Development of a Framework for Successful International Clinical Placements:

A Case Study of Australian Bachelor of Nursing Students Studying Abroad in Asia

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Declaration

I declare that this thesis is my own account of my research, has received all necessary ethics and safety approvals, and does not to the best of my knowledge and belief:

  i.   Incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;

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Caroline Browne

Signed by: 20110246

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Abstract

International clinical placements (ICP) in undergraduate nursing programs are often offered to facilitate the integration of nursing students' knowledge and clinical skills in complex and culturally diverse healthcare settings. This study aimed to better understand how key stakeholders' value and attribute meaning to successful short-term placements undertaken in the Asia region within Australian Bachelor of Nursing programs.

A mixed-methods case study design was used to provide a holistic view of ICPs and incorporated four phases of data collection and analysis. Phase one consisted of a qualitative systematic review, and was completed in late 2014; Phase two was an online mapping survey of higher education providers in Australia (n=18) to collect descriptive data of current ICP practices (conducted August to September 2015); Phase three and four were conducted concurrently and included semi-structured interviews with key stakeholders (university, student, program administrators and local community) (n=19) and a reflective photo journal by the researcher. Six themes spanning the continuum of the ICP experience emerged from interpretive analysis of semi-structured interviews with stakeholders in Phase 3. They included: 'Developing successful placements', 'Preparing for the unknown', 'Putting the focus on learning', 'Recognising difference', and 'Building relationships' to 'Growing from the experience'.

Alongside the findings from the other data collection phases, these themes informed the development of a framework to assist education providers to prepare for and critically evaluate placements. The **I**nternational **Cli**nical **P**lacement **P**lanning and **E**valuation (ICliPPE) framework reflects the multifaceted nature of international clinical placements, through a focus on factors that enhance clinical learning within three pillars that contribute to a successful placement experience: 'Maximising learning', 'Exploring difference' and 'Motivations and Intentions'. The ICliPPE framework, whilst created within the Australian nursing context provides an identifiable structure that can potentially have applicability for all higher education providers wishing to maximise learning opportunities and develop sustainable international clinical placements.

Table of Contents

List of Tables

List of Figures

List of Acronyms

ASEAN	Association of South East Asian Nations
ANMAC	Australian Nursing and Midwifery Accreditation Council
CATSINaM	The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CS-MM	Case Study – Mixed Methods
DFAT	Department of Foreign Affairs and Trade
ICP	International Clinical Placement
IDIS	Intercultural Development Inventory Scale
MMCS	Mixed Methods Case Study
MUHREC	Murdoch University Human Research Ethics Committee
NCAS	National Competency Assessment Schedule
NCNZ	Nursing Council of New Zealand
NMBA	Nursing and Midwifery Board of Australia
UK	United Kingdom
USA	United States of America
WIL	Work Integrated Learning

Operational Definitions

For the purpose of this study the following operational definitions have been used:

Table 1.1   Table of Operational Definitions

Term	Definitions
Asia Region	Will be limited to those countries in South-East Asia (as determined by membership in the Association of South East Asian Nations (ASEAN) as well as India and China
Short Term	A period of four weeks or less spent on clinical placement in the destination country
Undergraduate Nursing Student	Those students completing a Bachelor of Nursing program at an Australian University
Community Participation	Participation by patients, clients, community representatives, community members and citizens, with participation occurring at any or all stages of health care decision making and delivery (Jolley, Lawless & Hurley, 2008)
Culture	Refers to patterned lifeways, values, beliefs, norms, symbols, and practices of individuals, groups, or institutions that are learned, shared and usually transmitted intergenerationally over time (Leininger, 2002 p.83)
Cultural Competence	An ongoing process in which the healthcare provider continuously strives to achieve an ability to work effectively within the cultural context of the client (individual, family, community) (Campinha-Bacote, 2002, p81)
Cultural Safety	The effective nursing practice of a person or family from another culture and is determined by that person or family (Nursing Council of New Zealand, 2005, p4)
Debrief	Facilitator or peer led discussion of events which requires two-way communication between student and teacher. It includes reflection to draw out explanations of events that can produce long-lasting learning and enhance future performance (Cant & Cooper, 2011, p39)
Internationalisation	the incorporation of an international and intercultural dimension into the content of the curriculum as well as the teaching and

Term	Definitions
	learning arrangements and support services of a program of study (Leask, 2009 p.209)
Clinical Facilitator	A clinical facilitator is a nurse who is also a teacher. Clinical facilitators provide education to EN and RN students as part of their practice placements. (Schwartz, 2019, p. 30).

List of Publications

Peer Reviewed Publications

Browne, C.A., Fetherston, C.M., Medigovich, K. (2015) International clinical placements for Australian undergraduate nursing students: A systematic thematic synthesis of the literature. *Nurse Education Today 35(2015)*1028-1036 DOI: 10.1016/j.nedt.2015.05.012

Browne, C.A., & Fetherston, C.M. (2018) How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure, aims and objectives of placements. *Nurse Education Today 66* 1-7 DOI:10.1016/j.nedt.2018.03.023

Conference Presentations

Oral Presentation - **Browne, C**., Fetherston, C., & Williams, A. (2018) Exploring student motivation to undertake clinical placement overseas: a link to achieving successful learning outcomes. 7th International Nurse Education Conference. Banff: Canada, 6-9 May 2018

Oral Presentation - **Browne, C**., Fetherston, C. & Williams, A. (2019) Reflecting on an Image: Photo Diary as a tool for Researcher Reflexivity. 17th Qualitative Methods (QM) Conference. Brisbane, Australia, 1-3 May, 2019

Chapter 1 Introduction

1.1 Background

The increasing emergence of globalisation as an economic, educational and research priority has seen tertiary educational institutions place a greater emphasis on preparing their students to work in multicultural and international settings. This movement has been embraced across disciplines, with business and political facilities leading the field in the integration of globalisation into both study and business models (McElmurry, Misner & Buseh, 2003). The demands of a global market suggest that educational institutions need to produce graduates who are global citizens, with the skills necessary to work in multicultural contexts (Gamble, Patrick & Peach, 2010). With the rise of Asia as an emerging economic powerhouse, the federal government has outlined the advantages of broadening and deepening our links within the region (Australian Government, 2012). As a result, there has been strong support to expand relationships within the region through the implementation of the New Colombo Plan (DFAT, 2019), which has positively impacted on the ability of higher education institutions to offer study opportunities within our region.

Given the impact the diverse cultural makeup and current global climate can have on community health at all levels, the incorporation of components of international health and cultural awareness is an important consideration for nursing programs and educators (Mill, Astle, Ogilvie & Gastaldo, 2010). Whether preparing nurses to care for an increasingly culturally diverse patient population in their own countries, or for a career path that may potentially cross international borders, achieving quality health care within this framework requires nurses to be culturally competent (Jeffreys & Smodlaka, 1999); and the process of developing cultural competence must begin within their nursing education. Creating opportunities for international work integrated learning (WIL) can potentially lead to building the capacity of a health workforce that can respond to the challenges of a global environment (Tomlinson, Tan & Flavell, 2014).

1.2 International Clinical Placements in Nursing

There is an increasing focus within the Australian tertiary education sector towards internationalisation of the curriculum, to ensure that university graduates are prepared for life

in a globalised world (Leask & Bridge, 2013). Internationalisation includes the incorporation of international and intercultural components into the content of a curriculum and is designed to 'engage students with internationally informed research and cultural and linguistic diversity. It will purposefully develop their international and intercultural perspectives as global professionals and citizens' (Leask, 2009, p 209). Consequently, international clinical placements (ICP) form a key component of this internationalisation for nursing students. However, moving students from a theoretical knowledge of culture into an applied practical competence is a challenge.

One possible solution to the challenge of developing cultural competence in nursing students is to provide them with the opportunity to undertake ICPs. The need for such opportunities has resulted in educational institutions using ICPs for small numbers of students, to enable them to experience living and practising within a different cultural environment. Different models of ICPs have been used within undergraduate nursing programs, ranging from short observational style practicums to longer term clinical exchanges. Placements have involved student's travelling to low-, middle- or high-income countries, providing nursing students with the opportunity to experience nursing in a variety of settings from, for example, primary health care and health promotion (Ailinger, Molloy & Sacasa, 2009; Falleiros de Mello, Larcher Caliri, Villela Mamede, Fernandez de Aquiar Tonetto, & Resop Reilly, 2018; Hu, Andreatta, Yu & Li, 2010; Philips, Bloom, Gainey & Chiocca, 2017) to mental health nursing (Singh, Bartle, Hurrell, Slater & Hemingway, 2009). This is undertaken whilst acknowledging the differences in healthcare systems and how they are impacted by differing political, social, economic and cultural influences.

The importance of creating a link between the international placement experience and the continuum of learning, produced by a curriculum that embeds cultural awareness and safety, is paramount. Creating clear links for students between the theoretical understanding achieved during learning at their home institution with the practical experience and immersion that is achieved during an ICP, can be developed through orientation and preparation prior to departure and re-entry debriefing on their return (Koskinen & Tossavainen, 2004). Acknowledging the experience undertaken by students who study abroad is essential upon their return to ensure the skills, knowledge and experience gained oversees is recognised and reinforced. This recognition also provides an opportunity for internationalisation of other students and within the wider curriculum through dissemination of information about the ICP experiences (Gothard, Downey & Gray, 2012). Subsequently

creating a learning environment that embeds cultural safety within its curriculum is imperative to facilitate development of intercultural awareness through well planned and structured ICPs.

1.3   Development of Cultural Awareness in Undergraduate Nursing Students

The Nursing and Midwifery Board of Australia (NMBA) note the cultural and linguistic diversity of the Australian community through highlighting the need for respectful nursing care for all cultures (NMBA, 2016). There are numerous examples of frameworks or continuums presented in the literature to explain how people develop culturally competence (Campinha-Bacote, Yahle & Langenkamp, 1996; Douglas et al., 2011; Wells, 2000). Two theories underpin our understanding of acceptable nursing care across culture and have formed the framework for integrating the development of cultural awareness into current undergraduate nursing curricula. The first theory, the transcultural nursing theory or cultural care model proposed by Madeleine Leininger in the mid-1950s, aims to provide holistic, appropriate and beneficial health care through practices that help cultures and subcultures maintain and regain their health (Leininger, 1999). Whilst the second theory relates to cultural safety and is a model of care that emerged from New Zealand in the late 1980's through the work of Irihapeti Ramsden (2000), focusing on self-reflection to discover personal cultural beliefs and values. Both theories stress the importance of nurses and nursing students understanding the underlying assumptions that shape their own cultural understanding and biases (Wells, 2000). These two theories encompass the concepts of cultural awareness and cultural sensitivity to move students towards cultural awareness and providing culturally safe nursing care.

Whilst there is consensus in the literature that nursing students need to develop knowledge, skills and attitudes that enable them to care for patients across the cultural spectrum, there is considerable variation in terminology used in intercultural education. The international literature uses terms such as cultural sensitivity, cultural awareness, cultural competency and cultural safety. These terms are not used interchangeably however they can be considered to be intricately linked. Medina-Lopez-Portillo, (2015) identifies the difference between competence and sensitivity, where competence is described as "the external behaviours that individuals manifest when operating in a foreign cultural context" (p.180), and sensitivity as, "the developmental process that dictates the degree of an individual's psychological ability to

deal with cultural differences" (p.180). Therefore, cultural sensitivity can be viewed as the worldview through which the individual is able to approach cultural differences, whilst cultural competence is the outward manifestations of how an individual's actions are driven by their worldview.

Providing students with learning activities that develop a professional perspective, integrating both the emic, or local cultural knowledge, with the etic, or an outsider's knowledge, can lead to a greater understanding of how culturally competent care can be meaningful and effective (Leininger, 1999). There is an onus on higher education institutions to create safe learning environments that allow both faculty and students to explore and challenge their own cultural biases. Encouraging the recruitment and retention of a culturally diverse faculty and student population can provide an opportunity to engage with different cultures whilst studying and potentially lead to a more diverse nursing workforce in the future (Wells, 2000). A faculty that role models behaviours that express sensitivity to cultural issues may encourage more diversity in the undergraduate program, which exposes all students to different ways of living and understanding health care (Rew, Becker, Cookston, Khosropour & Martinez, 2003; Zeran, 2016).

Developing nursing students who are learning about cultural competence and culturally safe nursing care requires an increased emphasis on cultural awareness and sensitivity in undergraduate nursing education programs (Jeffreys & Smodlaka, 1999). Threading of cultural awareness and transcultural nursing care throughout the curriculum has been found to have a positive correlation with changing students approaches to culturally sensitive scenarios in clinical practice (Gebru & Willman, 2010). The integration of both theoretical elements of cultural awareness through learner centred activities in the classroom, along with practical applications in the clinical setting, has been shown to result in greater self-efficacy amongst nursing students over the course of their undergraduate program (Jeffreys & Smodlaka, 1999). Nurses and nursing students must be able to temporarily suspend their own cultural assumptions, and mediate differences between themselves, their patients and the health care system to create mutually acceptable transcultural interactions with their patients (DeSantis, 1994). The ability for nursing students to demonstrate this degree of cultural competence must be developed and practised during their undergraduate education. However, increasing awareness of cultural diversity alone does not guarantee student progression towards cultural competence (Rew et al., 2003), and providing students with the opportunity

to care for a multicultural population through clinical practice is an important part of developing competence.

1.4   Clinical Placements in Nursing

In a traditional undergraduate nursing program, students learn the theoretical foundations of nursing practice in the classroom and then move to the clinical environment, which allows them to apply newly acquired knowledge and develop critical thinking skills whilst providing patient care (Flott & Linden, 2015). In the clinical environment students are expected to be able to link theory to practice, to develop an understanding of the rationale that underlies professional nursing practice. Such an objective can only be achieved by providing relevant clinical experiences developed through fostering close relationships between higher education institutions and the health care sector (Henderson, Forrester & Heel, 2006). Clinical placements provide students with the opportunity to develop competence as beginning practitioners through authentic learning environments, allowing them to test their knowledge and skills in a supportive environment (Levett-Jones & Lathlean, 2009). Clinical educators and facilitators play an integral role in this development through providing a supportive clinical learning environment, appropriate supervision and assessment of students' clinical knowledge and competence (Kristofferzon, Martensson, Mamhidir & Lofmark, 2013).

1.5   The role of the facilitator in International Clinical Placements

The terms clinical facilitator, clinical supervisor and clinical educator are often used interchangeably to refer to a university staff member who assists students in the clinical environment to acquire the knowledge, skills and attitudes to meet placement requirements (Levett-Jones & Bourgeois, 2015). The role of the clinical facilitator is multi-faceted and can involve at times supporting, motivating, advocating, monitoring and assessing students as well as problem solving and trouble shooting in the clinical environment (Kristofferzon et al., 2013). When students are on a domestic placement within Australia, in either a hospital or community setting, this role is usually additional to the preceptorship provided by a clinical staff member who is familiar with the local health care setting and helps the student navigate the new environment. Consequently, when on domestic placements, students' learning is directed by an academic from their university, facilitated by another educator who is familiar

with the clinical speciality in which the student is practising (Henderson et al., 2006) and supported by a preceptor working with the student in the clinical environment. These multiple roles and responsibilities cannot always be so easily differentiated whilst on ICP.

In the ICP setting it is likely that some or all of the roles of academic, facilitator and preceptor will be performed by the staff member or members that travel with the students, adding another level of complexity to the facilitator role in the ICP context. This added dimension is reflected in findings from a study from the United States of America (USA) where faculty reported an increased sense of responsibility for the students, as both students and facilitators were practising in a foreign environment with less awareness of available resources and potential dangers (Sloand et al., 2008). This added sense of responsibility is also supported anecdotally with first time ICP facilitators, reflecting on a sense of apprehension about new challenges to their nursing knowledge and skills, making the first ICP experience a daunting prospect (Browne, Wall & Jordan, 2015). Facilitators must adapt to new clinical environments with markedly different cultures, languages and living conditions whilst having to support and supervise students through this adaption process (Memmott et al., 2010). It is therefore imperative that institutions consider the complexities of this role and prepare staff accordingly.

The importance of appropriate supervision and facilitation for undergraduate nursing students is well established in the clinical environment. Particularly so, as direct supervision is essential not only to ensure that students do not intentionally harm patients (Henderson et al., 2006) but also to ensure a conducive learning environment that encourages students to think critically, take on challenging situations, ask questions and engage in problem solving (Kristofferzon et al., 2013). The role of the facilitator in the ICP setting is essential to a successful experience for all involved. A descriptive account of an ICP experience in Mexico conducted by a USA university highlights the crucial and varied role that the facilitator must undertake: identifying new opportunities based on unexpected clinical experiences in-country, assisting students with complications and troubleshooting unforeseen occurrences such as visa or passport issues, promoting the project and serving as team leader, and finally, helping to guide students through the reflection experience (Kohlbry & Daugherty, 2013). Students were found to have learned more and adjusted more effectively in the ICP setting, in a study of Finnish students studying in the United Kingdom (UK), when they had a specified nurse mentor who was interested in the students' learning outcomes and backgrounds

(Koskinen & Tossavainen, 2004). Therefore, appropriate and effective facilitation can play a crucial role in ensuring student learning outcomes are met whilst on ICP.

1.6   Learning outcomes and assessment in International Clinical Placements

Learning outcomes for ICPs in the health professions have been previously identified as centering around the dual benefits of promoting cultural sensitivity through challenging students in a culturally diverse environment whilst also assisting them to achieve clinical proficiency (Peiying, Goddard, Gribble & Pickard, 2012). Additionally, such placements are believed to provide nursing students with the opportunity to increase their knowledge of, and ability to, communicate across cultural boundaries; a skill that has important implications for their ongoing professional practice (Ogilvie, Allen, Laryea & Opare, 2003). Consequently, ICP has the ability to not only increase cultural awareness but also the potential to provide a dynamic clinical environment for students to develop important professional and clinical skills such as communication, leadership, teamwork and critical thinking, all of which are recognized as important elements of professional nursing practice in Australia (NMBA, 2016). There is growing recognition in the literature around health related ICP, of the need to have clearly articulated learning outcomes and to ensure that they are subject to valid and reliable assessment (Nishigori, Otani, Plint, Utchino & Ban, 2009).

1.7   Aim of the Study

The aim of this project was to provide an understanding of how the participants and organisers of ICP (key stakeholders) determine whether a placement has been successful. It sought to develop a deeper comprehension of how multiple stakeholders assigned meaning and value to the successful development and outcomes of an ICP program. From this a framework was developed to assist Australian nursing schools to gain a greater understanding of how successful placements and outcomes are understood by those involved, which in turn will lead to the development and creation of successful and sustainable ICP programs.

To fully achieve and provide a solid foundation for this aim, a knowledge base was established regarding current ICP practices in Australia. This was achieved by determining how and why ICP are conducted in undergraduate nursing programs by Australian nursing schools within the context of ICP in the Asian region. By understanding the types of ICP currently available to nursing students in Australia and how the key stakeholders' value and

attribute meaning to a successful ICP experience, it is hoped that some consistency and clarity of expected outcomes can be achieved.

1.8   Research Question

How do key stakeholders understand, value and attribute meaning to success in Australian Bachelor of Nursing short-term international clinical placements undertaken in the Asian region?

1.8.1   Sub-questions

1. What are the characteristics inherent in ICP?
2. How do ICP partnerships develop and who are the key stakeholders?
3. What do stakeholders' value about ICP?
4. What is the stakeholders' experience with ICP?
5. How do stakeholders define a successful placement and what measures do they use to determine successful outcomes?
6. How can Australian nursing programs best frame their ICP experience to obtain maximum benefit for participating nursing students, facilitators and their host communities?

1.9   Significance of the Study

At the completion of this research project the resulting framework, and accompanying critical questions, will provide Australian undergraduate nursing programs with a foundation on which to develop and evaluate the success of their current and future ICP programs. It is hoped that a framework that encompasses multiple perspectives on successful ICP experiences will assist to ensure sustainable and mutually beneficial relationships for all stakeholders.

1.10   Structure of the Thesis

This opening chapter introduces the concepts of ICP and the integration of cultural awareness and safety into undergraduate nursing curricula, whilst outlining the aim and significance of this study. Chapter Two provides a detailed literature review of current ICP practice globally,

including the planning and structure of current ICP and the evidence that supports outcomes for students, universities and local communities. Chapter Two will also highlight the literature around ICP in Australia analysed during the systematic review, completed in phase one of the study, as well as identifying the current gaps in the literature which have prompted this study. Chapter Three provides a detailed explanation and rationale for the theoretical underpinnings and research methodology used within this study, including a discussion of the reflexive photo journal that comprised phase four of the study. Chapter Four presents the findings from the mapping survey collected during Phase Two of the mixed-methods case study. Chapter Five presents the findings from the semi-structured stakeholder interviews, which formed Phase Three. Chapter Six integrates the findings from all phases of data collection to discuss the creation of a framework to develop and evaluate successful ICP experiences. Finally, Chapter Seven concludes the thesis by discussing the strengths and limitations of the study as well as highlighting recommendations and suggestions for further research.

This thesis includes two publications as well as a paper that is currently under review and because of this there may be some repetition of background information, methods and recommendations. The published papers have been incorporated into the thesis chapters, with the labelling of figures and tables amended to fit this thesis. As the journals are based in different countries, with different publishing requirements there may be some minor variations in spelling and referencing. The published version of the papers are available in the appendices in PDF format.

Chapter 2   Literature Review

1. Introduction

The body of literature on International Clinical Placement (ICP) has developed rapidly in the last decade, with a focus on the implementation of placements and the benefits to students who participate. This chapter will begin by providing a review of the global literature on ICP focusing on planning and implementation, including placement locations, structure and facilitation.

With a stronger push to justify the cost of these placements, there has been an increase in the amount of literature focusing on the outcomes for students. Secondly, this chapter will review the global literature to provide an overview of the outcomes of international clinical placements for nursing students and higher education institutions. A wider focus will also be included looking at international learning experiences for all health care students, such as occupational therapy, physiotherapy and medicine, to determine if similar themes emerge from other disciplines.

One voice that has been largely missing from the current literature in this area is that of the host communities that the students are placed within and how they value the success of an ICP. A review of the scant literature from host communities involved with nursing ICP will be provided, a broader focus on host community perspectives of medical and volunteer outreach provides additional context. The ethical considerations raised internationally in respect to sustainability and social responsibility of ICP will be discussed.

A systematic review of the literature focusing more specifically on Australian undergraduate nursing students undertaking ICP in the Asian region has been included in this chapter, as a modified version of a published journal article (Browne, Fetherston, & Medigovich, 2015) (Appendix A: Published Systematic Review). As increasing cultural awareness and understanding has been identified as a key learning outcome in the literature, a discussion of cross-cultural theories in nursing will be provided.

Finally, this literature review will identify gaps in the literature that provided the impetus for this study and point to directions for future research.

2.1 Search Strategies

A broad systematic literature search was conducted at the studys' inception, with a more focused search undertaken during data collection to explore the literature relevant to the Australian context. A detailed description of the search strategy used to undertake that literature review has been detailed in the journal article presented as part of this chapter (Browne, et al., 2015). For the purpose of this literature review, and to provide a wider context for the study, global literature, literature from other health related fields and grey literature (such as narrative or commentary type articles and resources) has been included. Since the publication of the article mentioned above additional articles have been identified, through a cited reference search, and these articles have also been included.

2.2 International Clinical placements

The literature on ICP describes a wide variety of placements that have been offered to nursing students to enhance their learning and develop cultural awareness and understanding. Factors such as location, structure and facilitation methods vary considerably, however there is little available research to determine how these variables impact on students achieving their learning outcomes during the placement. The following section outlines the different ICPs described in the literature and considers how these may influence learning outcomes.

2.2.1 Placement Location

International clinical placements have been described in the literature as occurring in a wide variety of settings and countries, ranging from high-income countries such as Spain and the Netherlands (Scholes & Moore, 2000), England and Northern Ireland (Grant & McKenna, 2003), to middle-income countries such as China (Hu, Andreatta, Yu & Li, 2010) and Thailand (Reid-Searl, Dwyer, Moxham, Happell & Sander, 2011), and low-income countries such as Nicaragua (Ailinger, Molloy & Sacasa , 2009; Cunningham, 2002; Kronk, Weideman, Cunningham, & Resick, 2015) and The Gambia (Mason & Anderson, 2007). It is interesting to note that changes in students' cultural understandings, often a key expected outcome of ICP, would appear to be achieved to some extent regardless of the site chosen, although these achievements appear to be heightened where the setting is a low-income country. A study of 89 nursing students from Northern Ireland compared outcomes for those undertaking placements in either developed or developing (*terminology from original study*

to label participating locations) countries (Thompson, Boore & Deeny, 2000). This study provides one of the few examples of quantitative research in this field and used an instrument modified from a previous study on international education. The validity of the original tool was assessed for content and measurement (alpha coefficient 0.97), the modified survey with additional questions relating to the Northern Ireland setting was assessed for content validity alone through a panel of four experts in the local context. Whilst all students gained significantly from their international experience, those students who undertook ICP in a developing country gained more in relation to international perspective (mean score of 5.3 in developed countries versus 5.8 in developing, $p < .01$), personal development (4.3 vs 5.2, $p < .001$) and intellectual development (3.4 vs 4.1, $p < .05$). These findings may not be surprising given the added difficulty of living and working in countries vastly different from their country of origin. A similar finding was made by Barker, Kinsella and Bossers (2010) amongst Canadian Occupational Therapy students (n=8), those attending ICP in a developing country had a greater appreciation for interpersonal relationships and mutuality than those who attended ICP in developed countries (*terminology from original study to label participating locations*).

A subsequent qualitative study by Maltby, de Vries-Erich and Lund (2016), further explored the comparison between American undergraduate nursing students travelling abroad to either low or high-income countries. This hermeneutic phenomenological study compared the experiences of 21 students who travelled to Bangladesh (low-income) and 24 students who travelled to the Netherlands (high-income), by reviewing journals they had written during their experience. The study found similar themes identified by both groups of students; such as the impact of the environment on health, gender issues, culture shock, and language barriers. Whilst both groups of students identified a feeling of being foreign or being a stranger, the students who travelled to Bangladesh highlighted the disparities in wealth and described being unnerved by their minority group status and the attention their 'whiteness' brought. Whilst this study is a snapshot of two placements run by the same university, it does raise the question of whether greater consideration should be given to creating learning outcomes that are unique to the location where the students are undertaking ICP.

2.2.2   Placement Structure

Alongside location as a variable in ICPs, the structure of these experiences also differs considerably. The literature suggests that differences exist in the duration of placement, the

type of placement, interdisciplinarity and the degree of clinical supervision or facilitation. The research literature related to optimal structure of ICPs has largely consisted of small qualitative studies (Koskinen & Tossavainen, 2004; Morgan 2012; Reid-Searl et al., 2011) using questionnaires or semi-structured interviews of between 8 and 12 students. These studies provide emerging themes that are common throughout the literature but due to the diverse nature of their structures it is difficult to extend the results beyond the case studies they represent. For instance, a study conducted by Reid-Searl et al. (2011) described a four-week ICP in Thailand for eight students ranging from first to third year, who were supervised by two academics experiencing a variety of nursing settings including community, schools, orphanages and hospitals. Whilst Morgan (2012), describes the experiences of eight second year undergraduate nursing students who had undertaken an ICP of either 12-week exchange, or a shorter placement, to both developing and developed countries (*terminology from original study to label participating locations*). In addition to the variable duration of placements, this placement also described a different facilitation structure, rather than travel with a university group supported by academics or facilitators, students travelled either alone or in pairs and were supported by a local nurse or tutor. A third ICP format, outlined by Koskinen and Tossavainen (2004), more closely resembled traditional study abroad programs, whereby students spent extended periods, in this case three to four months, at a host institution in another country studying with the local student population.

Placements may also be more observational than participatory in nature and combine visits to health care facilities with lectures and workshops, such as the placement described by Stone, Francis, van der Riet, Dedkhard, Junlapeeya and Orwat (2014). Students from a variety of health disciplines, undertook a 2-week study tour, to learn about Thai complimentary medicines through a series of lectures, workshops and visits to both acute and community health settings. Findings suggested that this type of placement can impact on students' values and beliefs.

International clinical placements can be interdisciplinary in nature, as discussed by Stone et al. (2014) comprising students from a range of health disciplines. There is scant literature comparing outcomes for students who participate in an interdisciplinary placement versus a nursing specific placement. One qualitative study exploring the experiences of 14 students participating in a two-week interdisciplinary placement in Viet Nam, commented on the challenge of facilitating students across disciplines (Graham, Hill, Reynolds & Parry, 2014). However, it was noted by student participants that they were able to pool their collective

13

knowledge across disciplines and see how others provided care for patients. This is an area that requires further research to determine whether the benefits of mixing students from diverse health disciplines, outweighs the challenges of providing adequate facilitation in an international environment.

Despite the differing formats of the studies described, the outcomes of the programs were similar with the key outcome being to enhance intercultural knowledge and skills through undertaking clinical practice in a foreign country as part of their undergraduate training. Whilst the individual programs have undergone qualitative evaluation, there is limited international literature comparing the different formats of ICP to determine which may be more effective at meeting intended learning outcomes.

2.2.3 Facilitation on International Placement

Providing students with adequate support whilst on clinical placement is an important component in ensuring students meet learning outcomes, feel safe and overcome challenges in the clinical environment. The importance of facilitation whilst in the clinical environment has long been established in the traditional clinical placement environment. Facilitators provide an entry point for students into the clinical environment helping them to build relationships with other staff and patients (Levett-Jones & Lathlean, 2009). Students who had consistent and high-quality facilitators felt a greater sense of belonging amongst the healthcare team, an essential component in moving students towards increased confidence and ultimately competence. Whilst no studies to date have focused on the facilitation role in ICP for nursing students, the importance of this support and guidance is highlighted in numerous studies.

The role of the facilitator whilst on international placement can act as catalyst for critical thinking and reflection amongst students. A small (n=8) qualitative study by Afriyie Asenso, Reimer-Kirkham and Astle (2013) using participant observation and repeated in depth interviews highlighted how the facilitator was able to increase student engagement through clinical questioning. Students felt more comfortable to engage and ask questions in the presence of the facilitator, with the increased engagement leading to a greater level of understanding of the local culture and students beginning to consider themselves as global citizens. These findings are supported by an Australian based study, where facilitators were found to be able to help students make sense of what they were experiencing, particularly if the facilitators had previous experience in that location (Gower, Duggan, Dantas & Boldy,

2017). The exploratory descriptive study interviewed 25 undergraduate nursing students from 4 universities, with students participating in various international clinical placements across Asia and Africa, however the degree of facilitation that was available to them whilst on placement was not discussed.

Whilst the literature on the facilitation role within nursing ICP is limited, more broadly the importance of mentorship has been described across health profession within global health fieldwork. A qualitative study of mentors and students who had participated in global health programs at John Hopkins University in the US identified the importance of identifying expectations between mentor and student, the challenges of learning and working in different cultural settings and the lack of institutional workload support for undertaking mentoring activities (Charron, Kalbarczyk, Martin, Combs, Ward & Leontsini, 2019). Whilst this was a small study (eight students and 20 faculty) at one institution and focused on individual student-mentor partnerships, the study does provide insights which may be relevant to facilitation of nursing students whilst on ICP. The recommendations from the study pose areas for further exploration within nursing facilitation such as, enhancing communication between student and mentor to make expectations explicit and realistic, and the importance of having institution support for academic staff who perform a facilitation role including financial support, workload support and opportunities for education and training.

Emerging research focusing on the preparation for nursing staff undertaking facilitation in the global health setting, suggests that comprehensive preparation prior to departure needs to be developed (Egert, 2019) An interpretive description study of nursing faculty (n=9) from Canada, who have participated in global health experiences, recommended: developing facilitators knowledge of global health concepts, promoting critical reflexivity and self-awareness skills, and providing collaborative approached to staff preparation prior to departure. The importance of preparation prior to departure more broadly has been noted throughout the ICP literature.

2.2.4   Preparation and Debrief

The importance of scaffolding an ICP within a program that provides appropriate and effective preparation prior to travelling overseas, as well as a reflective process that enables students to debrief on return is essential. It has been suggested that this process forms a learning continuum, with strong linkages required between all three stages (Koskinen & Tossavainen (2004). The Norwegian study by Koskinen & Tossavainen, suggested that

during the orientation stage students needed to explore their own values, beliefs and culture to prepare them for the cultural differences they may see, followed by reflecting on the broader social context of the healthcare difference they experience when they return home (2004). Within an Australian context, the study by Gower, et al. (2017) suggests that preparation is essential to avoid cultural misunderstandings or to reinforce negative stereotypes. Students interviewed within the study appeared at times judgemental and unaware of the contextual factors that may impact practice within healthcare settings, highlighting the need for preparation that provides students with ways to question practice in a culturally sensitive way.

The importance of structured debriefing and reflection on return from an ICP experience is equally valuable in closing the learning cycle for students and exploring their experiences in a safe environment. Focused debriefs that explore the cultural experiences of students whilst on placement can contribute to personal growth, and highlight ways in which students can support patients from different cultures to provide more culturally safe care in the future (Kohlbry (2016). A lack of debrief opportunities can make the return to their home country more difficult, with students feeling abandoned on return, with very few given an opportunity to discuss their experiences (Gower, et al., 2017).

2.3   Outcomes of International Clinical Placements – A Global Perspective

The long-term sustainability of ICP requires an understanding of the outcomes these placements can generate not only for students, but also higher education institutions and local communities. Creating and maintaining international partnerships takes considerable time, human capital and financial commitment, so ensuring that ICP have clear learning outcomes is essential to developing strong placements. Thoughtful consideration should be given to what measures are put in place to evaluate the success of a placement. However, currently many placements rely on only the evaluation provided by students, focusing on their personal outcomes rather partnership development or the outcomes of the placement for local communities (Birch, Tuck, Malata & Gagnon, 2013). This restricted form of evaluation may not provide sufficient detail to help guide ICP or future partnerships between educational institutions and local communities. Whilst the literature on outcomes for students is plentiful, and the literature on outcomes for educational institutions through the development of

international partnerships is becoming more evident, there remains a significant gap in relation to the outcomes for local communities who host ICP.

2.3.1 Outcomes for Students

Much of the literature is based on small case studies conducted by individual institutions undertaking ICP, however there are a small number of literature reviews presented in this field (Browne, Fetherston & Medigovich, 2015; McAuliffe & Cohen, 2005; Button et al., 2005) that demonstrate consistent themes. Each review had a different perspective on the available literature, focusing on the available knowledge around ICP, including challenges and benefits (Browne et al., 2015), to evaluate international exchange to strengthen international nursing, research and education (McAuliffe & Cohen (2005) and the impact of international exchange on the lives of nurses (Button et al., 2005). However similar themes emerged within these studies providing a reliable overview of the outcomes of ICP for students who participate, having been identified by both facilitators and students. These outcomes are associated with increases in clinical confidence, cultural competence and awareness and finally in personal growth and development. A brief overview of these three key outcomes will be presented below, whilst a more detailed discussion of the common themes identified by students is presented as part of the journal article embedded within this chapter.

Whilst the three outcomes mentioned above will be discussed individually, it should be noted that improvements or gains in one area can have profound impacts on the others. This is evidenced by a study into Canadian Occupational Therapy student's experiences whilst on ICP, which found that when discussing areas of development, the personal and professional areas were described by all students as interrelated (Barker et al., 2010). Due to the similar characteristics of ICP across health professions, it may be considered that comparable findings may also be found amongst nursing students, with the various dimensions of personal and professional growth described underlining the depth and complexity of learning that occurs during ICP (Barker et al., 2010).

2.3.1.1 Clinical Competence

International Clinical Placements may take on a variety of different formats and not all placements have a focus on clinical competence and skills as an expected outcome. The different requirements for nursing registration and practice between countries present

inherent difficulties in allowing nursing students to practice in a foreign environment. Consequently, those placements that are designed to be observational in nature may have a focus on outcomes related to cultural awareness and recognising differences between healthcare systems between their home country and host country. Allowing students to observe, recognise and critically reflect on the differences between healthcare systems allows them to consider their own practice and the environment in which they practice from a new perspective (Grant & McKenna, 2003). Of the nine students who participated in the study by Grant and McKenna, analysis of journal entries and interviews revealed that they moved from noticing small clinical skill differences in practice at the start of their placement, to being able to look at the whole health system and the nurses' role within it by the completion of the placement. This journey saw them progress from procedural understanding to reflective practice over the course of their ICP.

Students who participated in ICPs, particularly those to developing countries, experienced healthcare in resource limited settings. A lack of diagnostic equipment can lead to the enhancement of health assessment skills within undergraduate nursing students. Whilst reflecting on the challenges associated with a 2-week placement to Cambodia, the students (n= 8) in the qualitative study by Halcomb, Antoniou, Middleton and Mackay (2017), noted the importance of developing strong clinical assessment skills. However, these findings were based on students' reflections through interviews post-placement, so it cannot be determined if there was an actual increase in assessment skills that reflected the increased understanding of the importance of these skills. Conversely, Norwegian students on an 8-week placement to Malawi did not mention clinical skills as an essential learning outcome of their placement. The phenomenological study by Hagen, Munkhondya and Myhre (2009), described an ICP that paired students from Norway with local students from Malawi (n=5), with neither Norwegian or Malawian student mentioning practice nursing skills as an outcome even through the pairs spent time together completing clinical practice.

2.3.1.2   Cultural Competence

One of the key expected learning outcomes of ICP for nursing students is an increase in cultural competence and awareness. It is believed that an ICP experience can transition a student from the theoretical concept of cultural competence taught throughout a nursing curriculum, to a practical application. A three-country exchange program involving

educational institutions in the United Kingdom, Spain and the Netherlands outlined the nursing programs hopes for the ICP, which included; encouraging students to think critically, to foster an understanding of how culture impacts on healthcare, and to allow nursing students to relate to their patients with more empathy and a greater degree of understanding (Scholes & Moore, 2000). Their study into the impact ICP had on the sample of students who participated ($n = 79$), suggested that whilst students found it stressful to let go of their own cultural assumptions, and began to acknowledge and practice those common to the host country, it had a profoundly positive impact on their learning.

Learning more about culture and healthcare abroad is a motivating factor for students to undertake an ICP. A systematic review exploring the factors that influenced healthcare students' decisions around studying abroad (Brown, Boateng & Evans, 2016), included studies (n=10) from North America and Europe. This review found that key motivating factors for participating in study abroad, were a desire to travel and an interest in exploring other cultures and healthcare systems. This was supported by a study which explored the motivations for Irish nursing and midwifery students wanting to study abroad (Kelleher, Fitzgerald & Hegarty, 2016). The study, using the Theory of Planned Behaviour as a framework, included 25 students who completed an open-ended questionnaire. A key finding was that students believed that the development of cross-cultural sensitivity was one of the main benefits of study abroad.

Students are faced with not only language and cultural barriers, but the realisation of poverty, inequitable access to health and social disadvantage experienced by some communities. A study of American nursing students and staff who had undertaken a two-week international placement in Guyana (Bosworth, Haloburdo, Hetrick, Patchett, Thompson & Welch, 2006), found that the immersion into a low-income country gave them an increased insight into contrasting living conditions that exceeded their pre-placement preparation and expectations. This is further supported by a more recent Australian study (Gower et al., 2017), which found that students struggled with the inequity of what they were experiencing and their limited abilities to make positive change. For some students who come from a relative place of privilege within their own society, ICP are their first opportunity to experience what it is like to be from either an ethnic or cultural minority.

2.3.1.3 *Personal Growth and Development*

The motivation behind student's willingness to undertake an ICP has been shown to be multifaceted and the outcomes that students seek may differ greatly from those expected by the educational institution. Students' aspirations and expectations for the placement experience have been found to include: improve their career prospects and impress future employers, be useful preparation for a future career abroad, and be a challenge that they would be able to integrate into not only their nursing practice but also their lives upon return home (Green, Johansson, Rosser, Tengnah & Segrott, 2008). The case study by Green and colleagues included 32 students from Sweden ($n = 14$) and the United Kingdom (UK) ($n=18$). Their interviews indicated that successful outcomes for students would not just include increased cultural competence and clinical proficiency, but also must include an element of personal growth and development. Students can experience a personal and professional awakening whilst undertaking an ICP, as described in a qualitative study by Stone et al. (2014), through analysis of an evaluation survey completed by 18 students following participation in a study tour of Thailand. Students reflected on an increased consciousness about themselves and that an increased awareness of privilege, gratitude and humility would extend to their practice in Australia.

A review of available research indicated that students were able to draw increased confidence from their ability to overcome challenges and valued the achievement of living and working in a foreign country (Green et al., 2008). This then allowed them to consider the possibility of living and working abroad in the future. Changes in life plans because of volunteering for international placements may include learning another language, working with immigrants and refugees, or engaging with occupations that focus on international development (Lough, Sherraden & McBride, 2012).

An increase in international understanding correlates highly with an increase in civic activism in those who undertake international volunteer placements (Lough et al., 2012), which the authors suggest reflects a growing understanding of global concerns leading to an increase in the students' involvement in advocating for these causes. A qualitative study of 30 Australian physiotherapy, occupational therapy and speech pathology students, suggested that the students began to see the world in new ways by developing a broader global perspective (Crawford et al., 2017). This links back strongly to the push for university graduates who are global citizens with an increased understanding and awareness of international challenges.

2.3.2   Aims and Outcomes for Higher Education Institutions

There is growing commentary presented in the literature on the ethical responsibilities that lie with educational institutions planning ICP in a host country. There are concerns about the growth of what has been termed 'clinical' or 'healthcare' tourism, as well as the long-term consequences of 'drop in' healthcare (Kung, Richardson, Mabud, Heaney, Jones & Evert, 2016; Levi, 2009); and it is for this reason that educational institutions need to be clear about how they define and place value on a successful ICP program. As the majority of ICP involve educational institutions from developed countries, travelling to developing countries, it is important to consider the intention behind the ICP and what the consequences of the ICP might be. Communities become dependent on outside help to provide health care interventions, when there is no focus given to building local capacity, which continues to support an ongoing lack of resource and educational development by allowing local governments to remove themselves from the provision or requirement to provide healthcare to their citizens (Levi, 2009).

The importance of ensuring these programs emphasise capacity building as a key component cannot be overlooked. Whether the educational institution sees the outcomes of the ICP as being either research or educational, they provide an opportunity to increase the nursing profession's knowledge base. ICP have been found to be most sustainable when they develop research capacity in the host country, and include nurses, faculty and students from the host institutions at every stage in the process (McAuliffe & Cohen, 2005). A pilot study to test an assessment tool for developing relationships between an education institution in a developed country (Canada) with a partner institution in a low-income country (Malawi), found that despite an intention by both institutions to achieve mutual benefits and mutual collaboration, a lack of effective communication and misunderstanding between the partners may have hindered the achievement of desired outcomes (Birch, Tuck, Malata & Gagnon, 2013). A subsequent study, using a conceptual model for partnership and sustainability in global health to guide data collection and analysis, interviewed participants from local host institutions (n=23) to gain their perspective on ICP (Underwood, Gleeson, Konnert, Wong, & Valerio, 2016). The study identified the importance of a local cultural expert and community involvement in the design of the placement, as well as mutual goal setting. There are some limitations to the study, as it was limited to a small cultural and geographic location within a community context, it did not explore the resources or feasibility of integrating these suggestions into current practice.

It has been commented that the path to sustainable growth in developing countries is better serviced through an investment by international collaborations in building human capital, rather than donations of medical supplies and equipment (Augustine, 2012). The ability to build capacity in the local community is not outside the realm of ICP and can be provided by students in an informal capacity, if there is an appropriate understanding of the local situation and culture. This has been demonstrated in an ICP context in Nicaragua, where students provided health education to local families on both an individual basis and through an organised health fair (Cunningham, 2002). However, it remains unclear as to how much value educational institutions place on capacity building and sustainable community development as an outcome of their ICP programs.

Clinical governance associated with ICP has been raised in the literature where one study (Edwards, Piachaud, Rowson & Miranda, 2004) identified medical students to be performing outside their competence whilst on ICP. This situation may also prove a challenge for nursing students who are completing practical requirements in countries with licensing processes and expectations of nurses and health care workers that are inconsistent with our own. When planning ICP educational institutions must ask themselves essential and challenging questions such as, who determines what benefit is achieved for the host community, and does any benefit count as a positive outcome of the placement or is it simply enough to intend to provide benefit to local communities? (Decamp, 2007).

2.3.3 Outcomes for Host Communities

Despite the growth of research literature on ICP and their utilisation in undergraduate nursing programs, there remains a paucity of studies examining the outcomes of these placements for local host communities. There remains a significant gap in the available literature on ICP from the host community's perspectives and whilst there has been an emergence of commentary on the possible impacts of ICP on communities, there remains a need for more research in this area. Research relating to perspectives of host communities has been more prevalent within medical education and volunteer outreach, than nursing with the exception of a few recent studies.

Local health partners in the Dominican Republic were interviewed to explore their perspectives of a collaborative partnership with faculty from a Canadian community health nursing program (Underwood, Geeson, Konnert, Wong & Valerio, 2016). Using a descriptive, exploratory qualitative methodology the study interviewed 23 community

partners, importantly using well respected local counterparts to recruit and conduct the interviews resulting in a high response rate. Findings from the study highlighted the importance of having a cultural broker able to provide local contextual knowledge to prepare students and faculty for immersion into the local community, as well as asking travelling health teams to practice cultural humility and recognise the hosts unique, locally situated knowledge and expertise.

The focus in the majority of these studies remains on the students, with host partners asked for their perspectives on a variety of subjects, such as predeparture preparation and learning outcomes for students when in the local community. An online survey of partners from high-income and low and middle-income countries who supervise, teach or host international visiting students on short term experiences in global health was conducted in late 2015, to better understand the learning objectives that are considered a priority for this student cohort (Cherniak et al, 2017). These experiences were not specific to nursing or health care and included international electives, fieldwork, volunteering, service learning and internships, so it is difficult to make direct comparisons with ICP. The findings suggest that students understanding the impact of culture on people and healthcare was more important that understanding the local language, whilst reflective practice was also viewed highly.

When the research does focus on the outcomes and involvement of host communities, it demonstrates that there is room for improvement in relation to involving host communities in planning, implementing and evaluating international placements. A mixed method study involving organisers and hosts of global health volunteers from the USA highlighted the lack of evaluation undertaken on benefits to host communities (Rozier, Lasker & Compton, 2017). The authors identified that whilst the experiences of the volunteers were frequently evaluated on return home, only one in four of the respondents had attempted to evaluate the impact of volunteer activities on host communities. There were also significant differences identified, in relation to goals of the program, preparation of the volunteers and the level of involvement of the host communities (Rozier et al., 2017). Whilst this particular study focused on health volunteers undertaking short term global health placements, these findings suggest areas that might require further investigation within nursing ICP.

An evaluation of the perspectives of supervising physicians and local programme coordinators, who participated in a short-term global learning experience for medical students, found that whilst the experience was largely positive, medical students could also

leave a negative impact if respect was not perceived by their hosts (Kung et al., 2016). The study of 35 medical professionals in Bolivia and India described benefits for the local doctors such a rise in local status, an influx of resources and funds through the accompanying donations and facilitating improved local networks. There was also an increase in worldview for local medical students through their interactions with visiting medical students which they would not otherwise be exposed to. However, this was offset by a lack of cultural sensitivity, perceived lack of initiative and apathy of visiting trainees.

