids Presentation includes 1 interactive activity that keeps class engaged Presenters stick to 10 minute maximum Each presenter is actively involved Each presenter shows a strong command of the issue/topic
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Evidence-Based Student Global Health Statement of Responsibility – December 4th

Instructions

Students will use the template to answer all aspects of the assignment under 4 domains (personal narrative, cultural safety & humility, personal fitness & professional accountability, advocacy and social justice)

Certain answers will require careful reflection by the student, others will require a combination of reflection and knowledge gained from published literature

The assignment is to be submitted December 4th by 0900 via Canvas

Word maximum: 1,500 words

Evidence-Based Student Global Health Statement of Responsibility Template

Personal Narrative (200 words)

What is your own personal background?

What is your story, or your position as a global citizen of the world?

(e.g. How did you grow up? What key life experiences shape who you are? What key lessons have you learned about the world? When did you first learn about health equity?)

What motivates you to pursue global health nursing?

What values do you hold? What perspectives do you bring? How do these things both help and hinder your knowledge and understanding of global health issues?

What is still new to you? What do you need to spend more time thinking about when it comes to global health?

Cultural Safety and Humility (400 words)

What are some common pitfalls or challenges that clinicians from Canada face when providing care to populations in poor countries or marginalized positions?

How might you have to confront some of those challenges yourself?

What strategies could you use to mitigate or think through some of these challenges?

What strategies do researchers and clinicians recommend to demonstrate cultural safety and humility in practice?

Reflecting on these strategies (from question 4), please identify one short-term (in the next month) and one long-term goal for your practice:

Short-term goal:

Long-term goal:

Personal Fitness & Professional Accountability (400 words)

What knowledge, training, or experience do you need to seek in order to become a proficient global health clinician?

What interpersonal challenges are identified in the literature as being difficult to navigate when providing care abroad? What strategies can be used to maintain the highest level of professionalism?

When practicing in a distant or unfamiliar environment, how will you keep yourself psychologically and physically safe?

Advocacy and Social Justice (500 words)

What are some key health equity issues and social determinants of health that you have learned about in this class? What do they teach you about your responsibilities as a nurse and global citizen?

What strategies or approaches are suggested in the literature for nurses/clinicians to be effective advocates and work towards social justice with populations that they serve?

Reflecting on these strategies, please elaborate on the following statements:

A barrier to me being an effective advocate for health equity and social justice is . . .

A strategy to overcome this barrier is . . .

A dream I have when it comes to health equity and social justice is . . .

I can contribute to this dream by . . .

Evidence-Based Student Global Health Statement of Responsibility - Evaluative Criteria

Comprehensiveness & Scholarship - 50%

Excellent use of primary resources, including research and academic sources

Appropriate use of grey literature

Outstanding breadth and knowledge of key principles and concepts demonstrated in answers

Outstanding synthesis of advanced nursing and global health knowledge to inform proposed strategies and approaches

Thoughtful and complete answers that encompass the complexity of global health environments

Insight & Transparency - 40%

Outstanding engagement in personal values, background and perspectives

Excellent use of creativity, reflection and synthesis of scholarly ideas to develop novel and compelling answers

A great deal of sincerity, humility and curiosity is articulated through reflection and strategy development

Writing Style - 10%

Writing is easy to follow, concise and closely sticks to the maximum word limit

Grammar, spelling and APA referencing are outstanding

Writing commands interest in the topic (i.e. is compelling)

Although satisfactory academic performance is a prerequisite for advancement, it is not the sole criterion in considering the suitability of a student for promotion or graduation. The School of Nursing reserves the right to require a student to withdraw from the School if he or she is considered to be unsuited to proceed with the study or practice of nursing. Refer to the regulation on [Suitability for the Study or Practice of Nursing](#)

All students are expected to recognize their limitations, be responsible for ensuring continued competence and demonstrate behaviours consistent with life-long learning. Nursing skills are multifaceted and include skills beyond the psychomotor skill (involving body movement and dexterity): nursing skills include the cognitive, professional skills, ethical, and relational skills. Students are expected to act in conformity with the BC College of Registered Nurses (BCCNP) [nursing standards](#).

Students are expected to adhere to the [Canadian Nursing Association \(CNA\) Code of Ethics](#) at all times.