

## Experiences with an EU/Canada Public Health project: an overview

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## **Abstract**

Health Care Professionals are challenged by the increasing complexity of their own health care delivery systems and by growing inter-connectivity of the health care system worldwide. The role and the scope of health care practice within each country are often unclear, which can result in inappropriate role assumptions and differing levels of education and/or experience. Consequently qualifications and roles are often misunderstood by health care professionals in other countries, despite the increasing call for practice across boundaries in times of disaster, during international travel, and due to immigration and relocation. Subsequently, the partner institutions of this international project, offering health-related programs and international activities, were committed to a partnership that would increase work experiences abroad, student mobility and multicultural awareness, and aid the development of joint training modules in collaboration with partners in health care organizations. Participating faculty describe the process, challenges, and keys to success found in creating and living this international project. Students involved in the exchange process among seven partner schools in five countries evaluate the learning opportunities and challenges, and the joy of coming together as newfound colleagues and friends.

## **Introduction**

Inequities in access to health care for rural communities is a grant funded project through the Canada European Program for Cooperation in Higher Education and Training. It represents an international collaboration among seven school of nursing located in Canada and Europe: The University of Prince Edward Island, Canada; Université de Moncton, Moncton, New Brunswick, Canada; Mount Royal College, Calgary, Alberta, Canada; Bournemouth University, Bournemouth, England; Savonia University of Applied Sciences, Kuopio, Finland; Uppsala University, Uppsala, Sweden; and Tallinn Health College, Tallinn, Estonia. This article shares the experience of faculty working together to design and implement a unique exchange program, and the student evaluations of their experiences as they are challenged to erase boundaries and embrace nursing across countries.

### **Project Background**

Health Care Professionals are challenged by the increasing complexity of their own health care delivery system and by growing inter-connectivity of this health care system worldwide. The role and the scope of health care practice within each country are often unclear, which can result in inappropriate role assumptions and differing levels of education and/or experience (O., Brien-Pallas and Bauman, 1992; Rafferty, 2002). Consequently qualifications and roles are often misunderstood by health care professionals in other countries, despite the increasing call for practice across boundaries in times of disaster, during international travel, and due to immigration and relocation (Najera & Moriel, 1996).

The need for culturally competent nursing care services amidst increasing population diversity has intensified the call to increase cultural competence among health care professionals to more closely reflect the demographic changes in the world (Pacquiao, 2007). Pioneering research by Leininger and McFarland (2006) has emphasized the discovery of cultural care values, beliefs, and practices of diverse cultures across continents. The importance of understanding cultures in nursing has evolved as a discipline dedicated to developing a body of cultural knowledge and practices. Leininger (1991) argues that such an understanding of cultural values and beliefs be emphasized as the foundation for culturally-congruent care - care that is meaningful to people and which supports the lifeways of people.

The world is culturally diverse. Therefore, the need for education in cultural competence is universal for all

nurses, regardless of their own personal background. To fit with the global environment, the partner institutions of higher education offering health-related programs and involved in international activities were committed to a partnership that would increase work experiences abroad, student mobility and multicultural awareness, and aid in the enhancement of joint training modules in collaboration with partners in health care organizations. Such cross-cultural competence training increases empathy for cultural differences and enhances teamwork and organizational support for diverse program development (PacQUIAO, 2007).

Cultural learning does not occur in a vacuum. Campinha-Bacote (2005) has argued the significance of cultural encounters in cultural competence development. It is through cultural encounters and exchange that learning moves from awareness to proficiency. Contact with diverse groups allows for dismantling of stereotypes, practice in intercultural communication, and development of skills in cross-cultural relationships (PacQUIAO, 2007).

As with similar exchange programs, project partners are each currently providing a multidimensional program in which nursing students and faculty are exploring the role of the Public Health Nurse within each country's health rural care system and working to grow in multicultural awareness and specific health care beliefs and values held by people from each country (Kuehn, et al. 2005). A growing need has developed to investigate the health benefits of cultural competence in health care delivery of diverse populations in rural settings (Siantz and Meleis, 2007). Rural communities have higher rates of chronic illness and disability and poorer overall health status than urban communities. As well, rural residents tend to be older and poorer than their urban counterparts. Beneficial outcomes from this exchange program were expected, both medium and long term, for the partnering institutions, students, and the greater health communities.