The lack of research on the impact of ICP in nursing on local host communities, particularly in developing countries, highlights the ethical and moral concerns that these placements create. The concept of cultural voyeurism threatens to overshadow the cultural learning and understanding that can be developed by students during these placements and poses a real risk that ICP will create more harm than good for local communities. Whilst nursing related ICP allow for students to experience what it is to be the 'other', it is imperative that they recognise that they bring their own culture and ethnicity to their experiences and this can be further layered with the 'nursing culture' they bring from their home country (Racine & Perron, 2012). Students who participated in a study abroad experience in Ghana, were surprised at the relationships they formed and the hospitality that was shown to them by the local community (Philips, Bloom, Gainey & Chiocca, 2017). This qualitative descriptive study compared 62 student narratives pre and post participation in the two-week study abroad experience over five years. Finding that prior to travel students saw themselves in a superior position of being able to help or teach the Ghanaian community, however, were instead surprised by the connections that developed between themselves and the local health care staff and community.

Students need to be aware that relying on the broader culture within the nursing profession, whilst participating in an ICP may perpetuate a power imbalance that exists between health practitioner and health care consumer. Rather than becoming active learners and participants in an exchange of cultures, students become observers, allowing them to stay comfortable within their own cultural superiority and not challenge their own cultural assumptions. As reflected by Irihapeti Ramsden:

> *The metaphor was one of 'cultural tourism' or voyeurism' where the nurse stood outside, secure in the culture of nursing, and surveyed the patient from the viewpoint of their interesting exoticism. The interesting exoticism was usually in deficit*

compared with the culture of nursing and allowed the nurse to be patronising and powerful. There were no grounds for the nurse to consider that change in their own attitude and self-knowledge was needed before any trust could be established (2002, p78).

Preparing students for ICP by exploring cultural biases and assumptions may provide an avenue for preventing this attitude from interfering with cultural immersion.

2.4   Sustainability of International Clinical Placements

Building equitable and long-lasting partnerships between the teaching institutions conducting the ICP and organisations in the host country, is essential to ensuring sustainable placements. A list of guidelines to assist with the creation of equitable partnerships has been formulated by Reimer Kirkham, Van Hofwegan and Pankratz (2009), in response to their experiences when planning and delivering ICP. The authors suggest that these partnerships must include true mutuality in both design and reciprocity, and a connection to long term initiatives that will promote improvements to health care delivery over time. Further to this, it is suggested that educational institutions need to foster an attitude of learning that underpins the placement rather than an attitude of 'helping' the host community. These concepts were highlighted in the development of an international partnership, between three universities in the USA, and clinical and education institutions in The Gambia (Mason & Anderson, 2007). The participating institutions discussed the philosophy behind their partnership which included the ideal that the program should develop to benefit both The Gambia and the United States, with participants from both countries acting as learner and teacher, and the focus being educational rather than improving healthcare. Whilst it is encouraging to see such ideals identified during conception, there remains a lack of evidence to determine how these philosophies are translated into practice.

A number of descriptive case studies do exist (Ailinger, et al., 2009; Cunningham, 2002; Mason & Anderson, 2007; Mill, Yonge & Cameron, 2005), that add to the knowledge base around ICP. They are however written from the authors' perspectives and any conclusions reached may lack transferability and consequently need to be interpreted with caution. One such example is the case study presented by Ailinger, et al. (2009), that describes an ICP involving students from an American university traveling to Nicaragua for two weeks to work on community health activities. The study describes the close relationship that has been

developed between the education institution in America and the host institution in Nicaragua resulting in shared ideas, knowledge, experiences and culture. Whilst the authors believe this relationship has been successful and resulted in bi-cultural understanding and increased familiarity, it is difficult to see if these benefits have been equally valued by the host community.

To allow for mutually beneficial relationships and long-term sustainability, it is important to recognise that all partners bring different motivations and expectations for the partnership (Mason & Anderson, 2007). Creating dialogue between partners that includes open communication, active listening and making explicit expectations can form the basis for developing sustainable projects. Capacity building and empowerment are seen by some as integral to sustainable international learning experiences, with capacity building a long-term process rather than a single intervention (Ogilvie, Allen, Laryea & Opare, 2003). A collaboration between a Canadian University and their counterpart in Ghana provides an example of how capacity building and empowerment have been used as the theoretical underpinning to create mutually empowering relationships (Ogilvie et al., 2003). The authors stress that satisfaction from as many participants as possible, with both outcomes and process, holds the key to sustainability.

2.5   Outcomes of International Placements – An Australian Perspective

A review of the literature related to outcomes of ICP from an Australian perspective has previously been published in the peer reviewed journal Nurse Education Today. A modified format, for ease of reading, of the original article is now presented within the context of this chapter to provide a focus on ICPs undertaken by Australian students. The original publication can be found in Appendix A and the reference is:

Browne, C.A., Fetherston, C.M., & Medigovich, K. (2015) International clinical placements for Australian undergraduate nursing students: A systematic thematic synthesis of the literature. *Nurse Education Today 35,* 1028-1036.

INTRODUCTION

The increasing emergence of globalisation as an economic, educational and research priority has seen tertiary education institutions place a greater emphasis on preparing their students to work in multicultural and international settings.

Given the impact that the diverse cultural makeup and current global climate can have on community health at all levels, the incorporation of components of international health and cultural competence is an important consideration for nursing programs and educators. Whether preparing nurses to either care for an increasingly culturally diverse patient population in their own countries or for a career path that may potentially cross international borders, achieving quality health care within this framework requires nurses to be culturally competent (Jeffreys & Smodlaka, 1999). The process of developing cultural competence must begin within their nursing education, however moving students from a theoretical knowledge of culture into an applied practical competence can be seen as a challenge. A possible solution to this ongoing problem is to provide students with the opportunity to undertake international clinical placements (ICPs).

BACKGROUND

The need to provide students with opportunities to develop cultural competence has resulted in educational institutions offering ICPs for small numbers of students, to enable them to experience living and practising within a different cultural environment. Different models of ICPs have been used within undergraduate nursing programs and range from short observational style practicums to longer term clinical exchanges. Placements have involved students travelling to both developed and developing countries to provide students with experience in a diverse range of settings from primary health care and health promotion (Ailinger, Molloy & Scasa, 2009; Hu, Andreatta, Yu & Li, 2010) to mental health nursing (Singh, Bartle, Hurrell, Slater & Hemingway, 2009), and to observe the differences in healthcare systems and how they are impacted by differing political, social, economic and cultural influences.

This systematic synthesis of the literature forms part of a larger research project that aims to develop a deeper understanding of how multiple stakeholders assign meaning and value to the successful development and outcomes of ICPs with a particular focus on those placements being undertaken in the Asian region. Gaining a greater insight into the range and scope of activities currently being undertaken in this area is particularly relevant considering the rise of Asia as an emerging economic powerhouse, and as the need to broaden and deepen our links

with our regional neighbours grows (Australian Government, 2012). In response to the aims of this project this review was undertaken to ascertain the current knowledge on international clinical placements completed by Australian undergraduate nursing students in recent years and consequently sought to answer a number of questions: "*How have previous experiences of nursing students' International Clinical Placements been described?*" "*How have participants and stakeholders determined if the placement has been successful?*" and "*What benefits or challenges have been identified by stakeholders as a result of participating in International Clinical Placements?*" It is hoped through asking these questions a picture will begin to emerge of how we currently view ICPs and highlight the gaps in our knowledge of this important area of undergraduate nurse education.

METHODS

A search of published literature was undertaken between September and December 2014 using databases that are recognised as containing extensive health, nursing and education references including CINAHL, Proquest Central, Scopus, Pubmed and Health Collection. The search included terms 'international clinical placement', 'study abroad', 'international exchange', 'nursing' and 'Australia'. The resulting literature was reviewed for alternate key terms that may elicit further relevant titles. Terms such as 'international immersion experience', 'cultural immersion experience' and 'international health care experience' were evident in the literature however appeared more relevant to studies undertaken in North America and yielded no new results in the Australian context. Inclusion criteria was limited to peer-reviewed research articles in English language journals related to ICPs offered by Australian Universities for undergraduate nursing students. It was decided to only include those articles that have undergone peer-review process, although it is possible that narrative or commentary-based articles, unpublished thesis or other 'grey' literature may shed light on this experience. However due to the difficulty of establishing the validity of these sources they are not included in this review. Articles were limited to those published after 1990 however following review of all articles, none published prior to 1997 met the inclusion criteria for this review. The search yielded a total of 290 possible articles (Figure 2.1) provides further detail of the

literature retrieval process), yielding a total of seven articles that met the inclusion criteria. Careful examination of the reference list of each of the final seven articles failed to uncover any new peer-reviewed studies. A cited reference search was conducted of the original seven articles for subsequently published papers that resulted in the addition of an eighth article to the synthesis.

Figure 2.1   Literature Retrieval Process
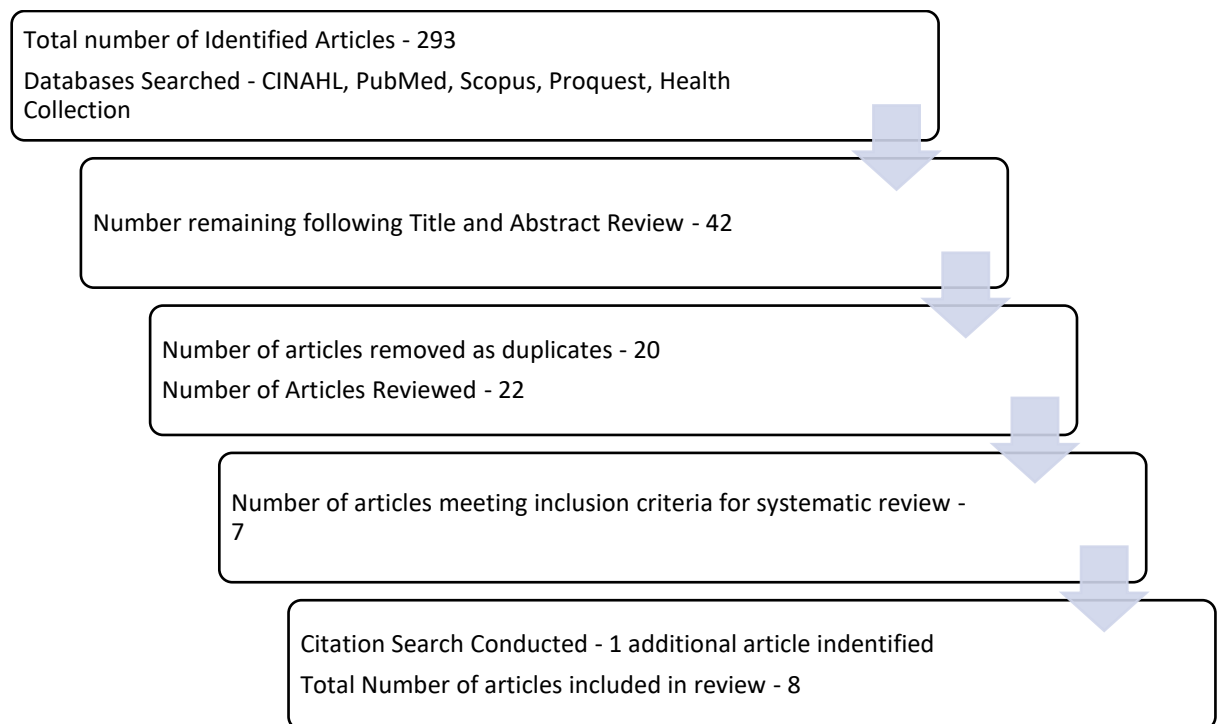
Total number of Identified Articles - 293

Databases Searched - CINAHL, PubMed, Scopus, Proquest, Health Collection

Number remaining following Title and Abstract Review - 42

Number of articles removed as duplicates - 20

Number of Articles Reviewed - 22

Number of articles meeting inclusion criteria for systematic review - 7

Citation Search Conducted - 1 additional article indentified

Total Number of articles included in review - 8

A thematic synthesis approach was used to organise the data presented in the included articles. Due to the largely qualitative nature of the articles included in this review, which are drawn from data that is not intended to be generalizable and is not without bias, an approach was required that would take into account the interpretive nature of the studies (Bearman & Dawson, 2013). A key strength of thematic synthesis is its ability to allow for conclusions that are based on common elements or themes drawn from multiple divergent studies (Lucas, Baird, Arai, Law & Roberts, 2007). Articles were summarised with information collected on: aim, research design and methodology, limitations and key findings, an overview for each article is included in Table 2.1. Initially line by line coding was conducted on the results section of each article using NVivo© 10 Software (QRS International, 2014) to support the process. Initial codes were then explored with frequently occurring codes developed into themes. These themes were then

viewed through the lens of the research questions posed as part of this systematic review. This approach allowed the creation of analytical themes and translation of concepts across studies, from initial line by line coding, to the organisation of codes into descriptive themes, and finally the generation of analytical themes (Lucas et al, 2007).

FINDINGS

The systematic review uncovered eight studies describing ICPs in both developed countries such as England and Northern Ireland (Grant & Mckenna, 2003) and developing countries including Cambodia (Tuckett & Crompton, 2014), Thailand (Reid-Searl, Dwyer, Moxham, Happell & Sander, 2011; Inglis, Rolls & Kristy, 1998; Rolls, Inglis & Kristy, 1997), Nepal (Inglis, Rolls & Kristy, 2000), India (Charles, Maltby, Abrams, Shea, Brand & Nicol, 2014) and Tanzania (Michael, Della, Banner, Duckworth & Nilson, 2012). The length of placements varies considerably from only eight days (Inglis et al, 2000) to five weeks (Charles et al, 2014). The articles included one quantitative study and seven qualitative studies (Table 2.1), all studies were focused on a single international clinical placement. A variety of methods were used to collect data from participating students and data collection often took place at multiple points across the international placement experience.

Table 2.1   Summary of Literature

Authors	Aim	Sample	International Clinical Placement	Research Design Methods	Data Analysis	Research Limitations	Key Findings
Grant and McKenna (2003)	To allow students to describe their learning experiences of international clinical placements, explore perceptions of the clinical environment in which they were placed, identify positive and negative aspects of participating in international placements and provide information to support decision making for future placements	9 students (*3 interview only, 6 interview and journal review*)	England and Northern Ireland. Four-week clinical placement	Descriptive / Exploratory Approach. Used transcribed journal entries and interviews with students	Thematic content analysis	Homogenous sample group – all female with 7 of the 9 participants under 25. Sample taken from one one international clinical placement from one university. Difficult to generalise findings beyond the sample.	Reasons for undertaking placement identified by nursing students included opportunity to travel, experience nursing in another country, to challenge oneself, and for a cultural experience. Core category emerging from analysis - 'nursing culture' of the placement differentiated from culture in the ethnic sense. Themes in this category included progression, difference, and 'having a go'. Findings highlighted importance of students understanding the type of environment they were entering and that there may be different approaches to nursing practice from which they are familiar.
Inglis et al (1998)	To ascertain the changes in conceptual understanding that resulted from participation in a study abroad programme	5 students (*4 students participated in all 3 interviews, 1 participated in first two*	Chiang Mai, Thailand. Four-week placement	Phenomenographic Methodology. Open ended interviews including community based case study scenario	Qualitative Coding	Small sample size generated from one international clinical placement offered by one university makes generalisation difficult. The same case study was administered to	Increased awareness of how nurses interacted with villages as communities, including respecting authority figures and importance of community assessment. Recognising the importance of the community in organising health clinics.

					the students at the three interviews	Increased awareness of male dominance in Thai Society.
Inglis et al (2000)	To establish whether participation in the study abroad program to Nepal resulted in any measurable shifts in students' attitudes towards the Nepalese people.	36 students *(18 who participated in placement and 18 in control group who had not participated in the placement*	Kathmandu, Nepal. eight-day placement.	Exploratory. Questionnaire modelled on a tool previously used to examine knowledge and attitudes towards indigenous populations in Western Australia. Administered six weeks prior to departure and at the conclusion of the placement.	Comparison of mean scores of items between control group and participant group. T-ratio used to assess for significance.	The questionnaire used to collect data was designed to examine knowledge about a different population, with questions altered to reflect the different cultural context – it is not clear how these changes may have impacted on the usefulness of the tool in this context. The questionnaire was administered twice to the sample within an eight-week period this may have resulted in the results reflecting a familiarity effect with the tool. The authors used a control group to determine if the results were affected by familiarity, the control group responses did not indicate a familiarity effect. As the control group did not travel it is unclear as to whether their results could be extended to the main sample.	Response to most of the items in the questionnaire showed no marked shift in attitudes by the group who participated in the placement. Significant shifts were detected from the participant group on items related to the working and living conditions between the two questionnaires.

Michael et al (2012)	To explore the effects of photographs on how undergraduate nursing students engage in learning according to the dimensions of cultural competence during clinical placement in a developing country	Unknown (results of 3 participants presented in the article)	Dar Es Salaam, Tanzania	Qualitative visual methodology. Photo Novella, with participants submitting photographs and narrations.	Approach not specified.	Total sample size is unknown with only data from 3 participants presented in the article. Use of photography as a data collection method is open to interpretation and personal bias from participants. Study sampled participants from one clinical placement to Tanzania – difficult to generalise findings to a wider sample	Awareness of how ethnocentrism affected their ability to be culturally competent whilst on placement in Tanzania. Students developed insight into Tanzanian health care system including lack of resources and barriers to patient care. Personal and professional growth and development demonstrated
Reid-Searl et al (2011)	To examine the experiences of undergraduate nursing students when undertaking a clinical placement in Thailand	8 students	Surin, Thailand. Four-week placement	Qualitative Exploratory. Participants completed 3 semi-structured interviews, one prior to departure, one midway through placement, and one prior to returning home.	Utilised approach developed by Ritchie and Spencer (1994). 5 stages, familiarisation with content, identifying a thematic framework, indexing themes, charting themes, and the mapping and interpretation of themes.	Small sample size with students from only one placement and one Australian university, difficult to generalise findings outside sample. Analysis of data was undertaken individually by three members of the team with findings discussed and disagreements negotiated, this process would have improved robustness of data analysis.	Themes identified; • Prior to departure – Anticipation • Midway – making a difference, different worlds, part of a group • Prior to return – reality check, group dynamics.

Rolls et al (1997)	Investigation of student concerns, expectations and perceived benefits of study abroad experiences.	5 Students	Chiang Mai, Thailand	Non-experimental descriptive. Serial interviews	Approach not specified, main themes discussed	The initial interview used written records whilst the remaining two interviews used tape recording and transcriptions. The data obtained from the initial interview may not be as accurate a reflection of the interview as the remaining two transcripts, which may have impacted on initial data collection. The small sample size from one international placement offered by one university makes results difficult to generalise. There is no discussion of how themes were identified, data analysis is not clearly outlined which may impact on quality of results presented.	Concerns about studying in Thailand – initial concerns eased as placement progressed allowing students to focus on cultural immersion. Language seen as less of a barrier, with mutual acceptance of cultural differences more important than knowledge of culture. Expectations of program – cultural benefits acknowledged as well as personal development expectations. Experiencing the reality of AIDS pandemic in Thailand has greater impact than previous theoretical knowledge. Participating in the program was worth the cost of the placement.
Tuckett and Crompton (2014)	To report the qualitative experiences of three groups of Australian undergraduate nursing and midwifery students on undertaking an international learning	39 students (2010 n=13, 2011 n=15, 2012 n=11)	Siem Reap, Cambodia. Four-week placement.	Interpretive Research design. Open ended expression of interest and questionnaires completed on day 7, 18 and 27 of the clinical	Qualitative content analysis.	Evaluates one placement offered by one university, which limits generalisation beyond sample, however does include multiple cohorts across three years. Questionnaire used to	Understood through two core themes • Global citizen, better citizen – broaden student's life perspective, making them aware of another country with a different culture, assisting the

experience in Cambodia	placement	obtain qualitative data during placement – this may have impacted on the depth of qualitative data provided. Article does not outline questions asked.	students in future with their career choices • Personal/professional development – both personal and professional motives for identifying and participating in this placement. Helping others and life opportunities outside the classroom main themes

The qualitative studies, with the exception of Tuckett and Crompton (2014) have a small sample size (ranging from three to nine participants), making generalisation to other settings difficult. However, consistent themes were discovered throughout the articles. Detailed summaries of the articles reviewed are presented in Table 2.1, to ensure that the original context of the studies is retained. A key argument against the synthesis of qualitative research is that the findings may be de-contextualised and that concepts from one setting may not be transferrable to another (Lucas et al., 2007). However, information on the studies has been woven through the discussion of the analytical themes generated in an attempt to preserve the context of the studies that formed their basis.

Themes identified included 'developing cultural awareness and competence', 'providing a global perspective on healthcare', 'translation of theory to practice', 'growing personally through reflection' and 'overcoming apprehension to successfully meet the challenge'. A diagrammatic representation of the process of moving from initial coding, to descriptive themes and finally to the analytical themes presented for discussion is shown in Figure 2.2 using the theme growing personally through reflection as an example.

Figure 2.2   A Diagrammatic Representation of the Coding Process using the Theme: Growing Personally Through Reflection

DISCUSSION

Developing cultural awareness and competence

Developing cultural competence and increasing cultural awareness was seen as an important outcome by both students and educators across the seven studies, with students expressing the importance of having a global awareness. This was evidenced in the Tuckett and Crompton (2014) study where students were able to reflect on how their experience of culture in Cambodia gave them an appreciation of global health issues that they may potentially encounter within the multicultural society back in Australia, through comments such as: '*health care professionals need to have an understanding of different cultures*' and *'(the placement) provides them with an appreciation of global health issues*' (Tuckett & Crompton, 2014, p 138). Students perceived the experience helped them to broaden their perspective and made them more aware of a different culture within its country of origin.

The observation and immersion that students are able to experience enables them to make comparisons between cultures leading to the potential for acknowledgement and integration into professional practice. This can best be articulated through the reflection of a student completing a two-week international placement in Tanzania: *'The similarity is that children are treasured in both cultures, as seen by the tender way the nurse comforted the child. While medical practice is manifested differently across cultures, the basic elements of love and care are the same.'* (Photograph 2, Michael et al, 2012). During a placement in India (Charles et al., 2014) a similar perception led students to recognise the validity of the Indian health care system, aided by their increased understanding of the Indian culture *'I fully understand that they believe in how they care for their patients and implement nursing practices are those of high standards looking from the outside and I too would protect these beliefs of mine and probably would not like for a foreigner dictating how nursing procedures should be structured' (*Journal 8, Charles et al, 2014).

As a result of undertaking an ICP students recognised that they were also experiencing a different nursing culture than that which they had so far been familiar with. The recognition of nursing culture as distinct from ethnic culture,

while recognised in multiple studies, was particularly evident in the study of a student placement in England and Northern Ireland (Grant & Mckenna, 2003). This was the only study included that focused on a placement in a developed country and with a culture that was most similar to that encountered in Australia. Despite the similarities in cultures students were able to recognise differences on both a micro and a macro level. Micro differences commented on were those such as differences in performing nursing skills, with comments such as '*There was a lot of old-fashioned routines'* and '*Haven't seen aseptic technique used during dressing changes'*. Whilst students also recognised macro differences in organisational structure and health care delivery with comments being made in relation to the hierarchy in the health care organisation, such as: *'Doctors garner an abnormally large amount of, well more a sort of intimidated fear'*. Such comments indicated students found the setting to be sufficiently different from the Australian health care system to warrant mention.

Providing a global perspective on health care

International clinical placements allow students to not only experience a different culture but also observe and practice within a different health care system. The ability for students to recognise the differences between Australia's health care system and that of the destination country was evident in all seven studies however this contrast was greater in those studies of placements undertaken in developing countries. Whilst some students focused on the lack of resources and the large numbers of patients requiring care as a perceived barrier to 'effective' or 'Westernised' health care, others were able to recognise that providing effective health care is not about resources alone (Michael et al., 2012). The development of this understanding was evidenced by students in Dar Es Salaam (Michael et al., 2012) and in India (Charles et al., 2014) who recognised that with sound knowledge of the principles underlying good care, shortcomings in resources could be overcome. This understanding is reflected by the following student comments '*The surgical area lacked a change room; instead workers changed into their clean scrubs in the office. The sluice room lacked hot water and was placed directly next to the theatre; however, it was clean, a bottle of methylated spirits placed prominently on the sink. It reminded me that providing health care comes from sound principles, not merely access to equipment and by using the*

provided space well, shortcomings can be overcome' (Michael et al., 2012); and *'although the standards and procedures are different to Australia, the knowledge (from doctors and nurses) appears to be there (example healthy eating, antenatal screening etc.). It seems to be a matter of educating the village residents on healthy living practices rather than having expensive equipment and extensive facilities'* (Journal 5, Charles et al., 2014).

Translation of theory to practice

Undergraduate nursing programs include clinical practicum experiences throughout the degree to allow students the opportunity to consolidate their theoretical knowledge and apply it in a clinical setting. The evidence presented in these articles suggests that students believe that ICPs offer them the ability to make this progression. Students who attended a clinical placement in Cambodia noted that *'learning about and improving knowledge of child health, physical assessment and the scope of the role of the nurse in a 'disadvantaged community' setting was invaluable'* (Tuckett & Crompton, 2012, p 140). This sentiment was echoed by the authors of two other studies: one a Tanzanian placement where '*students recognised they could still provide care with what resources were available. As a consequence, an appreciation for their own pre-existing skills and knowledge was identified'* (Michael et al., 2012, p26) and in another placement in Surin, Thailand that '*had assisted them to gain an understanding of how culture impacts on health care beyond what could have been learned at a theoretical level'* (Reid-Searl et al., 2011, p 895). Students self-reporting indicates that they feel that they learn a great deal and derive benefit from the placement and anecdotally one study suggested that as students progressed in their placements they '*responded much more confidently in the second and third interviews and saw themselves as having acquired more knowledge'* (Inglis et al., 1998).

Whilst students may perceive these placements as contributing significantly to their understanding and competence, two studies suggest that these changes might not be as great as anticipated. Providing students with a case scenario, presented an opportunity for Inglis et al (1998) to determine if students were able to take their knowledge and experiences and apply them in a community-based situation. There was evidence presented in the study of students developing a greater

understanding related to the cultural issues present in the society, the use of health promotion and recruiting community-based volunteers in community-based nursing practice. However, the intellectual development seen by the authors was not as great as they had anticipated based on their prior anecdotal evidence (Inglis et al., 1998). The only quantitative study included in this review also suggests that changes in the attitudes of the students who undertook an ICP to Nepal was only modest and there was no marked shift in attitude on most items as a result of their placement when compared to a cohort of students who had not undertaken the placement (Inglis et al., 2000). Significant shifts in attitudes were seen in a few areas including those items relating to living conditions and work habits. The authors interpreted these changes in attitude as likely to have been as a consequence of students witnessing the living and social conditions in Nepal firsthand whilst on placement.

Growing personally through reflection

The importance of personal development was raised by students throughout the studies, and ranged from their individual reasons for undertaking an ICP through to the outcomes of their experiences, as reflected at the conclusion of the placements. Students identified a variety of reasons for choosing to complete an ICP including personal reasons such as the opportunity to travel, to challenge themselves and to gain experience (Grant & Mckenna, 2003; Rolls et al., 1997; Tuckett & Crompton, 2014). The desire for students to 'help others' came through strongly in the study by Tuckett and Crompton (2014, p 139) with students believing they were motivated to go beyond what they normally would to help achieve their goal of helping others. This also triggered students to reflect on their reasons for becoming a nurse and how their wish to help others was integral to this decision, with the authors reflecting that the individual growth of students who undertake the placement is an outcome alongside developing their global awareness (Tuckett & Crompton, 2014).

Consistently the studies found students reflecting on their personal growth and how this impacted on their professional development and future career choices. The desire to work in the future for international aid organisations was mentioned by students as being a reason for participating in the placement (Tuckett &

Crompton, 2012) as it provided them the opportunity to gain experience of working in a low-income country. For many students witnessing first-hand the health care systems in developing countries was a confronting experience, which ultimately led to realisations that transcended health care. These realisations were reflected by student comments across placements, with a student on a placement in Surin, Thailand reflecting *'We (Australia health care system) are way ahead of them with resources…but we are not way ahead of them when it comes to being in touch with humanity and treating, having a spiritual aspect of work'* (P2, Reid-Searl et al., 2011, p895); Other similar insights were evident in comments from a student on placement in Chiang Mai, Thailand *'I thought most people in the village would have AIDS. That's not true. They are concerned about the common cold just like we are'* (Student B, Rolls et al., 1997, p155) and from a student in India: *'A great lesson that I have learned is that healthcare has to be acceptable within a cultural boundary for all… It is of no use promoting certain lifestyles which are not acceptable – this is a great lesson to be learned regarding our own Indigenous people'* (Journal 6, Charles et al., 2014).

Overcoming apprehension to successfully meet the challenge

International clinical placements provide students with a number of challenges and barriers that must be overcome to allow them to provide holistic nursing care in culturally and linguistically diverse settings. With multiple studies interviewing students prior to departure (Reid-Searl et al., 2011; Rolls et al., 1997; Tuckett & Crompton, 2013) consistent themes emerged regarding the apprehension that students feel at this time. Personal safety, professional competence and the ability to make a positive contribution without being a burden to the local community were discussed by students attending placement in Thailand in the study be Reid-Searl, et al. (2011). Similar concerns were raised by students interviewed by Rolls et al. (1997) who were also undertaking a placement in Thailand, however in this study by the time of the second interview during the third week of the placement, these fears had largely been allayed. This may indicate areas that could be addressed in educational sessions and resources provided by the universities prior to the students travelling, with the Reid-Searl, et al. (2011) study highlighting that students felt underprepared for the experience they were about to undertake.

Overcoming language barriers was recognised as a challenge by students prior to departure (Tuckett & Crompton, 2014; Rolls et al., 1997) and continued to be a barrier throughout the placement. Students undertaking the placement in Cambodia reflected on the difficulty communicating, and the use of interpreters, which resulted in slow communication and difficulties in obtaining accurate information (Tuckett & Crompton, 2014). Students were required to find ways to improve communication even with the use of interpreters including *'clear concise and simple terms'* and adapting pre-prepared lesson plans to '*ensure cultural sensitivity and compatibility with translation to the Khmer language'*(Tuckett & Crompton, 2014, p 139). However, concerns over language barriers prior to the placement were recognised as being less of an issue than initially thought in Chiang Mai, Thailand with students commenting *'The language problem wasn't as bad as I thought. I'll feel a lot more relaxed if I go to another Asian country'* and *'Within a week we picked up the language that we needed to know'* (Student B and A, Rolls et al., 1997, p 154).

Comparison of Findings with International Literature

Due to the small number of articles located on ICPs for Australian nursing students, a comparison was undertaken using international literature emanating from Canada and the United Kingdom (UK) to determine if findings in this review were consistent with data from other countries with similar nursing education programs to Australia. Following the same methods as the initial search similar numbers of relevant papers, as were found in the Australian literature, were found to meet the inclusion criteria. Seven articles from the UK and six from Canada, were identified and analysed to determine key themes that were then compared to those found in the Australian synthesis. A summary of the comparison of themes between the three countries can be found in Table 2.2.

Table 2.2   Comparison of Themes Between Three Countries: Australia, Great Britain and Canada

Country	Australia	Great Britain	Canada
No. of articles	8	7	6
Publication Dates	1997-2014	2000-2012	2009-2014
Articles	Charles et al, 2014; Grant & McKenna,	Greatrex-White, 2007; Greatrex-White, 2008;	Aarts et al, 2010; Afriyie-Asenso et al,

Country	Australia	Great Britain	Canada
	2003; Inglis et al, 1998; Inglis et al, 2000; Michael et al, 2012; Reid-Searl et al, 2011; Rolls et al, 1997; Tuckett & Crompton, 2014	Green et al, 2008; Lee, 2004; Morgan, 2012; Scholes & Moore, 2000; Thompson et al, 2000	2013; Burgess et al, 2014; Harrrowing et al, 2012; Reimer Kirkham et al, 2009; Zanchetta et al, 2013
Research Design	7 Qualitative, 1 Quantitative	6 Qualitative, 1 Quantitative	6 Qualitative
Length of Placements	8 days to 5 weeks	6 to 12 weeks * A large proportion of these studies represented 12 week placements which might reflect the funding models available to UK universities, with some European Union funding requiring a minimum of 12 weeks abroad (Goodman, Jones & Macias, 2008)	3 to 12 weeks
Sample Size Range	5 to 39 participants	10 to 74 participants	4 to 48 participants
Themes Identified	- Developing cultural awareness and competence - Providing a global perspective on healthcare - Translation of theory to practice - Growing personally through reflection - Overcoming apprehension to successfully meet the challenge	- Gaining confidence in personal and professional life - Discovering culture through being an 'other' - Overcoming language barriers to develop connections - Using reflection to question their world view - Becoming more independent	- Maintaining engagement and readjusting to life after the experience - Developing personal and professional empowerment through reflection - Learning through engagement with the local community - Motivated by the need to help - Developing a global awareness through cultural immersion

The benefits for students in developing a greater global awareness through immersion in the cultural experience were consistent across all three countries. Research from the United Kingdom identified the significance of students feeling like a 'foreigner' (Greatrex-White, 2008) and the 'different one' or 'other' (Morgan, 2012) which enabled students to gain an appreciation for multicultural patients in their own country. Canadian students who completed a placement in Malawi echoed these findings with one student noting '*in relation to cultural safety I have learned the importance of education and understanding as an outsider. This is important to avoid the making of judgements*' (Student Spring, Harrowing, Gregory, O'Sullivan, Lee & Doolittle, 2012, p 498). Similarly, a Canadian study (Reimer Kirkham, van Hofwegen & Pankratz, 2009) found the loss of the nursing students' own cultural context bought a vulnerability and openness to their self-reflections that was able to enhance cultural understanding and communication.

The use of reflective strategies to provide students with the opportunity to consider their experience was found to be an enabling factor for personal and professional growth in studies across all three countries. British students' abilities to reflect on the experience they were undertaking enabled them to consider how skills and knowledge could be transferred to future nursing practice (Lee, 2004). Whereas Canadian nursing students, undertaking a placement in Zambia reflected on themselves as professionals and what was important to them (Asenso et al., 2013). For some, this resulted in them questioning the value of the placement for the host country, with one student commenting *'I learned a lot as a nurse, personally and spiritually and I would not change that, but leaving here I am asking myself what we really accomplished here'* (p 232).

The influence of the media prior to departure on shaping students' motivations for undertaking an ICP, and their perceptions of what they could contribute to the host country was evident in the Canadian literature. It was found images portrayed in the media may have contributed to the idea that Africa requires our help and is not capable of improving themselves (Afririe Asenso et al., 2014). This perception, on one hand, motivated students to participate in clinical placement so they could understand why health and social inequalities occur, but on the other contributed to their belief that there was a neediness in developing

countries that they felt they could help to fix (Burgess et al., 2014). While the concept of wanting to help was present in the Australian literature (Tuckett & Crompton, 2014), the influence that the media has on this desire was not investigated.

LIMITATIONS OF FINDINGS

Due to the small number of articles located on ICPs for Australian nursing students in the Asian region, the review was extended to those studies that included ICPs in Africa and Europe. Due to the significant differences in geography, social, economic and political development across regions this may have affected the results of this review, however it was believed that the added depth of data that these studies would add to the review warranted their inclusion.

The use of thematic synthesis to review qualitative research has been criticised, due to the nature of qualitative research, which does not lend itself to transferability outside its original context. An effort has been made to ensure that the original context of each study is not lost through the presentation of a detailed summary of each study, allowing the reader to determine if the context of the studies presented matches their own (Thomas & Harden, 2008).

CONCLUSION

This review sought to investigate the existing literature to identify how Australian nursing students and ICP stakeholders describe the benefits and challenges of their placements and how they determine the placement's success. The themes of developing cultural awareness and competence, providing a global perspective on healthcare and translation of theory to practice reflected the outcomes that students believed they were able to achieve as a consequence of participating in an ICP. The benefits and challenges experienced by the nursing students were identified through the themes of growing personally through reflection and overcoming apprehension to successfully meet the challenge. These themes were supported in the literature emanating from Canada and the UK, indicating that ICP leads to similar outcomes in other countries with similar nursing education programs. However, what becomes clear when reviewing and reflecting on these themes is that each does not exist in isolation and successful ICPs, from the

students' perspective, are the result of seeing growth and development across a variety of personal and professional attributes and goals.

As the majority of the current literature is focused on how students view the benefits of the placement, it is difficult to determine whether these placements actually result in enhanced student outcomes or how these benefits are maintained over time (Tuckett & Crompton, 2014). Often, the educational institutions' reasons for undertaking these placements, and the learning outcomes for students participating in these experiences were only described in broad statements such as '*enabling students to study the delivery of health care in a developing country*' (Inglis et al., 2000, p 249). The student experience is just one perspective from which to view the success of ICPs. More research needs to be undertaken to determine if those successes identified by the students, are supported by the facilitators travelling with them, the educational institutions supporting these placements, the travel providers organising these placements and the communities in which these placements take place.

2.6   Culture and Nursing

The review of the Australian and international literature around ICP, has identified a variety of theories and terminology around the impact of culture in healthcare and more specifically the importance this plays in providing safe and effective nursing care to individuals and communities. This literature review has already discussed that a key motivation and outcome for students who participate in ICP is the development of cultural competence or awareness, the following section will look more closely at the different theories of cultural development.

The international literature highlights considerable variation within the terminology used to describe the development of cultural awareness and the development of culturally competent nursing practice. Terms such as cultural awareness (Evanson & Zust, 2006; Gower et al., 2017; Graham et al., 2014; Stephens & Hennifer, 2013), cultural sensitivity (Peiying et al., 2012), cultural competence (Gower, Duggan, Dantas, & Boldy, 2016; Kohlbry, 2016; Wall-Bassett, 2018), and intercultural sensitivity (Medina-Lopez-Portillo,2015); have all been used to describe the aims and outcomes of international placements.

Several models for increasing cultural understanding have been developed over the past four decades. It is generally accepted that cultural competence is an ongoing process that develops

47

alongside personal and professional maturity (Koskinen & Tossavainen, 2004). The three models outlined below by Leininger, Campinha-Bacote and Ramsden all emphasise the influence of culture on healthcare and people's interactions with the healthcare system. They all consider the concepts of cultural awareness and sensitivity but differ in their philosophical underpinnings, Leininger's theory has an anthropological basis, Campinha Bacote's builds on biblical morals and Ramsden's theory is based in emancipatory and neo-colonial paradigms (McEldowney & Connor, 2011).

2.6.1 Theory of culture care diversity and universality

The theory of cultural care diversity and universality has its origins in the 1950s when Madeline Leininger envisioned increasing cultural knowledge to meet the needs of an increasingly culturally diverse population and ensuring they had access to safe and effective care (Leininger, 2007). Leininger believed that nursing was inherently different from the medically dominant model prominent at the time, and that this difference was embedded in the paradigm of care or caring (Leininger, 2007). The theory and accompanying research methodology (ethnonursing) were designed 'to discover cultural care (caring) meanings, expression, patterns and practices of cultures mainly from an emic (insiders or local) viewpoint and with some etic (outsiders) perspectives' (Leininger, 1998, p 45). The onus is on the nurse to develop knowledge on the cultural beliefs and values of the client to deliver culturally congruent care. This can be achieved through observing and interacting with clients from other backgrounds, actions that reflect the anthropological underpinnings of Leininger's theory (Ramsden, 2002).

It has been suggested that there are three modes of action to achieving culturally congruent care. These modes highlight enabling or facilitative acts that: help clients retain beneficial cultural practices, values or beliefs (cultural preservation), help cultures negotiate or adapt to ensure cultural congruent, safe and effective care (cultural accommodation) and change or modify lifeways or behaviours to promote better healthcare practices (cultural repatterning) (McFarland & Eipperle, 2008). A descriptive qualitative study of nine undergraduate students who travelled from the US to Guatemala explored the students' response through the lens of the Culture Care Framework (Evanson & Zust, 2006) from interviews conducted two years after their experience. Students demonstrated all three modes of action in their description of behaviours they use to achieve culturally congruent care in their current nursing practice. Cultural preservation was evidenced by students' attempts to speak Spanish to make Hispanic

patients more comfortable in the health care setting. Cultural accommodation was evidenced by taking additional time to explain procedures to immigrant clients and their families. Whilst cultural repatterning was discussed through a recognition of the impact that a scarcity of medical resources in Guatemala had on health behaviours such as clients hoarding medications or medical supplies for use later.

2.6.2   The process of cultural competence in the delivery of healthcare services model

The process of cultural competence in the delivery of healthcare services model describes cultural competence as an ongoing process for the healthcare worker to provide care effectively within the patient's own cultural context and followed on from the work of Leininger (Campinha-Bacote, 2002). Cultural competence is defined in this model as "the ongoing process in which the healthcare provider continuously strives to achieve the ability to work effectively within the cultural context of the client (individual, family, community)" (2002, p81). Cultural competence consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire with health care workers seeing themselves as becoming, rather than already being, culturally competent. Opportunities for cross cultural immersion and face to face experiences are sought out through a desire to increase exposure to such cultural encounters (Kohlbry, 2016).

This model has been used as a framework to assess the impact that an international service learning program had on students' sense of cultural awareness and competence during a nine-day study abroad program to the Dominican Republic. Following an immersive experience, students (n=8) reflected on their time abroad through a case study presented by Wall-Bassett, Hedge, Craft and Oberlin (2018) on their return to the United States. Themes identified fell within the construct of the Culturally Competent Healthcare model with students displaying: cultural awareness through comparing healthcare systems in the United States and the Dominican Republic, cultural knowledge through learning firsthand in real settings, cultural encounters through the immersive nature of the placement, cultural skill through stepping out of their comfort zones and cultural desire through confronting preconceived notions and reconsidering their nursing career goals for the future.

A survey instrument has also been developed to measure the process of cultural competence highlighted by the model. The Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals – Student version is a 20 item Likert scale tool that scores students on four levels: cultural proficiency, cultural competence, cultural awareness and

cultural incompetence, with an average Cronbach's alpha of .87, reported across prior studies (Kohlbury, 2016). The tool was used to assess attainment of cultural competence amongst undergraduate nursing students in the USA (n=121) who travelled abroad on an immersive service-learning program. The tool was administered pre and post program, with findings suggesting that whilst there was a significant increase around the constructs of cultural knowledge and cultural skill, there was no significant change in overall cultural competency following the experience (Kohlbry, 2016).

2.6.3 Cultural safety

Cultural safety (kawa whakaruruhau) has its roots in New Zealand where Maori nurses identified that they and their people felt unsafe within the mainstream health care system (Papps & Ramsden, 1996). The experience of the recipient is at the forefront of cultural safety, defined as 'The effective nursing practice of a person or family from another culture, and is determined by that person or family' (NCNZ, 2011, p 7).

For students to learn cultural safety, they must reflect on their own culture and recognise the power dynamics inherent in relationships between nurses and patients (Papps & Ramsden, 1996). Students of cultural safety move through a process from cultural awareness, to cultural sensitivity and finally culturally safety (NCNZ, 2011). Providers of culturally safe nursing care must understand their own culture, be mindful and respectful of difference, acknowledge the existence of power imbalances within the healthcare system, and have an appreciation for the historic context of colonisation and its impact on indigenous populations (CATSINaM, 2014). One of the key features of Cultural Safety is the focus on addressing power imbalances inherent within the healthcare system, with the power given to the recipients of healthcare to determine if they have experienced culturally safe and effective care (Ramsden, 2002).

2.6.4 Implications for undergraduate nursing education

The Nursing and Midwifery Board of Australia have integrated cultural safety into the most recent Code of Conduct for Registered Nurses (NMBA, 2018), moving away from the terminology of cultural knowledge and culturally informed and competent care discussed in the previous standard (NMBA, 2006). The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) recognise the need for nurses and nursing students to develop cultural awareness and sensitivity to be able to provide culturally respectful care,

which is ultimately deemed culturally safe by the recipients of care (CATSINaM, 2014). Whilst culturally safe care may be the ultimate goal of any interaction within the healthcare system, students must first acquire cultural awareness and then progress to cultural sensitivity before having the necessary knowledge and experience to deliver culturally safe care. The terms cultural awareness and sensitivity are used within this thesis, within the context of moving students towards the provision of culturally safe care.

2.7   Areas for Future Research

A review of the literature has highlighted a number of areas for further research to gain a greater understanding of how ICP can be successfully incorporated into undergraduate nursing programs to enhance student learning. International clinical placements require a relationship between the visiting universities and students and the local healthcare workers and community. Given this requirement there has been limited research on the impact that these placements have on either the local community or the local health care system. To truly build equitable and sustainable placements, this gap in the literature needs to be addressed.

Whilst there have been considerable number of qualitative studies on the impact and influence these placements have on students, there is little measurable data to support the acquisition of learning outcomes such as increasing cultural awareness and sensitivity. Some initial work has been presented using quantitative scales to measure changes in these areas of learning, however they have so far only been conducted on small samples sizes which impacts on the ability of these results to be transferable to all placements. The creation and subsequent evaluation of tools to measure the outcomes associated with ICP may help provide greater evidence of their overall impact on students.

The structure, location, facilitation and length of ICP is also an area that requires further investigation. Whilst there are numerous descriptive studies that outline how placements were created or managed, there is little research that compares the advantages and disadvantages to each type of placement. The location of the placement whether in a low-, middle- or high-income, the length of placement whether short two-week placements or longer three month immersions, the availability of a facilitator or mentor from the home institution, and whether a placement is observational or participatory are all comparative measures that require further research.

2.8 Chapter Summary

This chapter has explored the literature to provide an overview of what is currently known about ICP experiences. It reviewed the literature related to ICP location, structure, facilitation and preparation. This was followed by an overview of the literature focusing on outcomes of ICP for students, educational institutions and host communities. Embedded within this chapter was an amended version of a published systematic review of the literature related to ICP in the Australian context, this comprised Phase One of this case study. Finally, an overview of theories of culture and healthcare was provided, this included a discussion of the terminology within cultural education in nursing that appears in the international literature.

The gaps in the literature identified here pose a number of questions that have not been well addressed, if at all. They need careful consideration and attention in the future to ensure that ICP are undertaken with a consciousness and understanding from all stakeholders involved. To maintain a sustainable and equitable relationship between all stakeholders, an understanding of how each stakeholder attaches value and meaning to a successful ICP program is essential. Understanding what factors contribute to a successful placement can ensure that outcomes are achieved that benefit all stakeholders.

Chapter 3   Research Methodology

3.1   Introduction

The chapter outlines the research design and theoretical underpinnings that guided data collection and analysis for this research project. This project aimed to answer the following research question and sub questions:

How do the key stakeholders understand, value and attribute meaning to success in Australian Bachelor of Nursing short-term international clinical placement (ICP) undertaken in the Asian region?

1. *What are the characteristics inherent in ICP?*
2. *How do ICP partnerships develop and who are the key stakeholders?*
3. *What do stakeholders' value about ICP?*
4. *What is the stakeholders' experience with ICP?*
5. *How do stakeholders define a successful placement and what measures do they use to determine successful outcomes?*
6. *How can Australian nursing programs best frame their ICP experience to obtain maximum benefit for participating nursing students, facilitators and their host communities?*

A detailed description of each phase of the research design is provided, including data collection and analysis processes. This chapter concludes with a discussion on steps taken to ensure trustworthiness within the study and ethical considerations.

3.2   Research Paradigm

A case study design with a constructivist paradigm was used. This provided an ontological and epistemological viewpoint through which to consider the data, aligning with the purpose of the study, to understand how stakeholders assign value and meaning to their ICP experience.

3.2.1   Constructivism

Constructivism as a theoretical viewpoint makes the assumption that people's perceptions of experiences and life events are constructed by the individual and therefore the individual is

responsible for constructing the reality in which they participate (Charmaz, 2014). At the core of constructivist theory objective reality does not exist and concepts are constructed, they are not simply waiting to be observed or discovered (Mills, Bonner & Francis, 2006). Guba and Lincoln (2005) assert that reality is therefore a social construction of the mind and state that whilst some constructions may be shared, there remains as many constructions as there are individuals. In constructionism, relativism underpins the researchers' beliefs about what is known (Appleton & King, 1997). Ontologically, the constructivist paradigm maintains that reality is relative, multiple, socially constructed and not governed by natural laws.

Historically the constructivist paradigm signalled a change in direction that focused on understanding phenomenon rather than attempting to explain them. This change was known as the interpretive turn, occurring during the mid to late 19th century, with the assertion that to understand humans, they needed to be studied within the context of their social, physical and cultural lives (Costantino, 2012). Within a constructivist paradigm, the researcher understands that data collected does not simply reside in the outside world, but will reflect the conditions in which the participants are experiencing it. Therefore, constructivism assumes that meaning and value will differ for each individual (Hunter & Krantz, 2010). This assumption will be fundamental to understanding the perspectives of key stakeholders interviewed, as each participant with bring their own interpretation to the ICP experience.

Whilst epistemologically knowledge is constructed between the inquirer and the participant as a result of the inquiry process itself, the relationship between the knower and the known is person centred and context specific (Lincoln & Guba, 2005). Constructivism emphasizes the 'humanness' of the researcher, that the researcher is part of the research and not merely an objective observer. The subjective relationship between the researcher and their participants results in a co-creation of meaning, rather than a discovering of knowledge. Therefore, it is imperative that both the researcher and the reader acknowledge that the researcher's values form an inevitable component of the outcome (Appleton & King, 1997; Mills et al., 2006). The researcher's impact on the final outcome has been outlined by Charmaz (2014, p.342) who states that 'their interpretation of the studied phenomenon is itself a construction'. This theoretical assumption is recognised throughout the research design of this current study, including the incorporation of reflective journaling by the researcher. As the researcher is an active participant in creating, planning and facilitating ICP at their own education institution, it was essential to reflect this involvement and the lens through which the research is being undertaken.

Constructivist learning theory developed within education circles and suggests that learners bring their personal experiences to new learning opportunities, making sense of new information through past experiences (Hunter & Krantz, 2010). Therefore, a constructivist paradigm may provide a theoretical basis for educating nurses and nursing students to provide culturally safe care. As constructivism proposes the idea of multiple, socially constructed realities, this understanding could be applied to our understanding of how people view culture. This integration helps to ensure that health care professionals consider multiple factors such as socioeconomic, historical and political perspectives when viewing health behaviours rather than culture alone (Garneau & Pepin, 2015). Considering the often-cited learning outcomes of ICP include increasing cultural awareness and competence, a research paradigm that scaffolds the case study research methodology, the anticipated learning outcomes of the case itself and a learning pedagogy to support ICP appeared synergistic.

3.3   Research Design

A case study is an in-depth exploration of a phenomenon which is situated within contextual, temporal and geographical boundaries (Levett-Jones & Lathlean, 2009). This case study used a mixed method design to understand how participants in ICP value and attribute meaning to a successful placement. A case study–mixed methods (CS-MM) design is a case study that includes a mixed-methods design nested within, as opposed to a mixed methods case study (MMCS) which uses a case study nested within a larger mixed-methods study (Guetterman & Fetters, 2018). The use of a CS-MM design allowed the researcher to explore a phenomenon in context (the case) through the use of multiple sources of data, both quantitative and qualitative (Baxter & Jack, 2008). Four phases of data collection were used throughout the study: systematic review, mapping survey, stakeholder interviews and reflective photo journal, as illustrated in Figure 3.1.

Figure 3.1　Phases of Data Collection and Analysis
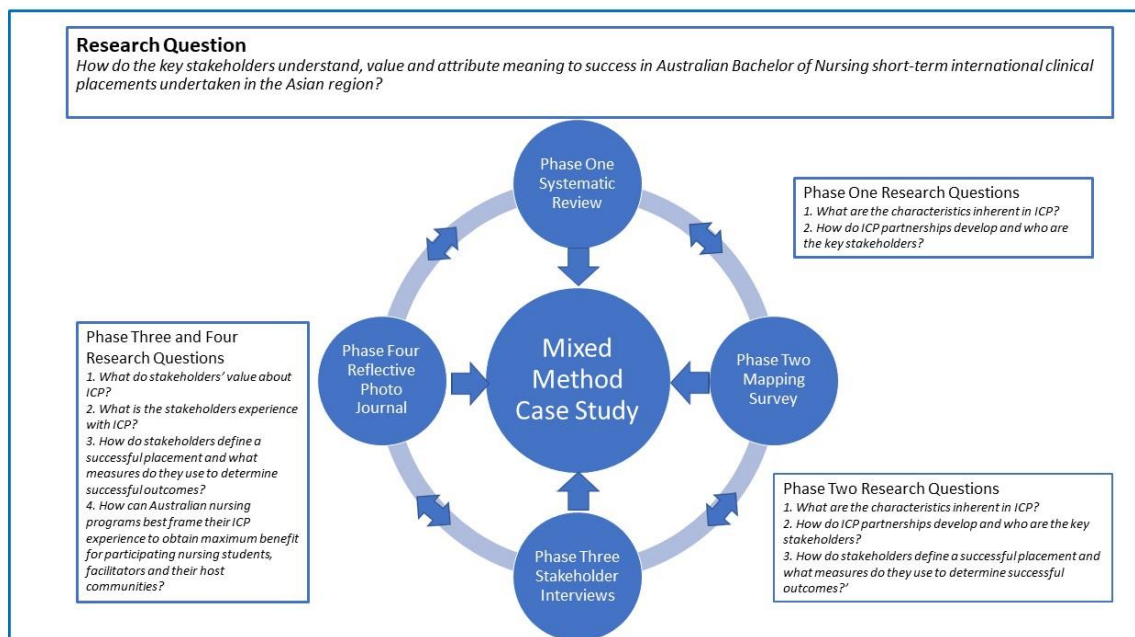
Each phase was designed to address one or more of the research sub questions and contribute to the understanding of the main research question. The four phases of data collection and analysis occurred concurrently, with each phase informing other phases. The data from each phase fed into a collective understanding of the case study, to address the overarching research question. The case study approach outlined by Stake (1995) is founded in a constructivist paradigm, recognising that multiple perspectives contribute to a greater understanding and highlight the researcher's role in constructing interpretations (Lauckner, Paterson & Krupa, 2012). With this premise in mind consideration was taken to ensure methodological congruence between the constructivist research paradigm and the overall research design.

3.3.1　Case Study – Mixed Method Design

As this study is interested both in the successful outcomes of ICP and the process through which these outcomes are achieved, a CS-MM best suited the research questions being asked. The case study approach gathers the perspectives of those involved to provide a holistic understanding of a phenomenon in context (Boblin, Ireland, Kirkpatrick & Robertson, 2013), whilst the mixed methods approach allowed for the integration of both quantitative and qualitative approaches to more fully answer the research question (Plano-Clark & Ivankova,

2016). Mixed method research is becoming more common within nursing research, as it can provide an in-depth understanding of the experience of health and illness, provide greater understanding of the effectiveness of interventions and can enhance the transferability of findings from theory to practice (Fabreques & Pare, 2018).

Mixed methodology case studies have been used within nursing education research to gain greater understanding of how students learn and develop the knowledge and skills to become professional Registered Nurses. One such study by Levett-Jones and Lathlean (2009), used a mixed method case study to explore third year nursing students sense of belonging in the clinical setting. The instrumental case study used fieldwork, a quantitative survey and qualitative interviews across three sites to explore the relationship between belongingness and the clinical placement experience. The results of this study went on to inform the design of the Ascent to Competence framework, integrating the complex relationships and factors that influence the attainment of clinical competence for undergraduate nursing students (Levett-Jones & Lathlean, 2009).

To align with the constructivist research paradigm, the case study approach set out by Robert Stake (1995) was used to guide the research design. The work of Stake is underpinned by constructivist assumptions; ontologically, reality is subjective and understanding the phenomenon requires an understanding of the context in which it exists, and epistemologically, the researcher is closely linked to the phenomena being studied. This sets him apart from other case study methodologists such as Yin who are situated within a post-positivist paradigm (Boblin et al, 2013).

Case studies are identified by Stake (1995) as being either: intrinsic – where the intent of the researcher is to better understand the case in question, instrumental – where the case provides insight into an issue or helps to refine a theory, or collective – which enables the researcher to explore differences within and between cases. As the intent of this project was to allow the researcher to better understand the case in question; that is short term ICP offered by Australian universities to undergraduate nursing students in the Asia region, an intrinsic case study design was appropriate.

Case Study methodology has been used previously to investigate nursing students' experiences whilst studying abroad. The flexibility of case studies to explore both process and outcomes using multiple methodologies was cited as a reason for Green et al. (2008), choosing this design to explore the experiences of Swedish and UK nursing students

following a study abroad experience. The outcomes from the Greene et al. study, reflect both process orientated findings such as good preparation prior to departure, as well as outcome orientated findings related to increased personal and professional development.

In order to ensure that the case in question is not too broad, it was important to provide boundaries on the case being studied. The process of binding the case study can drive the theoretical and methodological underpinnings of the research project and should be given careful consideration and redefining throughout the research process (Huberman & Miles, 2002). Multiple criteria have been identified for binding a case including time and place, time and activity and definition and context (Baxter & Jack, 2008). This case study set boundaries based on time and activity (short term placements for undergraduate nursing students) as suggested by Stake (1995), and definition and context (short term ICP offered by Australian universities to undergraduate nursing students in the Asian region), as suggested by Miles and Huberman (1994). Following the results of the mapping survey, these boundaries were further refined due to the wide range of international experiences available to undergraduate nursing students. Activity was redefined to include only those placements where students were able to practice and demonstrate clinical competence for the qualitative semi-structured interviews, excluding placements that were observational in nature or described as study tours rather than clinical placements.

3.4   Research Methods

When undertaking mixed methods research, it is important to ensure that the integration of quantitative and qualitative components is carefully considered within the overall research design (Fabreques, & Pare, 2018). This ensures that they work synergistically to create a holistic understanding that cannot be achieved through using one method along (Fetters & Molina-Azorin, 2017). The case study methodology described in this project includes the use of multiple data collection techniques to provide a comprehensive understanding of the case in question. Data collection will be undertaken using four phases aimed at complementing each other whilst focusing on different aspects of the ICP case study. The data collection, sampling strategy and data analysis for each strategy will be discussed below.

3.4.1 Phase One: Systematic Review

In Phase One current research knowledge on ICP was evaluated through a systematic review of the available literature. This component of the research design highlighted and sought to address the research sub-questions: *What are the characteristics inherent in ICP?* and *How do ICP partnerships develop and who are the key stakeholders?*

Systematic reviews provide the researcher with the ability to identify, evaluate and synthesise the available literature through structured and clearly defined processes, providing a snapshot of current knowledge (Aromataris & Pearson, 2014). Qualitative systematic reviews differ from quantitative systematic reviews, which often aim to establish effectiveness or incidence, as they seek to synthesis findings that provide a deeper understanding of experiences and perceptions for stakeholders (Stern, Jorden & MacArthur, 2014). Methods related to the conduct of this phase of the study have been published and are reported in full in Chapter Two as well as Appendix A. However, a brief summary of the data collection and analysis is provided here below.

3.4.1.1 *Data Collection*

A search of published literature was undertaken between September and December 2014 using relevant health science databases. The inclusion criteria for this study was limited to peer-reviewed research articles in English language journals related to ICPs offered by Australian Universities for undergraduate nursing students. Following retrieval of relevant articles, careful examination of the reference lists and a cited reference search were conducted to uncover any additional articles (Browne, Fetherston & Medigovich, 2015).

3.4.1.2 *Data Analysis*

A thematic synthesis approach was used to organise the data presented in the included articles. Articles were summarised with information collected on aim, research design and methodology, limitations and key findings. Initially line by line coding was conducted on the results section of each article, with frequently occurring codes developed into themes. This facilitated the creation of analytical themes, translating concepts reported across studies (Browne, Fetherston & Medigovich, 2015).

3.4.2 Phase Two: Mapping Survey

Phase Two involved mapping current ICP experiences on offer in Australia. This component sought to add further detail and clarification to the research sub-questions: *What are the characteristics inherent in ICP? and How do ICP partnerships develop and who are the key stakeholders?* This was undertaken using an online survey tool to collect data from Nursing disciplines about the ICP programs they currently offer (Appendix B). This included questions on types of placement, duration, number of students and facilitators, as well as organisational questions such as placements partners. The survey data also began to address the research sub-questions: *How do stakeholders define a successful placement and what measures do they use to determine successful outcomes?* through included open-ended questions on learning aims and objectives as well as assessment strategies used.

3.4.2.1 *Data Collection – Sample and Recruitment*

An online survey tool was designed to collect data on ICP programs offered to nursing students. The survey was sent to all higher education institutions in Australia with entry to practice nursing programs. The results of the systematic review informed the design and selection of questions in the online survey tool, which included questions on the structure of the placement, learning aims and outcomes, evaluation methods and information on organisational processes. Online surveys provide a number of benefits for the researcher; they are easy to use, low cost, allow for automated data entry, decrease response time and allow for easy and rapid dissemination across a broad area and cohort (Loomis & Paterson, 2018).

Invitation to participate in the on-line survey was extended through an email sent to each University's Head of Nursing School or discipline within Australia in August and September 2015 (Appendix C). The invitation to participate had a response rate of 48% (n=18 out of 37). Response rate is generally accepted as an indicator of a samples' representativeness, with response rates for online surveys generally being slightly lower than paper-based surveys (Loomis & Paterson, 2018). However, with the development of more sophisticated online survey tools, which help to guide user response, online surveys are completed more correctly and fully than paper-based surveys (Helms, Gardner & McInnes, 2017). The survey invitation was sent to all institutions however the online survey tool was designed to gather detailed data only on those placements undertaken in undergraduate nursing programs in the Asia region. The survey design created and distributed using Survey Monkey® (SVMK, 2015),

used adaptive questioning to target respondents with placements in the Asian region. This technique is an automated process embedded in web-based platforms that adapts the survey to individual respondents based on past responses (Helms et al., 2017), enabling the filtering of respondents to those with the experience and knowledge of this intrinsic case study. Respondents to the survey were asked to provide the name of their institution, although could choose to remain anonymous by leaving this question blank.

3.4.2.2 *Data Analysis*

Descriptive data was collated from the survey to form a snapshot of Asian region ICPs offered to undergraduate nursing students in Australia. Data provided under aims and learning outcomes of the program were analysed separately using content analysis. Manifest content analysis was chosen to describe the visible and obvious components of what the provided text said, leading to the formation of categories rather than themes, as categories are more representative of the manifest content analysis process (Graneheim & Lundman, 2004). As the aim of this study was to describe the aims and learning outcomes apparent in ICP, it was felt that manifest content analysis would ensure that categories remained representative and descriptive of the data provided in the survey.

The data was first coded into meaning units that were then condensed to shorten each unit, whilst still maintaining the core meaning. These condensed meaning units were then grouped to create sub-categories, which were then sorted and abstracted to form categories related to the aims of the program and the programs' learning outcomes.

3.4.3 Phase Three: Stakeholder Interviews

The third strategy was to determine the value and meaning of a successful ICP from the perspective of multiple stakeholders through semi-structured interviews. This phase sought to provide further detail on the research sub questions: *What do stakeholders value about ICP?; What is the stakeholders experience with ICP?; How do stakeholders define a successful placement and what measures do they use to determine successful outcomes?;* and *How can Australian nursing programs best frame their ICP experience to obtain maximum benefit for participating nursing students, facilitators and their host communities?*

Interpretive Description (ID) was used to guide Phase Three of the case study, from sampling and recruitment to data collection and analysis of the stakeholder interviews, as it was felt

that this approach best suited the overall research design and the positionality of the researcher within the inquiry. Strengths identified through using this type of qualitative analysis are a coherent structure for developing research, an orientation towards clinical contexts within nursing and health profession research, the generation of findings that are applicable and accessible to clinicians and an attention to disciplinary biases (Hunt, 2009). Given these strengths it was felt that this methodology would fit well within the overarching research design of this case study.

Interpretive Description, as a form of qualitative analysis, was developed in response to a growing need amongst nursing researchers for a qualitative methodology that could address the complex experiential questions that arose in the clinical setting (Thorne et al., 2004). Foundationally, ID sought to capture themes and patterns in small scale qualitative studies enabling an interpretive description that could inform clinical practice (Thorne et al, 2004). Given the experiential knowledge that the researcher brings to this case study, ID allowed for the clinical knowledge and experience that the researcher had of ICP to ground the fore structure of the study. This allows data analysis to be orientated towards developing findings that will assist nurses and other health care practitioners in their practice (Hunt,2009).

This research methodology had been used extensively in nursing research as well as in nurse education research, both on clinical placement and in the classroom, including studies: exploring the experiences of clinical facilitators working with nursing students (Ryan & McAllister, 2019); exploring challenging clinical learning environments for undergraduate nursing students (O'Mara, McDonald, Gillespie, Brown & Miles, 2014) and the use of the flipped classroom in undergraduate nursing education (Bernard & Ghaffari, 2019).

Given the constructivist paradigm supporting this case study ID was considered an appropriate fit. Interpretive description acknowledges the constructed and contextual nature of human experiences (Thorne, Reimer Kirkham & MacDonald-Emes, 1997).

Interpretive Description has previously been acknowledged as a research design which is well suited to research approaches which are grounded in empowerment and acknowledge the dominant cultural constructs and colonial attitudes within research (Brewer, Harwood, McCann, Crengle & Worral, 2014). The study by Brewer et al. (2014) combined interpretive description with Kaupapa Maori research to explore experiences of Maori with aphasia to determine ways that speech therapists could provide culturally responsive care for these patients. The authors acknowledged that whilst the two approaches originate in different

worldviews, they could be used synergistically to highlight different aspects of research theory and process, resulting in data that was both clinically relevant and culturally responsive. As this case study incorporated participants from a wide range of cultural backgrounds it was felt that an approach to qualitative analysis, such as interpretive description, which can incorporate culturally responsive research practices was appropriate.

3.4.3.1 *Data Collection – Sample and Recruitment*

The prospective sample was recruited through purposive sampling, whereby participants were selected who represented a variety of stakeholders in the process and provided different perspectives on the experience (Thorne, Reimer Kirkham & O'Flynn-Magee, 2004). Participants were identified through the systematic review (Phase One) and online survey (Phase Two), as well as snowball sampling triggered through the experiential knowledge of the researcher. This reflects the objectives of interpretive description; purposive sampling and data collection should be derived logically from the research question and what is already known (Thorne et al., 2004). Due to the nature of the case under investigation it was not possible to account for all individual variation in both placement and stakeholders. Recruitment ceased once it was felt that participants reflected a range of diverse perspectives inherent in ICP, and data analysis reflected the ICP experience providing actionable outcomes. This decision aligns with an assumption underpinning nursing research, that no matter how many cases are reviewed there remains the possibility that new cases may provide new insights or demands on the phenomenon (Thorne & Darbyshire, 2005). A clear commentary is provided as to how the final sample population reflected some of the diversity that may be encountered in practice, providing justification for the sample that reflects the needs of the intended target audience (Thorne, Stephens & Truant, 2016).

By including stakeholders with a range of roles in the ICP experience a holistic view of ICP from multiple perspectives was formed. Stakeholder groups were identified through Phase One and Two, and included: students, university staff, program administrators and members of host communities and organisations. Stakeholders were approached and invited to participate in individual interviews, either via phone or in person depending on their geographical location and personal preference.

Semi-structured interviews were used in Phase Three due to their flexibility whilst still offering a focused structure (Kallio, Pietila, Johnson & Kangasniemi, 2016). This allowed the

researcher to adapt to participants responses leading to greater reciprocity and more personal reflections about the ICP experience.

Developing rapport and allowing the participant to share their experiences requires more than posing questions and recording answers in the interview setting. Careful consideration needs to be given to frame and structure the interview in a way that elicits deep and meaningful responses (Thorne, 2007). For this reason, a semi-structured interview guide was created using the data collected through Phase One and Phase Two of this study (Appendix D). A deeper understanding of the topic was developed, through critical appraisal of the available literature in Phase One and the empirical knowledge gained in Phase Two, provided the basis for a logical and cohesive interview guide (Kallio et al., 2016). This guide was intended to ensure that the researcher remained open to multiple lines of questioning and was broken up into five main sections with an initial prompting question for each section. The guide reframed questions for the intended stakeholder group, based on their perceived role within the ICP experience, although during the interviews in many instances' questions were appropriate across stakeholder groups.

The majority of interviews were conducted in person, with only two interviews conducted via Skype, as participants were interstate at the time of interview. The semi-structured interviews ranged from 45 minutes to 90 minutes, with the length of time driven by participant discussion. All interviews were audio recorded using a digital audio recorder including Skype calls. These audio recordings were then downloaded to a secure password protected computer for storage. The recordings were transcribed verbatim by the researcher using NVIVO© 10 software (QRS International, 2014), where language allowed. The following section outlines the transcription and translation of those interviews conducted in a language other than English.

3.4.3.2 *Cross-Language Interviews*

Whilst most interviews were conducted in English, the inclusion of participants from host community locations required some interviews to be conducted with the assistance of a translator. The term cross-language is used to describe research projects where language barriers exist (Santos, Black & Sandelowski, 2015), such as the language challenges that were confronted during the stakeholder interviews with host communities and local health care workers in this study.

The researcher travelled to host communities with student groups from their own educational institution and was present during the delivery of the healthcare clinics undertaken throughout the clinical placement. At the conclusion of the placements, the researcher conducted interviews with local project coordinators, and community members including nurses, clinic managers and village representatives. As there was little or no English language spoken in these communities, interviews were conducted with the assistance of a local translator.

The introduction of translation and the use of translators adds additional methodological considerations into cross-language studies, to ensure that the story the participant is telling remains an accurate reflection of their original intent (Santos et al., 2015). In this study the translator had worked on these types of placements before, acting as a translator in the health care setting. Therefore, they were aware of the terminology required, the importance of confidentiality and had a knowledge of local culture and customs. This ensured that the translator was able to convey not only the words but the meaning and concepts behind the words, as language is deeply rooted in local cultural constructs (Santos et al., 2015).

The translator read an information letter (Appendix E), which had also been translated into the relevant local language (Appendix F - Khmer example; Appendix G – Thai Example), which outlined the purpose of the study, what participation in the study involved and their ability to withdraw at any point. This was made available to the translator and was offered to participants however, most chose to listen to the information provided by the translator rather than read the information sheet. Due to the low levels of literacy in the region, verbal consent was obtained from all participants, this consent was witnessed by both the interviewer and the translator and recorded at the start of the interview as evidence of consent.

The interview was conducted with the researcher, translator and participant present. Questions were asked by the researcher in English and translated into the local language by the translator. The participant answered the question in their native language which was then translated back into English by the translator. This allowed for clarification in the moment if either the participant was unsure of a question or the interviewer required further clarification of the answer.

On return to Australia, the audio recording of the interview was sent for transcription in both English and the local language. The use of verbatim transcription of the interviews in the participants language was critical to ensure that the richness of the original interview was

maintained in the participants own words, an essential element of qualitative research (Lopez, Figueroa, Connor & Maliski, 2008). The portions of the transcription in the local language were then sent for translation into English to ensure the reliability of the original translation. The transcription of the interview was sent back to the participant in their local language, with English translation as appropriate. The translation that occurred during the initial interview was then compared to the translation of the audio recording for similarity.

Broadly the translations were similar from a language perspective, however the original translation captured the local context due to the familiarity of the original translator with the local setting. One interview with a local village chief, when sent for transcription was found to have been conducted in both the national language and a regional dialect which the transcriber was unfamiliar with, the transcription was partially completed and then returned to the original translator for clarification on the sections conducted in the regional dialect. It was felt that the sections unable to be transcribed and retranslated were small enough to not adversely affect the overall reliability of this translation.

3.4.3.3 Data Analysis

Data analysis followed an inductive approach with codes emerging from the data, codes were then developed and changed as the analysis continued (Brewer et al., 2014). Initial coding was conducted using NVIVO© 10 software (QRS International, 2014), which is designed to assist with coding, analysis and organisation of Qualitative Research projects.

Data collection and analysis occurred concurrently informing one another, shaping and directing the evolving inquiry which led to the discovery of new insights and possibilities that were not originally envisaged (Thorne et al, 2004). A constant comparative method (Glaser & Strauss, 1967) was used to explore themes and subthemes emerging from the analysis process. Interpretive description as a method of analysis borrows principles from the constant comparative method more commonly associated with grounded theory (Burdine, Thorne & Sandhu, 2020). As outlined in this approach data analysis proceeded along six steps: immersion in the data through re-reading transcriptions and re-listening to audio recordings; development of initial thematic templates by looking for broad patterns within the data; condensing of data into meaningful units and reflecting on how these fit with the patterns that are emerging from the data.

The final stage of the analysis approach involved further refining the interpretive themes and subthemes as they related to the successful international clinical placement, ensuring that the final themes reflected the initial research questions. During this stage data was compared and contrasted within stakeholder groups and then finally comparing and contrasting across stakeholder groups. This continued refinement of themes, through synthesis, reflection and the use of concept mapping (see xx), allowed the researcher to understand how interpreting the participants data led to the development of the final themes and framework (Burdine et al., 2020).

Figure 3.2   Preliminary concept mapping during data analysis 1

Figure 3.3   Preliminary concept mapping during data analysis 2
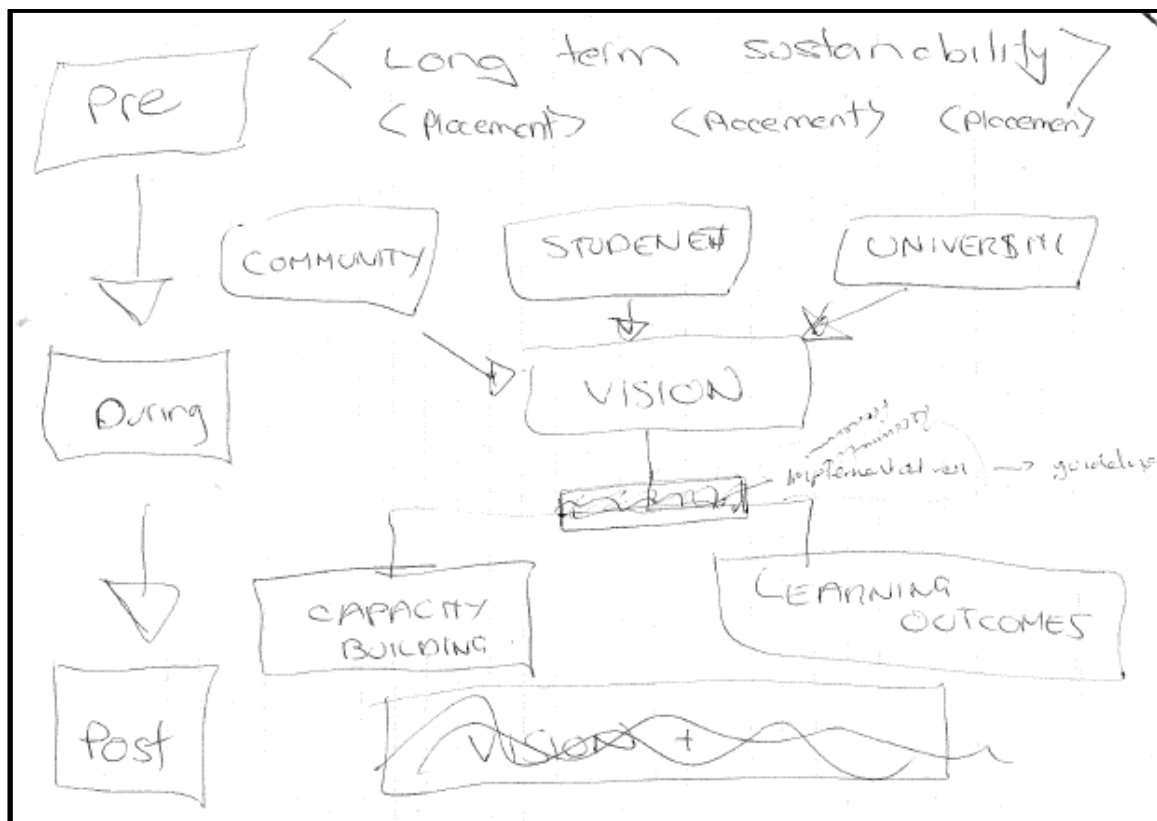
3.4.4   Phase Four: Reflective Photo Journal

Phase Four of the research process considered experiential knowledge through the use of a reflective photo journal. The researcher continued to be an active participant in the ICP undertaken in her undergraduate nursing program, and the reflective diary was kept by the researcher to allow examination of her own practices and experiences whilst on ICP. It also allowed for reflection on the researchers' thoughts, feelings, assumptions and biases and how these may impact data collection and analysis. The researcher is ultimately responsible for what data is collected, which data rises to prominence during data analysis and how these findings are conceptualised and disseminated. It was therefore imperative that the role of researcher as interpreter is fully explored (Thorne, 1997). The reflective photo journal therefore became a mechanism to increase credibility and authenticity. The methodology for the use of the photo journal is currently under review with the journal *Qualitative Research*, an adapted version of the article is presented below:

Photo-Journaling: Researcher Reflexivity in action

Introduction

Reflexivity allows the qualitative researcher to explore their biases, assumptions and world view, and through this, their impact on the research process. For novice researchers at the start of their research journey reflexivity can be an elusive concept. Whilst there is considerable literature on the importance of reflexivity within qualitative research as a means of establishing rigor and trustworthiness, little is published on methods that can be used to achieve it (Probst & Berenson, 2014). This article provides an overview of the journey one novice researcher (first author) undertook to better understand their position within their PhD research process using a photo-journal to help guide the reflective process.

Context of the study

As a relatively new researcher, I conducted a case study to examine successful international clinical placements for Australian nursing students in South East Asia. These placements involve undergraduate nursing students travelling overseas to complete a portion of their clinical placement hours in another country and healthcare system. Undergraduate nursing programs in Australia integrate international clinical placements into their curriculum to provide one avenue for students to develop cultural awareness and begin to explore the role culture has in healthcare delivery (Gower et al., 2016). Underpinned by a constructivist paradigm, the case study used mixed methods to provide an overview of the international clinical placement experience. The study involved; a systematic review (Browne et al., 2015), an online mapping survey (Browne & Fetherston, 2018) and semi-structured interviews with key stakeholders using an interpretive approach, to provide a holistic view of what contributes to successful international placements.

I was familiar with the area being researched both as a practising nurse, through my experience living and working in South East Asia, and as a nursing educator, being responsible for the international placement program at my home university. I often accompanied groups of nursing students to complete their international clinical placement experience overseas as a clinical facilitator and this role

continued for the duration of my doctoral research project. This role as an insider in the international clinical placement process led to the identification of the research question '*How do the key stakeholders understand, value and attribute meaning to success in Australian Bachelor of Nursing short-term international clinical placements undertaken in the Asian region?*' There exists significant debate in research literature about the impact of having an insider perspective on the research process (Brunero, Jeon & Foster, 2015), with one benefit being the possession of specialist knowledge that allows access to research questions that might not otherwise be identified.

Throughout this study, I was functioning as: a nurse educator ensuring the learning needs of the students; as a nurse ensuring the care and wellbeing of patients, and as a researcher immersed in the process of data collection and analysis. Within the research 'situations are neither totally familiar nor totally strange' and the researchers' status as an insider or outsider may fluctuate throughout the research process depending on who they are engaging with at any given time (Allen, 2004, p.15). Whilst fieldwork was not a part of the research design, it was inevitable that I would make decisions during the research process that might be influenced by what I was seeing and experiencing whilst on my own international placements. It therefore became imperative that I was able to identify when this may have occurred through integrating reflexivity into the research process. This ensured my transparency as a researcher, increasing confidence in the research process and outcomes.

Theoretical Background

Researcher Reflexivity

Reflexivity has emerged in qualitative research to better understand how the positionality of the researcher influences research processes and outcomes. It has been used as a means of increasing confidence in qualitative research and enhancing researcher credibility through clearly articulating the researchers' position (Walker, Read, & Priest, 2013). Whilst the notion of reflexivity has widespread acceptance within qualitative research, it is important that the practice is made explicit to ensure that its inclusion is more than a superficial justification of rigour (Allen, 2004). A researcher who clearly identifies the reflexivity process provides the reader with a transparent account of their intimate involvement with

the research process, enhancing the credibility of the findings, which is a key component of rigor in qualitative research (Berger, 2015).

Researcher reflexivity can be viewed as a process, the researcher undertakes critical self-reflection through a continual internal dialogue that asks them to consider how their personal assumptions may impact on the research process and ultimately the outcomes of the study (Berger, 2015). Reflexivity as a way of thinking can aid in the interpretation of data and should be iterative, not merely confined or bracketed to one element of the research process (May & Perry, 2013). Reflexivity during the research process should be considered as a way of being, knowing and thinking rather than a set of techniques or the methodical use of reflexivity tools (Probst & Berenson, 2014).

The researcher needs to be aware of their relationship with the research topic and participants, as well as identifying in the moment when personal experience and bias may influence interpretative decisions rather than data (Dowling, 2006). This can lead to changes in thinking, behaviour and understanding, enabling researchers to develop greater connections with their research, their participants and the wider community (Nilson, 2017). This is particularly important when the researcher must navigate the relationship between being an insider in the study setting as clinician or educator and being an outsider as a researcher. Incorporating reflexivity into the research process can help researchers to work through issues of potential bias identified by the insider outsider dichotomy throughout data collection and analysis (Brunero et al., 2015).

Reflexivity in Nursing

Reflective practice has been embraced by the nursing profession, to secure the nursing knowledge base, to develop and recognise evidence-based and innovative practice in the clinical environment (Kelsey & Hayes, 2015). The link between reflective practice and nursing can be traced back to the early writings of Florence Nightingale whereby her narrative reflections highlighted healthcare reforms and nursing as a profession (Lim & Shi, 2013). Today, reflective practice is endorsed through nursing standards of practice, asking the Registered Nurse to develop 'practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice' (NMBA, 2016, p3). The

integration of reflective processes into nursing practice has helped to raise the professional status of nursing by highlighting the complex integration of theoretical knowledge, practical skill and experience that evolves through reflection-in-action and reflection-on-action (Edwards, 2017).

Reflection in Action

The concept of reflection in action was first suggested by Schon, who emphasised the thinking that is employed by expert practitioners in the midst of practice (Schon, 1983). Schon highlighted the reflection-in action that occurs when a professional must consider divergent or incompatible practice with their current knowledge base; and make decisions in the moment. This was explicitly applied to the nursing context by Tanner (2006) who described reflection in action as the ability of the nurse to assess the patient and make clinical judgements based on this assessment, whilst reflection-on-action occurs when they incorporate this new knowledge into their ongoing clinical knowledge. Building on the work of Schon, Edwards (2017) suggested expanding the reflective process to include the concepts of reflection-before-action and reflection-beyond-action. Therefore, the practitioner moves through four reflective dimensions; reflection-before-action, reflection-in-action, reflection-on-action and reflection-beyond-action. It is this model I have used to frame my reflective practice in my photo journal.

Reflection-before-action is a form of pre-reflection where consideration is given to prior knowledge and experience, helping the practitioner to build a greater awareness of what is happening around them, and becoming more mindful of their actions before they take place (Edwards, 2017). Reflection-in-action involves the practitioner responding spontaneously to events or changes in circumstances as they occur, focusing on understanding what they are doing as they are doing it (Yanow & Tsoukas, 2009). Reflection-in-action can enable the practitioner to restructure their intuitive understandings to produce new actions or thinking that may reframe the present situation (Schon, 1983). Reflection-on-action occurs after the fact, when a practitioner or researcher looks back and critically examines past events or decisions with which they have engaged (Yanow & Tsoukas, 2009). This dimension requires distance between the practitioner and the event, to enable a contemplative space where self-reflection can guide enhanced understanding (Lim & Shi, 2013). Finally, Edwards suggests

closing the reflective process through reflection-beyond action, this phase involves the participant seeking meaning and understanding form their experiences in the clinical setting (Edwards, 2017).

Conceptual Model

In recognition of the importance to clearly articulate the positionality of the researcher, a conceptual model was devised to underpin my approach to reflexivity during my research and illustrate the multiple perspectives impacting the research process (Figure 3.4). This model recognises the interconnectedness of the three roles I fulfilled whilst undertaking the research and the contribution that each made to the international placement experience, whilst also recognising the significance of the underpinning role of 'self'. Whilst each role influenced how I understood and experienced the international placement; they were also all informed by the process of being "on the placement". There was an exchange of understanding, knowledge and experience that was both brought to the placement and taken away from the placement. This model is underpinned by the assumption that reflexivity is a two-way interplay between the researchers inward and outward gaze, as distinct from reflection, which asks the researcher to solely focus on the self or their inward gaze (Probst & Berenson, 2014).

Figure 3.4   Researcher Positionality Conceptual Framework
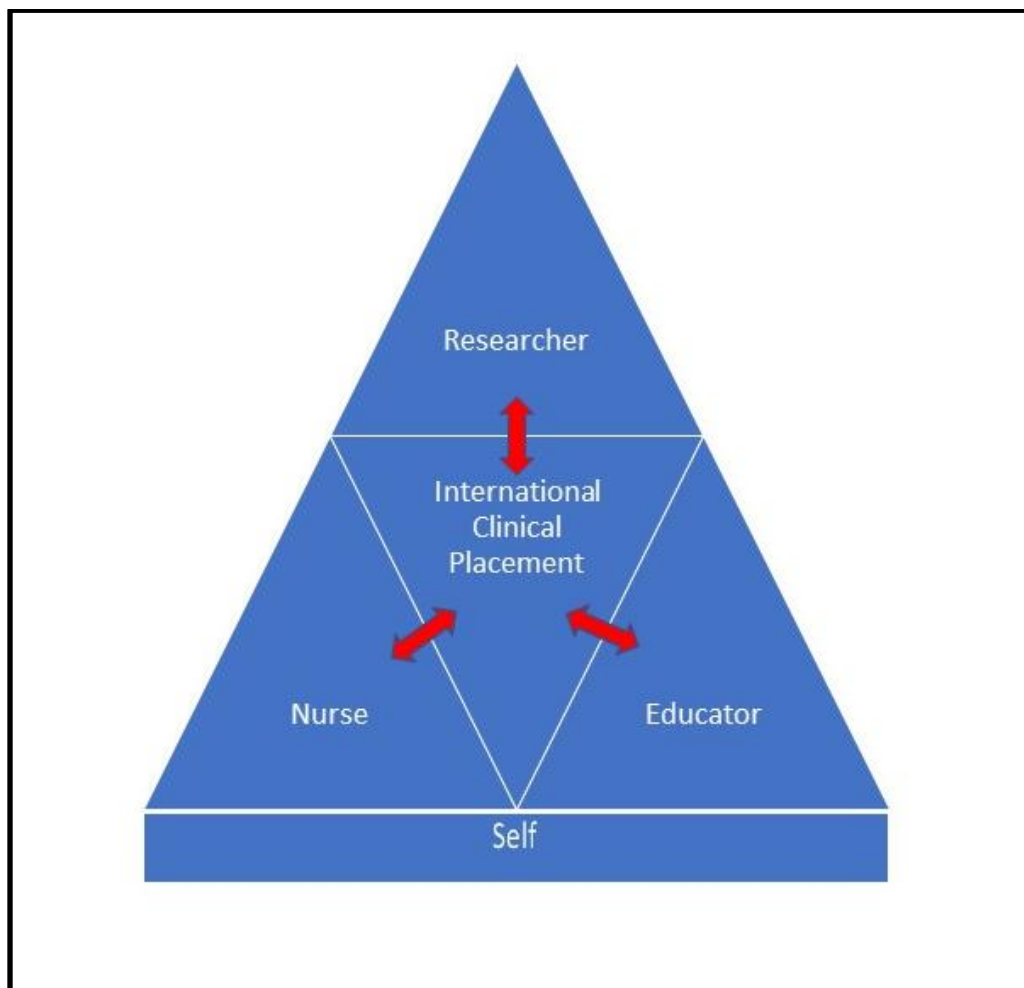
Methodology

As I further understood the importance of integrating reflexivity into my study design, I began to search for an approach that best worked for myself as a researcher, whilst also complementing the research design. As part of my literature review, I had read a study that used photo novella to explore student experiences whilst on international clinical placement (Michael et al., 2012), this led me to further explore visual methodologies. Reflexive photography is a method of photo-elicitation that asks participants to gather photographs that reflect their daily lives. Through this process it allows them an opportunity to reflect on and construct meaning from their photographs (Cahyanto et al., 2013). The use of reflective photography can lead to deeper levels of thought, as participants must consider what photographs to take, how to take the photographs and then consider which photographs they are willing to share with the researcher (Wallace, 2015).

Reflexive photography has previously been used to explore American nursing students' learning of cultural competence during an international study program to Guatemala (Amerson & Livingston, 2014). Students were asked to take photos that reflected four categories of learning during their placement abroad, with findings suggesting that the process of reflective photography itself consolidated the learning from the placement. The study highlighted that this innovative method may provide a robust reflective method for visual learners, with students commenting on the deeper level of meaning that reflecting on the events in the photo required (Amerson & Livingston, 2014).

I felt this methodology could be adapted to help explore my position within my research project, if I was to become the participant in my own reflexive photography study. Combining reflective photography with a robust reflective framework could provide an explicit process through which to explore my assumptions as a researcher; making clear what might otherwise be hidden and helping to enhance research credibility. As a participant, I took photos that reflected what I was seeing, hearing and experiencing whilst on international clinical placement. I then used these photographs as a tool during the research process, to reflect on data collection and analysis and to ensure that my interpretation remained grounded in the data.

Photo-Journal

I kept my photo-journal throughout the research process, mostly as a personal reflection on what I was seeing, hearing and experiencing, to try and reconcile the different roles that I was portraying during this period. It ensured that I was being accountable for decisions that I was making during data collection and analysis, whilst recognising that I could never remove myself completely from the research process. During some periods I was prolific with taking photos, at other times less so, however I have repeatedly returned to the photos reflecting on the story they are telling in light of new information from the qualitative interviews. The photos (n=30) and accompanying narrative reflections were kept in a word document in chronological order (taken between 2013 and 2018), with key words added to each entry to serve as bookmarks. All reflective entries were date stamped so I was able to keep track of my place within the reflective process.

The integration of photography into a research project raises several ethical questions and concerns beyond informed consent and confidentiality. Consideration must be given to how the photograph represents the people in it, how the identity of the participant may be affected, and how the photographic data is used and published (Langmann & Pick, 2014). Once an image is shared through publication or presentation, the audience brings their own assumptions and biases to the viewing of the photograph leading to multiple interpretations of the same image (Dockett, Einarsdottir & Perry, 2017). It is therefore imperative that any participants who appear in a photograph give informed consent, with a full explanation of the research process and how the photograph may be used (Langmann & Pick, 2014). Ethics approval was given for this project by the higher education institutions' human research ethics committee, individual ethical amendments were submitted to capture the unique cultural, social and political contexts for each international location (MUHREC 2014/055).

The following two photographs and reflective narrative provide examples of the integration of the reflective process throughout the photo-journal. They serve to illustrate how the voices of the participants and the reflective photography led to a greater understanding of the data.

Photograph One

This photograph (Figure 3.5) was taken early in the research project, when I had just begun a systematic review of the available literature. During a visit to the local hospital, the students assisted the nursing staff by taking basic observations for those patients presenting at the clinic. This hospital runs monthly clinics whereby patients with hypertension or diabetes can come and have regular health screening and assessment.

Figure 3.5   Photograph One

Reflection-before-action: As a nurse, interactions between patients and nurses in community health clinics or primary health care settings provide an opportunity to share health education and awareness around non-communicable diseases such as high blood pressure and diabetes. On the surface taking someone's blood pressure, particularly someone who might not have access to regular blood pressure medication or healthcare might seem like a superficial exercise. However, by offering regular health clinics it provides opportunities for people to interact with and experience health care they might not have had exposure to, it allows for repeat teaching opportunities at an individual level and can create positive relationships between communities and health care services. Over time this can result in changes to not only individual health but the health of the whole community, as people share knowledge and new behaviours with their family and friends.

Reflection-in-action: When I initially took this photograph, I was taking a photo of a student practising her clinical skills, in this case a blood pressure on one of the patients who had come to the clinic that day. As a nurse educator it demonstrated to me a core fundamental clinical skill and one of the key benefits

that nursing students get out of these types of placement, the ability to practise their skills without all the modern technology that we take for granted in our healthcare system, such as automated blood pressure machines. This was echoed in student comments during the interview phase.

Definitely assessments, and it was just a really good opportunity to get your vitals down pat. You know, like manual blood pressures, stuff like that. Really good. Doing them over and over and over on people just coming through the clinic. Yeah, really good. On a ward you don't get to do that all the time, and it's all electronic now (Interview with Student Five).

Reflection-on-action: However, from the interviews it became clear that the seemingly brief interactions with patients and the inability to follow up patient care was an area of concern for students. They were trying to reconcile the short time they had on placement, with the ad hoc nature of the treatments delivered

It was just hand pills out, you know and I sort of hope you know maybe they learn a little bit more from some of the assessments we did, a little bit more thorough, I don't know probably not but… (Interview with Student One).

I know it was brought up a few times about whether we are actually a benefit to them or not. Whether we just go out and provide them with two weeks of medications and they don't see anyone else for another year, that was sort of brought up as well. I think we do actually. I think we do really benefit them in the way of, if nothing else, giving them someone to say, you know what, "You're all right (Interview with Student Five).

Reflecting on this evidence highlighted an area that I was missing as both a nurse and educator. I had the experience working in these types of areas and with similar programs to see the bigger picture and to see longer term outcomes, that students on a three-week placement could not, leading to negative reflections from both staff and students,

The actual people who came to the clinics, they weren't always truthful, in that they were trying to get stuff, because we had free stuff. And we thought afterwards that we would have been better off if we didn't know that. If we went again what we would have done and known that, is set up a pack of freebies, if

you want freebies come here get your freebies see you later, let us because we were going through a whole lot of questions and assessments for people who didn't need, didn't actually have stuff, or anything wrong with them and they were making things up on the spot and it was obvious after a while that they weren't telling us the truth (Interview with Student Three).

that we were coming in to give them pills we were going to assess all their problems so whatever you've got bring all your problems which is why they came from ten years ago bring all your problems and we'll give you a pill (Interview with University One).