### **Objectives of the Project**

The main objectives of this international project were to foster student exchanges in the areas of rural health care, to establish a network of scholars and practicing health care professionals working toward the enhancement of joint curricula, and to promote increased cooperation and exchange of ideas among the partner communities. In doing so the transcultural project would add value through the establishment of a program of student exchanges among the countries of the consortium highlighting the development of the cultural, linguistic, and academic skills of the students. Such exchanges enhance] the sharing of information concerning the methods and techniques of

education across different continents thus increasing] the quality of the academic development of the students and the transfer of knowledge and skills. The students' exchanges [also create] an academic environment of collaboration which has the potential to improve relations among various cultural groups and health care services

### **Logistics**

The original plan was that between October 2004 and September 2007, 24 European and 40 Canadian nursing students would undertake an exchange visit for approximately 12 weeks. In actuality, only 35 Canadian students went to Europe; this was partly because the Canadian faculty found that the cost of living had increased in both Finland and Sweden, necessitating a comparative increase in the stipend provided for students to compensate for this. The exchanges took place fairly evenly across years two and three of the project, taking into account the most appropriate point for an international experience in each individual school's curriculum. On a transatlantic basis, each institution therefore received and sent students to each other university, thus ensuring fair and even distribution.

### **Preparation for the exchange**

In order to effectively prepare for the student exchanges, the faculty members of the group agreed to organize visits to each other's campus during March of 2005. This enabled staff to have a first-hand view of the geography of the area and the campus facilities available to support students. Attempts were also made to visit potential clinical areas, but this was not always feasible due to their rural nature. For the faculty themselves this was an opportunity to get to know each other on home territory and to get a feel for cultural differences both in relation to everyday life and to the Nursing programs.

It was agreed that a dedicated website using Blackboard software would be set up to support both staff and student exchanges. This would provide a depository for documents related to the project; particularly, it would provide students with information about the country they would visit and include health services in that country. It also provided guidelines to the assignment for the project and resources that could be used to support this. Faculty members posted information about themselves, but most importantly it provided a discussion board where both staff and students could ask questions, provide information, and particularly for the students, could get to know each other before the exchanges began. This forum developed only slowly but by the end of the first year had generated some

academic discussion in relation to the meaning of Public Health and also provided a facility for sharing project documentation.

Each Institution also had to identify appropriate settings for student practice. Bearing in mind the focus on rural health and the potential for limited access to health facilities in such areas, this task was not always easy. The Canadian government's focus on the needs of the Aboriginal population was certainly a factor in the discussion about placement on the Canadian side. In the European countries participating, there are few aboriginal communities; however, access for people in rural communities is certainly a feature even in the crowded UK.

Although language differences were potentially a problem, especially for Canadians going to Sweden, Finland and Estonia, in practice this challenge was not seen as insurmountable. All three universities offer language courses although these were not always available at appropriate times. All three also have glossaries and/or CDs with important words, phrases, and pronunciations available. In Finland, both the language course and a separate orientation course which includes cultural issues are credited. Tallin also provides a joint language and orientation course run by the International Office. The students from Moncton were bilingual; although French was their language of choice, they had no greater problem in Europe than other students from Canada. It was anticipated that Estonian students would have the greatest language problems as their history has restricted their exposure to the English language.

### **Assignments**

The Ottawa Charter published in 1986 'legitimised the vision of health promotion by clarifying its key concepts, highlighting the conditions and resources required for health, and identifying key actions and basic strategies to pursue the WHO policy of 'health for all' (Catford 2007,p.6) This was the focus for the student assignment to be completed at the end of the international experience. Students were advised to select one of the five areas identified in the Ottawa Charter and were given guidelines as to how to approach them. It was suggested that they make their choice before they leave their home institution so that their practice experience could be arranged to allow them to focus on this area.

Critical Incident Analysis was also used as a method of capturing the students' learning while overseas. Critical incident technique was first described in 1954 and has since been successfully used in a number of

disciplines to investigate aspects of practice and to evaluate performance. Students were asked to identify and record 'significant incidents which have either provoked admiration, anxiety or disapproval.' (Rich and Parker 1995, p.1053) They were advised to do an analysis on three specific occasions, reflecting clearly in their text the significance of the event in relation to their learning. Critical incidents which students did use ranged from considering differences in nursing culture and practice to experience on a health promotion project. As might be expected, students from Estonia found the cultural differences in Canada significant in relation to healthy living. They commented on the fact that people walked very little and consumed large quantities of 'fast foods'.