This data provided examples of feelings of frustration and distrust from some participants in the value of the health interventions on this type of placement, which led to looking deeper into the data. As a researcher, I asked myself why were such negative feelings being generated by participants towards the community they felt they should be helping? Were they unable to see a bigger picture outside their daily interactions with the community? What impact did the participants world view have on the way they reflected on their interactions with the local community? The data seemed to suggest that focusing on the learning opportunities these placements provide for the students was important, yet evidence from the student participants suggest that this learning might be superficial at best or serve to reinforce negative assumptions and biases.

Reflection-beyond-action: When I reflected on this picture again during data analysis following interviews with local program administrators and community members, I was able to see relationships that I had overlooked during my initial reflection. Program administrators who work closely with the local communities to facilitate these programs talked often in their interviews about being exposed to a different culture and different perspectives on healthcare. I had seen this as a common theme in the literature and in learning aims expressed by higher education providers. Students experienced working with and caring for people from another culture, often in a different language and in a different healthcare setting, although as can be seen from previous comments enhanced cultural understanding is not a given. However, I had failed to recognise that this was also

the case for those communities and healthcare providers we were working with on placement, they were also experiencing 'the other'.

Yes. I've seen, like they've got more.. sometimes we do the health education and the community are really into it, they love being around foreigner, and also they really listen and engage with, you know, all the information, plus they, our clinic stuff also engage, as well, make it more successful, helpful to them (Interview with Program Administrator Three).

They just happy to get the medicines. Some of them never meet a doctor for a year or many years, do you know? Some of them not show up because they want to see the doctor but they want to see the foreigner doctor. They called as "Moh Farang" they feel like they will get the better health care service even if they have to follow our Thai Standard but that made them to have a chance to experiences with Moh Farang they all Happy (Interview with Program Administrator Two).

When I look at this photograph now, one of the first things I see is the look of glee on the patient's face. She has a broad smile and is clearly enjoying the interaction, not something you normally associate with having your blood pressure taken. She too can interact with and experience healthcare with someone from another culture, making this more than just about taking a blood pressure. It becomes an opportunity to share culture, to identify commonalities and to overcome differences, for those who are open to the encounter.

Photograph Two

This photograph (Figure 3.6) was taken on the road to one of the rural villages where the placement team were setting up a health care clinic for the day. The scenery on the drive to each village was always stunning and made me feel incredibly grateful to get to participate in an experience where I was seeing parts of the world that are not easily accessible for the average tourist.

Figure 3.6   Photograph Two

Reflection-before-action: Preparing students prior to departure is an important element in ensuring the smooth running on an international clinical placement. For some students, these placements occur in rural areas of developing countries that might not be accessible to tourists or those without inside knowledge and contacts. Providing information and resources to allow students to leave with a greater appreciation of where they will be going is important, although encouraging students to do their own research may provide an avenue for learning and development.

Reflection-in-action: My initial impulse for taking this photograph was to highlight the beautiful and special parts of the world that are open to international placement groups. There is an immediate visceral sensation when you look out onto such an expanse of remote mountains, how untouched large sections of the landscape are and of feeling small and insignificant within such an awe-inspiring landscape.

Reflection-on-action: When reflecting on this photograph and focusing in on the villages you gain a greater appreciation for the remote locations where health clinics are being set up. You can immediately see the challenges that living in

such a location might pose for not only health care but accessing education, jobs and other services taken for granted when we live in cities and towns. This was reflected by one participant who felt having realistic expectations of the location was an important part of the preparation

I think just letting students know what to expect, and if it's not for you, you don't like eating rice, don't go to an Asian country for three weeks. That just sticks to mind. If you only ate fast food, you're not going to get that in a village that's a three-hours drive from nowhere. Just having people prepared for this is what it is. It's hard. You're not used to that sort of thing. You might love it. You might hate it, but, preparation (Student participant Five).

I think I had a concept of remoteness but it wasn't until you see the terrain and size of these villages that you realise that you don't have to be physically long distances from somewhere to be cut off or to have difficulty accessing services. A lot of the villages that we visited in South East Asia were only 20-25kms from the nearest town, yet it can take two to three hours to travel there along the bumpy and windy roads. If it had rained significantly, which it does for most of the rainy season, these roads were pretty much impassable. Villagers don't have access to the four wheel drive cars that we do, making the task even harder. In the student interviews they mentioned the discomfort and challenge of getting to the villages, although for some this was a source of fun and adventure:

We knew we were going for a walk up a hill, we didn't realise how steep the hill was, how far the distance was, we didn't have, I had two things of water but I'd run out. Lot of people didn't have enough water, it was hot going up and then we got there, and it rained and didn't stop (Student Participant Three)

Yeah, as we were out of the car pushing it up the hill. Yeah. That was good, that was fun. I thought it was good fun. That was part of the experience. I would be more than happy to have relived the same thing again with no changes (Student Participant Five).

Reflection-beyond-action: So whilst the healthcare services are there and at a high standard the ability to regularly access them is not. This placement really does provide students with a first hand experience of what it must be like to have no control over your ability to access healthcare, to be cut off when you require

assistance and the decision that this raises in relation to how you prioritise the health of yourself or your family. Students see patients in the village and learn about their health, the options that are available to them and are then able to see the very real consequences of living in a remote area and not able to access health care.

I can see they're uncomfortable like there was a cancer diagnosis of a young woman that really got to the students. So, I pulled them aside and we had a good chat. And I brought in one of the health staff to talk about their system and what they do with it and what the outcome would be. And that really helped them cope with that situation. Because the outcome basically was that she wouldn't have been able to travel for the treatment, she was going to die of the breast cancer (University Participant Three).

Hearing stories such as these caused me to look at this photo in a new light, whilst the scene is tranquil and picturesque, there are real challenges for the people that live in those villages which can have life and death consequences. This provides a powerful learning experience for the students when accompanied by guided reflective thinking and insights from local healthcare team members.

Conclusion

Incorporating previous knowledge and experience of reflective practice as a Registered Nurse allowed me to consider how best to pursue reflexivity within my doctoral research project. The integration of a reflective process and a visual medium such as reflective photography allowed me to consider my data in a new light and explore biases and assumptions that I may have bought to the research process. Whilst following a structured reflective process may not suit all qualitative research methods, as a novice researcher it provided me with an explicit link between my prior knowledge and experience, and my current research. This enabled me to clearly position myself as researcher within my research, enhancing confidence in the research process.

3.5   Trustworthiness

The concepts of credibility, transferability, dependability and confirmability are more applicable to the constructivist paradigm, than the more traditional positivist terms; internal and external validity, reliability and objectivity (Creswell & Miller, 2000). Strategies for ensuring trustworthiness are predominately adopted during the process of data collection and analysis and are researcher centred, such as triangulation and thick description. However participant focused strategies, for example, member-checking can be integrated into the analysis process (Morse, 2015). A combination of these strategies was used throughout this study to ensure trustworthiness and will be described in more detail below.

Credibility requires that there is a high probability that the findings presented are credible and represent the stories the participants shared (Xerri, 2018). Member checking was used as a method of establishing credibility and authenticity. Member checking can involve a range of activities: from returning interview transcripts to participants, using subsequent interviews or focus groups to check initial data analysis, through to providing participants with analysed and synthesized data to review (Birt, Scott, Cavers, Campbell & Walter, 2016). In this case study, member checking involved returning interview transcripts to the participants, allowing them to review the content and ensure the information presented reflects their narrative (Creswell & Miller, 2000). Those participants whose interview was not conducted in English, received a transcript of the interview translated in their native language. All transcripts were returned to participants except for one where the participant had been lost to follow up. This process allowed participants to alter, remove or add information that they felt was necessary to convey their meaning fully and truthfully. Two participants chose to make comments on their transcript, clarifying statements they had made during the initial interview. This approach is advantageous as it ensures that interview transcripts are a true reflection of the participants understanding of ICP and allows for the possibility of new data to be added, or inaccurate or unwanted data to be removed from the analysis (Birt et al., 2016).

Whilst transferability reflects how useful the findings of a study are in understanding how people would experience the same (or similar) phenomenon in a different setting (Monson &Van Horn, 2008), it is ultimately at the discretion of the reader. A thick description of the case study is provided through sharing the voice of the participants and clearly articulating the position of the researcher and the context of the study (Dawson, 2010). Providing a thick, rich description of the data ensures that the phenomenon under study, is instantly

recognisable to the reader, acknowledges the steps that were taken to verify the data along the way and ensures an appropriate sample size to reflect the phenomenon (Morse, 2015). The integration of detailed participant quotes throughout provided vivid detail that allows the reader to feel like they have experienced or could experience the events described by the participants (Creswell & Miller, 2000). The integration of thick descriptive narratives into qualitative research has also evolved to include visual methodologies (Dawson, 2010). The addition of photographs from the researchers' reflective diary within this case study added an additional depth to the description of the findings from the stakeholder interviews. This enables the reader to determine the credibility of the findings and their applicability to other settings.

Dependability and confirmability support the reliability and consistency of the research findings (Lincoln & Guba, 1985). Triangulation was integrated into this case study through the use of not only different stakeholder groups (data triangulation), but also multiple methods of data collection (methodological triangulation), providing a more complex view of the ICP experience. Triangulation aims to move the researcher closer to discovering the 'true' picture by including multiple perspectives to reduce bias and increase validity (Wolfram & Hassard, 2010). However, through the analysis of both divergent and convergent data within a case study, a more complex understanding of the case study can emerge, acknowledging that one true picture may not exist.

3.6   Ethical Considerations

This project invited both students and members of international host communities to participate in the research process. The researcher understood that both of these groups of participants may be considered vulnerable when participating in this type of research. This project received institutional ethics approval from Murdoch University Human Research Ethics Committee (Appendix H - Approval #2014/055) with research ethics amendments submitted for each international host community where research was conducted.

It was possible that some participants were recruited from projects which the researcher was involved with as an organiser and clinical facilitator. It was an ethical imperative that the researcher clearly identified themselves in both roles, and did not misrepresent the purpose of the research, as separate to their involvement in the ICP. Students may have felt that refusal to participate would result in possible risks to relationship with faculty or repercussions such

as lower grades and fewer learning opportunities (Ferguson, Myrick & Yonge, 2006). This was addressed by ensuring that student participants were not recruited until after they had completed their undergraduate program. As students typically complete an international clinical placement towards the end of the degree, it was felt that this would not impact greatly on their ability to recall the placement or their experiences.

Information sheets and consent forms for participation in the Stakeholder interviews clearly outlined the purpose of the study, expectations of participants, voluntary withdrawal, privacy, benefits and possible risk to participants (Appendix I – Information sheet, Appendix J – Consent Form). Participants were free to withdraw from the study at any time.

3.6.1 Ethical considerations for recruiting participants and collecting data from international host communities.

Global health research carried out in developing countries must include a careful consideration of the ethical dilemmas that arise from conducting research in an environment where research and community capacity are limited. The overarching goals of conducting research in these settings should be no different than those considered during research in the domestic settings, that the knowledge gained should be applied to creating strategies that promote community and societal change (McElmurry, Misner & Buseh, 2003). The relationship between both parties can be challenging at times particularly when not all stakeholders share the same cultural, economic, political or ethical perspectives and this was taken into consideration when inviting host community members to participate. Understanding ethical concerns when conducting research in developing countries requires an appreciation for growing disparities in wealth and health between developed and developing countries and how these effects the worldview of both researcher and participants (Benatar, 2002). The National Statement on Ethical Conduct in Human Research (Commonwealth of Australia, 2007 (updated 2018)) outlines ethical considerations for study participants from other countries, focused around five key components: research merits and integrity, justice, consent process, beneficence, and respect. Using this framework ethical considerations for the international community stakeholders will now be discussed.

3.6.1.1 *Research Merits and Integrity*

This research project provided community members with an avenue to share their thoughts and experiences of participating in an ICP. Through the information gathered in the course of

this project, a picture emerged of what constituted a successful ICP for all stakeholders including the local communities and health care workers that participate. It is anticipated that the framework created will help higher education institutions to ensure that these placements are sustainable and provide on-going benefit to the local communities who participate; therefore, the voice of the local communities and health care workers was considered vital.

Consideration was given to the impact that the research would have on local cultural beliefs and values including undertaking culturally appropriate and respectful data collection and analysis. The researcher had previously travelled to the two regions where data was collected and, in these locations, ICP are facilitated and supported by local educational travel companies. Their role, to facilitate the ICP through their longstanding relationships with the local community, provided experience and expertise of the local context, ensured that local cultures and values were understood and integrated into the research design by the researcher. An important component of data collection was the establishment of relationships within the villages by the researcher, established through the researcher visiting the sites regularly prior to conducting the interviews.

3.6.1.2 *Justice*

Ethical research involves careful consideration of the balance between the potential benefit of the research project for individuals, communities or broader society with the risk of potential harm that may be caused by conducting or participating in the research (Iphofen & Tolich, 2019). There was minimal burden for the communities in participating in the research project. The research had no impact on the services provided to the communities as part of the ICP, and no costs of the research were borne by the community. The community member or members who agreed to participate were asked to provide approximately one hour of their time to complete the interview.

Acknowledging that research undertaken by researchers from developed countries within communities in developing countries has the potential to be exploitative, it is important that the research undertaken should significantly benefit all participants involved and ensure fair compensation for sharing their knowledge (Benatar, 2002). The benefit of this research to the community was seen through the increased input from the community into formulating suggestions to increase the capacity of the ICP to meet the needs of the community. Findings from this research will also help to ensure the long-term sustainability of the ICP, helping to ensure the advantages that communities receive from these placements, through improved

healthcare, funds for community development or professional development for locals will continue. It is also foreseen that the outcomes of this research may benefit other projects and programs run by universities or education travel providers in the broader Asian region.

3.6.1.3   Consent Process

The consent process for the communities within this project was continuous throughout the data collection phase, managed and negotiated as required to ensure that both individual and communities were informed and able to engage with the project as they chose (Iphofen & Tolich, 1999). The consent process began when representatives from in-country partners agreed to notify the local government and health service in each location of the desire to conduct research, this ensured that the project did not knowingly or unknowingly break any existing laws in countries where research was conducted. Support for the project was sought from the local district government and health authority prior to entering the community, to allow the participation of health care staff who have participated in the placement. There were no further formal permissions needed prior to entering the communities however, out of respect for the local customs and traditions of the local villages, the head man in each village was consulted for permission prior to approaching any of the members of his village. This acknowledged prevalent local cultural norms whereby people view themselves as individuals embedded within a broader community, as opposed to Western cultural norms where people are viewed as independent individuals (Benatar, 2002).

3.6.1.4   Beneficence

Local educational travel companies have been working with the local communities who participated in data collection for several years. This has allowed them to work closely with the community and through their support, contacts have been made within the relevant Health services and the villages in the district. They were seen by villages as an independent avenue, and therefore given as an avenue to voice any complaints or questions about the research, which with the permission of the community could be confidentially fed back to the researcher. No complaints or comments about the research were given by the community or any participants within the study.

Local political factors can rapidly change overseas and by having the support of an in-country organisation, these changes could be quickly responded to ensuring there is no burden to the community. With assessment of local circumstances undertaken in each location immediately

prior to the commencement of the data collection. A translator was always present to assist with any translation requirements during data collection, ensuring that the appropriate language and cultural traditions were respected at all times.

3.6.1.5 *Respect*

Local laws, customs and cultural heritage were considered throughout the research project. Local customs indicated that the elected head of the village acts on the village's behalf in all matters where decisions have to be made. They also acted as the spokesman for the community and are considered a senior member of the village. Their important role was considered when acquiring informed consent to undertake interviews within the community. It was not acceptable, or logistically possible, to approach individual members of the village to participate and this was seen as a decision that was more appropriately made by the head of the village. As is customary in that culture he would make the decision that is in the best interest of his village and then share this information as he sees fit.

The decision to take a verbal consent rather than a written consent was made due to the high levels of illiteracy in both data collection locations and the importance of ensuring that the head of the village was not embarrassed or 'lost face' during the consent process which may have occurred if written consent was required. The local translator read the information sheet and confirmed that the head of village understood the project and their involvement in it. In the community setting verbal consent was obtained from interview participants and for any community members that were included in photographs taken.

3.7   Chapter Summary

This chapter has discussed the research methodology used throughout this study. Following a case study approach underpinned by a constructivist paradigm, four phases of data collection and analysis have been described. A strength of a case study approach is the ability to integrate multiple methods of data collection, resulting in a deeper understanding of the case in question.

Consideration was given to strategies that were incorporated into the study to improve trustworthiness, including thick description, member checking and triangulation. Examples from the reflective photo journal used by the researcher throughout the study, in the form of an article currently under review for publication, ensures that consideration had been given to

the possibility of research bias. A discussion of the ethical considerations followed, including those around conducting research in cross-cultural settings. The following chapters introduce the findings from Phase Two, the mapping survey, and Phase Three, the Stakeholder interviews.

Chapter 4   Phase Two Results: Online Mapping Survey

4.1   Introduction

This chapter outlines the results from the online mapping survey, with a view to contributing to understanding the following three research sub questions:

1. *'What are the characteristics inherent in ICP?'*
2. *'How do ICP partnerships develop and who are the key stakeholders?'*
3. *'How do stakeholders define a successful placement and what measures do they use to determine successful outcomes?'*

An online survey was sent to all higher education institutions in Australia that offered a Bachelor of Nursing program (n=37), with a final response rate of 48% (n=18). The survey consisted of questions designed to gather demographic data on the international placements offered, as well as open ended questions to gather data on learning aims, outcomes and assessment methods. The results presented here provide an overview of characteristics inherent in ICPs offered by Australian higher education institutions, touching on structural elements such as destination, length of placement, number of students, and facilitator to student ratios. It also describes the learning aims and outcomes that underpin these placements, providing a starting point to define what makes a successful placement. Assessment strategies were also identified by providers as a means of determining if learning aims and outcomes have been met.

The findings from the online mapping survey have previously been published in the peer reviewed journal Nurse Education Today. A modified format of the original article is presented below. The original publication can be found in Appendix K and the reference is:

Browne, C.A., and Fetherston, C.M., (2018). How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure aims and objectives of placements. *Nurse Education Today 66,* 1-7.

Introduction

International clinical placements undertaken in undergraduate nursing programs provide the opportunity for authentic, complex and dynamic learning

environments that encourage and foster students' cultural awareness. The importance of developing an understanding of culture when delivering health care and the positive impact this can have on outcomes is reflected in the Standards of Practice and Codes of Ethics for nurses globally. In Australia, registered nurses are expected to respect all cultures and experiences, and recognize the importance that culture and history have in promoting health and wellbeing for individuals and communities (NMBA, 2016). Similar sentiments are also expressed in other countries such as in Canada, where 'nurses work with persons receiving care to take into account their values, customs and spiritual beliefs, as well as their social and economic circumstances without judgment or bias' (Canadian Nurses Association 2017, p12). In the United States 'a fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes and human rights for all individuals' (American Nurses Association, 2014, p1); and in the United Kingdom 'nurses make sure that those receiving care are treated with respect, that their rights are upheld and any discriminatory attitudes and behaviours towards those receiving care are challenged' (Nursing & Midwifery Council, 2015 p4). The consensus in the national and international literature that nursing students should have knowledge of global health systems and be able to provide culturally competent care within increasingly multicultural communities at home and abroad is evident (Browne, Fetherston & Medigovich, 2015). It is therefore imperative that undergraduate nursing programs embed both theoretical and clinical learning opportunities for students to develop cultural awareness at all stages of their degree.

Developing graduates who are global citizens capable of meeting the above standards, requires a commitment to internationalizing curricula to enable the preparation of students who become ethical and responsible human beings, as well as competent professional practitioners (Leask & Bridge, 2013). A person's worldview is framed by our own set of cultural assumptions and attitudes, which may not be recognizable at a conscious level unless we are provided with an opportunity to explore these assumptions (Stone, Francis, van der Riet, Dedkhard, Junlapeeya & Orwat, 2014). International clinical placements have the potential to provide students with a transformative learning environment that allows this exploration and can enable them to become more aware of their own attitudes

towards culture, as well as being able to demonstrate, within clinical practice, the ability to recognize and provide culturally respectful nursing care (Gebru & Willman, 2010).

International placement opportunities involve nursing students travelling overseas to complete an element of their clinical education either individually or as part of a group. Such placements are variably described as short-term study abroad experiences (Maltby, de Vries-Erich & Lund, 2016), study abroad programmes (Brown, Boateng & Evans, 2016) and international placement experiences (Schwind, Zanchetta, Aksenchuk & Gorospe, 2013); and can vary in length, destination, number of participants, level of facilitation and learning outcomes (Philips, Bloom, Gainey & Chiocca, 201).

Attention to the design of international clinical placements is essential if they are to promote student-learning and encourage outcomes that achieve the culturally focused graduate attributes required in an increasingly global workforce (Leask & Wallace, 2015; Barker, Kinsella & Bossers, 2009). To achieve this there should be clearly articulated aims, learning outcomes and support mechanisms that include strong facilitation, structured learning activities and appropriate assessment tasks aligned to intended learning outcomes. These supports, and the ongoing sustainability of such placements as valuable clinical practice opportunities, can best be achieved by embedding them within a curriculum, through awarding credit and maintaining strong linkages to theoretical content (Memmott et al., 2010).

BACKGROUND

Learning outcomes for international clinical placements, described in the literature have emphasized the observed benefits of promoting cultural awareness through challenging students in a culturally diverse environment whilst also assisting them to achieve clinical proficiency (Phillips et al., 2017; Maltby et al., 2016; Peiying, Goddard, Gribble & Pickard, 2012). Additionally, such placements are believed to provide nursing students with the opportunity to increase their knowledge of, and ability to, communicate across cultural boundaries; a skill that has important implications for their ongoing professional practice (Smith-Miller, Leak, Harlan, Dieckmann & Sherwood, 2010). These

benefits are considered to have the potential to, develop in students, important graduate attributes such as leadership, teamwork, critical thinking and communication, which are essential elements of professional nursing practice (Canadian Nurses Association, 2017; NMBA, 2016; American Nurses Association, 2014).

Clearly articulated learning outcomes are not always evident from published accounts of international placement opportunities, which often focus on descriptive or narrative accounts by students, facilitators or educational institutions (Schwind et al, 2013; Browne Wall & Jorden, 2014; Emmanuel & Rand, 2010). This issue has also been described in other health related programs such as medicine and occupational therapy (Barker et al, 2010; Nishigori, Otani, Plint, Uchino & Nobutaro, 2009) and highlights the need for placement opportunities that have not only clearly identified learning outcomes, but ensure those outcomes are realistic, achievable and linked to assessment.

Ensuring learning outcomes are achievable requires skilled supervision, and learning and assessment strategies that enable students to develop both professional and personal capabilities. A global review of the universal standards of practice for culturally competent care (Douglas et al, 2011) highlights the importance of teaching strategies that: provide for personal and professional growth, make interpersonal and intercultural connections, and increase the understanding of other cultures and people. The core principles of developing quality assessment in higher education including; assessment for learning, constructive alignment and fit-for purpose assessment (Jackel, Pearce, Radloff & Edwards, 2017), should guide the creation of assessments that support these principles.

Similarly, supervision of students in clinical learning environments is also key to achieving desired learning outcomes (Kristofferzon, Martensson, Mamhidir & Lofmark, 2013). Although as yet an understanding of this role in the specialised international placement environment has not been explored in the literature. The current gaps in the literature in articulating the structure, supervision, teaching and assessment methods that best support students' learning opportunities in

international environments need to be addressed to assist educators and students alike to achieve the desired standards outlined by Nursing Boards worldwide.

To begin to address this gap a study aimed at understanding what constitutes successful international clinical placements in the Asian region for Australian undergraduate nursing students has been conducted. It is planned that this knowledge will then contribute to the development of a framework to guide higher education institutions in the creation and maintenance of international placements that are sustainable and successful for students, the university and the host communities. The Asia region was chosen for this study because of the Australian Government's emphasis on the importance of deepening links within this region, through expanded support for educational institutions aimed at encouraging student mobility in the region (Department of Foreign Affairs and Trade, 2013). Despite the localized nature of the investigation the findings are presented in the context of the international literature to provide relevance for readers outside of Australia that conduct international student placements in host countries where the culture is significantly different from that of the student's home.

This study included two components; in depth semi-structured interviews with international clinical placement stakeholders, such as students, universities, program managers and local communities, and an online survey mapping current international clinical placement opportunities offered in Australia. Only the findings from the Australian mapping survey are reported here. This survey sought to describe the aims and learning outcomes that educational institutions assign to these placements to better understand how the structure of these placements may impact on meeting these outcomes. The study has received ethics approval from the Institutions' Human Research Ethics Committee (MUHREC 2014/055).

METHODOLOGY

An online survey tool was designed to collect demographic and placement data, as well as data on learning aims, outcomes and assessment methods that higher education institutions in Australia have incorporated into international clinical placement programs offered to nursing students. An invitation to participate in the

on-line survey was extended to all higher education institutions with entry to practice nursing programs (N=37) through an email sent to each University's Head of Nursing School or discipline in August and September 2015. The survey tool was designed to include questions on the structure of the placement, learning aims and outcomes, evaluation methods and information on organisational processes. Survey questions were created based on key elements of international placements identified in the international literature, also allowing for respondents to enter additional information as required. Questions relating to learning aims, outcomes and assessment requirements were open ended to gather more detailed data. Whilst the survey invitation was sent to all institutions, the online survey tool was designed to gather detailed data only on those placements undertaken in undergraduate nursing programs in the Asia region. The Asia region was specifically defined as South East Asia (as determined by membership in the Association of South East Asian Nations), as well as India and China. Respondents to the survey were asked to provide the name of their institution although could choose to remain anonymous.

Descriptive data were collated from the survey to form a snapshot of international clinical placements being offered within the Asian region and content analysis was then used to explore data from the open-ended questions. Manifest content analysis was chosen to describe the visible and obvious components of what the provided text said, thus analysis of the data remained close to the original text provided by the respondents with only minimal interpretation on behalf of the researcher (Graneheim, Lindman & Lundman, 2017). This led to the formation of categories rather than themes, as categories are more representative of the manifest content analysis process (Graneheim & Lundman, 2004), ensuring the interpretation remained representative and descriptive of the data provided in the survey.

Data provided under aims and learning outcomes of the program were analysed separately, with the data first coded into meaning units that were then condensed to shorten each unit, whilst still maintaining the core meaning. These condensed meaning units were then grouped to create sub categories, which were then sorted and abstracted to form categories related to the aims of the program (Table 4.2) and the programs' learning outcomes (Table 4.3). Data collected in this survey

was further supplemented by a search of the grey literature, which included peer and non-peer reviewed journal articles, news articles and online accounts of international placements from university websites. This literature was not included in the manifest content analysis but served to provide richness and validity to the discussion by affirming the study's findings and highlighting their relevance to the broader international context.

FINDINGS

Forty eight percent (n=18) of the institutions invited responded, either via the online survey tool or by return email. Of these institutions, eight did not offer any form of international placement and two did not offer placements in the Asian region. This left eight institutions that met the inclusion criteria, one of which offered three placements in the region, resulting in 10 international placements for which data were provided.

Structure of International Placements

An overview of the structure of clinical placements provided by the responding institutions is presented in Table 4.1. Whilst the length of clinical placement opportunities varied, the majority were between two and three weeks. Most placements catered for between 10 and 12 students, however one placement conducted in Japan had as little as two and another in Cambodia as many as 20. Students were most often accompanied by two facilitators with five placements stipulating a clinical facilitator to student ratio of 1:6. All placements offered credit towards their undergraduate degree

Table 4.1   Summary of ICPs Offered by Participating Universities

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Destination	Vietnam	Laos	India	India	Cambodia	Indonesia	Japan	Vietnam	Laos	Thailand
Length of Placement	14 days	14 days	21 days	10 days	14 days	14 days	8 days	21 days	21 days	21 days
Number of Students	10	10	12	10	20	10	2	15	15-18	10-12
Semester Level	4	3 and 4	4	6	5	6	6	5 and 6	1	3 and 5
Number of Clinical Facilitators	2	2	1	1	3	1 or 2		2 or 3	2 or 3	2
Maximum Facilitator: Student Ration	1:6	1:6	N/A	1:10		1:10	1:6	1:6	1:8	1:6
For credit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Assessment tools	Reflective Journal and NCAS*	Reflective Journal	Clinical Assessment Book (not specific to ICP)	NCAS	No Assessment	Reflective Journal and critical reflective paper and a Negotiated Artifact	Two Assignments	Two Assignments	Standard Clinical Assessment Tool	Reflective Journal and NCAS
* Nursing Competency Assessment Scale (NCAS)										

Aims of program

Participants were asked to outline the aims and objectives of each placement they offered, with outlining the categories and subcategories identified. One institution listed the aims of the program as self-driven, which was understood to mean the aims were directed by the student participating and therefore did not fall into any of the categories below. The categories identified in Table 4.2support accounts of international placement aims found during the search of the grey literature, which included: 'to gain an understanding of primary health care delivery, within a community development project, by participating in a range of health promotion and education activities and illness prevention strategies' (Emmanuel & Rands, 2010, p42); 'provide diversity in clinical experience and to increase students' awareness of global health issues, culturally sensitive practices and the provision of universal care for all' (Nilson, 2011, p35) and 'was designed to introduce students to the Thai culture and the place of complementary therapies in health care' (Stone et al., 2014, p251).

Table 4.2   Aims of the International Clinical Placements Offered

Category	Subcategory
Becoming culturally aware through immersion *(five placements mentioned this or a variation of this aim)*	Immersing in the culture Participating in cultural exchange Becoming culturally aware
Working with the community to promote health *(four placements mentioned this or a variation of this aim)*	Delivering health promotion Providing health education Working with the community
Understanding the role of the Nurse within the health care setting *(four placements mentioned this or a variation of this aim)*	Observe nursing practice Understanding of health care system Comparing health care practices
Translating theory into professional clinical practice *(three placements mentioned this or a variation of this aim)*	Learning through experience Theory to practice Demonstrating competence Professional behaviours
Developing relationships in international learning environments *(four placements mentioned this or a variation of this aim)*	Environment for learning Advance placement opportunities Working within a team

Learning outcomes

Respondents were asked to identify the expected learning outcomes of the placements offered with four categories identified from the data as outlined in Table 4.3. One respondent, as with the program aims analysis, stated that the learning outcomes were self-driven, resulting in this response not falling into the categories above. Another respondent cited learning outcomes as 'Students must successfully complete all elements of the practicum to gain Australian Nurse Registration', whilst this learning outcome was included under 'Demonstrating professional knowledge, skills and behaviour' it was not clear what specific elements were to be completed.

In the current study, learning outcomes related to cultural understanding formed the category 'Understanding the role of culture in healthcare' and as stated by respondents included: '*understanding a different culture' (Respondent 2), 'observe and understand the Indian culture' (Respondent 3)*, '*reflect on their own and other peoples' cultural assumptions which influence the delivery of health care services*' (*Respondent 6*) and '*apply principles of cultural safety' (Respondent 10)*. The category professional knowledge, skills and behavior included outcomes such as '*provide safe and competent care in relation, but not limited to essential nursing care and skills' (Respondent 10)* and '*comprehensively assess the bio-psychosocial needs of individual clients and families within a primary health care framework' (Respondent 9)*.

Respondents also described the importance of critical reflection as an aim of their international clinical placement. Two of the placements describe the students' ability to reflect as a learning outcome of the placement, with students able to; '*critically reflect on the nurse's role in working with such groups' (Respondent 9)*, and '*reflect on their own and other peoples' cultural assumptions which influence the delivery of health care services' (Respondent 8)*.

Table 4.3   Expected Learning Outcomes for the International Clinical Placements Offered

Category	Subcategory
Understanding healthcare and determinants of health *(three placements mentioned this or a variation of this outcome)*	Understanding health systems Understanding impacts on health
Managing challenges *(three placements mentioned this or a variation of this outcome)*	Facing challenges Challenging environment
Understanding the role of culture within healthcare *(five placements mentioned this or a variation of this outcome)*	Understanding of culture Impact of culture Applying cultural principles
Demonstrating professional knowledge, skills and behaviours. *(four placements mentioned this or a variation of this outcome)*	Developing clinical skills Providing health promotion Professional behaviors Effective communication

DISCUSSION

Learning Aims and Outcomes: Increasing Cultural Awareness

The ability for students to experience and appreciate different cultures and healthcare systems was often cited as the primary aim of international placements in both this study's findings and the international literature (Maltby et al, 2016; Tuckett & Crompton, 2014; Michael, Della, Banner, Duckworth, & Nilson, 2012; Harrowing, Gregory, O'Sullivan, Lee & Doolittle, 2012; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009). However, little was found to indicate how the achievement of these aims should be measured. Although, one study has used the Intercultural Development Inventory Scale (IDIS), a 50-item self-reporting instrument measuring cultural sensitivity as a developmental construct, in a study of physiotherapy, occupational therapy and speech therapy students on international placement in China or India (Peiying et al., 2012). Findings did suggest that some development or transition in cultural sensitivity may have been achieved, although this was not statistically significant. Lack of statistical

significance may have been related to the small sample size (n=16) suggesting that further studies are required to determine if instruments, such as the IDIS, may help to explore a more quantitative measurement of culture related placement aims and student learning outcomes.

The length of time spent on international clinical placement has often been a topic of debate in the study abroad literature (Medina-Lopez-Portillo, 2015), with some suggestions that periods of less than four weeks limit the students' abilities to immerse themselves fully in the culture (Memmott et al., 2010). The majority of placements mapped in the current study were between two and three weeks in length, with only two placements outside this range at eight and ten days respectively. Although these were relatively short-term placements a study by Phillips et al. (2017), of American Baccalaureate students travelling to Ghana, has reported that longer placements are not necessarily required to see a shift in students' attitudes away from ethnocentrism towards the beginnings of increased cultural sensitivity.

This is particularly so, given the consideration that the continuum of a student's learning abroad experience starts during the preparation prior to departure and continues through to the support received whilst abroad and after they have returned home when activities such as debriefs, reflection and presentations assist in consolidating cultural understandings (Gothard, Downey & Gray, 2012).The evidence that suggests short term placements may be successful in facilitating outcomes related to cultural awareness makes the feasibility of offering these types of placements more attractive for higher education institutions; particularly as nursing programs already have full curriculums (Phillips et al, 2017), and shorter placements ensure accessibility to a larger number of students. However, consideration of the structure of the different phases of the learning journey that occurs in relation to the placement is essential when planning how to implement teaching and assessment strategies that can achieve the desired aims and outcomes.

Learning Aims and Outcomes – Professional and Personal Growth

The results from this study do not demonstrate that universities have considered professional or personal growth as a key aim of international clinical placements.

One category 'Demonstrating professional knowledge, skills and behaviour' directly related to professional outcomes. However, the outcomes reported by respondents in this category are more closely related to demonstrating competence than increasing the development of professional behaviors and attitudes. No placement reported in this study mentioned personal development as an intended outcome.

However, the literature on international clinical placements for nursing students and also the wider literature for other health professional students, including medical and occupational therapy students, suggest that increased personal and professional development is a key outcome for students (Browne et al., 2015; Barker et al., 2010; Nishigori et al., 2009; Sloand, Bower & Groves, 2008). Students who completed an international clinical placement were able to reflect on their own personal growth and how this might impact on their future career choices (Tuckett & Crompton, 2014). Further research is required to determine if the learning outcomes of international clinical placements can be extended from the focus on developing skills in a clinical context to more broadly promoting personal growth and development through broader graduate attributes.

It has been recognized that personal development opportunities are an important component of the clinical learning experience, however it can be difficult to quantify this in terms of assessment and its value to future employers (Graham, Hill, Reynolds & Parry, 2014). Whilst the importance of professional and personal development skills, such as adaptability, increased confidence, thinking outside the box, and the development of interpersonal relationship skills, developed whilst on international clinical placement are not in doubt (Barker et al 2010), thought needs to be given as to how these can be clearly articulated as learning outcomes and therefore incorporated into assessment whilst on placement.

Preceptorship and facilitation to enhance student learning outcomes

The terms clinical facilitator or clinical educator are often used interchangeably to refer to a university staff member who assists students in the clinical environment to acquire the knowledge, skills and attitudes to meet placement requirements (Levett-Jones & Bourgeois, 2015). When students are on a domestic placement in

a hospital or community setting this role is often additional to the preceptorship provided by a clinical staff member who is familiar with the local health care setting and helps the student navigate the new environment. The role of the clinical facilitator is multi-faceted and can involve at times supporting, motivating, advocating, monitoring and assessing students as well as problem solving and trouble shooting in the clinical environment (Kristofferzon et al, 2013).

In the international clinical placement setting it is likely that both of these roles, facilitator and preceptor, will be performed by the staff member or members that travel with the students, adding another level of complexity to the role. This added dimension to the facilitation role is reflected in a study from the United States where faculty reported an increased sense of responsibility for the students, as both students and facilitators were practising in a foreign environment with less awareness of available resources and potential dangers (Sloand et al, 2008). This is also supported anecdotally with first time facilitators on international placement, who reflected on a sense of apprehension about new challenges to their nursing knowledge and skill, making the trip a daunting expectation (Browne et al, 2015). Facilitators must adapt to new clinical environments with markedly different cultures, languages and living conditions whilst having to support and supervise students through this adaption process (Memmott et al, 2010). It is therefore imperative that institutions consider the complexities of this role and prepare staff accordingly.

Facilitator to student ratios within this project varied from institution to institution often depending on student numbers. Three placements were supported by one facilitator whilst the remainder sent two or more, with five placements reporting a minimum facilitator to student ratio of 1:6. The importance of appropriate supervision and facilitation for undergraduate nursing students is well established in the clinical environment. Particularly so, as direct supervision is essential not only to ensure that students do not unintentionally harm patients (Henderson et al, 2006) but also to ensure a conducive learning environment that encourages students to think critically, take on challenging situations, ask questions and engage in problem solving (Kristofferzon, et al, 2013). However, the logistical problems associated with ensuring a particular ratio of facilitator-to-students that

ensures appropriate supervision and access to learning experiences has been noted in the literature previously (Graham et al, 2014). Ensuring that students feel safe and are provided with enough supervisory support is critical to ensuring learning outcomes are achievable, with effective facilitation in the clinical learning environment having a demonstrated impact on student learning (Flott & Linden, 2015; Henderson, Twentyman, Eaton, Creedy, Stapleton & Lloyd, 2009). These challenges alongside the significant gap in the literature around the importance of appropriate supervision on international clinical placements, offers directions for future research.

The use of critical reflection to meet learning outcomes

It is important to consider not only the intended aims and learning outcomes of these placements but also how learning is achieved and assessed. Assessment methods outlined by respondents in this study included reflective journaling, critical reflective papers, Nursing Competency Assessment Schedule (NCAS) and clinical assessment books. The NCAS is a recognized schedule of competencies for pre-registration nursing students which has been implemented across a number of Australian education institutions to assess clinical competence in the practical setting (Crookes, Brown, Della, Dignam, Edwards & McCutcheon, 2010).

Formal reflection on international clinical placement enables students to make sense of their experience further helping to facilitate learning and development, with Peiying et al. (2012) suggesting guided learning journals as an effective way of facilitating reflection. Of the participants in this current study only four of the 10 placements specifically mention reflection as part of the assessment process, with specific reference to either journaling or reflective papers, although the NCAS (mentioned as an assessment component in three placements) also has student reflection embedded in its design (Crookes et al., 2010).

The benefit of student reflection on learning outcomes in international clinical placements has been described in literature from other health professions, with medical students reportedly gaining the most from their ability to compare two different health care systems. In this context students learnt not only through observing the differences but also by reflecting on how these differences in

healthcare related to their previous experience in their own countries (Nishigori et al, 2009). Nursing students have also used reflective practices to consider their personal experience and contemplate how new skills and knowledge could be transferred back into their professional practice at home (Lee, 2004). Journaling is another form of reflection that has been shown to play a role in enhancing students' intercultural development in study abroad programs with guided journals a required part of some study abroad programs in the United States of America (Medina-Lopez-Perdillo, 2015). The ability of these placements to encourage critical reflection in students has been noted in the literature (Barker et al, 2010). As noted by two participants in this study, critical reflection is not just a means through which to assess learning but also a learning outcome in itself.

RECOMMENDATIONS

The findings presented here provide a snapshot of South East Asia placement opportunities currently offered to undergraduate nursing students in Australia; and along with the local and international literature, highlight gaps in the existing knowledge around planning, implementing and evaluating these types of programs. The importance of well-structured and facilitated clinical placements has been well documented however more research is needed to determine if the same structures, support and facilitation used in domestic clinical environments, such as for instance local acute or community placements, also extend into international clinical placements. Optimal length of placement, well-articulated and achievable learning outcomes, assessment methods that enhance learning, and strong facilitation models all require consideration and planning to meet the learning needs of students on international clinical placements. Whilst outside the scope of this research study, it would also be interesting to consider why institutions choose not to offer international clinical placement experiences for their students and if opportunities exist to achieve similar learning objectives domestically for students who are not able to travel abroad.

LIMITATIONS

Whilst all higher education institutions offering undergraduate nursing programs in Australia were approached to participate in this study, it does not represent a

reflection of all international clinical placements offered in Australia, due to the relatively low response rate (48%). Triangulation, using a search of 'grey' literature, was incorporated into the study to assist with increasing the validity of the survey responses and was able to support those aims, learning outcomes and program structures identified from the survey.

This survey was conducted between August and September 2015, so it provides a one-time snapshot of placements offered, therefore it is possible since this time that institutions have altered their international clinical placement program/s. Consequently, this study does not provide a comprehensive list of all placements currently being conducted in Australia but rather provides a cross-sectional description available at that time.

CONCLUSION

The aim of this study was to gain a greater understanding of the types of international clinical placement experiences available for undergraduate nursing students at Australian Universities. To ensure that students are provided with authentic learning opportunities it is important to clearly define the intended aims and learning outcomes for these placements. Whilst there is ample literature to support students' perceived outcomes from completing international placements, these outcomes may not completely align with the education institutions intended outcomes, meaning opportunities to further develop and extend student learning may be missed.

International placements appear to vary greatly from one education institution to the next with no clear consensus from the literature on what structure, support and assessments lead to greater student learning. Whilst some degree of benefit may be attributed to any placement an important gap exists in the literature that requires further investigation. To ensure the ongoing sustainability and success of international clinical placement within undergraduate curricula it is important that we are providing students with the best possible environment to provide authentic and supportive learning environments that allows for critical reflection to encourage cultural awareness and professional and personal development.

4.2   Chapter Summary

This chapter has provided an overview of the results from a cross-sectional online mapping survey undertaken to explore the characteristics inherent in ICPs offered to undergraduate nursing students in Australia. The findings from this survey provided a valuable insight into how ICPs are currently being conducted in Australia, helped identify key stakeholders in the ICP process and contributed to the developing understanding of the multiple factors that contribute to a successful ICP. The findings from the mapping survey related to key stakeholders in the ICP served to confirm the key stakeholder groups identified from the systematic literature review. This ensured that participants recruited for the semi structured interviews represented a holistic picture of all those involved in the ICP experience.

The insights presented here helped to develop the semi-structured interview guide, as well as providing new lines of inquiry to explore during the interviews. The following chapter will outline the findings from the qualitative data gathered through the semi-structured interviews with key stakeholders.

Chapter 5   Phase Three and Four Findings

5.1   Introduction

This chapter presents the findings from the semi-structured interviews. Key stakeholders in the international placement process were identified to include students, university, program administrators and community members, through the systematic review of the literature and confirmed by the findings from the online mapping survey. The stakeholder interviews aimed to gather rich data that could contribute to the following research sub-questions:

1. *What do stakeholders' value about ICP?*

2. *What is the stakeholders experience with ICP?*

3. *How do stakeholders define a successful placement and what measures do they use to determine successful outcomes?* and

4. *How can Australian nursing programs best frame their ICP experience to obtain maximum benefit for participating nursing students, facilitators and their host communities?*

A description of the recruited sample will be provided, including the different stakeholder groups identified. Individual demographic data has not been included for participants, rather an overview of the demographic characteristics of the stakeholder group has been provided. Due to the small community involved in ICP within Australia, it was felt that providing individual participant demographic data may enable identification of participants within the study.

This will be followed by a description of the themes and subthemes identified through interpretive data analysis of the stakeholder interviews. To ensure confidentiality of the student participants, stakeholder groups were given a label (Student [S], University [U], Program Administers [P] and Community [C]) with each participant receiving a code within their group (for example Student 1 [S1], University 3 [U3]). Whilst it was important to ensure anonymity, it was also important to ensure that the perspective of that participant was recognised. In the following presentation of findings, data will be presented using these coded identities. Throughout the chapter images from the reflective photograph journal have been included to visually reflect the meaning of the themes as the author experienced them.

5.2   Characteristics of the Key Stakeholders

Through the systematic review of available literature, four stakeholder groups were identified as contributing to or being affected by international placements. Those groups included university stakeholders, student stakeholders, community stakeholders and program administrator stakeholder. The composition of each group will be described in more detail below.

5.2.1   University Stakeholders

The first group identified was that of the University or higher education providers that offered international placements for their students. This stakeholder group was heavily represented in the literature, through narrative descriptions of placements. This group included facilitators who travel with student groups, as well as international placement managers at Australian Universities. Four participants were recruited as representative of this group, three were facilitators who had regularly travelled with student groups on ICP, whilst one was an international placement manager at their University. There was considerable variation in the role that each participant played in the process and their experience with creating, developing or facilitating ICP. All participants had been involved with multiple ICP experiences over a number of years (Range 3-5 years) and had considerable experience as nursing educators (> 5 years) and Registered Nurses (>20 years). Three of the participants were women, with one male. They worked at Universities in Western Australia, New South Wales and South Australia and had experience with ICP in Laos, Thailand, India, Cambodia and China.

5.2.2   Student Stakeholders

The second stakeholder group identified was that of undergraduate students. With outcomes for students a key focus, the student voice was present in the available literature through participation in qualitative studies and narrative descriptions. This stakeholder group consisted of five participants, recruited to represent the large range of students who choose to participate in ICP placements. Of the participants, four were female and one was male, and four participated in an ICP during their final year of study in their Bachelor of Nursing Programs (third year of a three-year degree), whilst one was in their second year of study. At the time of completing their ICP two of the participants were in their early 20s whilst three were mature age students over 40 years. Placement destinations included Laos, Thailand and

Vietnam, with no participants undertaking the same international placement. Four participants were from universities in Western Australia, whilst the fifth was from South Australia. All participated in Nursing specific programs except one who participated in a joint placement with nursing, midwifery and paramedic students.

5.2.3 Community Stakeholders

The third stakeholder group identified was the community where the placements were being conducted. Their voice was missing from the international literature, although descriptive mention was made of the community and health care workers who contributed to these placements whilst in country. As data collection progressed, this stakeholder group was further refined to include local health care workers and village leaders, who all contribute to the development and running of ICP. The community themselves, in the form of people who visit the health clinics, patients in health care facilities and families who support students through homestays or hosting health care clinics in their communities, were difficult to access and interview. Their voice remains missing from this data, and it is not clear how much direct influence they have into these placements. Interviews with community leaders did discuss benefits and impacts on the community, which does provide some insight into the perspective of the broader community. Of the participants in this subgroup two were local nursing staff directly involved in the facilitation of the Australian students, one was the director of a local health care clinic which hosted student groups, one was a village chief and the final participant was a foreign born but locally based coordinator of a non-government organisation (NGO). Participants represented communities in Thailand and Cambodia and all had been involved with multiple student groups.

5.2.4 Program Administrators

The final group, program administrators, was touched upon in the literature, however their presence and role in ICP was further clarified in the online mapping survey. This stakeholder group includes Australian based education travel companies, and local facilitators or managers who liaise with communities and health care services to facilitate the placements in their home country. This group was responsible for the logistical and structural elements of the placement, as well as being the link between the University and the local community. There were three participants from this group: one was an Australian based educational travel coordinator; one was a locally based coordinator for educational travel programs within their

region; and the third participant was a locally based tour leader who had been contracted to coordinate student placement groups in their city. All had been involved with multiple student groups from multiple universities (>3 years). Participants in this group had been involved in coordinating ICP in Cambodia, Thailand, Laos, Nepal, India and Vietnam.

5.3   Qualitative Themes

Interpretive description of the interview data led to the creation of six major themes and 18 subthemes. The six themes progress along the continuum of the ICP experience. From 'developing successful placement', 'preparing for the unknown', 'putting the focus on learning', 'recognising difference', 'building relationships' to 'growing from the experience'.

Table 5.1   **Major Themes and Subthemes**

Major theme	Subtheme
Developing successful placements	Providing an opportunity, but at what cost
	Building sustainable placements
Preparing for the unknown	Preparation is so important
	Expectations meet reality
	Keeping them safe
	Negotiating the clinical environment
Putting the focus on learning	Seeing through our own lens
	Developing professionally
	Distractions from learning
	Success is student learning
Recognising difference	Experiencing the other
	Lost in translation
	Practising at the cultural interface
Building relationships	We have to work as a team
	Engaging with the community
Growing from the experience	Reflecting back
	Seeing nursing in a new light
	The journey does not end at the airport

5.4 Developing successful placements

This theme reflects the complex and multifaceted nature of developing ICPs. Considerable work over time was required by participants to ensure equitable, sustainable and successful placements. The subthemes reflect participant views that creating a new placement experience is only the beginning of the process. Placements need to provide opportunities for all involved, which requires integration into the broader university curriculum and understanding the healthcare, culture and capabilities of the local communities. Building sustainable placements requires strong relationships, good communication and engagement by all involved.

Figure 5.1   Developing successful placements
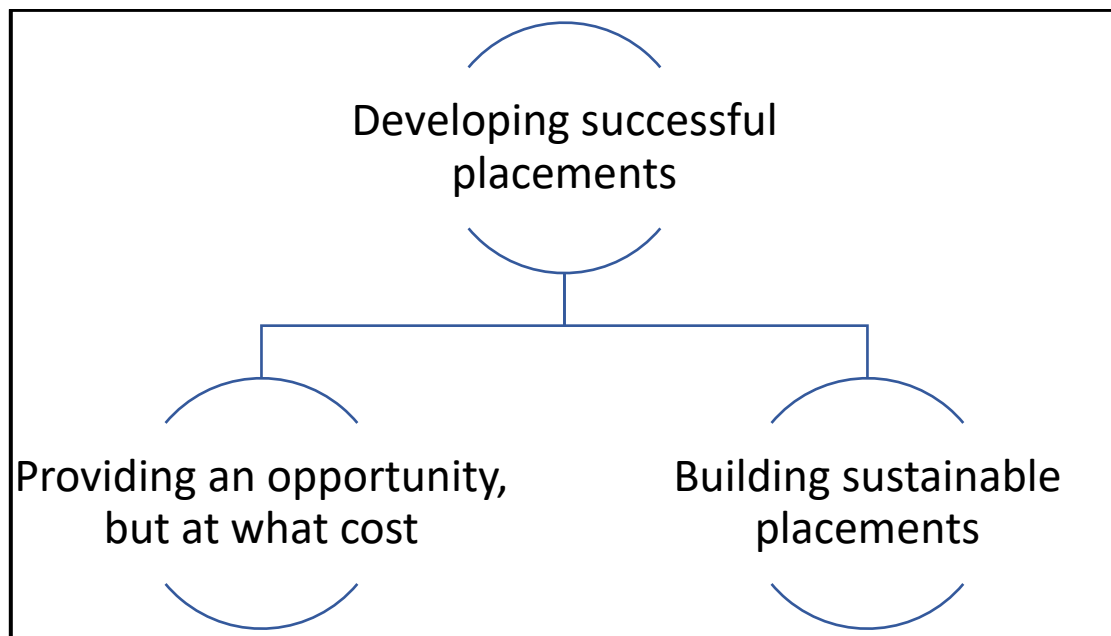
5.4.1   Providing an opportunity, but at what cost

"It happens because they're immersed in the culture and that immersion, you can't buy that" (U2)

Figure 5.2   Student ziplining whilst on international placement

Developing ICPs for participants often began with wanting to provide students with an amazing opportunity to learn and further develop their nursing practice. Participants discussed that while immersion in a different culture could provide deep learning experiences, there are limitations to how applicable this is to their practice *"because while our students got an amazing experience in health assessment, it isn't within the boundaries of practice in our country, and so while they picked up some skills it's not particularly applicable is it?"* (U1).

Participants reflected on the significant costs associated with providing these types of placements for all involved. Students often faced a considerable financial burden if they choose to participate in an ICP, often having to cover costs associated with travel, living expenses and healthcare resources:

> *I think the cost of some of those are so expensive too. And just even though they can offset it, that cost is a huge thing. It's a lot, lot of money to be paying back. It's fantastic. It's a shame we can't do something more to decrease the cost of having those experiences. (U3)*

There are also costs associated with ensuring students have adequate support in country, *"whilst it is an expensive exercise, it is really important to have a staff member go with them"* (U2). Whilst University participants discussed the financial considerations, it was the impact that these placements had on staff workload that created a significant burden. Participants discussed the difficulty in adequately assigning workload hours to these placements *"It's complicated to work out what it equates to in workload because it is 24/7, and it is seven days a week for two, three weeks"* (U2).

University participants were forced to make decisions about how best to balance their challenging workloads whilst ensuring the student groups were prepared and supported. This resulted in additional stress for participants both before they left and when they returned home:

> *The only thing is, you come back and it's like it's so busy. Because you've got to have all your marks done before we go because they get released the day we get back or something, so it's a bit of a nightmare as a facilitator. You're trying to get all your workload done before you go and then you hit the ground running when you come back. And it's very tiring. People seem to think you go on a . . . and it's not a holiday! (U3)*

The cost for the university participants extended beyond workload burden. Participants talked about the long days, added stress and the toll the placements took on their body:

> *I mean for me, my ankles swell, and you're tired, and you're grumpy, and you're sleep deprived, and you are doing an inventory of all the things ready for the next trip at one o'clock in the morning, whilst they're (the students) all snoring. (U1)*

When deciding to develop an ICP experience universities needed to consider not only the amazing learning opportunity they provided, but also justify the financial and personal outlay for the students, the university staff and the university itself:

> *There's a lot of argument about you know, the cost, the physical cost, and then the workload cost that you send somebody with you know, five, six, ten students whatever. The learning is irreplaceable, but economically you can't justify, but from a learning point of view and developmental point of view, and for us, it's a bit of a point of difference. (U2)*

5.4.2 Building sustainable placements

"The more you go, the more you realise what they need (local community) *and then you actually become more useful, and that's where I think that sustainability in the long term actually is important because you do offer more back"* (U2)

Figure 5.3   Formalising placement agreements with international partners

Building sustainable placements began for participants with developing strong relationships. These relationships evolved over time with an emphasis placed on developing a shared knowledge of what was needed and what could be done. New placement opportunities often meant building on previous relationships to help identify possible partners and locations. Placements were created in a number of ways depending on whether the University chose to use an educational travel company to support the placement: *"Us approaching universities and universities approaching us, asking us to develop international clinical placements for them overseas"* (P1); or built the placement themselves through institutional contacts *"Just contacts. Someone knows someone who knows someone who stole something"* (U4).

Once initial contact is made with either an education travel provider or contacts in the local community, the placement will begin to develop. This is an evolution over time, with trial and error often playing a role in the development of the placement:

> *So, we made it up, you know? I looked at a lot of the other health care sites, like in Tanzania and stuff like that. I looked at the health check paper work, made up our*

own hybrid one …. It's not perfect. But it's evolutionary and we're kind of rolling with that at the moment. (U4)

Regardless of who was driving the creation of the placement, the importance of building good relationships with the local community was a focus for participants. These relationships are built up gradually over time and can take years to develop and nurture: "W*e had a partner, she is working with us as well, several years now. She introduced them to us, and then to the ministry, and then we go there together'*" (P3); and

Once that relationship is strong enough the in-country partner might be able to approach the clinics or local charities working within the health sector or even health districts and build up the relationships and therefore the health placements from that. (PA1)

Community participants stressed the importance of universities returning to the same location for multiple placements. This made the placement experience easier: *"Well, it's chicken and the egg. Once you've been, and they've seen you, and they like you, then immediately provided they do like you, then the next visit is infinitely easier and much more productive"* (C1); and strong bonds were developed between visiting university staff and the community: *"Very happy, especially teacher. Four years facilitator, three years… Beyond his expectation. He thinks that, maybe next year not coming back, but they're still hearing that... You're coming, you're coming"* (C5). The need for consistency of personnel was repeatedly commented upon, underscoring the importance of relationship building in the ongoing sustainability of ICP: "*Often these partnerships are very dependent on individual relationships and so that is a strength but also a weakness of these programs because if you have a staff member that leaves and moves on sometimes you can lose those relationships*" (U2). Through repeat visits a greater understanding of what the local health services want and need can be achieved, resulting in better outcomes for both the student groups and the local community.

Having to establish relationships between new groups and the local community can be problematic, with outside groups not having an in-depth knowledge of the local context:

If a university, whether it's fresh or not, comes in and wants to change things, they are not necessarily seeing (with) the same eyes as we are in terms of the bigger picture and that has happened and can be quite difficult, quite awkward. (P1)

Creating a new placement requires strong local community leadership. These leaders were essential to ensuring buy in from the local community and without them placements were at risk of failing:

> *The leader is the most important to us to choose the village to working with. We required a strong leadership who will be able to support us to working with the local villagers. A good leader must be able to gather the villagers together and able to lead everyone to complete the commitment project. (P2)*

Building strong relationships and engaging with community leaders helped understand the needs of the community. Understanding the local context enabled participants to recognise local problems, which may have local solutions. A focus on sustainability ensured that existing services were not replicated, and the community were involved in program design:

> *we don't want to just go in blinkered just for the sake of the university placement. It needs to be sustainable and it needs to work within the parameters that already exist. Some destinations are a lot harder than others, but for me that gives me the confidence that we're doing it correctly. (P1);*

> *to ensure that it is community led and we just do constant monitoring and evaluation to ensure that it's a) what the community want and need, b) that they are very much involved and c) that it's not messing with or interrupting anything that the government or other larger charities who are skilled in this area are already doing. (P1)*

For one participant the lack of achievable long-term outcomes was frustrating and had affected the way they viewed the success of the placement:

> *I think we need a slightly different focus on what we as a university want to achieve and the big thing is leaving something behind. Not just going and taking, having a great time and giving them a pill and leaving. You know having something that's tangible, that's ongoing that will really make a difference to the communities that we visit because we don't, you know, we don't. (U1)*

Sustainability was also an important aspect to consider from a university perspective, particularly when integrating placements into new and existing undergraduate nursing curriculums: *"Definitely it was the change with the registration requirements and it was*

actually recognized that we could do that within our curriculum" (U3). The way the placements are integrated into the curriculum differ with some counting towards clinical placement hours: *"We sneak two weeks off them. Off the back, so they spend four weeks here in hospital, somewhere in the metro area. And the last two weeks makes up the last part of their six-week prac"* (U4); or as an elective *"When it was an elective topic, we're actually able to do that, so we had students who had already organised things and then found about the study abroad elective topic and said to me 'can I count it as that?"* (U2).

Providing an opportunity for student learning may be the impetus to create ICP opportunities but developing sustainable placements that build on relationships and involve the community will help to ensure successful longer-term outcomes.

5.5   Preparing for the unknown

This theme reflects the uncertainty that participants felt when approaching the international placement. For many this feeling remained for the duration of the placement as each new day bought new challenges that had to be negotiated and overcome. For many participants, particularly those travelling from Australia, it was hard to comprehend where they were going or what they would be doing on placement prior to departure. Participants emphasised the important of adequate preparation and managing expectations, which are reflected in the first two subthemes. The final two subthemes explore participants reflections on needing to ensure everyone was safe and having to negotiate the new clinical environment throughout the placement. For many participants this constant sense of uncertainty resulted in stress and discomfort that appeared to remain with them even after the placement had ended. Others relished the opportunity to practice in an environment where they were constantly being challenged and having to adjust their thinking, which led to personal and professional growth.

Figure 5.4   Preparing for the unknown
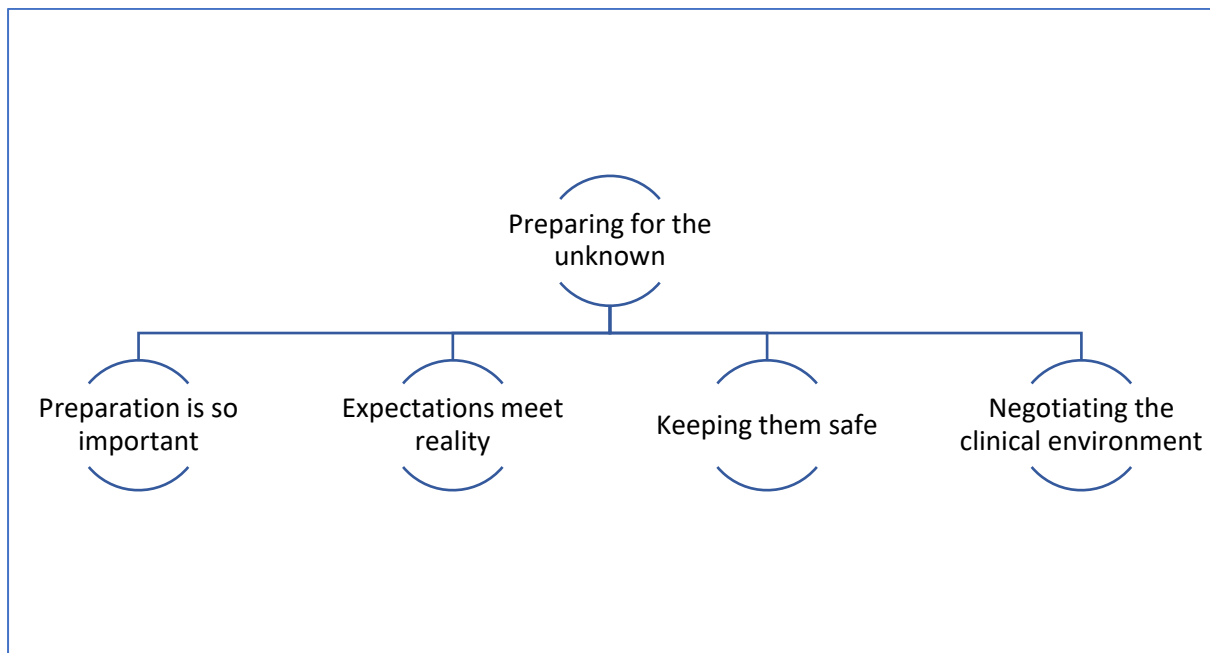
5.5.1   Preparation is so important

> *"So, I think it's still an area that needs a lot of work done on it. For both the students to be properly prepared but also for the staff to be properly prepared" (U3)*

Figure 5.5   Students setting up a community health clinic in a rural community

Ensuring a successful ICP experience, for many participants, was reliant on having adequate preparation prior to departure. Adequate preparation began with carefully selecting a student group that created an effective team dynamic whilst on placement. With the physically and emotionally challenging placement locations, choosing the right mix of students was an important component of a successful placement experience. University staff spoke about the processes they undertook to select the student groups, which had evolved overtime: *"So over time we've added in, so each year we kind of learn something new, so we'd add another element to the process"* (U2). However, the primary form of selection appeared to be through interviews, but largely this process was subjective and value laden:

> So, they started interviewing this year, but I think there were some incidences last year where some students really weren't appropriate, and they did things that were inappropriate, so they decided they needed to have some sort of selection process and criteria. (U3);

> We have to make a value judgment if we think they are going to work out with a team or not. You get some that come in, and you go, no. . . . I wouldn't want to be in a group with them, for whatever reason. It might just be a feeling, or it might be something that they say. (U4)

The value of the interview process to the University participants varied from a crucial part of the selection criteria to an often-inaccurate tool that provided only a glimpse of how a student might respond when on placement:

> The bit that we do now which I think is critical, is interviews. So, we do it as a group interview, and we do it as a group interview for two reasons; number one, we actually want to see the dynamics between them and we want to see how they get along. (U2);

> Absolutely, but I have done this enough times to know that it's a bit of a lucky dip because the people that you interview and you think they are going to be a super, incredible princess and I'm not sure whether I would take them if they were in my group, versus the, quite often it's the mom of three, "Yeah, yup, yup, I've done this, I've done this." And you think, right, well she's going to be trouble from day one, the princess. And mom's going to be this person who's got my back and can be my right-hand man if I need some support. And they're the people who have the meltdown, and the princesses turn out to be these hard-task soldiers that soldier through. (U4)

121

Preparation was mentioned as being an essential component of success. Students have various levels of experience of travelling overseas, which makes tailoring the preparation a challenge:

> *You know I had a group recently it was an education group not a health group. A group that I thought I had prepared really well and the feedback was totally mixed, and half the group felt that they were totally underprepared and half the group felt because they had travelled widely before the information they received was boring and unnecessary. (P1)*

There was significant variation in the amount of preparation that groups received, from basic logistical information provided by program administrators: *"Preparing them from a logistical perspective so that they hit the ground running in terms of culture, language, expectations around food, accommodation, cleanliness" (P1);* to preparation for clinical practise provided by the university *"then we'll practise, and we'll take opportunities to practise stuff, so we'll be doing recovery positions, CPR in the transit lounge at Changi airport" (U4).*

There was a lack of a consistent format for preparing the students prior to the placement. With one University participant commenting on the variation within their own institution. Much of the impetus for preparation came from the facilitator travelling with the group:

> *And I know the colleague that went on the same one that I've been on but to the different countries, she'd been there two years previously. And I said to her, "Oh are you meeting them regularly?" And she said, "I don't have time." So, she wasn't doing any preparation meetings. So, they only got the information from our international, sort of the office that organizes and we're just your basics, this is where you're going. Go get your vaccinations. And then maybe something, I don't know what they got from their partnering organization but probably a handbook like we did. (U3)*

Students commented that adequate preparation was a challenge given the nature of the placement: *"But I think probably having someone who knows that country fairly well and stuff, and having that cultural information and things like that, but I still think if you've never travelled somewhere that would be hard to prepare"* (S4). Whilst some felt that their preparation provided them with a realistic expectation of the placement experience: *"So we were told pretty much what we'd be walking in to, and we had really good expectations of what we'd see when we sort of hit the ground. No dramas with that"* (S5); others felt that

their expectations did not match the reality of the placement: "*We supplied tooth brushes and toothpastes and all that sort of stuff, which I think in retrospect we didn't need to because they already had that stuff, we were under the impression they didn't but they already had it*" (S3).

University staff play an important role in ensuring that students are adequately prepared for the placement. Inadequate preparation left the university facilitator unsure of their role during the placement and significantly added to the stress associated with this role. This was particularly evident in the comments from one university participant: *"So, I was very uncertain of what to do, and suppose because I wasn't prepared, I couldn't prepare the students very well"* (U3); which they felt impacted on their initial ability to not only prepare the students, but understand the healthcare system they were entering: "*I think there needs to be a lot more information. I never received anything about the healthcare system. I went over there totally blind" (U3).* Ultimately the participant was able to use their clinical experience to navigate the situation, but it highlights the additional stress that can result from uncertainty and poor preparation: *"Because I work in a rural setting, so you do have to think outside. And it all went fine, but it is always a concern because ... And I've said several times there needs to be a package for facilitators"* (U3).

5.5.2   Expectations Meet Reality

"You're not sitting down having banana shakes every afternoon" (P1)

Figure 5.6   A health clinic set up in a rural village

When participants arrived on placement their expectations about what the community was going to look like, how the placement would run and what they would be doing was often vastly different to the reality they were presented with, requiring them to readjust their expectations upon arrival:

> *I think my expectations were different, I think what actually, what I thought was going to happen or what happened was different, I think it was very different because my understanding of what we were told, my visualisation of that explanation and exactly what happened was very different. Which is normal I would imagine. (S3)*

Not having a clear idea of what to expect whilst on ICP added to the anticipation and excitement in the lead up to the placement for the students: *"It was just looking forward to the next day really. To see what that would bring"* (S1). This led to a sense of wonder as they began their journey and a sense of anticipation for what was to come:

> *I didn't really know, but I thought as we were getting further out obviously it's more remote, and so just wondered what different things we would see, ... Because I didn't know what we were going into. I didn't really know what to expect at the same time. Obviously, I hadn't done anything like that before. (S4)*

For some students their expectations were based on an exotic notion of what the placement might be like through exposure in the media. The placement lived up to expectations for one student whilst for another they were surprised by the community they encountered:

> *some of the stuff you see on National Geographic, and you're like, oh, okay, wow. This must be some remote tribe in the Amazon. And then you get there, and it's, okay, these are exactly what we sort of expected, but it's still very confronting (S5);*

> *I think it wasn't expecting to be as looked after as we were. I was thinking I mean the conditions sure they were primitive, but they weren't either. The buildings were still beautiful, and we still had mosquito nets and we were still fed really well, and they were still you know washing up and cooking and it was all primitive conditions but still liveable and comfortable. (S2)*

Participants faced challenges from the living conditions and environment often caused by an imbalance between their expectations and the reality they were faced with. The remote locations and basic living conditions had a larger impact on some students' experiences than

had been anticipated, particularly when faced with the unrelenting nature of living in such an environment: *"Both of us were up most of the night because of the smoke, and the pig that lived under the house, but, I loved it"* (S5) and *"It was colder than what we expected it to be. And we were cold, cold, cold, because we went in the December, one place it rained the whole three or four days we were there"* (S3).

The reality of the living conditions in communities was seen by facilitators as being an emotional challenge for students often in stark contrast to any previous experiences travelling *overseas: "It's a huge emotional rollercoaster for them when they see how people live you know, especially those who think they've been international when they've been in hotels in Bali. You know they've really got no idea"* (U1). They were also faced with the reality of healthcare settings that were more basic than they had anticipated, and vastly different from their own:

> *But they were surprised that what they saw in the hospital circumstances, they were overwhelmed by the staff patient ratios, the fact that there were beds, but then there were people on camp beds in between beds, the concepts of infection control, and all those things, they were like "oh my goodness, like that's unbelievable". (U2)*

Providing new students with stories about the nature of the healthcare they might be performing, does not necessarily prepare students for the reality of what they will doing: *"You'll get to do some wound care in the middle of nowhere, on a school table because a kid just chopped his foot and they stick a needle and start stitching in front of you. And the students' go, 'Oh my God!'"* (U3).

5.5.3 Keeping them safe

> *"We had that safety factor, which was a concern for me because it was mainly females and I was the only academic. So, while I needed to feel safe … so did they" (U3)*

Figure 5.7   A wooden bridge that students crossed to reach their accommodation

Preparing participants for the unknown was a significant challenge, with inadequate preparation having a flow on effect on emotional wellbeing and personal safety:

> *nobody is going to work successfully in any sphere if they're basically unhappy or feel unsafe, or whatever, so there'd have to be a big program on pre-departure briefings and work to try and get people a little bit aware that they will have no idea what the hell they're walking into. (C1)*

Safety concerns were raised by participants as an important component of ensuring a successful placement. Overcoming challenging locations and environments whilst ensuring the wellbeing of the student group was an important consideration for participants: *"My concerns are: ensure all risks management (safety conditions), suitable accommodation and facilities, good food to ensure that everyone will having enough energy to working onward" (P2);* and *"To understanding that when the group is here everyone needs to keep an eyes on. Don't let the bad stuff happen. Because it's around, everyone is the host the same, even with staying only at the Chief's house"* (C5).

University participants considered group safety through ensuring experienced staff were travelling with the group and ensuring good communication between the groups. These risk management strategies had often been initiated based on previous experiences and challenges: "*We prioritise staff to go with students to Indonesia and China, mainly because of the culture differences and the language differences, because should something happen, and we have had students get ill and end up in hospital*" (U2); and

> *I've always ... I'm not saying I'm with the students all the time, but we're in the same place. So, if I went on lunch where they could have gone on another, but we would always end up, I'd still know where they were. And I would say to them, "Please just text me when you get back of an evening, so I know that you're here, basically." I think those sorts of things are really important. (U3)*

5.5.4   Negotiating the clinical environment

> *"We don't know, they can't speak our language, we're just sitting there or watching and we don't know what we're allowed to do or not to do." (U3)*

Figure 5.8   A student providing nursing care for a patient under the guidance of a local nurse

Entry into the clinical environment presented numerous challenges for the facilitators and students, negotiating what they were able to do each day whilst ensuring they practised within their scope, and for the local staff knowing what the student groups were capable of. The vast differences in local practices and resources also provide challenges to clinical practice, requiring staff and students to consider how to adapt their practice to the local context: *"They don't even have observation charts, I mean, you know how can you do an assessment without an observation chart to have anything to record"* (U1).

Ensuring that students were able to practise clinically, rather than merely observing, was important for university participants. Students were often left frustrated by not being able to practise in the same way they would at home:

> *And I don't think it's really made clear to us or to the students, they're in a more observer primary health care role rather than a hands-on med-surg (medical-surgical) for instance. You know that you're not going to have the same. They go, "Oh, yeah, yeah, yeah. We get that." But I don't think they understand, and they get a bit frustrated as well because they have to stand back all the time and just observe. And they want to get in and do hands on. (U3)*

This led to shifting the focus to primary health care, setting up health care clinics where the students could play a key role in patient assessment: *"That's not a brag, but our model is basically getting the nurses out getting their hands dirty. They do the health checks. They do the examinations"* (U4). Students could also provide health education and health promotion within the community however this provided a challenge ensuring students met their learning objectives: *"But it was really difficult meeting a lot of what they had to meet for the subject, like the goals, and the objectives and those clinical skills. Because a lot of it is primary health, a lot of it is health education"* (U3).

Participants also struggled with working in a foreign healthcare setting where nurses had different roles and responsibilities. Having to negotiate their practice to ensure they were working within the scope of practice in two jurisdictions: *"Qualifications over there include, giving IV medications, where our students can't. So, there's a lot of difference in the scope of practise, which made it difficult"* (U3). This led to stress and uncertainty for both university staff and students, with one even concerned about maintaining their registration: *"So currently we actually practice on the edge which is not very good you know for the*

facilitator, so what do they get out it? Nothing other than hoping they can maintain their registration (laughs loudly)*"* (U1). With some participants feeling that they were under pressure to do as similar groups had done in the past, even if this was outside their scope of practice: "*The kindy wanted us to give them Panadol or something to give to the kids and we said no, they said 'oh yeah but the others do it' we thought we don't care what the others do, we're not doing it*" (S2).

Students often relied on their facilitators to resolve uncertainties around scope of practice and felt pressure from local staff to perform tasks:

> *So that's not explicit at all. It's only when the students come home and go, "they want me to do this, or they want me to (do) that. But I'm not allowed, am I?" And you go, "Well, no. You're not allowed." And they can see why they're not allowed, but they still have to come check because they feel that the staff expecting them to. (U3)*

Local health care staff also expressed uncertainty about the student's role in the clinical environment:

> *not like the local standard one, like the second year and third year already done some skill like the pharmacies and the things like diagnosis. Things like that. So, they need to go back to the basic and understanding the student more. (C2)*

Comments from community participants indicated that preparation for the local health care workers had been missing in their experience of ICP, they had not been provided with learning objectives or included in development of the learning experience for the students once on placement:

> *they need to specify their objective what they would like to do. They need to have schedules of what to do… because sometimes we know that you want to go out for the mobile clinic to the placements and don't know what we going to perform your students. (C2)*

This led to uncertainty when the groups arrived, with groups having to negotiate and adapt quickly in the clinical environment. Preparing all members of the ICP team effectively prior to arrival was consistently raised as an important requirement for a successful placement. Enabling people to transition more effectively through the uncertainty and stress when

129

arriving in a new and unknown location, will enable them to focus more effectively on their learning.

5.6   Focusing on Learning

This theme reflects the emphasis participants placed on the learning opportunites that ICPs offer. Placements include learning outcomes that should be met whilst overseas, however findings from the stakeholder interviews suggest there is a complex network of competing motivations, and logistical and environmental challenges that can impact on the learning experience.

Participants motivation for becoming involved in ICP were framed by their own values, beliefs and experiences and provided a lens through which they viewed the placement experience. All participants reflected on how their involvement in the ICP developed professional knowledge and skills, however logistical, environmental and communication barriers impacted on the student participants focusing on their learning opportunities. Participants spoke of their desire for the focus of ICP to be on learning. Therefore, for them the final determination of the overall success of the placement lies with ensuring student learning outcomes.

Figure 5.9   Focusing on Learning
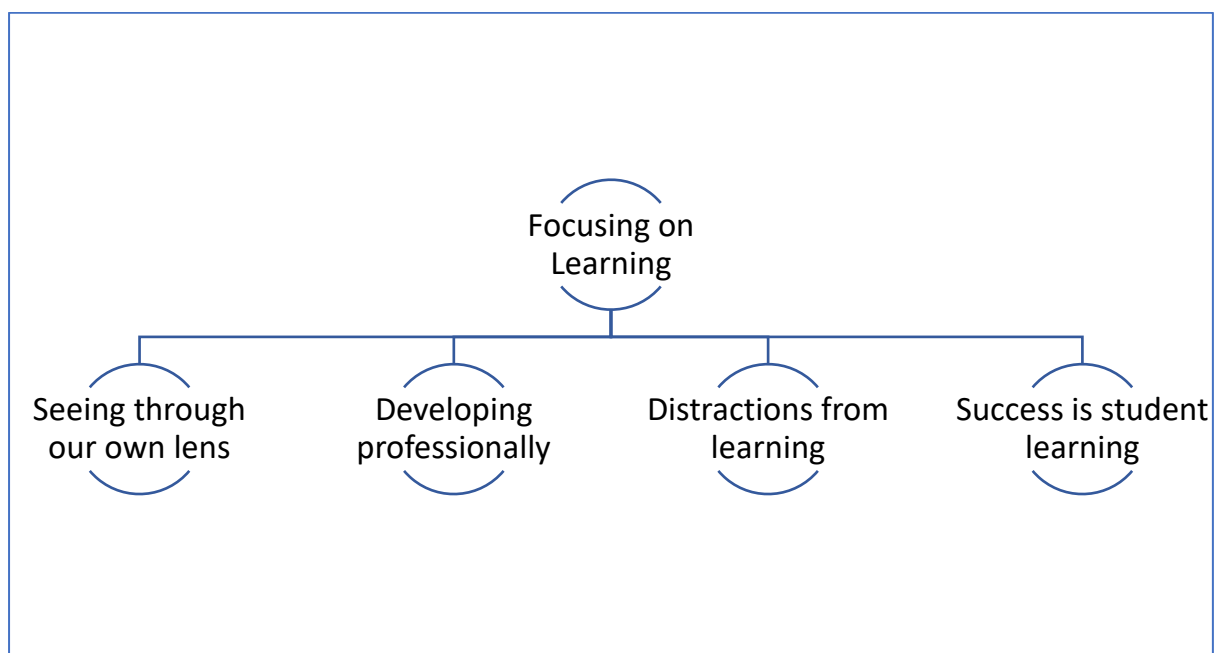
5.6.1   Seeing through our own lens

> *"Because every time we have different participants, supervisors,*
> *university's cultures . . . All of them travel with their own lens." (P2)*

Figure 5.10   The View of a Distant Village whilst Driving to a Remote Health Clinic

Study participants chose to participate in ICPs for a variety of personal reasons. University participants spoke of the importance of having a vision for the placement experience and how this fits within a broader philosophy to take a more outward international focus: "*being part of most of our curriculums that we have that international focus and being able to nurse anywhere type philosophy" (U3)*. Building relationships and partnerships in the Asian region was also a driver to develop ICPs: *"We've built the program up partly because we see value in it, and partly because our Dean has wanted to create some partnerships with other Universities, in particular in Asia" (U2).*

Given the challenges of securing placements in Australian clinical settings, international placements became one option of securing additional places: "*It takes a few students out of the equation if we can send two groups internationally. That relieves a bit of the pressure of trying to find those placements" (U3).*

The availability of ICP can also be used as a marketing tool for prospective students. They offer a unique and challenging experience tailored for undergraduate nursing students, which participants felt may motivate them to choose a university offering such a valuable learning experience: *"And from my point of view, from encouraging students who might want to do that in the future, to come to our course, I think it's a good point of difference" (U2).*

Longer term sustainable outcomes were also important for one university participant when considering the impact that these placements may have on the local communities who host them. They believed that this must be a vision that comes from the university itself:

> *The university needs a vision. The university needs a vision and that is to not just go and give the students an international experience but to go and make sure that they are creating a sustainable opportunity for the people that we visit, and that we really are teaching them something you know. (U1)*

When university participants discussed the need for an overarching vision for the placement, it was clear that this was closely aligned to their personal motivation and philosophy. Each participant spoke of motivations, past experiences or personal philosophies that led to them becoming involved in ICP. The diversity of these personal stories was particularly evident amongst university staff, who all discussed quite different paths into ICP. One participant was strongly motivated by their faith and described the international placement as their personal mission:

> *Myself and my partner, we are church-going people, and we decided that we wanted to have a mission, and we didn't know what the mission would be . . . And this is a cross over from my personal mission to my professional role here. (U4)*

Another participant had taken a more pragmatic view to facilitating an ICP, born out of their previous experience in this area. A role that was not particularly wanted at that time:

> *I was the only one who had any history, and (laughs) I was at a meeting, well I wasn't at a meeting, where it was proposed that I was it, and that was it, signed sealed and delivered and I thought, I thought oh my god that's one more thing I didn't want. (U1)*

Finally, another university participant described finding a placement that aligned with their clinical experience and teaching experience. They felt confident that they were able to contribute to the learning experience:

> *I put my hand up when Thailand came up. One, it was an area I'd always wanted to travel to, but two, being the subject that I taught, I felt more capable of being able to facilitate students on an international placement. (U3)*

The personal stories and motivations for those who chose to participate in ICP often shaped the way that participants viewed the international placement. This was most visible in the compelling personal story from one of the international placement administrators, whose childhood experiences and early life in rural Thailand had driven her current purpose: *"My background is a little bit of sad story. . . . I said to myself if I have chance to do something for the people who lack of opportunities I will do my best to help them in every way"* (P2) (full transcript of the personal account can be found in Appendix L).

There was evidence that past experiences, personal motivations and philosophy impacted the experiences of those involved with ICPs, influencing the development of the clinical placement and the learning experiences that students may have. The motivation for why students chose to undertake an international experience were also varied and reflected on their ability to engage with the learning process whilst on placement.

Three broad areas emerged; wanting to help the local communities: *"What we were doing was we were there to help, obviously learn for ourselves but we were there to help"* (S3); grasping the opportunity to participate in a different type of placement: "*It's definitely different, a different type of prac than what we would normally get" (S5);* and thinking that the placement was more than just a holiday: *"It's a bit of marrying my love of travel and the subject I was studying as well, a bit of putting the two together" (S2).*

Participants reflected on a desire to help local communities: *"I think at the end of the day these people just need our help and whatever we can do to help" (S1)*, with two participants linking this to a long-held desire to nurse internationally: "*Yeah, because that's why I did nursing in the first place to do international, like volunteering/aid work" (S4).* Two of the student participants in the study had gone on to volunteer internationally after graduation.

This desire to help was also noted by university participants as a key difference in those students who were motivated to complete a clinical placement in a low- or middle-income country:

> *the personalities of the ones who prioritise and choose the countries that are developing, are more, shall I say, compassionate, more focussed on the concepts of*

primary health care, and they want to help these countries improve their, their health and all sorts of things. (U3)

Another motivation reflected students seeing ICP as an opportunity that they could not pass up, whether their participation in the placement reflected a lifelong vision of what it means to be a nurse: "*It's just something that ever since I was little it's what I wanted to do. When I was younger I wanted to be Florence Nightingale because I thought that was the type of nurse that she was" (S4)*; or they were influenced by the students who had gone on placement before them: "*I saw the presentation from the girls that had already been to Laos and I just thought - wow I'd love to do that. I never thought I would ever have the opportunity, so when it came up I grabbed it" (S1).*

Students felt that participating in an ICP was a great opportunity to combine their love of travel with their study: *"It's a bit of marrying my love of travel and the subject I was studying as well, a bit of putting the two together"(S2);* and an opportunity to experience different cultures: *"For me it was a bit about travel too, seeing different things and just being in different cultures" (S5).* This was also reflected in comments by University participants who recognised students who were keen to travel with the placement: "*A couple you can see are just out there for a holiday in another country they tick off their list of countries that they've toured. Because they say, oh is it okay if we stay on afterwards?"* (U4).

University participants reflected on the type of students that often put their hand up for ICP, demonstrating that they were seeing similar motivations as those discussed by the students:

I think we have a skewed population. The people who put their hands up to go there, already have some kind of motivation. It might just be that they're going (to) hang around for two weeks afterwards for a holiday. Who knows? You know, but I think most of them expect to just be exposed to a new culture and all the rest. (U4)

Interestingly, students in this study did not reflect on the development of their nursing practice as a key motivation for undertaking the placement. However, developing skills, knowledge and experience was a key learning outcome reported by all participants in the second subtheme, developing professionally.

5.6.2   Developing professionally

"I think it was a unique experience…. It's outside the hospital, it's just a different area of nursing." (S5)

Figure 5.11   Performing an Abdominal Assessment During a Health Clinic

A key learning outcome for participants was the ability to develop professionally. Participants discussed the ability to practise clinical skills that had been learnt in theory at university. There was also a recognition that these placements present an opportunity for local health care and nursing staff to develop through their ongoing participation.

As was mentioned in the previous subtheme, motivation for participating in an international clinical placement for students was the opportunity to experience a different type of clinical experience. Students reflected on the unique environment, allowing them to experience a different area of nursing and to practise skills that they may not have the opportunity to otherwise:

I think it's such a different style of placement then we can do here in Australia, it's hands on they're part of the planning of it and their empowered to make decisions on the ground, they're working with a different culture of healthcare workers. (P1)

This provided a unique learning experience for the students involved, which enabled them to build on skills that they learnt at university. Students reflected on taking the knowledge they had learnt at university and putting it into practise in the clinical setting, with development of health assessment seen by all five students as a unique opportunity, particularly considering the high-tech clinical environment at home, which often limits the use of these skills: *"A really good opportunity to get your vitals down pat. You know, like manual blood pressures ... on a ward you don't get to do that all the time, and it's all electronic now"* (S5).

The repetitive nature of the clinics served as a reinforcement for skills and led to a deeper level of learning through the development of critical thinking skills: *"But they get to practice their skills they get to do head to toe assessments on a hundred people. And for them to be able to do that in such a sensitive environment it's incredible to watch"* (P1); and

Assessments, definitely. Respiratory, circulatory, GI (Gastrointestinal) assessment, stuff like that, I learned a lot over there, and I think by doing them every day, over and over and over on people, you really get it into your head and you start to think critically about, that's not right, that sounds different to this, or that's, something's distended. Or whatever, and you start to think "why". (S5)

Participants reflected on how the development in skills, knowledge and experience obtained from participating in these placements prepared students for their professional careers. The students were able to appreciate the skills they had learned on ICP in their current practice and it confirmed their understanding of the nursing role:

overcoming language barriers, adapting to different environment, nursing in different environments, that sort of thing. I think it was definitely a worthwhile experience for me anyways. It's helped sort of pave my way, I think, a little bit, especially with communication and things like that. (S5);

I think it's really beneficial as a placement because I think you learn skills that you wouldn't learn otherwise and also seeing, I think, from not just a nursing perspective but from a general life perspective, like it's good to see that there are people who are not as well off as you kind of thing. I think it definitely fits . . . my idea of nursing. (S4)

137

One participant recalled a time when the language skills learnt whilst on placement, enabled them to provide better patient care in Australia:

> I've had someone who had a patient on the ward who was Thai, spoke fluent Thai. English was not the first language, I don't think English was the second language. Very broken, very limited kind of thing. I was able to use things I'd learned to communicate with him. Not fluently, but I could communicate with him, in ways and if I didn't know something I would look it up and then, it was useful in clinical as well. Wouldn't say it was 100% reliable, but it was useful in engaging the patient more than anything; I think making them feel, you know, someone's actually making a real effort here. That's been a huge bonus, I think. (S5)

Whilst student participants were able to link their learning on ICP to their current practice, they were mainly focused on key nursing skills, such as assessment and communication. University participants discussed the broader professional skills that can be developed, such as leadership, problem solving and teamwork; skills that are important to possess as practising registered nurses but are not always easy to develop on traditional clinical placement experiences. This allowed students to explore their potential and prepare them to graduate as Registered Nurses:

> You know, my brief to the nurses is you're RNs in six months' time. Act like one. That's pretty much it. You know? This is it, you gotta walk across the stage in just a few months' time and you're going to have students asking you questions in your grad year. So, you know, pull on the white. (U4);

> So, we taught them to work as a team but as part of a bigger team as well. And they all had to take roles as a leader in setting it all up (setting up for a remote clinic- all the stations and supplies) and taking that role and saying thank you. And sort of problem solving with me if we needed to . . . Well, there's no running water, how do we do hand washing demonstrations? And those sorts of things. They learnt a lot about themselves. About their ability to step up to, I think, as leader. (U3)

Developing leadership potential can be seen in the example above as a part of the day to day challenges of running health care clinics in remote locations, or as the example below demonstrates when unexpected events occur. This may require students to step up into a role they might not have been expecting but needed to be done:

But interestingly what happened, because the person was in hospital, in a Chinese hospital, the other students stepped up, so these third years, one of them in particular just took a massive leadership role and said, "okay, we can't all stay all the time, we all need to have rests and we need to continue with the program, so let's make a roster". So, she made a roster that there was someone at that student's bedside at all times, and just took control. (U2)

Whilst the comments above recognise the learning gained by the students during these placements, learning also occurred for the local health care team. Participants reflected on why they believe local health care workers chose to participate in these programs, highlighting areas such as English language development, personal development and a chance to learn more about their own communities: *"It's a good chance, I'm very happy… it's helped me to practise my skill, also in English and when I go back home I need to do my homework also, to read the assessment how to do diagnosis"* (C3); and

> *First thing, hospital gets the benefit to develop their staff when going out together with our international nursing students, especially to improve their English language abilities (speaking, listening, and writing). Second, hospital staff get great opportunities for their personal development (English skills, refreshing their knowledge, travelling). Some of the staff have never been to the village we went, as most of their working roles are based in the hospital. So, they can gain more understanding about the people who live in the remote areas and their difficulty to access the good health care. They will be so proud of their duty. (P2 – information in brackets added by participant when reviewing transcript)*

Partnerships are consolidated, and relationships built between the local health care workers and university groups when both sides can learn from each other: *"And also this team can get a lot of experiences from your team, is like exchange the experiences together"* (C4); and

> *Especially the way of the local nurse working together with our International Nursing Students. At the first the hospital provided us the same nurses, which not really sharing chance for other nurses who might have a better abilities or skills on teaching the students. After many years passed, now we could see that the local nursing team has been rotation because they understand that not only the students will having chance to learn but they are able to learn from the students as well. (P2)*

For local health care workers, particularly in remote and rural areas of South East Asia, the introduction of international nursing groups provides exposure to new ways of doing things and new cultures: *"The benefit for the clinic is that they got new information, new experience, and they able to discuss with the outside knowledge as well, not only in country"* (P3); and *"Because you're the registered nurses as well and the teacher in the university. They got learn from you as well. They have more skill when they going out they meet the new cases"* (C2).

5.6.3   Distractions from Learning

"She said that service learning is the wrong thing, it should be called learning service. If you think about that, and how can we learn to serve rather than service, thinking the service is the most important bit, the learning is the most important bit." (C4)

Figure 5.12   The Work Continues Even Whilst Overseas on Placement
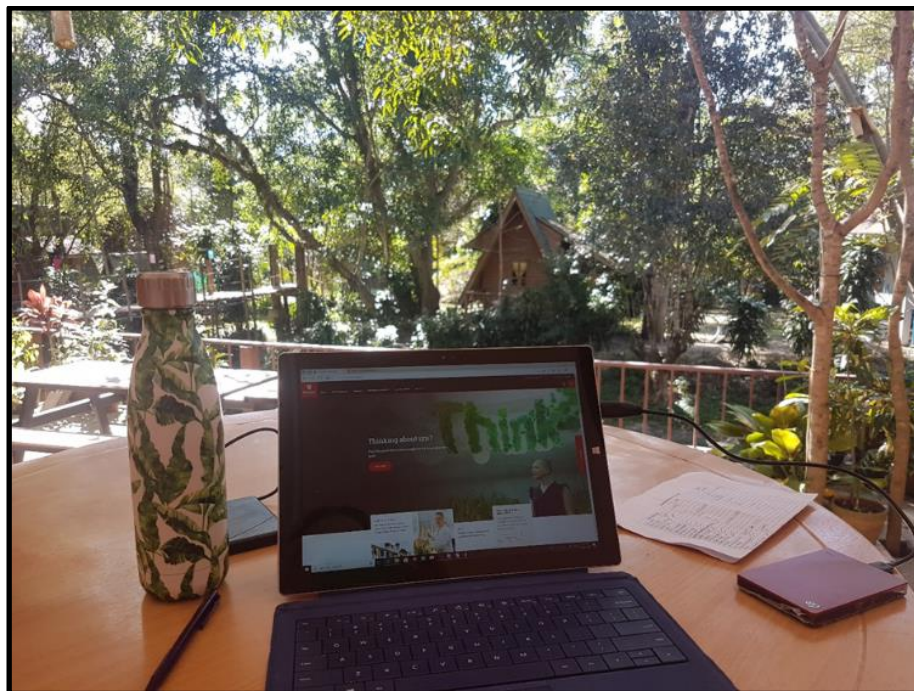
Participants suggest that these placements offer students a wide variety of learning experiences from professional nursing skills, through to personal growth and career development. It was clear however that there were risks or barriers that could impact on students being able to focus on these learning opportunities.