From the early days of the project it was clear that the understanding of terminology related to Public Health, primary care, and public health nursing was different in each participating country. This difference became a focus for faculty discussion on-line. In considering similarities and differences this discussion was to lead in due course to a scholarly paper on these comparative issues.

### **Project Evaluation Methods**

A number of methods were used to discover the effectiveness of the student exchanges in achieving the goals of the project. The Canadian government provides a Survey tool for use both before and after an exchange. This was modified to suit the needs of this particular project so that the outcomes of the clinical experience within the exchange could be captured. This tool was also used to gather information regarding the role of nurses in improving the health of the communities in which they worked with particular emphasis on activities in rural communities. Students were also required to comment on whether or not the nurses focused their work on the reduction of inequalities in access to health care.

The project team felt it was important to identify the positive and negative views of the students with regard to the process of the exchange. Most faculty supporting students on the exchange took time for face-to-face discussions with their students on return to elicit any further information or to clarify points from the written evaluations. These meetings were designed to give the students a number of headings on which to focus their thoughts. The following provides an analysis of these.

### **Pre-visit preparation**

On reflection, most students felt that their preparation for the exchange was good. It covered both the practicalities of the experience and the expectations in relation to the project and its emphasis on public health. There was also an emphasis by some colleges on the transcultural aspects of the project, an emphasis which was appreciated by the students. It is interesting that the students themselves remarked much more on this aspect of the project than perhaps faculty had prepared them for. Despite the lack of clear focus on cultural difference in the preparation period, evidence of its impact emerged from many of the students' reports and reflections on their experiences.

There was some disparity in expectations despite previous discussion between project partners. The Canadian faculty saw this exchange as an addition to the students' course program and expected them on the whole to continue to achieve outcomes related to their in-house programs while overseas. However, overseas experience of itself is demanding on the individual student in terms of cultural readjustment. Students did achieve faculty expectations, but in doing so they sometimes lost sight of the real reason for their being in another country. These expectations, related to the in-house programmes, were not obvious in early staff discussions and were based on assumptions of staff which perhaps were not adequately shared. This point is made by Koskinen and Tossavainen (2004, p.118), who similarly found that there was a need to increase cross-cultural dialogue between teachers in participating schools to improve the students' transition from one culture to another. They suggest long teacher exchange periods to facilitate the students' transitions, a factor not built into this project.

There were some situations in which the details of the exchange were not made apparent to the students until quite near their departure dates, which caused them some concern. Students appreciated the importance of good preparation to maximize the outcome of the project.

“The preparation is what will help students find value and purpose in the exchange. Culturally sensitive and clear communication is essential to the preparation period.”

*Calgary student in the UK*

The attitude of the tutors at the home institution also influenced the students:



“Their excitement almost provided reassurance that where we were going and what we will be doing was going to be amazing and allowed me to put my worries aside and enjoy the preparation phase of the experience and also the whole experience itself.”

*UPEI student in Finland*

Some students remarked that it was difficult to anticipate what they needed to know. It was not uncommon for students to attend general preparation study days for students who were going on overseas experience but without the opportunity to have the specific information about the country and culture that they were about to visit. One Canadian school experienced difficulty in that the teacher arranging the exchange was appointed very close to the time of the students' departure and had little knowledge of the students' destination.

### **Orientation week**

It was planned that all students on arrival had some structured orientation program. The length of this program varied from a few days to a week. It was usually based on the host university's strategy for the reception of exchange students.

The general view was that this week was necessary and a positive experience although each institution approached it differently. Two students felt it was too long but most felt it was time well spent.

“I feel that this is an essential week for students to familiarize themselves with their surroundings, and also to overcome jetlag.”

*UPEI student in Finland*

During the orientation program, students became familiar with their new environment, the people who would be important to them, and the practicalities of living in another country. In particular, the Swedish school offered a student buddy system, which was much appreciated. In Uppsala, there was also an opportunity to participate in a student dinner. This personal touch was often mentioned. The invitation to visit families and join in everyday activities with their hosts was particularly appreciated.