Students commented on the added stress they felt when forced to manage problems at home, as well as coping with the daily challenges experienced on the placement. Four of the five student participants completed the placement in the final year of their nursing program. Two students commented on the difficulties of applying for graduate nursing positions in Australia whilst overseas, with one feeling that this contributed to them ultimately missing out on the position:

> *Or was it Saturday, we had to submit it that Monday. So, we had it all on the thumb drive, I remember having it all there ready to go, so it yeah it pretty much had to be done while we were there so that was bad timing, but that happens. (S1);*

> *I remember we were over there, and I was sitting in a cafe, looking at the computer you know online and got the email through, and it said you know got one (interview for graduate employment) and that would have been a dream one but it doesn't matter now, in the long run I'm happy but that timing was all wrong. (S3)*

The challenges of establishing regular contact with home was recognised, with those at home often unable to understand the difficulty. For one participant this was a source of frustration as other students did have contact, which contributed to their homesickness and impacted periods of the placement:

> *That was really difficult because I didn't get to have contact, some people were speaking to their family every day, I wasn't. And I think that was the hardest thing for me and then when I spoke to them that was ok but I think that was, yeah I got a bit homesick at one stage, and got a bit teary then I sort of pulled myself. (S2);*

> *And they don't seem to be able to understand that because I can send a message one day, doesn't mean that I can send it the next day. It really depends because it's really iffy. And if there's a storm it all goes down. So, I couldn't rely on being able to communicate via technology, which they all seemed to expect you to do. (U3)*

The lack of ability to communicate was seen as a shock and challenge for some student groups. Particularly for students who are used to having a strong connection with social media and the internet: *"China's interesting because they very rarely have very good wifi access, they have no facebook access, and that really throws them, it's only a couple of weeks but that really surprises them"* (U2).

Whilst this can be a shock for some students, one participant saw it as an opportunity to embrace those moments when internet or phone connection were not possible. It also offered them an opportunity to think differently, rather than relying on online information for the answer which they saw as a benefit. This comment also demonstrates that when it comes to connectivity, and the need to be online, the university participants expressed the same need as the students:

> *I love that they didn't have access to WiFi and had to actually use their brains instead of being on technology. Mind you, as soon as I found hot spots I'd be on it. Which was really funny when you're in remote areas but they all have satellite dishes and WiFi's. Like oh my God! It's just really weird. (U3)*

Whilst the location of the placement can impact on access to technology and contact with home, the expectations that students bring to the placement can also distract from the learning experience. As mentioned in an earlier subtheme, an altruistic outlook is common amongst participants on ICPs. Students want to help those communities they are visiting, this can cause dissonance for students when they arrive and discover that the help they can provide is minimal. Program administrators felt it was important to focus on the learning outcomes of the placement, to avoid disappointment for the students during the placement: *"On what they can do, and what they can achieve as well. And also trying not to think that they will come to help, because they come to learn"* (P2).

It was apparent from one student's comments that this disillusion affected the way they perceived the patients, the communities and the placement:

> *The actual people who came to the clinics, they weren't always truthful, in that they were trying to get stuff, because we had free stuff. And we thought afterwards that we would have been better off if we didn't know that. If we went again what we would have done and known that is set up, a pack of freebies, if you want freebies come here get your freebies see you later, let us because we were going through a whole lot of questions and assessments for people who didn't need, didn't actually have stuff, or anything wrong with them and they were making things up on the spot and it was obvious after a while that they weren't telling us the truth. (S2)*

Students approaching the placement with the right attitude and having clear expectations about what they hope to achieve was paramount to individual success on the placements.

University participants recognized that the expectations students had prior to departure could translate into issues on placement, distracting the students from meeting their learning outcomes:

> *I don't think it's unrealistic to look for a student who's expecting to get somethings out of it because after all that is why you go, but it must be the right focus. Not just for them (to have) a lovely opportunity but to learn from that other person and to engage with that person. (U1);*

> *There wouldn't be many that would actually apply that wouldn't have the right attitude. You sort of get to know them in a day or two, and you think, "Oh, I think I'm going to have a few issues. I need to sort of keep eye on you and really sit down and have a chat to you about what this placement's all about and your expectations". (U3)*

However, if unhelpful attitudes can be overcome and clear expectations set this can create an environment for successful student learning.

5.6.4   Success is student learning

> *"To describe the successful placement, in my opinion the successful placement is what the student have learnt on each day." (P2)*

Figure 5.13   A Student Learning from a Local Nurse During a Health Clinic

There was a sense from those involved, despite their motivations for coming on placement or the distractions along the way, the success of an ICPcould be seen in student learning. Program administrators stressed the importance of framing the ICP as a learning experience for the students and that this was an indicator of success for them:

> There are not the numbers of patients per day, not the distance of driving to those villages, not how much medicine we give to the patients, not how great is the weather of the day. It's all about LEARNING SESSIONS. (P2 - Emphasis added by participant during review of transcript)

As these placements often form part of a student's clinical placement hours, the university needs to be able to assess the students' clinical development whilst overseas. University participants discussed how it can be a challenge to assess the students against standardised assessment tools whilst on an ICP, leading to uncertainty about how students are meeting their learning outcomes:

> Because we've got those stock standard national competency assessment forms that we have to use, which really don't align to an international placement because it's very much more primary healthcare based, what we do, and basic nursing skills. So I find that, that's one thing that is difficult to try and match all of the objectives for the subject. (U3);

> I have a concern at the end of the course that they may not still have met those skills and objectives for that subject on that NCAS form. I find the NCAS form very inflexible when you're looking at international placements. (U3)

Whilst students moved through the required elements to complete their assessment requirements, one university participant took a more pragmatic view about how they evaluated whether students had successfully met the learning outcomes for the placement:

> So as far as assessment is concerned, if they show up breathing, and don't kill anyone on the way, or don't get killed by me on the way, their objectives, their reflective stuff and I just look at the competencies. Like, if they're just a gibbering mess in meltdown mode then some of the remediation will need to be taken care of if they get sick and can't continue. It's never happened to me. (U4)

Whilst it was challenging to assess the students' clinical development, university participants talked about the wide range of learning experiences that students are exposed to on this type of placement. Exposure to topics and health care issues from a different cultural perspective, provided important learning opportunities:

> *Interestingly, this part of Indonesia is Muslim, so they quite openly talk about the fact that in that culture there is no sex before marriage, so there is complete and utter denial of this whole prostitution industry, and it is a LGBTI (Lesbian, Gay, Bisexual, Transgender, Intersex) group of people, so that's really interesting learning for the students. (U2)*

Being open to learning proved to be an important element of a successful placement, with students who embraced the opportunities presented to them gaining the most from the placement:

> *So, to me, the students who had a more mature outlook, I'm not saying they're all mature themselves, not all of them were older students, but that maturity in their outlook. And their openness to learning and experiencing. This year was fantastic. I had such a great time because I didn't have the clashes and they were all very open to everything. This year we were asked to come down and watch the villagers' plant. Well, next thing, they've all got their shoes off, trousers rolled up, and they're in hands on and were loving it. (U3)*

5.7 Recognising Difference

The fourth theme reflects the multitude of ways that all participants experience difference whilst participating in an ICP. Throughout the interviews with stakeholders they reflected on the differences recognised throughout the placement, from differences in culture and language, to differences in the clinical environment and the nursing role. It is through recognising these differences that participants frame their experiences, with some remaining fixated on the differences whilst others move through the differences to acknowledge the similarities that also exist. The three sub themes presented below reflect the progression that participants must move through during the placement from: 'experiencing the other', becoming 'lost in translation' and finally 'practising in a different cultural setting'.

Figure 5.14   Recognising Difference
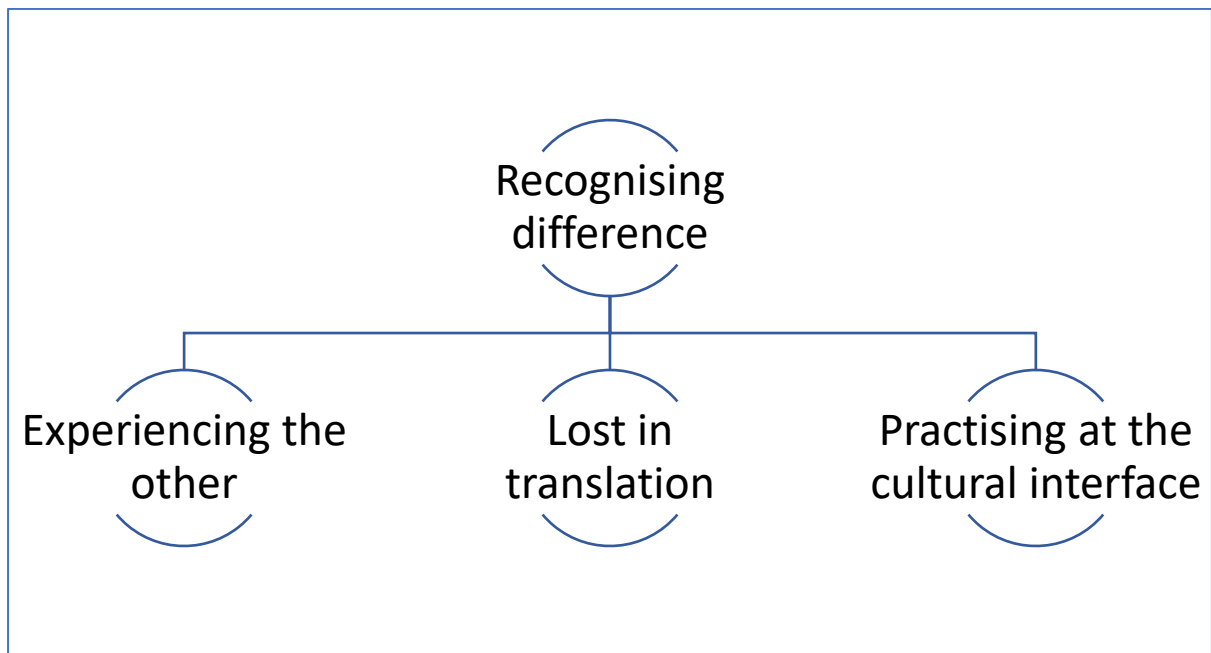
5.7.1   Experiencing the other

"First of all, it's about the traditional culture. Because you come from the different country, and everything are definitely different." (C5)

Figure 5.15   Local School Students Practising Traditional Dance

Participants reflected on experiences when entering the placement environment for the first-time that for them demonstrated the new cultural setting they were in. Initially for the student participants these were quite superficial visual differences that were a contrast from their usual routine at home: *"We sat on the floor and we ate on the floor like they did. We ate in the same traditional way that they did"* (S3); and *"I was amazed at some of the old women that would come with all their jewels in such a place it's like miles and miles and but they still* (had) *their tradition and they're just lovely people"* (S1).

This difference was most evident in the descriptions of living conditions and the challenges that students faced away from the comforts of home: *"There's no music, no tele*(television) *and gosh how am I going to cope without that for three weeks, but you do"* (S1). Some comments from students reflected judgemental observations of the local culture:

> *I was – "why is this so nice, what are you making?" and they were like "oh spice, spice" and then I got told it was MSG, "Really? It's really nice, I like this stuff"* *(laughs). So, we ate things that we wouldn't normally eat at home. A lot of pork which we reckon could have been dog. (S3)*

The basic living conditions often caused discomfort for the visiting group which had a direct impact on their ability to function effectively in the clinical setting: *"And their fatigue levels go up, and their tolerance levels go down with that last little bit, so you have to kind of be very sensitive"* (U4). Whilst cultural immersion was important, there were areas where the cultural differences needed to be negotiated to provide more familiar comforts: *"It's not that we didn't want to eat it, but they were giving so much different food that the students just didn't like. And they do need an occasional Western type meal"* (U3); and

> *The second year they tried to put us in a house with a humongous beehive that was six feet tall. And to have us sleep in double beds two and three to a bed and when I objected they sort of went, "Oh". (U3)*

One participant saw their arrival in the village as an exotic 'other' as a snapshot in time that would quickly disappear as the rural villages became more accustomed to foreign visitors:

> *I think some of the villages we went to were very isolated and they just don't see foreign people ever. And some of the kids walking around, and they're like, they stare, what are these? I've never seen one of these before. So that was really, I don't know, it was such an eye-opening thing. And I'm not sure how long it's gonna last for, I think it*

might have been a once off thing because eventually places like that aren't gonna become as remote as they are now. Technology is going to reach them, roads are going to reach them. It might be 20 years off, but still, it's a snapshot of that period in time. And it might not be like that for too much longer. (S5)

Negotiating the cultural differences was a delicate balance for the University participants, with all discussing the importance of not patronising their hosts. The concept of 'whiteness' and 'colonisation' were mentioned by University participants who were aware of and concerned about repeating history if care was not taken: "*The colonialization implication for those countries are huge, and this issue of whiteness is also huge. and if we go in there it's just perpetuating those colonial processes*" (U1); and

I mean, we try not to go over and say, "Hi, we're the great white hunter and this is what you should be doing." Really, they just stand beside the people of the country and say this is what we do in Australia. Is this going to be a fit, you know? (U4)

Processes that the university participants put in place to try and mitigate the impact of paternalistic attitudes was evident when they talked about the student groups that they travelled with. It was important for them to ensure that students went with the right attitude and did not damage the relationship with the host communities:

going there as equal partners and not that we're the ones that have the knowledge and the skills and you don't. Now our students were very surprised by just how advanced the knowledge and the skills were over there. And they expected to be very popular and it wasn't (like that) in a lot of ways. So, I think that preparation is so vital that they go with the right mindset and leave the biases behind and really approach it as such a wonderful learning opportunity. (U3)

Unfortunately, some students are unable to look beyond their own cultural assumptions and develop a greater understanding of the local culture. Students who are not open to experiencing new ways of doing things, and developing an understanding for what they experience risk returning home with a reinforced notion of western colonial attitudes:

Not that they've a bad attitude, but that some of them (students) were a little bit inflexible to difference. And why should we have to change, they should do . . . "Stop! You're in a different country, in a different culture." It's not them that should be changing, we're the ones that need to adapt. (U3)

Sharing their culture with groups from overseas was an important consideration for those participants from local communities. An immersion into the local culture can provide students with a different perspective: *"Not only the language, it's also the culture and the traditional . . . life. Sometimes they believe in the spiritual"* (C2).

Subtle differences in cultural understanding can have a significant impact on the placement team. For participants from either Australia or the local community, working together despite cultural differences is a challenge that must be negotiated. Simple cultural differences can lead to misunderstandings between team members:

> *our translator or in country staff not eating with the group. That's very common question, and also like, they feel not comfortable, because they like being the staff. . . . We are, that is our culture. Yeah, it's interesting. Like me, they shy. And you know, we, I don't know if I can say that, but me personally, I like to eat a lot, and if I'm with someone, I kind of like, I have to behave myself and eat a little bit. (P3)*

For participants from the local communities overcoming shyness to work with foreign groups was of concern. This often impacted on which healthcare workers would join the student groups and how involved they became with teaching the students: *"And this culture, the tendency is for people to sit back and go with what the foreigner says rather than to be strong and say actually that's not what we want"* (C1); and "*And not everyone will . . . wanna go . . . because they scary* (scared of) *the foreigner"* (C2).

Participants highlighted that it was not just the student groups from Australia that experienced a different culture, these placements also allowed the local community to experience a foreign culture: *"So the community also get the new experience exchange, when they seeing the foreigner walking around"* (C5). Villages in the placement area looked forward to the opportunity to welcome foreign groups to their community and interact with the healthcare services:

> *They (local community) called us (foreigners) "Moh Farang" they feel like they will get the better health care service, even if they have to follow our Thai Standard. But that made them . . . have a chance to experience with "Moh Farang", they all happy. (P2);*

> *Sometimes we do the health education and the community are really into it, they love being around foreigner, and also they really listen and engage with, you know, all the*

information, plus they, our clinic staff also engage, as well, make it more successful, helpful to them. (P3)

There remains in some communities an understanding that foreign medicine must be of a higher standard. The local community see Western medicine as associated with a fast fix for their problems; that they will see the foreigners and their problems will be solved. This is seen as frustrating by local health care workers and community leaders:

It's very hard . . . educating the local people to understanding because their belief about taking medicine is taking now and immediately treatment, and the painful is gone. That's what they think about the foreigner medicine. (C5)

For the community participants from local healthcare services there were also differences between the education level of the visiting nursing students and those of the local students. Not only were there differences in content but also a different culture of learning: *"Understanding that your course, the nursing course, is shorter than what we have learned. We already include the midwifery, which is in our four years"* (C2); and *"In the Thailand standard they have to do what we order them to do"* (C3). This led to challenges for the local nursing staff that required recognition and adaptation before they felt adequately prepared to teach Australian students: *"Because we also understanding their culture and then we try to understanding them as well"* (C3); and *"They can try hand-on the assessment, think and asking the questions 'yes' or 'no', then … consult with the nurse staff. Some of them (are) very good but some of them just . . ."* (C2).

5.7.2   Lost in translation

"They talked about being stared at, being photographed, and standing up and how exhausting it is when you don't understand their language." (U2)

Figure 5.16   A Translator Assisting During a Patient Interview

Whilst cultural differences were a challenge for all involved, consistently, the difficulties associated with trying to learn and work across multiple languages was mentioned as a major issue. Communication barriers impacted on the way participants were able to interact with patients and other health care workers, with community participants being particularly challenged: *"Because they are not really speaking English and sometimes to make a communication is not really make sense to understanding each other"* (C2); and *"Oh I need to work hard with my English also"* (C3).

This reflects the expectation that the local community will engage with the students in English, with the assistance of local translators. There is little expectation on the visiting groups to learn the local language, although most attempted to learn simple words to help engage with the local community:

> *you know, I'm made sure that I made an effort to include, the barrier was language and you couldn't always have an interpreter so sometimes it was easier when it was really busy just to (gestures to indicate get on with it). (U1)*

Local translators were used to bridge the gap between the visiting groups and the local community, with many participants viewing the translators as an integral part of the

151

placements: "*The camps live or die on the quality of the translators. So, I mean working on trying to get good quality translators, and that's really a matter of building relationships*" (U4); and "*Translating from Kareni into Thai, and then into English, it was needed. I don't think we would have been able to do a great deal without them*" (S5).

Having translators present was seen as both an advantage and a disadvantage by participants. Some students recognised the valuable role they played in helping to build therapeutic relationships with the patients:

> *I think I know, for me, if I was in a foreign country or if I had a bunch of foreign people, like if there was one person who came up to me and understood what I was saying it would make me feel a bit easier talking and not feel so intimidated by it. I think they're definitely really, really important, and I think if we didn't have them, like not only because of the language but I think because of all of that, they probably wouldn't be as forward about telling us things. (S4)*

However, some students saw challenges in working with the translators, and were concerned that they were not translating what the patient was saying accurately: "*We had lots of interpreters that we were dealing with, but then you're dealing with interpreters and its sometimes it's their words coming out, not the patient's words*" (S1); and

> *The only thing about interpreters, and I've dealt with interpreters here in Australia, is they don't always interpret exactly what is said and I guess you get that wherever you go, they interpret what they think you want to know. Which can be an issue. (S2)*

There were also concerns expressed over the lack of patient confidentiality, as well as a blurring of lines between translation and teaching:

> *Not that there was anything major, but just I was shocked by the lack of privacy, I suppose, within the interpreters that would go on, be looking at the documents, and they recognized names and people, and they were wanting to do hands on with the students which I thought was inappropriate, and I just wasn't sure. (U3)*

With communication barriers being a challenge for all participants, the need to secure competent translators, who work well with both the visiting group and the local health care team, is an important component to ensuring a successful placement. The aim is to find translators that are interested in healthcare and enjoy the work: "*They interested about the*

health system as well, they want to get more knowledge as well in health, and also they got paid very well, and they enjoy being a translator" (P3).

5.7.3   Practising at the cultural interface

> *"It's about understanding their cultural ways of slowly coming in and I really enjoyed that. I enjoyed that learning about how you do things at that cultural interface." (U1)*

Figure 5.17   A Student Group Participating in a Traditional Ceremony

Participants, once they had overcome the differences associated with arriving and living in a different country, began to practise across cultural differences to provide learning and achieve healthcare outcomes. For the students this involved them being immersed in a very different clinical setting than they had previously experienced during their undergraduate studies in Australia. Students expressed shock at some of the things they witnessed when entering the health care setting:

> *But there were two people in a bed, they had to bring their own clothing, their own toiletries, their own food, their own everything and that wasn't too bad in the small country town, because people would go home, they would cook the food and then they would bring it in and bring it to the family but in the hospital, in Hanoi, they were*

living on the verandahs. It was just "take a photo of this, no one is going to believe us", it was amazing. (S3)

Whilst students were able to recognise difference, there was little evidence that they had considered the cultural or social conditions that contributed to what they were seeing and experiencing. It was easy to focus on the challenges and those experiences that made participants grateful for the healthcare services in Australia:

A lot of them (students) think that we're going to be stepping over dead bodies. And I mean in parts of India you do, would do that. Like especially in Calcutta and places like that. But it's pretty tame where we take them to. The most confronting thing is probably the emergency department of the general hospital. It's really, because it's like whoops. Don't get sick in Cambodia or India. You know? (U4);

Probably the number one thing certainly, those that go to the Asian countries say when they come back, "oh wow I will never complain about our health system again". They're shocked and amazed how good our services, facilities, equipment, staffing levels, workplace health and safety, all of that stuff. So, they really get an insight into how it could be, how it is elsewhere. (U2)

Creating an environment where students were able to gain more than just a recognition of difference, required learning strategies that made the students look more critically at what they were seeing and how this related to healthcare as they knew it. The teaching of cultural awareness and cultural sensitivity are concepts that whilst taught in theory were a challenge for students to put into practice:

So, I really bring that back with me and actually what cultural awareness and sensitivity actually mean. Because I think there's a lot of rhetoric about it, but not a lot about what it actually is, especially in relation to one of these places. I think we don't do well at actually explaining what we mean by those terms. (U3)

Participants (facilitators and students) needed to gain a better understanding of the community and their lifestyles. Through experiencing life in rural villages, students could better appreciate how day to day life impacted community health and how they access health care services:

We were lucky that this year we had a few people actually do a walking tour with us around the villages and we could ask questions and we learned a lot from that experience. And the food and how they all share. And how it related to their health. But we understood then how they're all malnourished because they're only having these sorts of foods instead of that. And these are the issues because of that. And it made a lot more sense I suppose. (U3)

Lacking a basic understanding of the cultural and social factors that impact on healthcare and healthcare provision, can led to patient care not being delivered effectively: "W*hen we diagnosis them and when we treat them, they go back and do something else like that's . . . if we don't understand their way of life"* (C2). For participants from resource rich countries such as Australia, the care delivered by local healthcare workers can at times seem inappropriate, and even negligent, without a deeper understanding of the local system:

We had one like high temperature. And the clinic, reacting as normal because we meet a lot of that issue, but the group, the student kind of freaked out, because they even Australia, they would go directly to emergency room. . . . I check with them what you guys do in your country and then they explain and then I explain to them like, okay, as you can see, we have resource limited, and the staff have been here like, a lot of time, and they kind of understand what is a good thing to do. (P3);

Because how are you then going to be able to give them a dollar a day for them to buy BP (Blood Pressure) medication. Probably not. How do we do these things at no cost? An example would be a bunch of lifestyle changes that could happen, but sometimes you identify things and then you're helpless to do anything about it. It's a whole new world. It's always difficult, because it's very hard to know what questions to ask. (C2)

Local community health care workers understood that there were significant differences between the healthcare systems in Australia and their country but felt it was important for the visiting groups to try to understand these differences: *"And also the technology of the healthcare standard in Australia is above than Thailand and . . . students to understanding the Thai standard, the healthcare standard in Thailand"* (C2).

Preparing the visiting groups before they travel may provide one avenue to deepen the cultural learning that can occur whilst on placement: *"Talking about culture shock. Telling*

them what to look out (for) *. . . 'cause they're not just about the practicalities of what to wear and what to take, but actually talking about what to expect and really being open about it"* (U3); and "*Little bit of a deeper understanding of the culture, you know, before they go and what that means, how do you communicate at that level*" (U1).

5.8   Building Relationships

This theme reflects the importance that participants placed on building relationships to ensure placements were successful. These relationships were built in the short-term through creating a culture of teamwork and collaboration on the placement itself, reflected in the first subtheme. Participants recognised that the placements were more challenging if the group did not function effectively as a team. Long-term relationships built with the local community and healthcare workers were also an important component of a successful placement. The second subtheme discusses the importance of community engagement and ownership, and how this can lead to benefits for both the local community and the visiting student groups.

Figure 5.18   Building Relationships
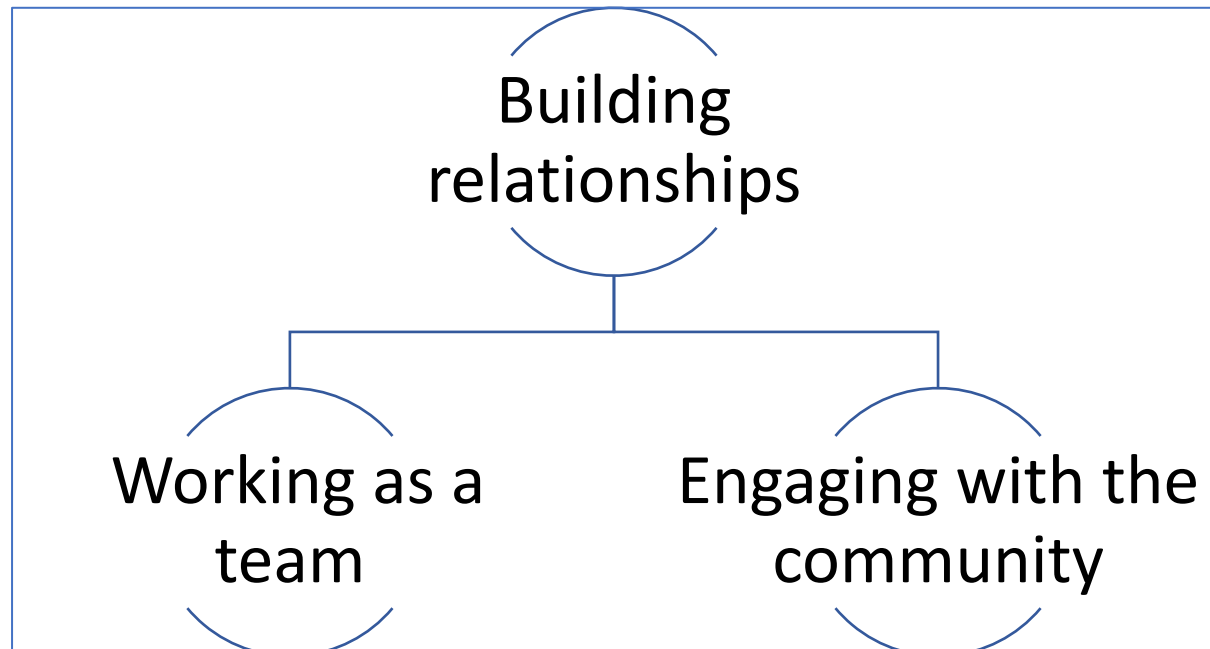
5.8.1   Working as a team

> *"The team is so important, such an important thing because you get one or two rotten eggs and the whole thing is a disaster." (U1)*

Figure 5.19   Students Working Together on a Community Health Promotion Plan

This subtheme represents the importance of building and developing a strong team to facilitate a successful placement experience for all involved. This involves negotiating team dynamics amongst the placement group, as well as integrating into the local health care team to ensure patient healthcare needs are met. Groups had to negotiate team dynamics to ensure that outcomes were met: *"It's the people and where you go. Like the people who make up the group, the dynamics can make it all different"* (S2). Placements where the team did not function effectively were difficult for all involved.

Placement groups are generally made up of a range of students and facilitators from diverse backgrounds, who in most instances have not met prior to being accepted onto the placement. This makes travelling to remote areas even more challenging, with differing personalities and subgroups trying to function effectively within cramped and basic living conditions: *"There were a few personalities that hadn't learnt to get along as well as they probably would've if they'd all been in the one big dorm which has happened previously"* (U3); and

> *I think it was just normal, a group of people who don't know each other all living under the same roof, tight stuff you know. We . . . had people who snored, we had people who didn't like people who snored, we had people complaining and yeah. (S2)*

Participants (students and facilitators) recalled incidents where students had negatively affected the placement for themselves and others: *"She came in and started shouting . . .*

about I don't know, I can't remember it, I was nearly in tears because I was just getting so (trails off)" (S1). Even though the exact details of the incident had long been forgotten the experience of interpersonal conflict had remained with the student post placement. One student with challenging behaviour can affect the whole placement group, resulting in behavioural adaptations that impact on the ability of the team to work effectively:

> *We couldn't really find out what was wrong, and it tainted the trip because it infects all the others. They kind of start skirting around and tippy-toeing around that particular person who's having the problem, someone trying to talk to her. She would bite, and it gets ugly. (U4)*

The role of the facilitator was often called upon to negotiate behavioural issues amongst the student group: *"I think when the facilitators had the chat with them, it kind of pulled their head in a bit"* (S5). The ability to work in a team and negotiate challenging behaviours was a key learning outcome for students, with university participants recognising the important contribution this could make to professional development:

> *I think that's, that's one of the learnings out of the program that I didn't even think about until I saw it happen, and it's something they start to recognise as the trip is getting organised and building, and certainly when they're away. They realise that they need to think about how others might want to do things differently and there's not one right way to do things. I think as future potential leaders of nursing, it's an amazing opportunity for them to learn that, and hopefully they recognise the lesson and take it with them through their career. (U2)*

Choosing the right person to accompany the group as a facilitator was important for all participants. This role was multifaceted, facilitators were responsible for helping the students to learn whilst in the clinical environment through encouraging reflective practice: *"Predominantly that staff member's responsibility is about having seen that stuff and then trying to work with the students to get them to debrief and reflect on what they've seen"* (U2). The facilitator was also an important support person for the students: *"To make the students moving forward, to make a great team work, to be their family when we really miss someone home"* (P2). Finally, this role assumes a leadership position, helping to guide the placement team. On an ICP the facilitator is living with the student group, assessing their performance in the clinical environment and seeing how they behave and interact in their down time:

They (the facilitator) held the group together, they sorted any issues that we had out, they guided us when we needed, like if we had issues we went to them, we discussed it as a group often. They lived with us, like they weren't separated, we were all in together. So even though they were our leaders, they weren't, they didn't sort of stand back and watch they worked in the clinics with us, if we weren't sure of something they were there to ask questions. (S2)

This proximity between the facilitator and the student group, alters the traditional dynamic you would expect to see on a clinical placement. University participants were aware of ensuring that boundaries existed between themselves and the student group:

Just becoming overfriendly and going out drinking with them in their groups in the evening. I just said be very mindful you do have to keep that separate, while you can be part of it and go out for a meal and drink . . . I'll only do it one night, but I won't go every night with you to dinner. (U1);

There's always a student that you seem to align to more too I suppose but I'm aware of those professional boundaries, and you can't say to them "Oh, you know." They might be saying. "Oh, it's really difficult between this and this person." And you want to agree, and you can't. So, I actually found it quite difficult. I found it, not stressful, but it became quite difficult. (U3)

Having a facilitator who understands the placement, the local culture and the challenges that the student group might face is important for the overall success and sustainability of the placement. Consistency for the program administrators was important from an organisational perspective but also to provide effective support for the student group:

One university that we work with goes back to the same placement every year with a small group of students but takes a different supervisor every year. I find (it) incredibly difficult because, the supervisor changes every year in terms of their experiences . . . and the students I think feel (it) because it is a placement that the university have been to time and time again, they feel that "oh well it's easy because we've been there before" but with the new group of students and the new supervisor, it's almost like starting … fresh each time. (P1)

For one university facilitator this resonated personally, as they had been sent on their first overseas placement alone and were unsure of their role. Initially they felt unprepared, unsure

of what their role as facilitator was in the international clinical placement setting: *"I think start with the basic. What is your role as a facilitator on an international placement? I had conflicting advice from people who'd been previously"* (U3). This impacted on how they interacted with the local placement team, as they were unsure of how to interact with and negotiate with members of the in-country team: *"I wasn't sure of my role with the guide and the interpreters. I wasn't quite sure how all that team dynamic worked. And if I wasn't happy, how I actually approached them without stepping on toes"* (U3). Being new to the local environment also caused confusion about the local culture and how this impacted on interactions with the local community and health care staff:

> *I know now that they see me as quite a high-ranking person. But I didn't know that at first, and I didn't know where I fitted in and what I was supposed to be doing. Even to sitting down at the university about to have lunch, I went to sit with the students, "Oh no, no, no, you stuck here at the top table." It would have been nice to have a bit of information, instead of feeling a bit of a doofus, I suppose. (U3)*

Being the lone facilitator was a challenge for the facilitators who travelled independently with student groups: *"I could do it obviously by myself, you know, but I wouldn't want to"* (U4); and

> *Nor was I told how I could cope with it as the lone facilitator going. Very hard, the students could all go and talk together. But I didn't want to encroach on their time in the evenings and I had no one there . . . to debrief to I suppose. So, I found that difficult myself as a facilitator. (U3)*

Some facilitators had to develop coping strategies to help them manage the exhaustion and stress associated with being the only facilitator, such as reflection and journaling: *"I found that as a facilitator because that's the only way I could debrief, was to actually reflect every day in my own diary"* (U3). Whilst for another University participant, they took their partner on the placement who was also a nurse, helping to balance the facilitation team: *"My partner is the soft squishy one. So, it's really good as a team, it works well"* (U4).

Developing trust is an important element of building the relationship between the University and the program administrators. All ICPs need local project partners to help manage the logistics for groups whilst overseas. Some universities choose to also engage an educational

travel provider to help manage the placement. This relationship depends on open communication to ensure successful outcomes:

> *If I could give anybody any advice about a relationship with a university in this field, it would be to listen. Always listen and always respect what they need and what they want in terms of the placement. Yes sure, let us deal with the community development side of it and the sustainability side of it with the partner but in terms of the actual role of the student and the placement absolutely that's the university's area of expertise. (P1)*

The local project partners offer an important support whilst in country and their relationship with the placement group is vital to ensuring the smooth running of the placement. They are often able to observe the placement team and make changes on the run, as well as improving future placements:

> *I was observing the student's behaviours, abilities while working on the field, knowledge, skills, and mind set. By talking, looking at them, asking from the local health care staffs, discussion among the team. Then we will understand more about the students and plan the next step to ensure that we could provide them on the right thing they are lacking. (P2)*

Building the relationship with the local health care team and the in-country support team is equally important. For many participants the initial interactions with the local health care teams was sporadic, with limited engagement between the visiting group and local nurses:

> *And the Cambodian nurses just disappeared. There was very little interaction. There was also other foreign nurses there as well. There was a big French contingent and a couple of other countries. But they kind of kept their own counsel as well. (U4)*

It was evident that both visiting university and student participants were disappointed and disillusioned by the lack of interaction with the local healthcare staff:

> *I was personally disappointed, and I think most of us were. Because we thought that we would work alongside the (local health care team), but we didn't. They just sort of "oh gee here comes the round eyes (laughs) let's all just stand in the background" and I don't know if that's a culture thing, I don't know, they just stood in the background. (S3);*

161

> *The two health workers were part of that provision process, one sitting behind the desk and supplying pills and the other just milling around. "I just need you here for a minute, yep no worries" and for them it was good because we were doing their job. (U1)*

There appeared to be a disconnect between the visiting university groups and the local community members. Whether caused by poor communication or a difference in expectations between the groups, this affected the development of any relationship between the team. Community participants felt that having clearer expectations of why the student groups were coming: *"I think the first thing that they maybe . . . somebody don't know the purpose of why they coming"* (C3); *"The problems come when we're not so well organised so the staff in the place have to have a clear idea what are those guys going to be doing"* (C1); and *"Briefing before working also help to making the local nursing team to understanding more what we need our students to learn, local nursing team now turn to be a teacher more than a nurse"* (PA2).

When strong relationships were formed, greater learning opportunities were generated for the students: *"Vietnamese nurse was a brilliant teacher, absolutely brilliant teacher . . . and he was just understanding and was really good and it was a really good experience to have, to have that"* (S2); and

> *This year it was great because our guide managed to talk them into letting us go with just a nurse practitioner because there weren't enough doctors to go out. So, it meant that it was the first time that had happened and she was really proud of how well it worked and very proud of the students and how well they handled it. (U3)*

Community health workers commented on how much they enjoyed the opportunity to work with and teach the foreign student groups. Once they were aware of the learning objectives and abilities, they were keen to explore different teaching strategies to help the students gain more from the experience: *"The two or three hour a week we can do the case conference"* (C3); and "W*e can show some case and we can show what the medicine that we use"* (C3). Strong communication appears to be the key to building effective relationships with the local health care team, with everyone working collaboratively as a team, broader learning can occur:

I think it's communication, I think even if you had a day without many patients and yet the health care workers were willing to work with the students and the supervisor you can still gain a lot from that day in terms of skills exchange and understanding. (P3);

Communication, collaboration definitely. As far as collaboration from our educators, students, the translators, and our healthcare team as well. As a collaborative effort, so everyone knows what's happening, we all bounce things off each other, etc. (S5)

For local community members, there was a need to develop relationships overtime: *"You nearly need two parallel things going. You need a longer-term plan for the program, and within that program you have shorter term plans for each cohort. The shared idea that fit within that long-term plan"* (C1).

5.8.2 Engaging with the local community

"The villages need to be on board, it's no good going into a village that's been told that white people are coming" (P1).

Figure 5.20 A Student Performing a Blood Pressure on a Local Community Member

This subtheme reflects the importance of developing strong and sustainable partnerships with the local community. ICPs rely on having strong community support and involvement to ensure they are not providing inappropriate or duplicated services:

> *The villages need to be on board, it's no good going into a village that's been told that white people are coming. It needs to be something they understand and that they see the benefits from. So, it needs to be twofold from that perspective. If not, if there's no preparation in advance and a placement begins with a community that does not know they're coming and doesn't understand why their coming, it falls flat. There's no work for the students plus obviously there's no benefit and sustainability to the community. (P1);*

> *I make friends with all of them to ensure that we will have a great support from local nurses, health care staffs, villagers, communities, and everyone. Without those support our placement might be failed because no one going to make a communication on behalf, no workers, no medicine, no working place, no clinic, no patients. So, the relational between us and local authorities and communities, and people are very important. (P2)*

High levels of community engagement saw the visiting students feel welcomed on arrival: *"I remember them being really warm and open and you know cooking for us and making us as comfortable as we possibly could be in each village"* (S3); it also made them appreciate how out of the ordinary their visit was to these remote villages: *"I didn't expect, some of them I think came to just watch us, just to look at us"* (S2).

Building relationships with the local communities involved maintaining friendships and sharing cultural events for the local project administrators. Without these friendships, making connections with the local community required to run the placements would not be possible:

> *As I've been working in this area for many years, I have a good friend. I've been working with the great village chief who is very supportive, willingness to help their people, happy to welcome the development to their community. My middle man help to link me with those people may concern with the placement (for example) Village Chief, Community Co-ordinator, Health Care Volunteer Staff and Teachers, who will be able to make a communication on behalf of me to their people where we plan to do the placement. (P2);*

We, you know, it's a culture thing, actually. We go to them when there is a special day, like . . . Khmer New Year, something like that. You know, kind of like go and say hello, stuff like that. Check with them is there anything (they) need, and if something that we could provide, we will. (P3)

These relationships with the local community provide villages with the chance to access healthcare through community health clinics, and also provide economic benefits for the broader community:

Most of the villages that we went to are located in the remote area; They consider CHANCE is the benefits for them. CHANCE to access the health care service without transportation, CHANCE to get the general medicines, CHANCE to seeing Australian People, CHANCE to experience with the foreigner health care with language barrier, CHANCE to get the health educational in the new way of learning, CHANCE to get the eyes glasses, and CHANCE to retrieve from their sickness. (P2, emphasis added by participant when reviewing transcript)

Engaging with the local community involves ensuring the correct local permissions are sought from local government organisations. This can be a challenging but critical step to ensuring that the ICPs align with local laws and policy: *"Especially with the government departments and especially with Laos. For example, Vietnam its very slow process, a lot of red tape, a lot of bureaucracy. Which is good for us we want to do it the right way"* (P1); and

The other challenge is the fact that it is difficult to get a license for foreigners to practice and to direct it. So that's something that must be checked out as well, what's the legal frame, what can we do and what can't we do? (C1);

And also depend on the ministry as well. The ministry find it okay as well, you can choose this area or you can choose that area. We have to send them an enquiry or something like that. We have to submit all the forms. (P3)

For many participants their placement consisted of simple healthcare clinics conducted in remote or rural villages, with these clinics providing access to healthcare that was not readily available to the local community. The clinics enabled the distribution of medication, simple health assessment and diagnosis, as well as health promotion to small villages who may struggle to travel to the larger local hospitals: *"Actually, our goal is go to the rural area, when I say rural, I say it's a bit far from the city. Because in that area the people not really*

access to their . . . you know, like in the city, people can access anything" (P3); *"From the development perspective I love the fact that because of the universities we are able to provide health care to communities that ordinarily wouldn't have access at all"* (P1); and

> *I think we were welcomed. I think we were really quite welcomed. Especially the fact they were really pushing people through the clinics. People came from neighbouring villages, sometimes, because they knew we'd be there. And whether or not it was for a health check to get some medication or whether it was just basic analgesia or some PPIs (Proton Pump Inhibitors) or something like that, for heartburn or anything like that. (S5)*

Student participants saw the health promotion and educations sessions they provided as an opportunity to engage with the local community. They felt that they were sharing their knowledge with the local community whilst also engaging them in fun and interactive activities:

> *I think they just took it in their stride. I think it was more part of the whole ceremony of us being there. I don't know if they actually would have taken it in and utilised it, but I think the kids just enjoyed the whole, the whole education component. The whole brushing of the teeth, the whole activity, I think they enjoyed it, whereas after we left, whether they were still carrying on using it or not I'm not sure. (S3)*

For community participants, engagement through health promotion activities provided important benefits for the local community: *"Health promotion for the kids is good, and it's very important for their daily life. Because washing their hands and brush their teeth, everyone have to know that and do it properly"* (C5); and *"But with working with the community it's the healthcare education"* (C3).

Finding a balance between providing a learning opportunity for the students, with delivering benefits for the local community was an important consideration: *"If we are going to focus on what we could learn by the people that come, we have to be careful that they don't just get the benefit. How does that benefit spill over?"* (C1); and

> *So, I think from experience we know what a good placement is for the university which is great but that doesn't mean it ticks all the boxes in terms of community development and sustainability. From that perspective, where possible obviously we will work within the health sector and what is already set up. (P1);*

We often see very well meaning and highly educated intelligent people coming from universities, with University groups who are trying, they have this notion in their head about what they feel is a good thing and they try very hard to deliver that in an honest, transparent, responsible way. They actually start from the wrong point, their starting point is wrong. So, you know this is all about this, this is all about doing something wonderful for my students, well it is, but you must expand out on that; what then, what do we bring to the local communities when we actually do that, we actually achieve that so. (C1)

This was a struggle for participants (students and facilitators), who reflected on what they had left behind for the local community: *"From a student perspective they come back and they you know a lot of them ask well we're not sure why we were there?"* (P1). Participants questioned the ethical implications of undertaking such a placement: *"Are we really doing any good? Should we really be doing these trips. Are we just messing with stuff in-country or are we actually making a difference?"* (U4); and

They (the students) gained from that immersion experience in so many ways. It grew them from an intellectual perspective, from a personal perspective, from a world view perspective. From all of those perspectives, but all we really did was offer a band aid for three weeks in terms of the promotion for the community, which is why they don't work, it's not sustainable. (U1)

Whilst participants from Australia were largely concerned about the healthcare benefits: *"Now with your input you know, pressure care is, you know . . . bed sores are going to be less of an issue as a result of your direct intervention. So, you gotta look at the positives"* (U1); community participants and program administrators spoke of the wider benefits that the community received from having these groups visit. There were economic benefits from hosting homestays, funding that went into community development projects, and the hiring of local staff to support the placement groups:

When you come to stay here, the community get the, the community fund. That's every night that the student groups stay here, that's also the expense, expand to develop the community . . . And also, we're hiring the local staff to help for the cooking and stuff like that, that generate income for almost for everyone. (C5);

The place that the students stay we call "Homestay" which always pay the community fund $2 per person per night. The community will take those funds to improve the community facilities for example road maintenance, water supply maintenance, and etc. The Homestay will also earn profit from the overnight fees and learning how to host the group. (P2)

The ongoing benefit may not be immediately visible to those travelling from Australia for a three-week placement but overtime the community and healthcare workers are able to become more empowered to request support that they feel is warranted. Through ongoing partnerships between visiting universities and local communities, more realistic expectations and appropriate resources are provided:

So, I think having realistic expectations from the partnering people of what they expect us to do and to contribute are my . . . Yeah, it was a bit hard working out what their expectations were when they're saying, "Oh, can you bring equipment?" And it's like, what are you talking about exactly? (U3);

Like at one of our clinics, has the ambulance, it's a tuktuk ambulance, it helps them a lot especially during the night time when they delivery, and also emergency, they cannot do it there. (P3)

Through maintaining ongoing relationships with the local community, placements can be evaluated to ensure they are best placed to contribute to the local health system and economy whist still balancing the learning outcomes for students. Collaboration between all parties can help to ensure the long-term sustainability and impact of ICP:

In December (we) stopped work with one clinic in Vietnam, which was our very first clinic, because the university that goes there year on year feel that the clinic is at a point now where it doesn't need any outside help. They've done skills exchange for six years, they supported them with wish lists and student's coming in and working with the community etc. And the health district has also agreed that it's not a clinic that necessarily needs that assistance. Which is great but at the end of the day we've always got to remember that it's a student placement - we are not an aid organisation. So, in theory if it is a student placement there's no harm in it continuing year after year because the focus needs to be on the students learning as opposed to providing that aid for the community (P1).

5.9   Growing from the experience

This theme encompasses the personal growth and development that participants receive from completing an ICP. There had been a significant impact on the individual participants as they reflected on their experience, and this final theme reflects the long term impacts that flow from an initial three-week experience. The first subtheme emphasises the importance of reflection through both formal and informal debriefing. The experience allowed participants to experience a different way of nursing, as reflected in subtheme two, which enabled them to look at nursing and their future career in a new light. The challenges faced on the placement forced students to take on leadership roles that they might not otherwise have thought possible. Whilst the final subtheme reflected the lingering influence of the placement once the student groups had departed and returned home.