“The orientation week was a great way to meet other students. I would not have wanted it any other way and I really enjoyed the dinner.”

*Calgary student in Sweden*

Finding one’s way around a new city and learning to cope with a new transport system is often stressful. It is important for the receiving institution to anticipate these priority needs but balance the information given to prevent overload.

### **Accommodation**

Most students were housed in student accommodation on campus. This arrangement worked well, and there was good access to all facilities and placements. The quality of this accommodation varied from place to place, but students mainly had their own rooms and bathrooms. The Finnish students enjoyed having the students for company in the residences, including the corridor meetings, but Canadian students in Finland found the lack of furniture a concern.

In the UK, after the first orientation week where they were in NHS staff residences, students were housed with families. The family accommodation worked well. The only problem was internet access, which was not always available in the house. However, other aspects compensated for this difficulty.

“The accommodations in the family were great, super awesome!!! Couldn’t have asked for more. The people were so welcoming and kind. It was really nice because they were local and could guide us around.”

*Moncton student in the UK*

Some student residences, particularly in the UK, were not well looked after by local students and this sometimes caused stress to the visiting students. The UK NHS residences were more backward than residences in other countries in providing internet access. Immediate access to families at home is of paramount importance to arriving students and mobile phones do not always immediately work.

Details of living procedures are also important and where overseas students had perhaps not previously been accommodated, staff did not always see the problems from the students’ perspective, possibly making

assumptions which were unrealistic. Some Finnish students' experience in a residence at UPEI is a case in point, where the billing for rooms and food became problematical. Their summary statement reads:

“Accommodation in the receiving Institution should be arranged so that it does not cause any additional stress to the exchange students as it did to us.”

### **Clinical Experience**

Both in Europe and Canada, clinical experience was varied and students appreciated the many opportunities available. There is a need for balance between variety and familiarity, but on the whole, this balance seems to have been achieved. Students sometimes found it difficult to be observers rather than to give hands-on care, which was not always possible.

Canadian students in Finland and Sweden made mention of the language differences, but nowhere was this an insurmountable problem. Student preceptors provided translations where clients spoke only the local language. Canadian students commented on the ‘outstanding’ English of the health care professionals, particularly in Sweden. Finnish students found that the experience in Canada improved their English skills.

Finnish students particularly mentioned their experience with aboriginal children and found this “truly served the purpose of the exchange.”

“This placement was a really fine opportunity to get to know a unique and interesting culture.”

*Finnish student in Calgary.*

Canadian students in the UK made several comments regarding the flexibility of their clinical hosts and their response to suggestions in order for the student to get the most from the experience.

“The people making the schedule were very accommodating and flexible, always trying to place us according to our interests.”

*UPEI student in the UK*

There was difficulty at times in getting a balance right between having a range of different experiences and becoming familiar with a service. Most students appreciated variety, and as they commented, they “assumed that the purpose of the project was not to be able to work as an RN at the end of the project.”

Of course, expectations and reality are sometimes not easy to reconcile and communication between all those involved is important in maximizing the outcome of opportunities available.

### **Use of Blackboard**

A dedicated system was set up for the project using Blackboard software. It included a repository for project documentation, links to electronic sources of information about the countries involved in the project, information about faculty supporting the project, and a Discussion Board. This last item was used variously by both students and faculty. Students were encouraged to post information about themselves and their expectations of the exchange. Faculty from the receiving institution responded to these comments. It was also used by some students to discuss their experiences and this aspect has proved quite a rich source of information. There is a sense that more could have been made of this tool to capture student reflections but perhaps its significance was not sufficiently raised by all the participating institutions.

There were mixed feelings regarding its efficacy. One student found it difficult to understand, but others had no such problems. Those who used it found it good to exchange news with other students, but there was criticism about the lack of clear instructions for its use. Using it took second place to writing other assignments.

### **Faculty outcomes**

Through meeting and working together, members of faculty on both sides of the Atlantic came to an understanding of similarities and differences between each other, both in terms of culture of nursing practice and of education. Cultural difference was also clear in our ways of being and in our everyday living. We worked through differences in order to provide, what for the students has been, a memorable experience.