Figure 5.21   Growing from the Experience
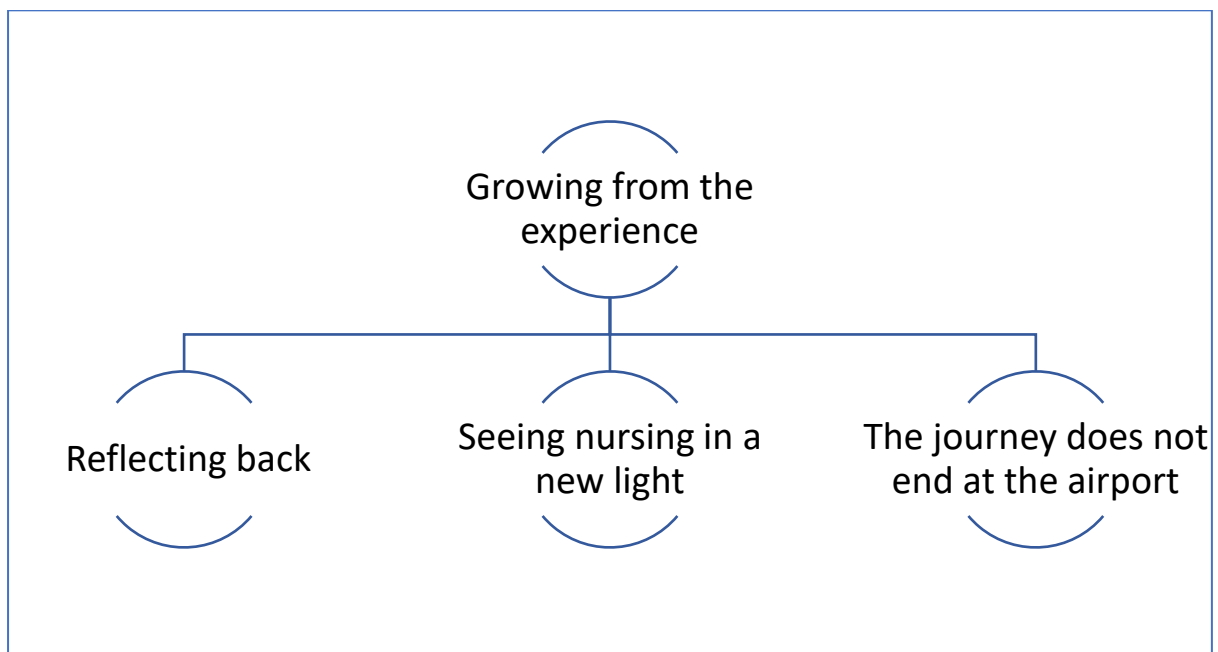
5.9.1   Reflecting back

"I mean at the time it was really, really, hard. At times it was really, really,
stressful. At times it was difficult being away from the family and you know
we were cold, we were sick, all these things, but now I look back … and it is
all positive" (S2)

Figure 5.22   A Student Demonstrating the Use of a Squat Toilet

Once the ICP was over, participants were able to reflect on the placement. Time and distance allowed them to consider more critically their experiences, realising that challenging situations led to personal growth. They could recognise the benefits and learning experiences they had, with one student summing up their experience succinctly: *"I survived"* (S4); and *"Such a good, really, beneficial exercise to go over there and just immerse yourself in it, and learn how to overcome it"* (S5).

The importance of regular debriefing for those undertaking the placement was emphasised as a strategy to drive further learning. Debriefing also served to help students who were stressed or emotionally challenged by the placement, with both formal and informal avenues for debriefing used: *"No, we didn't have a formal, I think we just did it. We ate our meal together and we just talked about our day"* (S2); and

> *But what we do whilst we are in-country. We have a debrief every day. It may be at*
> *Happy Hour at the bar, or at our hotel, but it is a debrief. There was confronting*

*things happening at the hospital that basically in the carpark at the end of the day, we
sat under a tree. (U4);*

*We had (a) big group debrief every day and then I'd do a separate one for the
students before or after that. To talk about, "Okay, let's talk about ... I know that these
happened today. Let's chat about how everyone felt and how would we deal with that
in future." So, we debrief there. (U3)*

Debriefing in this manner helped forge bonds between the student group and helped drive a
deeper understanding of the placement. Through unpacking experiences, groups were able to
discuss what they were seeing and what may have contributed to these local and contextual
problems:

*I think the most useful thing is if you come with a view to understanding the problems
and learning about the problems and realising why things happen like they are, and
then reflecting on that rather than thinking we know things these guys don't know,
we're gonna come in and show how to do things. I think that would be a much more
helpful starting point. (C1);*

*I'll just pull them aside and we'll have a chat then and there if something's happened,
or I can see they're uncomfortable, like there was a cancer diagnosis of a young
woman that really got to the students. So, I pulled them aside and we had a good chat.
And I brought in one of the health staff to talk about their system and what they do
with it and what the outcome would be. And that really helped them cope with that
situation. Because the outcome basically was that she wouldn't have been able to
travel for the treatment, she was going to die of the breast cancer. (U3)*

Debriefing not only occurs during the placement but also upon return, although university
participants admitted that this was something they wished they could do better. These
debriefs not only provide students with an opportunity to unpack what they have experienced
but also as an evaluation tool to help improve the placement experience in the future: *"There
just hasn't been that focus on doing a proper debrief and I think that's something we really
need to include in that"* (U3); and

*The debriefs have gone from a chat to a bit more structured now where we're asking
best things, worst things, what do you wish you knew before you went, what would*

you do differently if you did it again, what would you tell other students that might want to go about going? (U2)

Adjusting to life upon return to Australia can be a challenge for students, which underscores the importance of having effective debriefing on return:

I think we could do a bigger debrief, a lot of them had huge struggles in trying to tell their family the experience that they had, because the family didn't really want to know (laughs). "Did you have a good time?" Great, good, and them saying "but stop and listen I want you to know how I felt in that scenario". (U1)

Completing an ICP allowed students to reflect on the culture they were immersed in and compare this to their lives in Australia. Participants reflected on their consumer driven lives and how the happiness they witnessed in the local community, who had relatively few possessions, was in contrast to what they experienced in Australia: "*Oh, wow, and how happy the people are. It's amazing how happy they are with what we sort of perceive as they don't have anything*" (S5); and

They were just amazing these people, they really teach you. It's not what you've got that makes you happy. You know it's not about possessions and all the mod cons, it's really about making the most of what you do have. You know like your people, the support, and the community. It really comes down to the relationships. (S3)

5.9.2   Seeing nursing in a new light

"I see student nurses arriving on the plane, and I see registered nurses going home. That's a successful trip for me" (U4)

Figure 5.23   Students Delivering Health Promotion Activities for Local Children

Exposure to different healthcare systems allowed participants to see nursing in a new light. The professional development that can be achieved on these placements has already been discussed, however there was also significant personal growth that came from experiencing a different approach to healthcare. Students saw new clinical presentations: *"Seeing things over there that I've never seen before here. Probably never will. It was a huge, like, oh wow, these things actually do exist" (*S5); and skills performed in different ways: *"I remember them doing blood pressure without any, they were just feeling I thought that was clever"* (S1). Students had to use critical thinking skills to provide healthcare with the limited resources they had: *"I found it beneficial to think critically. Obviously, we had limited resources over there. We used what we had. We had to think outside the box"* (S5). If students were not able to overcome the challenges associated with working effectively within a different healthcare setting, they can struggle throughout the placement:

> *It's quite (a) challenge when they think like that and when they are here, they (are) kind of lost, because we don't have, you know, like everything like back in Australia. So, it feel, they will feel sad because they can't do what they expect. (P3)*

Participating in an ICP also allowed University participants to reconsider their nursing role and look at healthcare in Australia in a new light:

And I think that's a huge learning opportunity because I was able to come back with that and put it into practice and fully understand it here. It helped when I was tutoring into the indigenous unit, being able to say that it's one of the most important things. Learning that communication at that cultural interface is taking off your health professional hat, where you are looked at as already having authority and knowledge and coming down to that level of saying how do I do it? How do I talk to you and to these people? I enjoyed that. (U1)

Both students and university participants discussed the role that fundraising plays in this placement and how this can act as a catalyst for discussions about the community and healthcare. Students spend time prior to departure raising money and collecting donations: *"I think like the toothbrushes they were all really good things, for the education, and soap and stuff. We could have done with more of them"* (S1). Student groups approached the fundraising and collection of resources differently, which resulted in opposing outcomes when they entered the community. When one group arrived in country, their planning and sorting prior to departure differed markedly from the reality of the situation. This required rethinking about how best to distribute the resources:

We spent a whole afternoon, we had all the stuff laid out on the floor and we were trying to put it into some sort of order and then we had to make it up into . . . the clinics and then we got there we realised things were different, and then we realised the clinics were not as equipped as we thought they would be, so then we had to take everything out and give it to the hospital because we didn't have, they didn't have the stuff that we thought that they would have. (S3)

Whilst a second group approached the allocation of fundraising money and resources once they had assessed the needs in the community:

We would decide as a group what we were going to buy, and we didn't race over there and just start buying things. We actually took the first week, and go, we've run out of this, the thermometers have all seized up. (S5)

Taking the time to assess the needs of the local healthcare setting and community was an important consideration for placement groups. Students often took the lead when determining where their fundraising money went, with guidance from their facilitators. This provided them with experience in leadership and management, and ensured they looked critically at

what they were best able to provide: "*So not always thinking about you know, getting a new ECG machine if nobody actually knows how to read it or use it, and if it doesn't work, they don't know what to do*" (U2); and

> *Another place, they bought air-conditioning for a room for the school. They had two rooms that shared an air-conditioner. One, which was on the top floor of a three-story building and it was like 19-million degrees in the shade. And they were melting, so they decided that the kids must be melting as well, so they put air conditioning in. (U4);*

> *We had these huge emotional meltdowns of these poor students who were in a terrible state. my god we'd bought $5000, and I've got a patient here that you know got the most terrible COPD (Chronic Obstructive Pulmonary Disease), and I don't know what to do with them, but we've also promised to build a toilet for the healthcare worker (pause) you know, it's kind of like this emotional, I don't know. (U1)*

Through the experience, students return with a new sense of purpose, enabling them to begin to think about their future role as a Registered Nurse: "*Actually they emerged with a bit more of a leadership focus I suppose. Which I think is brilliant for us as a profession. And for them to realize that as a voice that they do have strength*" (U3). For those starting out in their careers, it highlights the various directions that are open to them as Registered Nurses and the diversity their new career can bring:

> *And it's early days for them, but you know, I just get them to embrace the fact that they have all of this opportunity ahead of them, and that they shouldn't corral themselves into just one particular little area. Like I've had three or four different careers in my nursing career, and before I die I'm sure I'll have a couple more. You know? (U4)*

For students who participate, personal and professional growth means that they return home with a new outlook on themselves and their career:

> *Those kinds of things like you can't buy that, no matter how much we tell them these things, until they do it and experience it. So, you know, the thing I've noted the students who go, are not the same people who come back, you know, they grow up, they mature, they have a different view of the world, they're more considered, they're*

usually more thoughtful of others, whether that is patients, nurses, family, other health professionals. (U2)

5.9.3   The journey does not end at the airport

> *"All of them I speak to, they would just love to do it again. We had an amazing time and I think you know just never get that back again." (S1)*

Figure 5.24   A Student Group Preparing to Travel into the Local Community

Even though the placement may have ended for some of the participants, particularly the students who had since gone on to become Registered Nurses, the experience remained a vivid memory. Student participants spoke fondly of wanting to do it all again: *"That was part of the experience. I would be more than happy to have relived the same thing again"* (S5). For another student the placement was a constant memory that was bought up in conversation:

> *And I often I have memories of things that happened and it like comes back and or I say "oh when I was in Vietnam" (laughs) "I was fortunate". It happened the other day actually, "I was fortunate enough to go to Vietnam blah blah blah" It happens all the time, I sort of recall on it all the time. (S2)*

When they return home, students were eager to share the experience with their family, friends and fellow students. Students were able to share their experience with nursing colleagues as part of formal work presentations or helping their children complete school assignments: *"My daughter did a project at school and she wrote up a piece, wrote up something and put some photos on it of my going and doing it"* (S3).

Having past students present their experience to other undergraduate students was a common occurrence to help promote the placements and build excitement in the cohort:

> *Having the students from the previous year really talk about their experiences from the deep learning, to the emotional learning, to the cultural learning. I think is a great idea because that does really help. (U4);*

> *One of the students actually did a video, where she actually asked the students what this placement been like for you? And what have you learned from it and what's it going to do for you? And she put that together and shared it with us on the Facebook site that we had going. Which was brilliant. (U3)*

Most students were eager to share their experiences, encouraging other students to participate. They focused on what they had got out of the placement to encourage other students to apply:

> *Every time someone's applying for it or something like that that I know of, I chew their ear off, kind of thing. This is what we did, this is what you're doing. So, it's really, really, really, really good. I think I've definitely got a lot out of that that you couldn't have got at any other placement. (S5);*

> *This group have said, we would like to do another one next year, are we able to? We want to tell our friends about our great experience, but we don't want to because we don't want to encourage them to apply because it's more competition. (U2)*

University participants were keen to see the past students remain engaged in the ICP program, perhaps returning in a professional capacity:

> *I want them to come back in a couple of years' time. A couple of them have kids and what we are finding now is that we are getting people who have been in the previous*

years saying, "Oh, when's the next trip going? Can I come as a Registered Nurse?"
(U4)

For some students this means returning back to the community and visiting with the
healthcare workers:

> *Recently we had two students coming back, and they went to visit the clinic. They are*
> *not doing all the assessment or anything, they just go and chat with the director and*
> *chat with the staff there, like how it's going and stuff like that . . . but they come in to*
> *know how it's going, with the thing that they provide and stuff like that. You know, in*
> *term of, is it benefit or not. Been working very well. (P3)*

Maintaining an ongoing link between the placement team can be a challenge. With the deeper
relationships that are often formed between facilitators and students there remains a sense of
responsibility to maintain this connection:

> *I act as a referee for all of them. Because I say to them, I'm happy to . . . I figure that I*
> *know them really well after two weeks living together with them, as opposed to a*
> *facilitator in Australia where you're there just for the shift and maybe see them once*
> *or twice. So, I do know them, and I see their skills . . . And it's interesting that I do get*
> *contacted quite a lot, which is good. And I always let them know, so I sort of keep in*
> *touch a little bit. We have a Facebook site, so occasionally they'll post things and I'll*
> *respond. (U3)*

5.10 Chapter Summary

The findings from the stakeholder interview provide a compelling picture of the challenges of
creating successful ICP. The different perspectives provided by the university, student,
program administrator and community participants, illuminate the benefits and concerns
when growing a placement experience that provides successful outcomes for all involved.
Through interpretive analysis six themes and 18 subthemes were identified, reflecting the
continuum of the placement experience from developing successful placements to growing
from the experience.

The first theme discussed the development of successful placements, from providing an
opportunity and weighing up the costs of the placement, to building placements that are

sustainable over the long-term. The second theme focused on how we can prepare placement groups for the unknown through preparation prior to departure, managing expectations, ensuring the student groups are safe whilst overseas and negotiating new and unfamiliar clinical environments.

Focusing on learning (theme three) was an important theme that began prior to departure by understanding the lens through which participants view the placement. Once on placement students are able to develop professional skills and knowledge in a unique setting, however there are barriers that can impede this learning. Finally, a successful placement can be seen through the learning that the students take with them.

Whilst on placement, theme four reflects the importance of recognising difference. Participants progress from experiencing the other, to being lost in translation and onto practicing at the cultural interface. Theme five discusses the importance of building relationships that enable successful placements, achieving this through working together as a team and engaging with the local community.

Finally theme six recognises that for participants the placement experience does not end after three weeks, they are able to grow from the experience. Through reflecting back on the time that they spent overseas they are able to develop further learning and they are able to see nursing in a new light. The journey does not end at the airport with participants sharing their experience with others at home.

The following chapter (Chapter Six) draws together the findings from the systematic review, the mapping survey and the stakeholder interviews and discusses how the findings contribute to a better understanding of a successful ICP. This has resulted in the development of a framework and set of critical questions, which can be used to create and evaluate ICP.

Chapter 6 Framework and Discussion

6.1 Introduction

This chapter will explore the process of integrating the findings from Chapter Four and Five, culminating in the emergence of a framework for developing and evaluating successful ICPs. The **I**nternational **Cli**nical **P**lacement **P**lanning and **E**valuation (ICliPPE) Framework is grounded in the findings from the current study and reflects the multiple perspectives of participants within the ICP experience. As the framework emerged, it became clear that there were critical questions that could be asked throughout the ICP process to help design and evaluate a successful experience. This chapter moves the reader through the creation of the framework, incorporating the findings from the study whilst also linking to the local and international literature, demonstrating how the ICliPPE framework and critical questions are grounded in the research findings. Through integrating the findings from all data collection phases a picture of successful clinical placements emerges. The voices of the participant groups, including students, university staff, community members and project administrators, are considered in light of the data provided in the systematic review and mapping survey. The addition of the reflective photo journal ensures the positionality of the researcher within a holistic case study that is deeply rooted in the experiences of the participants.

6.2 The International Clinical Placement Planning and Evaluation (ICliPPE) Framework

The ICliPPE framework consists of three core pillars: 'Maximising Learning', 'Exploring Difference' and 'Motivations and Intentions' each comprised of key strategies that should be considered at each stage of the ICP to enhance the success of the placement experience for all involved. Each strategy is explored in detail in this chapter and discussed in relation to the literature, concluding with a set of critical questions that can be used to evaluate or create ICP. Throughout the chapter the findings will be identified by the phase they were collected in: systematic review (Phase One), online mapping survey (Phase Two), stakeholder interviews (Phase Three) and reflective photo journal (Phase Four).

A study abroad experience has previously been identified in the literature as having three stages, with pre-departure referring to the period prior to departure; in-country referring to the

period spent in the host country; and re-entry encompassing the period of readjustment that is required on return home (Gothard, Downey & Gray, 2012). Participants in the current study discussed the importance of the preparation prior to departure, which is reflected in the first two themes from the Stakeholder Interviews, '*developing successful placements*' and '*preparing for the unknown'.* The time spent whilst immersed on clinical placement in a foreign country provided rich opportunities for learning, although the Mapping Survey identified diverse placement lengths with students spending between 8 to 21 days overseas, with the Stakeholder interviews revealing three themes reflecting the time students spent in-country: '*putting the focus on learning'*, '*recognising difference'* and *'building relationships'.* The focus during the in-country stage was on negotiating challenges, learning opportunities and working as a team to engage with the local community.

There was also an emphasis placed on what happens following the placement on return to Australia, which was reflected in the final theme from Stakeholder interviews: '*growing from the experience',* and it's associated subthemes, '*reflecting back'* and *'the journey does not end at the airport'.* Here, participants discussed how they integrated their ICP experience into their professional and personal lives following their return home. The importance of this stage was also identified during the systematic review with debriefing and reflection discussed as an important component of placements. The continuum of learning from pre-departure through to re-entry is reinforced in the literature on nursing placements abroad, as being particularly important in helping to develop cross-cultural awareness (Koskinen & Tossavainen, 2004).

The trajectory through pre-departure, in-country and re-entry stages were identified and discussed by participants, with crucial requirements at each stage of the placement identified as being integral to ensuring success. It was therefore important that the stages of the ICP experience were reflected in the design of the framework, as shown in Figure 6.1 as the first component of the framework to emerge. The terms 'pre-departure', 'in-country' and 're-entry' have been adopted, from the 'Bringing the learning home' report of study abroad by Goddard et al. (2012), to represent these stages in the framework and the following discussion.

Figure 6.1   Emerging Framework: Stages of an International Clinical Placement

6.3   Maximising Learning

Understanding how students learn whilst on ICP is an important component to ensuring learning opportunities are maximised, it cannot be assumed that students learn in the same way on clinical placements abroad as they do at home. Whilst participants discussed the learning outcomes that could be achieved on ICP, there were also barriers and distractions from learning that needed to be overcome. Many of these barriers may not be present on a placement within Australia; such as isolation from family and friends, communication barriers and environmental hazards, all of which challenged participants in the current study. Through this realisation the first pillar of the framework emerged: 'Maximising Learning'.

The importance of ensuring the focus of each placement was on the learning opportunities available for undergraduate nursing students was evident throughout the Stakeholder interviews, with emergence of the theme '*putting the focus on learning*'. This theme reflected on the learning outcomes that participants felt came from their ICP experience, whilst also considering the impact that prior experience and assumptions had on the learning experience. Student learning was seen by participants as one of the key indicators of success on ICP, and these learning outcomes can extend beyond discipline specific skills to include more global learning that may be relevant across disciplines (Barker, Kinsella, & Bossers, 2010).

When reflecting on the participants' experiences in the Reflective Photo Journal, there was evidence that students were learning across multiple contexts whilst on ICP: within the clinical environment, through immersion in the local culture, from being part of the placement team, and through the challenge of living in a different environment. These varied situations suggest that learning can occur whilst on overseas placement in any context, not just within the clinical setting itself. It was also apparent students on an ICP experience learn through being immersed in difference; a different country, a different culture, a different language and a different healthcare setting. These results reinforced a previous study of 20 nursing students from the UK and Europe (Morgan, 2019), whereby these contexts of difference were reflected throughout the continuum of learning, with students first anticipating their placement in a different and strange setting, and then practising within and returning home from an alternate reality.

International Clinical Placements must focus on learning to allow for successful outcomes for the students who participate as well as the universities that choose to send their undergraduate students abroad. Key strategies emerged from the findings of this study that would be required to maximise learning at each stage along the continuum of learning. These strategies include: aligning the learning outcomes prior to departure, strong facilitation whilst in-country and translating learning into practise at home following re-entry. Each of these strategies will now be considered in more detail below.

Figure 6.2   Emerging Framework: Pillar One Maximising Learning
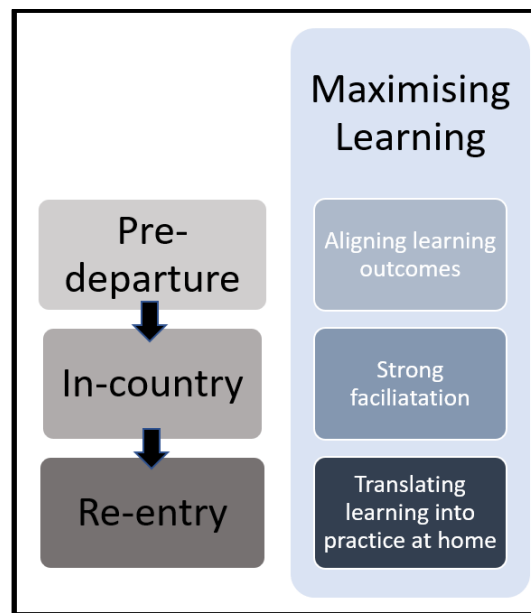
6.3.1   Aligning Learning Outcomes during pre-departure

Ensuring learning outcomes are appropriate and achievable for students completing an ICP are essential to maximising their opportunity for learning. Setting learning outcomes for clinical placements can be challenging, as they are often broad objectives set by the university that do not always reflect the nature of the clinical environment or the student's capacity to meet them (Henderson, Forrester & Heel, 2006). This was evident in the Stakeholder interviews, with university facilitators struggling to adapt preset assessment tools to the ICP environment. Therefore, it was crucial to acknowledge the importance of correctly aligning learning outcomes during the development stage prior to departure to ensure a successful ICP experience.

The findings from the systematic review suggest that learning outcomes described by students and universities fit into four broad themes: '*developing cultural awareness and competence'*, '*providing a global perspective on healthcare'*, '*translation of theory to practice*' and '*growing personally through reflection*'. Whilst these themes were evident throughout the other phases of data collection, the linkages to the stated learning aims and outcomes outlined by programs were not reflected with clarity in the mapping survey.

Being exposed to different cultures was a key outcome of ICP placements, identified in all phases of the study. Respondents in the mapping survey stated that '*understanding the role of*

culture within healthcare' was a learning outcome of their placement, this was evidenced through students being able to understand culture, identify the impact of culture on healthcare and apply cultural principles. Whilst the opportunity to experience another culture also came through strongly in the Stakeholder interviews with *'recognising difference'* emerging as a key theme. Providing students with an opportunity to immerse themselves in a different culture, allows for a deeper appreciation of culture than can be achieved through classroom-based learning (Wall-Bassett, Hegde, Craft & Oberlin, 2018).

Whilst there are clear experiential benefits to participating in an ICP, the associated components and experiences on an ICP that directly contribute to enhanced cultural awareness remain unclear. During Phase Four (reflective photo journal) the researcher reflected on participants and found they shared experiences of developing knowledge of local customs, cultural practices and healthcare; and described practising health education and communication across culture whilst building relationships with the local community. Some participants showed enhanced self-awareness of cultural differences along with enhanced respect and appreciation for different cultures. This suggests that learning on ICP is developed across three key dimensions; cognitive, practical and affective learning (Amerson & Livingston, 2014), however not all participants demonstrated or reported enhanced learning in all three dimensions in the current study.

It is the enhancement of self-awareness that aligns most closely with the concept of cultural safety. The Stakeholder interviews highlighted the impact that self-awareness, or lack thereof, could have on individual learning as participants were *'seeing through their own lens'.* All participants brought to their ICP experience unique histories, biases and assumptions that coloured how they viewed their immersion within the local culture. The Nursing and Midwifery Board of Australia (NMBA) stress the importance of providing culturally safe care, specifically that nurses 'have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues' (CATSINaM & NMBA, 2018, para. 4). Cultural safety is grounded in the practitioner being able to critically reflect on their own assumptions and positionality whilst recognizing, acknowledging and respecting difference (Afriyie Asenso, Reimer-Kirkham & Astle, 2013).

Integrating the development of self-awareness into learning objectives or assessment on ICP presents a significant challenge. Within the mapping survey, five programs identified

185

'becoming culturally aware through immersion' as an aim of their ICP experience, there was also evidence of programs integrating reflection into their assessment components perhaps as evidence of enhanced self-awareness, however the focus remained outwardly driven, focusing on what can be learned about the other culture rather than the participant's own. Cultural immersion programs with the Aboriginal Medical Service (AMS) in Australia have chosen to focus the learning outcomes on the students' experience of self within the intercultural space rather than learning about another culture, recognising that learning occurs organically. As the students experienced the day to day immersion within the AMS and the local community, they were able to reflect on previous assumptions and understandings. (Hart, Cavanagh & Douglas, 2015). This example may present a way forward for acknowledging the process of developing awareness and practising culturally safe care on ICP. This would involve moving away from the learning outcomes identified in the mapping survey, such as '*understanding a different culture*' and '*observe and understand the Indian culture*', towards more reflective learning outcomes that recognize the importance of challenging prior assumptions and beliefs within that intercultural space.

Two areas that were prominent outcomes of ICP, as discussed in the Stakeholder interviews, were professional and personal development opportunities. Professional development, whilst not a strong motivating factor for participating in an ICP experience for students, was strongly emphasized as a key learning outcome achieved by participants, through the subtheme '*Developing professionally*' within the theme '*Putting the focusing on learning*'. Participants discussed communication, negotiating team dynamics and problem solving as successful professional outcomes of the ICP experience, linking their experience on ICP to their current practice as Registered Nurses. Broader professional skills, such as teamwork, leadership, communication and critical thinking skills, have been previously identified in the literature as an outcome of ICP for health professional students in general indicating there may be generic learning outcomes that extend beyond the nursing discipline. Broad professional attributes such as teamwork, time management, communication and conflict resolution have been described as ICP outcomes amongst occupational therapy, physiotherapy, and speech pathology students (Barker, Kinsella & Bossers, 2010; Crawford et al., 2017). The ability to develop broad professional attributes that span health professions reiterates that learning on ICP can occur within any context, not just when practising in the clinical environment.

Despite the strong evidence for development of broad ranging professional attributes on ICP, the learning outcomes discussed in the category *Demonstrating professional knowledge, skills and behaviour* in the mapping survey were largely discipline specific. The learning outcomes included in this category were focused on demonstrating competence in related clinical skills, such as physical assessment, primary health care frameworks and essential nursing care, rather than developing professional attributes such as communication, teamwork, critical thinking and leadership. No mention was made of professional behaviours and attitudes that could be developed in the ICP setting, indicating that universities have not considered this as a key aim of ICP. Whilst participants in the Stakeholder interviews discussed the benefit of practising their nursing skills, there remains scope to extend the learning outcomes of ICP to include more global professional attributes.

The focus on professional discipline specific skills, may reflect the challenges with integrating ICP experiences into accredited undergraduate courses. All ICP experiences outlined in the mapping survey provided students with credit towards their Bachelor of Nursing program, including contributing towards their clinical practice hours. Bachelor of Nursing programs in Australia are accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and must include a minimum of 800 hours of clinical practice, with restrictions on how much can be completed outside Australia (ANMAC, 2012). Finding a way to integrate ICP into undergraduate curriculums was considered by university participants in the Stakeholder interviews as important to ensuring sustainable placements. However, this sometimes meant trying to adapt assessments and assessment tools designed for acute clinical settings in Australia, to the ICP environment. Without fit for purpose assessment there was concern that facilitators were not adequately able to assess students.

Without appropriate assessment tools it is difficult to determine if the students are meeting the learning aims and outcomes of the placement. As we move towards greater scrutiny of the outcomes of ICP, being adequately able to assess students and demonstrate student learning becomes increasingly important. To date there has been limited research on how students are assessed whilst on ICP, however it has previously been suggested that students are often so overwhelmed by the experience of being immersed within a different culture, language and healthcare system that they may fail to fully grasp their assessment requirements (Aarts et al., 2010). This offers a direction for future research and an area that needs increased attention during the development and evaluation of ICP, particularly in those instances where students are completing the placement for credit within their undergraduate program. If ICP

experiences are offered for credit and contribute to minimum clinical practice hours for registration the need for not only well aligned learning outcomes, but also credible and authentic assessment, becomes paramount.

Students during the Stakeholder interviews discussed how participating in this placement had provided an opportunity to overcome challenges and, whilst difficult at the time, had led to personal growth. Within the theme '*growing from the experience'*, and the subtheme '*reflecting back'* it was acknowledged that during the placement students were physically and emotionally challenged. However, after the placement, through reflection, they were able to see the personal growth that came from having to respond to difficult conditions and situations. There is a depth and complexity to the learning that can be achieved on ICP, with personal and professional development underpinned by enhanced adaptability, cultural sensitivity and interpersonal relationships, thinking outside the box, and increased confidence through moving outside of one's comfort zone and through clinical autonomy (Barker et al., 2010). Overcoming challenges and difficulties can lead to enhanced resilience, with enhanced coping skills that are beneficial on both a personal and professional level (Gower, Duggan, Dantas & Boldy, 2016). There was no mention of personal development, or attributes that contribute to personal development during the mapping survey, which may reflect the challenges associated with articulating concepts such as resilience, confidence and adaptability as learning outcomes. Consideration needs to be given to how personal growth and development can be articulated as achievable and assessable learning outcomes (Graham, Hill, Reynolds & Parry, 2014).

The findings of this study suggest that currently learning outcomes are not well aligned with the reported outcomes of ICP. There is strong evidence from both this study and the literature to suggest that key outcomes of ICP are largely around professional and personal development, two areas that were not identified as prominent learning outcomes of the placements studied here. Therefore, to maximise learning for students and to ensure successful ICPs, questions need to be asked by the placement coordinator prior to departure to ensure that learning outcomes align with what can be achieved whilst on ICP, as well as considering how these learning outcomes are going to be effectively assessed. These questions are outlined in the box below.

> ### Critical Questions
>
> 1. Do the stated learning outcomes of the placement align with unit level and course level outcomes?
>
> 2. Do the learning outcomes allow for the immersive nature of learning on ICP?
>
> 3. Are the learning outcomes achievable given the structure and time frame of the placement?
>
> 4. Do the learning outcomes reflect the development of culturally safe practice?
>
> 5. Do assessments allow for an accurate evaluation of learning outcomes?

6.3.2   Strong Facilitation whilst in-country

The role of the facilitator, whilst in-country, was found to be essential in ensuring students receive strong guidance and support to meet their learning outcomes. In providing this guidance the role appeared multifaceted and integral to the placement team. In this study, facilitators helped students construct meaning from their experiences, felt an obligation to ensure student safety and negotiated entry into the clinical placement environment. Subsequently strong facilitation was a key element during the in-country stage of ICP to ensure learning was maximised.

Significant challenges to the provision of strong facilitation were described in the Stakeholder interviews, which included isolation, exhaustion, managing team dynamics, and responding to problems in a dynamic and often quickly changing environment. In this however, facilitators often felt unprepared, were working independently in unfamiliar environments, with at times unreliable support networks. The quality of facilitation has been raised in Australia, in a recent review of nursing education, with students commenting on inadequate supervision and support and ward nurses feeling unprepared, lacking appropriate preparation to teach undergraduate students (Schwartz, 2019). Whether completing clinical placements locally, regionally or internationally, ensuring quality facilitation and support in the clinical environment is essential for students to meet their learning outcomes.

Facilitator to student ratios described in the mapping survey varied from institution to institution, with three placements supported by one facilitator whilst the remainder sent two or more. Five placements reported a minimum facilitator to student ratio of 1:6, whilst some

placements had a ratio as high as of 1:10. However, the logistical problems associated with ensuring a ratio of facilitator-to-students that allows for appropriate supervision and access to learning experiences has been noted in the literature previously (Graham et al, 2014).

Those participants in the Stakeholder interviews who had facilitated an ICP, particularly the first-time facilitator, described feeling unprepared prior to departure and unsure of what their role was when in a foreign healthcare setting. There is minimal research on the role of the facilitator in the international setting, or how best to prepare facilitators, particularly those travelling as the sole supervisor. Research of the clinical facilitator role in Australian clinical settings has found inconsistencies in preparation and qualifications, and the role of the facilitator in the clinical setting. Facilitators may have limited experience and knowledge of the role, with most learning occurring 'on the job' (Needham, McMurray & Shaban, 2016).

Ensuring students feel safe and are provided with enough supervisory support is critical to ensuring learning outcomes are achievable. The Ascent to Competence framework, developed by Levett-Jones and Lathlean (2008), outlines the stages nursing students go through to achieve a sense of belonging in the clinical environment and the effect this has on meeting learning outcomes. When students arrive in the clinical environment they seek out information and support that allows them to safely navigate and cope with their new environment. This was comprehensively described during the Stakeholder interviews in this case study, reflected in the theme '*preparing for the unknown'*. Participants described examples of having their preconceived ideas and expectations challenged by the reality of their placement within the subtheme '*expectations meet reality'*. This was particularly evident in the clinical setting where participants were '*negotiating the clinical environment'* first, to determine how they were able to practise safely and effectively within their scope of practice. For students on an ICP experience, their only familiar source of information was their clinical facilitator. Given the challenges that students face in adapting to a clinical placement within a familiar healthcare environment at home, the ICP experience may pose greater stress (Grant & McKenna, 2003).

If students are unable to feel secure and safe within the clinical environment, rather than focusing on learning, their primary motivation becomes surviving the placement. Student participants who have been able to overcome their initial fears about their physical safety and cultural immersion during ICP allowed themselves to be open to learning and development (Morgan, 2012). The role of the facilitator becomes paramount to ensure that students feel

safe and secure enough to begin focusing on the learning opportunities, rather than day to day survival. Participants in this study echoed this sentiment, with facilitators expressing a need to ensure students were safe whilst overseas. Other comments by students suggested that just surviving the day to day challenges created by the basic living conditions, difficult environment and being away from their normal support networks took considerable focus away from the clinical learning experience.

The role of the clinical facilitator in the international setting, as described in this study, may be more wide-ranging than the expectations for a facilitator in an Australian healthcare setting, indicating increasingly complexity and responsibility. Participants in the Stakeholder interviews discussed, in addition to their clinical roles as mentor, teacher and assessor, being required to ensure safety and security, provide social and emotional support, negotiate team dynamics, develop relationships with local healthcare workers and provide context for cultural differences or barriers. To effectively learn whilst on ICP students require a facilitator who can help them navigate the cultural challenges and provide them with opportunities for reflection and sense-making. This requires someone with discipline specific knowledge to not only bridge the cultural differences but also the differences in nursing practice (Morgan, 2019).

The importance of effective facilitation whilst on ICP was most evident through the theme '*recognising difference'*, where the subtheme '*practising at the cultural interface'* explored the learning strategies that were required to not only recognise but explore and practice within a different culture and healthcare setting. Facilitators on ICP can help to scaffold the learning experiences by encouraging critical reflection and encouraging students to begin thinking globally (Afriyie Asenso et al., 2013). The role of effective facilitation or supervision in the clinical learning environment more broadly has been demonstrated to have an impact on student learning (Henderson, Twentyman, Eaton, Creedy, Stapleton & Lloyd, 2009; Flott & Linden, 2015), and findings from this current study suggest that in the ICP environment this impact may be heightened. Similarly, when facilitators struggle to adapt to the challenging environment, as discussed by one first-time facilitator who felt unprepared for the placement, this can interfere with or distract from student learning (Memmott et al, 2010).

Participants, in the Stakeholder interviews, discussed strategies that enabled students to think critically about what they were experiencing, such as through opportunities to debrief and

reflect. As previously discussed the lens through which students view the cultural immersion affects their ability and willingness to embrace learning whist on ICP; and facilitators, as reported in Phase Three (the Stakeholder interviews), were largely responsible for providing opportunities for students to engage with the local healthcare workers and community to better understand the cultural and social factors that impact on healthcare. Previous research suggests that two divergent understandings of culture emerge amongst students on ICP, essentialist and constructivist (Harrowing, Gregory, O'Sullivan, Lee & Doolittle, 2012). Students with an essentialist view understood culture to be a definitive blueprint that defines a person, whereas students with a constructivist view, understood culture to be socially constructed, helping to shape a person but not necessarily defining them. If there are divergent understandings of culture within the placement group, then the role of the facilitator becomes critical in ensuring that ICP extends students' cultural awareness, rather than reinforcing already held cultural stereotypes and biases.

It is imperative that facilitators receive the preparation required to either adapt quickly to the new environment or have support in-country through another experienced facilitator. Eight placements identified in the mapping survey had two or more facilitators accompany student groups, whilst three placements had one facilitator. Decisions around facilitator numbers appeared to be made based on the size of the student group and the facilitator to student ratio at each institution. Having more than one facilitator can provide much needed additional support, as reflected by university participants in the Stakeholder interviews by having a peer to debrief with at the end of the day, having someone with prior experience to guide their initial entry into ICP, as well as to offer a different approach to facilitation that may benefit the diverse range of students.

This current study provides a compelling case for ensuring all clinical facilitators who travel overseas are provided with education and fully prepared for the role before they travel. Developing placements that have effective facilitator to student ratios and, recognise the diverse nature of the role whilst on ICP will help to ensure that students feel safe and supported whilst overseas, maximizing their ability to embrace learning opportunities. The creation of a comprehensive preparation program that enables the facilitator to adapt quickly to the clinical environment whilst on ICP, will provide them with the ability to quickly identify learning opportunities and provide a safe environment to scaffold student learning.

> Critical Questions
>
> 1. Do you have an effective and safe facilitator to student ratio?
>
> 2. Does the facilitator have the appropriate experience to facilitate students internationally?
>
> 3. Has the facilitator received adequate preparation for the international placement experience?
>
> 4. Are there adequate structures in place to support the facilitator whilst on international placement?

6.3.3   Translating Learning into Practice on re-entry

There was clear evidence within this study of participants being able to use knowledge and skills they had learnt whilst on ICP in their current practice. On re-entry, students were able to translate what they had experienced on ICP into practice through enhanced language skills and consolidation of core nursing skills. These opportunities strengthened students' learning experiences enabling them to look forward and assess their future nursing practice in Australia in a new light. The final strategy for maximising learning is to provide students with the ability to translate what they have learned whilst on ICP into their clinical practice on return to Australia. The integration of this strategy into the framework, provides a capstone to the learning process for students.

Participants during the Stakeholder interviews reflected on how the differences in healthcare made them appreciate the healthcare system in Australia. Deficiencies seen in local health care systems, such as access to equipment and technology, infection control practices, and patient care were viewed in light of previous experience in Australia. This comparison resulted in participants commenting on how 'lucky' they were to be able to live and practise in a developed country. An enhanced appreciation for Australian health care standards particularly around patient care and occupational health and safety, has been previously identified in international literature (Graham, Hill, Reynolds & Parry, 2014).

The ability for students to '*understand the role of the nurse within the healthcare setting*' was identified as a category in the mapping survey, when respondents were asked about the aim of their ICP. Four programs identified this, or a variation of this, as an aim of ICP through the

subcategories '*observing nursing practice*', '*understanding of healthcare systems*' and '*comparing healthcare practises*'. This understanding by the students was emphasised in the Stakeholder interviews and reflected on by the researcher in the reflective photo journal, with students able to immediately identify superficial differences in healthcare systems, such as infection control practices, availability of resources and the importance of family in caring for patients within the hospital setting. Overtime, through immersion in the culture and healthcare setting, students were able to identify why these differences existed and recognise there was evidence of good practice that could be integrated into their practice at home.

Students who participated in the Stakeholder interviews were able to identify examples from their current clinical practice that had been enhanced by their ICP experience. They provided examples of being able to perform nursing skills more effectively, assess their patient in a more thorough and systematic way and were able to communicate with patients from diverse cultural backgrounds more effectively. The transferability of nursing skills from the international setting to their local clinical settings has been previously noted in the literature. Australian nursing students on an international placement in Cambodia also commented on the impact their four-week placement could have on their future nursing career (Tuckett & Crompton, 2014), with participants reflecting on how the ICP allowed them to become more well-rounded health professionals and providing them with direction for a future career in rural, remote or international nursing.

There was evidence from participants in the Stakeholder interviews, particularly facilitators and students, that their participation in an ICP provided an opportunity for '*seeing nursing in a new light*'. Students returned from placement with a new focus that allowed them to reconsider their future career in nursing, with two participants in this study going on to volunteer internationally since their ICP experience, an experience supported by the international literature. ICP can provide students with an opportunity to consider where their future nursing career can take them, allowing students to reaffirm their understanding of nursing, consider nursing from a different perspective such as enhancing appreciation for primary health care or community nursing and set new career goals for themselves including travelling abroad (Halcomb, Antoniou, Middleton & MacKay, 2018; Wall-Bassett et al., 2018).

The ability of students to clearly articulate what they have learned whilst on ICP is important when students are preparing to enter professional employment upon graduation. Higher

education providers have a responsibility to assist students to reflect on their time abroad and enable them to translate the learning opportunities ICP offers them into employability attributes (Kelleher, FitzGerald & Hegarty, 2016). Students who are able to transfer the learning on ICP into clinical practice at home, may benefit from enhanced employment prospects. Previous studies have suggested that nursing students who participated in an international placement believed the experience of working internationally had been integral to them gaining employment as a graduate nurse (Green, Johansson, Rosser, Tengnah & Segrott, 2008). They were able to transfer skills and processes they had learned in their ICP into practice locally, enhancing not only their own practice but improving local clinical practice. The following critical questions consider how students can be encouraged to link their ICP experience to practice when they return home.

Critical Questions
1. Are links created between learning outcomes on international placement and professional nursing practice at home? 2.Are students able to articulate the professional and personal skills they have developed whilst on ICP? 3. Are knowledge and skills learnt on international placement transferable to nursing practice at home?

The first pillar 'Maximising learning' was an important consideration for all stakeholders; beginning in the pre-placement stage with aligning learning outcomes, strong facilitation during the in-country stage and in the re-entry stage, focusing on how the learning can translate into practice at home. The learning that occurs during an ICP needs to be considered differently from traditional learning in the clinical placement setting in Australia, with learning possible across a range of experiences whilst on placement, not just within the clinical environment. By asking critical questions at each stage of the ICP experience learning can be maximised across the continuum of learning.

6.4   Exploring Difference

The second pillar, Exploring Difference, highlighted the ability of ICP to enable the student to experience different cultures and healthcare systems. Aims identified by higher education institutions in the mapping survey contributed to the category *'becoming culturally aware*

through immersion' its subcategories '*immersion in the culture'* and '*participating in cultural exchange'*. This aim is broadly supported by the international literature, with qualitative studies suggesting that students return home with a greater appreciation of different cultures and their healthcare systems (Harrowing, Gregory, O'Sullivan, Lee & Doolittle, 2012; Michael, Della, Banner, Duckworth, & Nilson, 2012; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; Tuckett & Crompton, 2014). The theme '*recognising difference'* emerged from the Stakeholder interviews of this study, with participants recognizing that difference could include culture, language and healthcare. Exploring difference, therefore, became the second pillar of the framework with all learning on ICP occurring within a context of difference. Acknowledging this context and helping students navigate it become essential to ensuring a successful placement. When the familiar, such as the clinical environment or the role of the nurse becomes strange, such as through experiencing a different culture or language, opportunities are created for transformative learning experiences (Scholes & Moore, 2000).

Qualitative data, from the systematic review, suggests that students believe their ability to understand and interact with other cultures improves following ICP, as represented by the development of the themes '*developing cultural awareness and competence'* and '*providing a global perspective on healthcare'*. Students were able to identify and compare difference, appreciate the importance of culture in healthcare and expand their worldview, giving them an appreciation of global health issues. Of the eight studies included in the systematic review, there was only one quantitative study indicating little measurable data available in the literature to confirm this. Whilst the limited availability of quantitative data on enhancing cultural awareness through ICP provides a direction for future research there are a small number of studies that have used quantitative tools to begin to measure success in this area. Quantitative tools measuring enhanced cultural awareness and understanding have been used in the international literature with other health professional students, such as the Intercultural Development Inventory (Peiying et al., 2012); Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals – Student version and the Cultural Self-Efficacy Scale (Kohlbry, 2016; Long, 2014), however with mixed results. Of interest, in the Kohlbry study, in a number of areas students rated themselves higher pre-trip than they did on return, suggesting that ICP may cause them to question their previously held assumptions and understanding (Kohlbry, 2016).

Learning outcomes related to cultural understanding were prevalent in the mapping survey and formed the category '*understanding the role of culture in healthcare*', with some form of cultural awareness or understanding evident in the learning outcomes of most placements. As previously mentioned in Chapter 1, the concept of cultural safety has been embedded within the professional standards of nursing in Australia to ensure that the increasingly diverse patient population within Australia receive effective, safe and responsive nursing care. Therefore, is it imperative that developers of ICP consider how these experiences can help students develop the knowledge, skills and awareness to become culturally safe practitioners. Without providing an evidence-based, rigorous framework to explore cultural difference the placements can potentially become little more than an exciting opportunity to travel and experience an interesting and exotic culture (Racine & Perron, 2012).

The majority of placements mapped in mapping survey (Phase Two) were between two and three weeks in length, only two placements were outside this range at eight and ten days respectively. Whilst students can observe a culture within a two- or three-week timeframe, they are likely to only experience a small piece of what is a much larger and complex culture, indicating that developing 'an understanding' might be an unrealistic goal for a short-term clinical placement. The literature suggests that the length of a study abroad placement does influence the degree to which students experience and enhance their intercultural sensitivity, with longer placements leading to a greater depth of knowledge and understanding (Medina-Lopez-Portillo, 2004), with some suggestions that periods of less than four weeks limit the students' abilities to immerse themselves fully in the culture (Memmott et al., 2010). University participants in the stakeholder interviews suggested that longer-term placements would be difficult to manage in terms of staff workload, an issue that has previously been identified in the literature, with longer placements requiring more curriculum and faculty coordination (Kohlbry & Daugherty, 2013). This suggests that whilst a deeper immersion into the culture may come from longer placements, this has to be balanced with the practicalities of offering ICP within the constraints of an undergraduate degree.