There were also positive outcomes, some of which have been achieved, and others which are still in the making. During the project, it came to our attention that the International Union for Health Promotion and Education was holding its 19<sup>th</sup> conference in Vancouver in the third year of the project. The theme of the conference was to be the Ottawa Charter and each day plenary sessions were organized around the action strategies of the Charter. Project

partners agreed that their participation was vital, not just because there was an opportunity to consider the Charter 21 years on, but also because we would have the opportunity to present the project to a world-wide audience of like-minded scholars. The project team was fortunate to have two papers accepted for presentation. One featured the Critical incident analysis from the student submissions and the other provided an overview of the project itself. Both were well received.

It was the intention from the start to consider how the student experience might influence curriculum development in our institutions. This was particularly fruitful in Savonia, where two new courses have been developed. These are an Individual Health Promotion course and a Community Health Promotion course. Two further courses have been influenced both in theory and practice by the exchange program. In Tallin, a new unit on Health Promotion and Education has been developed and a new Health Promotion course at the Bachelors level is due to start receiving students this academic year. Uppsala has added Critical Incident Reflections to their exchange student program, based on the importance of the evidence they provided during the project. Teaching and learning strategies have also been influenced by the project. Finally, Bournemouth University has put in a bid for Erasmus Mundus funding and is at present awaiting the outcome.

It was further agreed that the project team should publish the outcomes under four separate headings to deal with the major issues of the project. The first was this paper which considers an overview of the project as a whole; another will consider an analysis of the critical incidents submitted by the students, in particular to consider how their participation in the project may have changed them. A third will analyze the student assignments to show how students used the areas of the Ottawa charter to consider both inequities and rural issues, while the final paper will consider the meaning of Public Health. This paper will debate the question of how global issues of public health can be addressed when the countries involved mean different things when they talk about the term.

### **Final thoughts**

A Canadian student in Sweden describes the experience as “culturally enriching” and one which made a huge difference to both her professional and personal life. Although she comments that she did have opportunities to see how nurses focused their practice on reducing health inequalities and inequalities in access to health care, the overwhelming feeling from reading her comments is the personal growth which the experience afforded and that that

growth was linked quite clearly to a greater understanding of the new culture in which she was living. She states, “The cultural experience has made me more perceptive and has given me the opportunity to conform to the current societal norms in order to function as a temporary member of Swedish society.”

This ability to develop cultural sensitivity as a consequence of international experience is confirmed by many authors. Ruddock and Turner (2007, p.361) report this finding in a study which explored the concept with a group of returning students from a Danish Nursing School who had been to many different parts of the world. A study by Zorn in 1996 (p.109) looked at the longer term impact of such an experience and found its strongest impact was on a personal international perspective and on the individual’s growth and development. It was clear that the longer the experience, the greater the impact, a point made by Garvey (2005, p.24 in Macauliffe and Cohen), who states that “immersion in another culture for at least three months is the most effective means of obtaining an education. The majority of students on this project stayed at least three months in the host country, thus maximizing the impact of the experience. It would be good to replicate the Zorn study with the students who participated in this study at a later date.

The overall view of the project is positive. Students found the experience to be one which they were unlikely to forget and which has provided them with experiences which they did not always expect. It is not just in the content of the project and an increased understanding of health care in another country, nor the ways in which care is provided, but also in a broader way, their own personal and professional development has greatly benefited.

One criticism levelled at the project was that in trying to work towards sharing the same views of public health and the way the project should be handled to provide the best experiences, perhaps individual student needs were neglected.

However the positive side of the experience greatly outweighed the negative as the following comments indicate.

“I have made many friends and have been able to share in many health care experiences, which I feel has enriched my knowledge and understanding of cultural diversity.”

*Canadian student in Finland*

“I got to know so many lovely people and also learned so much for my future profession. My self-confidence and my language skill increased. Maybe in the future I shall work abroad.”

*Finnish student in Canada*

However, it is in the intrinsic unexpected outcomes that the greatest benefit would appear to have come. Students from Moncton described the experience as “positive, unique, priceless and unforgettable.” They also indicated that this experience “opened [their] minds to cultural differences that will follow [them] into their future nursing career.” We know that diversity already exists in societies; it is important as expressed by Lee (2004, p.121) that “we find more creative ways of accessing that diversity beyond the classroom.” Ways of building student confidence, development, and growth through the personal challenges involved in international experiences is one way of doing this.

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