It is therefore important to understand the process through which students develop cultural awareness, what degree of cultural understanding and reflection is possible within a short term ICP and how to structure learning and teaching to best achieve these outcomes. The pillar 'Exploring Difference' considers these questions, through the continuum of the ICP experience. Three strategies were identified to assist students to explore difference, including effective preparation during the pre-departure stage, framing the experience whilst they are

in-country and integrating reflection and debriefing into the re-entry stage. These strategies will be discussed in more detail below, linking back to the study findings.

Figure 6.3   Emerging Framework: Pillar Two Exploring Difference
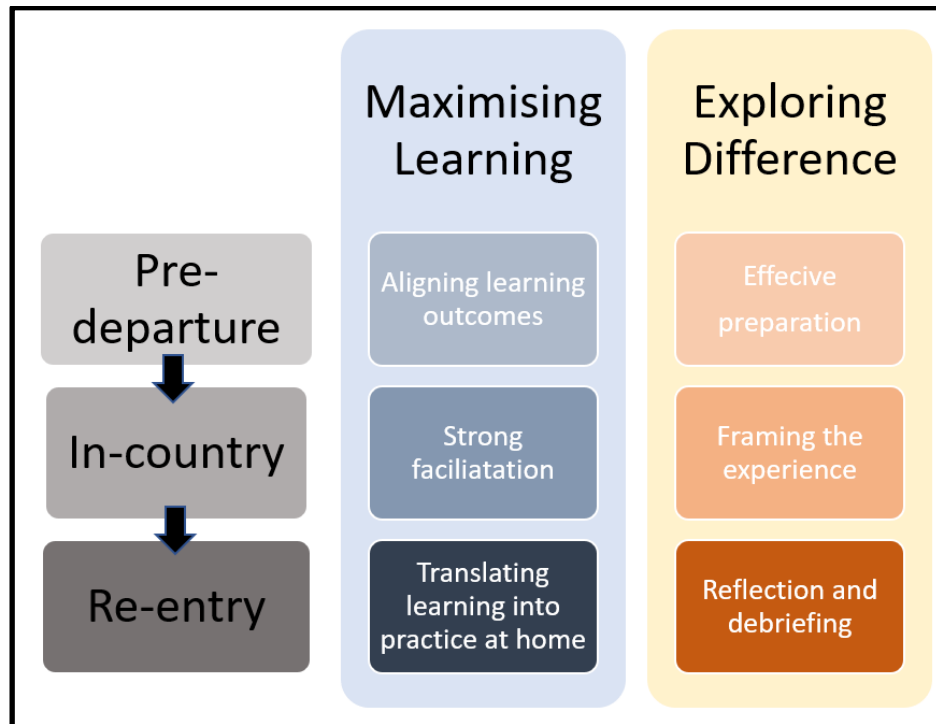
6.4.1   Effective Preparation

During the stakeholder interviews it was suggested that adequate preparation was vital to ensuring they were able to adjust to the challenging new environment on ICP, not just from the perspective of the students and university, but also the local community preparing themselves for visiting students. Effective preparation during the pre-departure stage should provide students with reassurance, promote teamwork between placement members and develop the foundational skills and thinking that will enable the students to navigate the cross-cultural setting. The importance of preparation prior to departure was seen as essential to ensuring a successful ICP and to allowing students to explore difference whilst feeling safe and supported.

Preparation prior to departure, as described by participants in the Stakeholder interviews, could broadly fit into two categories, preparing logistically and preparing for the cultural immersion. The importance that effective preparation had on the success of an ICP was reflected in the theme *'preparing for the unknown'.* For all participants in the study there was a sense of being unsure of what to expect; for students and facilitators who were travelling

and practising in a different country for the first time, but also for the local community who were unsure of what to expect when the visiting students arrived. A lack of preparation has been shown in the international literature to contribute to a challenging transition into the ICP setting (Chan et al, 2018)

There was a range of experiences described when discussing the pre-departure preparation for both students and university facilitators. Program administrators in the Stakeholder interviews discussed the challenges associated with providing adequate levels of preparation for all participants, within the subtheme '*preparation is so important',* given the diverse backgrounds and varying exposure to prior international travel. Having a consistent approach to pre-departure preparation that is structured to meet the needs of the students and staff before they leave Australia would ensure a more successful transition into the cultural immersion experienced on ICP. Preparing for cultural immersion prior to departure has been shown to reduce potential culture shock and to lower barriers to student learning whilst on placement (Hart et al, 2015).

It was not uncommon for students to feel a sense of apprehension when entering the ICP environment with '*overcoming apprehension to successfully meet the challenge',* identified as a theme during the systematic review. Students described concerns around personal safety and professional competence as well as not wanting to burden the local community. This aligns with the broader international literature that suggests students who travel abroad are mainly concerned about three areas of risk: risk to self, clinical or professional risk and socio-cultural risk (Morgan, 2012). Perception of risk when combined with adequate preparation, was discussed by students in both the systematic review and Stakeholder interviews as contributing to their learning, through developing enhanced confidence.

Transition problems contributed to confusion and a sense of frustration amongst participants during the Stakeholder interviews, through the subtheme '*expectations meet reality',* with students not able to translate their expectations prior to placement into their experiences on the ground. Students felt disappointed when they were not able to work collaboratively with the local health care workers, and frustrated that they were not able to affect change in a meaningful way. Allowing for adequate preparation prior to departure can provide students and facilitators with an opportunity to learn more about the country they will be visiting, its healthcare system, and common health conditions (Gower et al., 2017; Halcomb, Antoniou,

Middleton & MacKay, 2018; Mill, Yonge & Cameron, 2005), providing more realistic expectations of what they might expect when they arrive in-country.

Both students and university facilitators in this study commented on how overwhelming entering the clinical environment overseas was, exposing them to nursing practice, healthcare and diseases they had never encountered before. The lack of knowledge about the clinical setting, being confronted with challenging clinical situations and a fear of the unknown, have been previously identified by students on ICP (Grant & McKenna, 2003). One suggestion for overcoming this from the international literature, was the integration of simulation into pre-departure preparation with one program in the USA introducing a simulated international home visit into their preparation (Visovsky et al., 2016). Students learnt how to prepare for and conduct a rural home visit, whilst also discussing possible differences in nursing practice between the two countries. This level of preparation however requires university staff or facilitators who are familiar with the ICP and the healthcare setting they are entering, which was found to not always be the case for university staff in this study.

Community members in this case study stressed the importance of visiting students having an understanding of the local culture and how this impacts on health care outcomes. They felt that students having a better understanding of the local community and the common health problems, would enable them to better achieve their learning outcomes. International studies also suggest that community partners would like visiting nursing students to have stronger preparation prior to departure, to expose them to local cultural and socioeconomic factors that may impact on health care (Underwood, Gleeson, Konnert, Wong & Valerio, 2016).

The importance of adequate preparation extends to the local community and healthcare workers, with participants in the Stakeholder interviews commenting on how a better understanding of the learning outcomes and objectives for visiting students would assist with *‘negotiating the clinical environment’.* Local health care workers discussed being unsure about the student’s prior knowledge and practice, as this often differed significantly from local nursing students. They expressed a desire to be more involved in creating learning experiences for the students, however at present they were unsure of student learning objectives.

Preparing students for cultural immersion, and the associated emotions that come with being a cultural outsider, can enhance the ICP experience for students and allow them to be open to learning about themselves, the community and the culture (Halcomb et al, 2018; Maginnis &

Anderson, 2017; Morgan, 2012; Murray, 2016). To prevent culture shock on arrival, preparation plays a key role in enabling students to process what they are seeing and experiencing. Pre-departure preparation should include logistical information to ensure students feel safe, an overview of the country and healthcare environment to help manage expectations and apprehension, and briefing on the clinical setting and practice expectations. This preparation also needs to extend to the facilitators who are travelling with the student group and the local community itself, as reflected in the critical questions below.

Critical Questions
1. Are students prepared logistically to complete an international clinical placement?
2. Are students prepared to enter a different culture?
3. Are students prepared for the challenges that are associated with immersion in a different culture and healthcare setting?
4. Has a structured preparation program been considered to ensure students and staff are adequately prepared for undertaking an international clinical placement?
5. Has the local community received adequate preparation to host student groups and facilitate student learning?

6.4.2 Framing the experience in-country

The way people experience the world around them is framed through past experience, knowledge and previous interactions. This frame helps them to make sense of what is happening around them and to process new information (Crawford et al, 2017). Participants in this study experienced the ICP through their own lens, shaped by past experiences and their knowledge of the world around them. Helping students to frame their experience whilst in-country is essential to allow them to explore difference, acknowledging the power inequalities inherent in healthcare provision, whilst developing an appreciation for the broader political, racial, historic, gender and economic contexts that influence health disparities (Racine & Perron, 2012).

The theme '*putting the focus on learning*' was evident throughout the stakeholder interviews with participants, particularly universities and program administrators, stressing the importance of emphasising the placement as a learning opportunity. Enhancing student learning was therefore seen as an important indicator of the success of an ICP, in the subtheme *'success is student learning'*. However, there was also an awareness from university and program administrator participants that students often joined an ICP motivated by a desire to help what they saw as impoverished communities. Wanting to help local communities was expressed by student participants as a motivation for undertaking an ICP, with evidence that some viewed the learning outcomes as secondary to the ability to help those less fortunate.

When students were unable to provide the help they had envisioned prior to the placement, this then became a barrier to their learning whilst on ICP, and was reflected in the subtheme '*distractions from learning'*. For one participant, when the local community did not live up to their vision of a grateful community receiving help from kind foreigners, they reflected negatively on both their experience and the community they visited. The language used by some participants to describe their experience, whilst well intentioned, could be viewed as paternalistic and a result of viewing those in developing countries through their dominant cultural lens, a challenge previously identified in the international literature (Burgess, Reimer Kirkham & Astle, 2014). It is therefore important that those who accompany students overseas integrate strategies to help monitor and overcome paternalistic attitudes, which can not only become a barrier for learning, but also jeopardise the ongoing relationship between university groups and host communities (Underwood, Gleeson, Konnert, Wong & Valerio, 2016).

For those students who enter an ICP experience motivated by altruism, opportunities do exist that combine learning opportunities for students with also addressing local community development needs. Fundraising was mentioned by many participants as an important component of the ICP experience, enabling students to give back to the local community. It was recognised by participants that fundraising was most beneficial when it was able to be directed to areas of need in the local community, which came through in return visits to the community and discussions with local community members to identify areas when donations and money could make the most difference. It is important when considering the outcomes for an ICP to also take into account the perspectives of all stakeholders involved and acknowledge that power structures exist between individuals and groups, which then impact

on those outcomes. Power dynamics that emerged from this study included; the facilitator as assessor of student learning outcomes; the student and university as a customer of the program administrators; the visiting Australian groups coming from a high-income country into a community in a low-income country; and the visiting student groups coming into a healthcare system as outsiders or the minority group. Therefore, it is important to consider how seen and unseen power dynamics may privilege some stakeholder groups at the expense of others, masking inequity within what may appear an equal partnership (Brown, 2016).

The range of opportunities open to students who approached the ICP experience with the right attitude was commented on by other participants in the stakeholder interviews. The subtheme '*practising at the cultural interface*' underlined the importance of ensuring students were well supported to navigate the cultural differences, enhancing their cultural awareness rather than reinforcing entrenched stereotypes. Participants discussed that whilst students were able to recognise difference, they were not always able to understand the deeper cultural, social or political factors that might contribute to this difference. Facilitators play a crucial role in scaffolding the cultural immersion for the students, helping to guide them through the initial stages of culture shock and into a place where they can begin to develop greater cultural awareness. An examination of the role of the clinical facilitator in helping students to overcome culture shock found that different approaches were needed at different points in the ICP experience (Maginnis & Anderson, 2017). At the commencement of the placement, little intervention was required by the facilitators as a general sense of excitement surrounded the student group, however once students began to feel frustrated and irritated by the challenges surrounding them, the facilitators needed to strengthen debriefing sessions both individually and collectively with students. As students began to adjust to being on ICP, facilitators helped to encourage teamwork amongst the group and guide a process of reflection (Maginnis & Anderson, 2017).

Numerous strategies can be used to help students process what they are experiencing whilst on ICP. Students have been found to use storytelling, comparing and contrasting, reflection and reframing to help them make sense of what they were seeing (Murray, 2016). Students within this study used a range of strategies during the in-country stage to frame their experience, this included evidence of telling stories about the patients they had seen, and they compared and contrasted what they had seen with nursing practice and healthcare in Australia.

Study participants described informal ad hoc debriefing that took place throughout the placement, when situations warranted discussion and reflection by the placement group. Facilitators in the stakeholder interviews suggested that debriefing was often informally initiated to address particularly challenging experiences in the clinical setting, to help students make sense of what they were experiencing. Challenging clinical environments could have a perceived negative personal impact on the students, with debriefing by clinical facilitators offered as a suggestion in the literature to help build resiliency in the students, through attempting to understand and reflect on their experience, hopefully providing strategies that students could enlist in the future (O'Mara, McDonald, Gillespie, Brown & Miles, 2014). The university participants who had travelled with student groups previously, spoke of situations where they had to provide a frame through which students could reconsider what they were experiencing, this was particularly true when discussing events that caused distress or dissonance within the student group. The facilitator, in collaboration with local health care workers and community members, was required to create opportunities to help frame what the students were seeing and experiencing to foster deeper learning.

It was therefore imperative that preparation, facilitation and support in-country help to frame the experience for the students. Focusing on ICP as a learning experience rather than as a philanthropic endeavour; can prevent paternalistic attitudes from impacting on relationships with the local community; and ensure that students are able to focus on themselves and their learning experience whilst on placement. Ensuring that facilitators have adequate preparation and knowledge of the local context will enable them to support students as they transition into the new cultural environment. Engagement with local healthcare workers and communities can provide valuable insight into the local culture and how this impacts healthcare and healthcare services. Students in this study discussed how they had been able to reflect on what they had experienced upon re-entry, which had produced new learning and understanding after they arrived home, underscoring the importance of continuing the opportunities for reflection and consolidation of learning during the re-entry phase.

> **Critical Questions**
>
> 1. Has the ICP experience been framed to allow students to focus on their learning opportunities?
>
> 2. Are facilitators able to incorporate strategies into the learning experience that enables students to reconsider their experiences from other perspectives?
>
> 3. Are opportunities for community development and engagement clearly articulated for students?
>
> 4. If fundraising occurs as a component of ICP, are communities involved in the decision making and distribution of funds?

6.4.3 Reflection and Debriefing on re-entry

Reflection and debriefing were important components of the ICP experience for many participants. Both university staff and students commented on how reflection had enabled them to develop professionally and personally during the placement, leading to it being a subtheme '*reflecting back*' in the broader theme of '*growing from the experience*'. Incorporating reflection and debriefing during the placement, as discussed above in the in-country stage, and on re-entry became the final strategy to allow students to explore difference whilst on ICP.

Debriefing was an area that participants felt, and particularly university facilitators, should be given more attention. Students were often lost to follow up on return to Australia, with no formal debriefing opportunities planned, although universities were attempting to integrate more structured debriefs into their ICP. A lack of formal debriefing has been consistently highlighted in the international literature (Murray, 2016), with many students expressing a desire for formalized debriefing on return, and articulating feelings of abandonment post placement (Gower, Duggan, Dantas & Boldy, 2017). The lack of debriefing on re-entry is a missed opportunity for students to reflect on their experiences, enhance their intercultural learning and integrate their new knowledge and skills into their professional practice. Formal reflection on ICP enables students to make sense of their experience further helping to

facilitate learning and development, with Ng, Goddard, Gribble and Pickard (2012) suggesting guided learning journals as an effective way of facilitating reflection. The widespread availability of online platforms such as discussion forums, blogs or video conferencing provide another option for integrating debriefing on re-entry. Previous research, around reviewing of critical incidents in nursing more broadly, suggests that using online forums may provide an opportunity to engage nurses in reflection and debriefing when it is logistically difficult to achieve otherwise (Laing, 2018). These suggestions may offer a way forward for those programs where meeting as a group post placement is not possible due to location or time constraints, rather than foregoing this important learning opportunity.

The majority of student participants in the Stakeholder interview during this study discussed the opportunities that they had been given to share their experiences with family, friends, colleagues and promote the experience for future students. For some participants returning to life in Australia following their experience was challenging, they struggled to integrate what they had experienced, whilst their new worldview impacted on their family life. This sentiment is consistent with previous literature, which suggests that students have difficulty adjusting to life post placement and that the ICP experience remained an isolated period in student lives (Gower et al., 2017; Koskinen & Tossavainen, 2004).

Learning outcomes outlined by respondents in the mapping survey focused on reflection, including *'critically reflect on the nurse's role in working with such groups'* and *'reflect on their own and other peoples' cultural assumptions which influence the delivery of health care services'*. The ability of these placements to encourage critical reflection in students has been noted in the literature (Barker et al., 2010), indicating reflection might not be just a means through which to encourage learning but might also be a learning outcome in itself. The benefit of student reflection on learning outcomes in ICP has been described in literature from other health professions, with medical students reportedly gaining the most from their ability to compare two different health care systems, where students were able to move from observing difference to reflecting on their previous experience in their own countries (Nishigori et al., 2009).

Assessment strategies outlined during the mapping survey, included four placements that specifically mention reflection as part of the assessment process, with specific reference to either journaling or reflective papers, although the National Competency Assessment Schedule (NCAS) (mentioned as an assessment component in three placements) also has

student reflection embedded in its design (Crookes, Brown, Della, Dignam, Edwards & McCutcheon, 2010). Nursing students have also been reported as using reflective practices to consider their personal experience and contemplate how new skills and knowledge could be transferred back into their professional practice at home (Lee, 2004). The use of reflective journaling as assessment tasks, not only provide educational institutions with the ability to determine if learning outcomes are being met but also provide students with the opportunity for both personal and professional growth through enhanced intercultural development (Medina-Lopez-Perdillo, 2015). The following critical questions ensure that reflection and debriefing are embedded throughout the ICP including ensuring students have the opportunity to close their ICP experience with debriefing on re-entry.

Critical Questions

1. Is debriefing on return structured into the international clinical placement?

2. Are there elements of reflection embedded throughout the international clinical placement? (For example – reflective journaling, reflective assessments, opportunities for informal debriefing during the placement)

3. Are clinical facilitators/course coordinators adequately prepared to provide effective debriefing or reflection opportunities for students?

The pillar *Exploring difference* considers the development of cultural awareness through exploring differences in healthcare and culture, along the continuum of the ICP experience. Differences can be explored by beginning prior to the placement with effective preparation, framing the experience whilst the students are in-country and allowing time for adequate reflection and debriefing when the students return home.

6.5   Motivations and Intentions

The pillar, "Motivations and Intentions', provides a greater understanding of a participant's motivation to participate in an ICP experience. Participants in this study discussed a broad range of motivations for choosing to undertake an ICP, whether from a student perspective or that of facilitators and program administrators. Participants' intentions for the ICP were equally diverse, with individual aims not necessarily aligning with the intended aims and

learning outcomes outlined by the universities in the mapping survey, Phase Two of this case study. The final pillar in the framework reflects the importance of considering the motivations and intentions of all participants, and how finding a balance can lead to a successful and sustainable ICP experience.

Ensuring that ICP begins from a foundation of mutual understanding and collaboration, through aligning the motivations and intentions of stakeholders can provide equitable outcomes for all involved. The importance of developing sustainable partnerships with local communities and industry partners, as well as the importance of relationship building to form a strong placement team, were reflected throughout the study. The underlying principles of mutuality form a basis from which to build sustainable partnerships and strong relationships, focusing on: equity, with all stakeholders equally benefitting from the partnership; autonomy, through a mutual respect for culture and values; solidarity, by promoting interconnectedness and mutual support; and a two-way transfer of knowledge through full participation by stakeholders (Mwangi, 2017). The concept of mutuality has been discussed within both international education and nursing literature, focusing on relationships from the individual nurse-patient level to the global, institution to institution and country to country levels. Within the nursing literature mutuality has been broadly applied in different contexts but consistently refers to reciprocal transactions, a common sense of purpose and a balance in power and responsiveness (Brown, 2016). Similarly, international education has seen a shift in focus to building true partnerships through relationship building, collaboration and common goalsetting (Mwangi, 2017).

The concept of mutuality underpins the third pillar of the framework, and a conscious effort must be made at all stages of the ICP process to ensure that all partners benefit from the placement in an equitable way. Managing expectations of stakeholders during the development phase of ICP, can ensure that all stakeholders contribute to creating common goals and outcomes. Ensuring that clear lines of communication exist whilst in-country, will ensure that misunderstandings or simple miscommunications do not adversely affect the long-term sustainability of the placement. Finally, developing sustainable partnerships that continue to be nurtured on re-entry will make future ICP more successful.

Figure 6.4   Emerging Framework: Pillar Three Motivations and Intentions
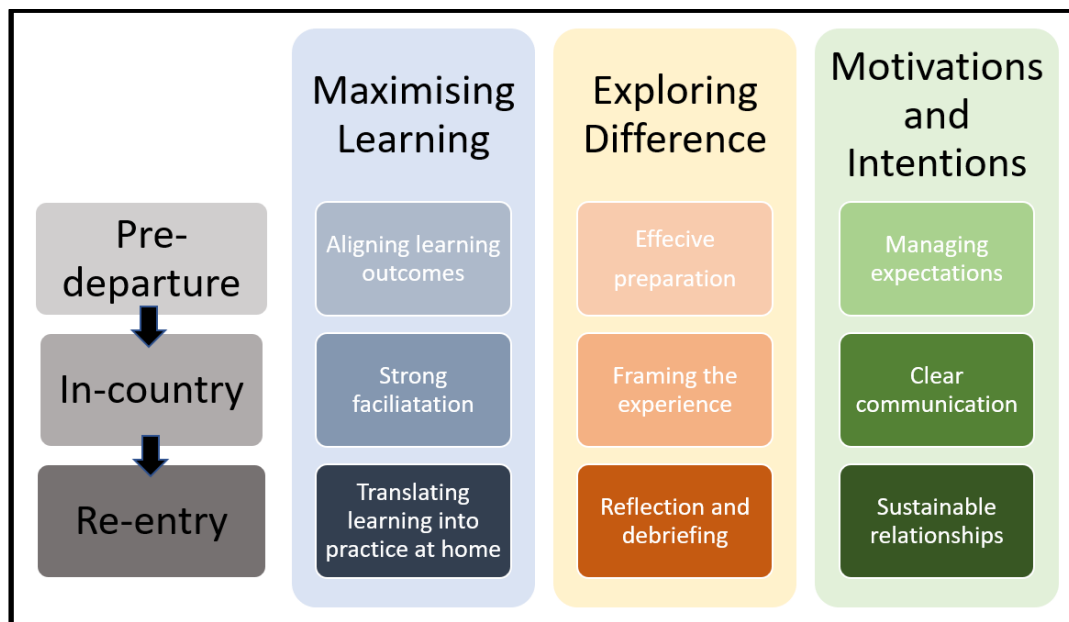
6.5.1   Managing Expectations pre-departure

In this study, student and university staffs' personal motivations resonated throughout their interviews. Initial motivations and expectations were often a source of satisfaction or dissonance when reflecting on the clinical placement as a whole. Student motivations for undertaking a clinical placement in the current study, included a desire to: experience a different culture, step outside their comfort zone, help communities in developing countries and combine travel with their studies. This broadly correlates with international literature which shows similar themes, as well as personal development and enhanced confidence (Burgess, Riemer-Kirkham & Astle, 2014). There was evidence that participants motivations and intentions for participating in an ICP may have influenced their expectations of the placement experience. It was therefore important to ensure that '*managing expectations'* was a focus on the pre-departure stage, to enable a smoother transition in-country.

Participants discussed the motivations for incorporating ICP experiences into the undergradate programs however, the expectations of what could be achieved needed to be managed with the logistics of developing and running an ICP. This influenced every aspect of the placement experience from preparation through to providing debrief opportunities on return. Therefore, managing expectations from the earliest point of ICP development was viewed as critical. Finding opportunities to embed the ICP experience into the undergraduate

curriculum can help to ensure sustainability, and this required alignment of the aims of the international placement with the aims of the broader nursing program and the university itself (Memmott et al, 2010). As participants in this case study noted, it was important for the university itself to have a vision for participating in the placement, above the learning outcomes that it could provide for the students.

The first theme identified during the stakeholder interviews focused on '*developing successful placements',* with participants discussing how they came to identify the need for ICP experiences within their program. The subtheme '*providing an opportunity, but at what cost'* described the motivations that led universities to consider ICP, due to the unique opportunities that these placements provide for student learning and development.

Participants discussed the cost of ICP experiences, both in the financial cost for students and universities and the burden on staff, which included workload, responsibility for student welfare and the physical toll that the placement can take. Previous research has suggested that cost is a significant barrier to students electing to participate in an ICP experience (Brown et al., 2016; Duffy et al., 2003; Kelleher et al., 2016; Kent Wilkinson et al., 2015). Whilst this was not mentioned specifically by the student participants in this study, it was mentioned in interviews with university and program administrator Stakeholders as a significant barrier to increasing student numbers.

The ongoing sustainability of ICP requires higher education provides to understand not only the motivations that students have for electing to participate but also those barriers that prevent students from undertaking a placement, with the availability of funding being one such barrier. There has already been research conducted both in Australia and internationally to explore what motivates students to undertake an international placement, which has highlighted barriers that prevent students from undertaking an ICP (Brown et al., 2016; Burgess et al., 2014; Gower et al., 2016; Kelleher et al., 2016; Kent Wilkinson et al., 2015). Factors such as: separation from family, language barriers, commitments at home including work and family commitments were also identified alongside the financial barriers. Higher education providers should be aware of potential barriers and implement strategies that will allow greater access to ICP for all students, including minority groups or low-socioeconomic students. This has the potential to not only improve equity of opportunity within undergraduate nursing programs but contribute to the ongoing success of ICP programs.

As previously mentioned the importance of effective preparation prior to departure was vital to ensuring students were able to hit the ground running when they arrived in-country. Participants in the Stakeholder interviews discussed the challenges they faced when their expectations prior to departure where not met when they arrived in-country, within the subtheme *'expectations meet reality'*. Participants discussed the unexpected challenges created by the basic living conditions and challenging environment which led to both physical and emotional upheaval. Whilst students had received some preparation about the remote locations, accommodation and climate, they were still surprised about the impact that this had on their overall experience. The unexpected physical toll that both students and staff experience during the ICP came from a range of sources: environmental conditions such as extremes of temperature, rainfall and humidity; exhaustion from lack of sleep caused by sleeping on the floor, or being unaccustomed to the local nocturnal noises, from roosters, to trucks or chanting from the local monastery; and living conditions in homestay accommodation which often had open fires, livestock kept close to or under the houses and limited electricity or internal plumbing (Graham et al., 2014; Halcomb et al., 2018). Hence, part of the preparation should include ensuring participant expectations are managed to avoid disillusionment and dissonance on arrival in-country. This should include strategies to: ensure that students are physically and mentally able to cope with the challenges they may face whilst on ICP through appropriate screening and risk identification; ensure that staff travelling with students are prepared for and equipped to manage challenging situations in-country through pre-departure education and involvement in the planning process; and the university has undertaken appropriate risk identification and management prior to the placement.

6.5.2   Clear communication in-country

The challenge of communicating across languages and across cultures was commonly expressed by all participants during the stakeholder interviews. The subtheme '*lost in translation'* within the theme of *'recognising difference'* reflected participants struggles to navigate the barriers within the clinical environment caused by language differences. This affected the placements on a number of levels such as: with students struggling to develop communication skills in the cross-cultural settings; challenges for the university staff to negotiate entry into the clinical environment despite language and cultural misunderstandings; and for the local health care workers, engaging with and teaching the students when self-conscious about their own abilities to communicate in English. Clear communication was therefore seen as an essential strategy to ensuring a successful ICP experience, ensuring that motivations and intentions of all participants are heard and considered.

Responses from the mapping survey highlighted the emphasis that universities place on communication as a learning outcome of ICP, with effective communication demonstrated alongside other professional knowledge skills and behaviour. Student participants in the Stakeholder interviews confirmed that they had developed stronger communication skills by overcoming the challenges caused by an ever-present language barrier, describing situations where their communication skills, learned through participation in ICP, had translated into their current practise as Registered Nurses. Through developing enhanced cross-cultural communication skills nurses can communicate more effectively with patients from diverse

cultures developing therapeutic relationships which ultimately leads to increased patient satisfaction and patient safety (Crawford, Candlin & Roger, 2017).

Students were often apprehensive about language differences prior to the placement commencing, with language barriers identified within the theme '*overcoming apprehension to successfully meet the challenge'* in the systematic review in Phase One of this study. The broader literature supports this finding, with students finding the adjustment to working with an interpreter challenging when conducting health assessments or talking with patients (Halcomb et al., 2018; Tuckett & Crompton, 2014). The challenges of working with a translator was discussed by student participants in stakeholder interviews when trying to obtain detailed information from the patient, which was seen as a challenge that often resulted in frustration and a desire to know more about the patient and their history. Misunderstandings can occur when communication is misinterpreted by the individuals participating, with culture often impacting on effective communication. The meaning that someone takes from a conversation will be interpreted through their cultural frame of reference (Crawford et al., 2017), highlighting the importance of communicating not only across languages but across culture as well.

Differences in language also caused challenges for the community participants as revealed during the stakeholder interviews, whilst student groups were often accompanied by local translators there remained an expectation that healthcare workers would converse with students in English. Community members discussed this as a barrier to other local health care workers participating in the ICP experience, as they were nervous and not confident to work with visiting students in English.

The importance of communication in ICP is closely integrated in the focus on teamwork and collaboration to ensure a successful placement. From the Stakeholder interviews the theme '*building relationships'* emerged, and whilst this included engagement with the local community it also recognised the benefits of '*working as a team'*. Creating a successful ICP team began prior to departure with selecting the placement team and continued throughout the placement; as students, facilitators, the support team and local health care workers all needed to communicate effectively to form a successful team.

There were significant challenges, noted by participants during the stakeholder interviews, associated with ICP groups that were not functioning effectively. The diverse nature of clinical placements groups was a source of both inspiration and frustration. Students

commented on forming friendship bonds with other members of the placement team that exist to this day and provided them with the opportunity to meet students they would not otherwise have interacted with. However, the presence of interpersonal conflict within the placement groups was a source of disappointment and frustration that impacted on how they remembered the placement experience. The challenges associated with living and working closely with fellow students identified within this study have been previously identified in the literature (Graham et al., 2014; Reid-Searl et al., 2011)

University participants recalled situations where they were required to negotiate behavioural issues amongst the student group to maintain a cohesive team whilst in-country. This highlighted for the facilitators the opportunities that ICP present for students to develop teamwork and conflict negotiation skills in a challenging environment. The critical questions below, focus on ensuring clear communication channels, having adequate resources to overcome language and cultural barriers and navigating interpersonal relationships amongst the placement group.

> **Critical Questions**
>
> 1. Is there sufficient support in-country to allow staff and students to safely navigate the clinical environment? (for example, translators or English-speaking health care workers).
>
> 2. Has consideration been given to the skill set of local support staff including translators? (for example – healthcare related language skills, experience with local cultures and dialects, experience with working with student groups)
>
> 3. Has consideration been given to how communication with the local community can be enhanced to encourage greater collaboration?
>
> 4. Are strategies in place to manage and support the development of teamwork across the placement group? (with students, with local support staff, with local community members)

6.5.3   Sustainable Relationships

Creating international placements that are sustainable over time requires effort on the behalf of universities, educational travel providers and local communities and contributes significantly to the ongoing success of ICP. Stakeholders in this study stressed the importance of ensuring there were mutual benefits for both the university and the local host community. Creating sustainable relationships becomes the final strategy to manage motivations and intentions of all parties, on re-entry and on future placements.

The present study offers a unique integration of successful outcomes from the perspectives of the visiting students, those working for higher education providers and educational travel providers and the local community. The impact that ICP can have on the local community has not been well researched (Lough, Moore-McBride & Sherraden, 2012), with the focus usually on student and university outcomes. In this current case study community stakeholders commented on the economic benefits that the local community received through having student groups visit. This was at odds to the benefits that the students and universities felt they might be leaving, indicating a lack of understanding about how these placements may benefit the local community. For ICP to be sustainable and truly collaborative with host country partners, evaluation of programs needs to go beyond merely the logistical or clinical requirements. Consideration needs to be given to the implications of hosting these placements and the broader political, social and cultural context in which they sit (Burgess et al, 2014).

Exposure to groups of foreign students allowed in-country community health workers to improve their language skills, enhance their clinical skills through teaching visiting nursing students and the opportunity to learn about healthcare practices in another country; all highlighting professional development opportunities. During the stakeholder interviews in Phase Three, community members expressed a desire to have a greater understanding of the student outcomes on clinical placement, with suggestions for ideas of how these outcomes could be achieved in the clinical setting. The desire for host partners to be involved in the design of ICP experiences from implementation through to evaluation, has been noted in the international literature (Underwood et al., 2016). A review of the literature around international experiences in nursing education (Kulbok, Mitchell, Glick & Greiner, 2015), emphasized the importance of considering mutual goal setting, sharing the resource burden and open communication when developing sustainable partnerships.

Two themes from the Stakeholder interviews touched on the importance of creating sustainable partnerships '*building relationships*' and '*developing successful partnerships*'. Participants discussed how placements were created and developed often through long-term relationships with the local community. Time was required to ensure that partners shared the same goal and vision, and through repeat visits a greater understanding of what could be done, and needed to be done, was reached. Whilst it was important for participants that the focus for students was on learning, there was also an appreciation that relationships with the local community went beyond this. Sustainable partnerships develop over time and require mutual understanding between the visiting institution and the host partners that goes beyond simply meeting course learning outcomes and problem solving (Visovsky, McGhee, Jordan, Dominic & Morrison-Beedy, 2016).

Strong engagement with the local community was considered essential by participants in the Stakeholder interviews, with the subtheme '*engaging with the local community*' emerging. There needed to be strong buy in from the local community; from the highest levels of local leadership, such as local government approval and support from village chiefs, to the broader community who engage with the local health care services, such as the community health clinics or the local schools. Ensuring that local communities are central to ICP development and evaluation can help to build trust and improve the overall sustainability of the partnership (Mwangi, 2017).

The final pillar reflects the balancing of '*Motivations and Intentions*' required for a successful placement. Beginning at pre-departure with managing expectations for all involved, this can allow for common goals to be set that are realistic and grounded in a shared understanding of creating equitable outcomes for all stakeholders. Whilst in-country clear communication is vital and contributes to building relationships and developing a mutual understanding and appreciation for cultural differences. Finally, on re-entry considering how sustainable relationships can be developed and fostered, creates an important means of continuous development for all parties. Creating the conditions that promote long term relationships begins from the development of ICP, however it is important to think about how this relationship can be nurtured outside of the short time spent on placement.

1. What are the intentions of the university when developing an ICP?

2. How can the relationship with the local community be developed to enhance the success of the placement

3. Are the local community involved in the development, implementation and evaluation of the ICP?

4. Has consideration been given to the outcomes of the ICP experience for all stakeholders (the students, the university, the local community).

6.6 Chapter Summary

This chapter has integrated the findings from the four phases of the case study to provide a holistic overview of what makes a successful ICP experience. It has described the development of the ICliPPE Framework, which is grounded in the study findings and reflects the development of a successful ICP from the perspectives of multiple stakeholders.

Three pillars were identified during the data analysis process as being important indicators of a successful placement. The first pillar *'Maximising learning'* was an important consideration for all involved; beginning in the preplacement stage with aligning learning outcomes, requiring strong facilitation during the in-country stage, and in the re-entry stage, focusing on how the learning can translate into practice at home. The second pillar *'Exploring Difference'* focused on a key learning outcome of ICP, developing a greater cultural awareness through immersion overseas. To fully achieve this outcome effective preparation is required in the pre-departure stage and it is important to frame the experience whilst in-country and then have structured reflection and debrief on re-entry. The final pillar reflects the balancing of *'Motivations and Intentions'* that are required for a successful placement. Beginning pre-departure with managing expectations for all involved; whilst in-country clear communication is vital, and finally on re-entry considering how sustainable relationships can be developed and fostered.

Each pillar has important actions at each stage of the placement experience to help ensure that success is achieved. The framework includes a set of critical questions that should be asked at each stage, these are designed to help guide the user of the framework and can be used during both the development of the placement or as an evaluation of an existing placement. The full framework and complete list of critical questions described throughout this chapter are presented in Appendices M and N, they serve as a guide for higher education providers to evaluate or develop successful international clinical placements.

The ICliPPE framework that emerged from this case study has been able to form a structured approach that can now be used to develop, conceptualise and evaluate an international clinical placement. This framework combined the logistical and pragmatic elements identified during the mapping survey with the interpretive themes identified during the stakeholder interviews. Whilst separate pillars and strategies have been identified within the framework, it became clear that these do not live in isolation, with strategies interconnected and overlapping throughout the ICP period. ICP experiences are dynamic in nature and are often changing rapidly. This rapid change underlies the complex nature of working within this environment, meaning that strategies might move beyond the stages in which they have been discussed in this framework. Therefore, the framework should not be considered as static.

This study aimed to explore how stakeholders viewed a successful ICP, to better understand their experiences on ICP and what they valued about the ICP experience. Through doing this the study was able to frame their experiences to provide a structural approach that will enable higher education providers the opportunity to develop and evaluate ICP that provide successful outcomes for all involved. The final chapter will conclude the thesis by discussing recommendations that arose from this study, suggest avenues for future research and development of the ICP experience and discuss the limitations of the current study.

Chapter 7   Conclusion

7.1   Introduction

International clinical placements (ICPs) are being incorporated into undergraduate nursing programs within Australia and globally, to allow students to develop their professional nursing skills within a culturally diverse setting. This case study has presented a holistic view of ICP, incorporating an overview of placements offered within Australian undergraduate nursing education. It has previously been suggested that the ability to promote nursing in a global context may be sufficient justification for offering ICP to undergraduate nursing students (Grant & McKenna, 2003). Given the increasing challenges facing higher education providers including: sourcing enough clinical placements for undergraduate nursing students, the breadth of content in a Bachelor of Nursing degree, increasing costs associated with ICP for both students and universities, and a growing understanding of sustainable and mutually beneficial partnerships, this assertion can no longer be supported. Having a deeper understanding of the potential learning that can occur through ICP is critical to the ongoing support and allocation of resources and funding for these placements (Barker, Kinsella & Bossers, 2010).

7.2   Strengths and Limitations

This study has provided a holistic overview of the ICP experience from a range of stakeholder perspectives. Multiple stakeholders were included in the study to ensure that the case study represented the experiences of all participants. To this point there has been minimal prior research incorporating multiple perspectives of the ICP experience, making this case study a unique contribution to the knowledge base. A strength of case study methodology is the ability to explore complex situations from multiple perspectives (Lauckner, Paterson & Krupa, 2012), making it an ideal choice to ensure that the findings from this study are embedded in the stories of the diverse participants.

By incorporating four distinct phases of data collection and analysis it has answered the research questions and formed the foundation for a framework to create and evaluate future ICP within undergraduate nursing programs. The use of multiple data collection and analysis methods provides a depth to the findings and discussion, that contribute to an understanding

of the complex social, cultural and environmental structures present in this case, a strength of case study research (Dawson, 2010). However, there are limitations present that should be considered when determining the transferability of the findings presented here.

Thematic synthesis was used in the systematic review conducted in Phase One. This technique to review qualitative research has been criticised, due to the nature of qualitative research, which does not lend itself to transferability outside its original context. The inclusion of a detailed summary of each study aimed to ensure that the original context of each study was not lost, allowing the reader to determine if the context of the studies presented match their own (Thomas & Harden, 2008).

The systematic review was originally intended to review the literature focusing on ICP for Australian nursing students in the Asia, however due to the small number of articles located, this was extended to include research from placements to Africa and Europe. The additional depth that this data provided, in the opinion of the researcher, warranted their inclusion in the systematic review. However, it should be noted that the significant differences across regions, including geographical, social, cultural, and political differences, may affect the results of the review.

Whilst this study approached all higher education institutions offering undergraduate nursing programs in Australia to participate in the mapping survey in Phase Two, it does not represent a reflection of all ICP offered in Australia, due to the relatively low response rate (48%). Triangulation was incorporated into the study, through a search of 'grey' literature, to assist with increasing the validity of the survey responses. Placement aims, learning outcomes and program structures identified from the survey were supported by the accounts presented in the 'grey' literature. The mapping survey was conducted between August and September 2015, so it provides a one-time snapshot of ICP offered, due to the rapidly changing nature of study abroad, it is possible that institutions have altered their ICP program/s since this time. Therefore, this study does not provide a comprehensive list of all ICP currently being conducted in Australia but rather provides a cross-sectional description of ICPs available at that time (Browne & Fetherston, 2018)

This study incorporated the perspectives of multiple stakeholders within Phase Three, through the use of semi-structured interviews. Purposive sampling was used to recruit a diverse range of participants, however it is possible that there remain alternate views on the ICP experience that have not been fully represented in this study. Whilst member checking

was performed to verify the authenticity of the interview transcripts, subsequent interpretation of the data was not returned to participants due to the challenges associated with translating the synthesised data into multiple languages. Therefore, claims cannot be made to the trustworthiness of the analysis through member checking (Birt et al., 2016), although this was achieved through other methods such as thick description and triangulation.

Finally, the researcher has been an active participant in developing and facilitating ICP experiences at their home institution throughout the research process. The possibility of researcher bias was recognized at the inception of the research project, leading to the incorporation of the reflexive photo journal. This allowed the researcher to reflect on the data they were collecting and ensure that analysis was grounded in the voices of the participants.

This study has provided a number of recommendations and directions for future research to ensure successful and robust international clinical placement experiences. These recommendations and suggestions for further research are summarized below.

7.3   Recommendations

The development of the International Clinical Placement Preparation and Evaluation (ICliPPE) framework, grounded in the findings from this study, reflects the diverse perspectives inherent in the ICP experience. Providing opportunities to trial the framework within Australian undergraduate nursing programs is the next step forward in incorporating the findings from this study into current practice. As the findings have been considered in light of both local and international nursing literature, adapting the framework to be used within nursing programs globally may also be possible. The literature suggests that ICP provide learning opportunities that cross disciplinary boundaries, this may allow for the adaption of the ICliPPE framework to other health professions who include ICP in their undergraduate programs.

Recommendations include:

- Identification of learning outcomes that are reflective of the learning and assessment that can be achieved during a short term ICP.

- Consideration of how enhanced cultural safety can be achieved whilst on placement through creating robust, yet achievable, learning outcomes.

- Extending learning outcomes to include more global professional attributes such as teamwork, leadership, communication and conflict resolution may better reflect the diverse nature of learning possible on ICP.

- Creation of strong facilitation models to ensure that students are given the best opportunities to meet their learning needs whilst on ICP.

- Integrating structured preparation and orientation for first time facilitators to help ensure they feel supported whilst on ICP, and best able to drive the learning of the students.

- Ensuring students have clear expectations about the purpose of the placement, the environmental challenges of living and working in diverse locations and preparing them for the cultural immersion they are about to undertake.

- Developing structured pre-departure programs that allow students sufficient time to explore and appreciate the challenges that they may face whilst on placement.

- Exploring alternate methods of preparation may enhance the pre-departure program and allow nursing programs to tailor these preparation sessions for different placement locations and student cohorts.

- The integration of online resources and simulation may provide future directions for pre-departure preparation.

- Embedding learning and teaching strategies that challenge students to explore the local culture at a deeper level. The use of reflective thinking strategies and debriefing opportunities, both in-country and on return, provide one option for encouraging student learning and developing culturally safe practitioners.

- Ensuring facilitators have the necessary education and support to provide debriefing opportunities whilst in-country, will help ensure that student experiences are considered in the local cultural context and allow students an opportunity to compare and contrast their experiences internationally with their previous experience in Australia.

- Scheduling structured debriefing sessions on return to Australia is an important link to ensuring experiences overseas are translated into practice in Australia. For those programs where group debriefing sessions are a challenge to schedule on return to

Australia, for logistical or geographical reasons, incorporating guided learning journals or online platforms provide possible strategies to ensure that debriefing can be accommodated for all students.

- Embedding mutuality into program design is vital to ensure the ongoing sustainability of ICP programs.

- Developing communication processes that allow ongoing evaluation and feedback between stakeholders, to ensure that all participants are able to benefit from the ICP experience.

- Having local community input at all stages of the ICP could help ensure that the resources and opportunities are available to meet the learning outcomes of the placement.

7.4   Future Research Directions

The findings from the current study provide a snapshot of ICP currently offered for undergraduate nursing students in Australia and highlight a number of key areas for further research in this field.

- The importance of well-structured and facilitated clinical placements has been well documented however more research is needed to determine if the same structures, support and facilitation used in Australian clinical environments also extend into international clinical placements. Optimal length of placement, well-articulated and achievable learning outcomes, assessment methods that enhance learning all require consideration within the context of ICP.

- This study focused primarily on ICP experiences for nursing students, however many placements documented in the literature consist of a diverse cohort of students from the health sciences. Further research is needed to determine if a cohort with students from multiple disciplines affects the overall success of the placement.

- Whilst outside the scope of this research project, it would also be interesting to consider why institutions choose not to offer ICP experiences for their students, which may provide a deeper understanding of the barriers that exist to integrating placements into undergraduate nursing programs. Findings from this study suggest

that financial barriers for students, impact on workload for university staff and accreditation requirements for nursing programs may all impact on the ability to offer more diverse ICP opportunities. A better understanding of these barriers for all participants may help to further embed successful ICP experiences and allow greater equity for all students who may wish to participate.

- Research is required to explore how students are assessed whilst on ICP, particularly when placements are integrated into undergraduate curriculums, accounting for mandatory placement hours. As learning outcomes are reassessed to better align with the unique learning environment on ICP, assessment tools which assess students against stated those stated learning outcomes are vital.

- Trialling fit for purpose assessment tools specifically for ICP placements and mapped to Nursing and Midwifery Board of Australia Registered Nurse Standards for Practice (NMBA,2016) is required. Currently many ICP use clinical assessment tools designed for use in Australian healthcare settings, with findings from this case study suggesting that they are often challenging to adapt to the international setting. Demonstrating that students are able to consistently meet learning outcomes through robust assessment tools, will contribute to the ongoing sustainability of ICP programs. This can also provide evidence of the validity of embedding ICP experiences within undergraduate nursing programs.

- There remains a limited amount of quantitative data to support achievement of learning outcomes whilst on ICP. Whilst a number of quantitative tools have been adapted to assess development of cultural awareness of students on nursing ICP, the results are inconclusive. The challenges associated with collecting quantitative data are significant; with often small cohorts from individual institutions and the diverse nature of ICP making it a challenge to extend this data to other settings. Research collaborations between higher education providers with ICP programs, both in Australia and internationally, provide avenues for the collection of more robust quantitative data to support the growing amount of qualitative data in this area.

- More research is needed to explore the importance of the facilitator role on student learning in the context of ICP, as well as determine safe and effective facilitator to student ratios to optimize student learning. Ensuring adequate facilitation not only has significant learning and teaching implications but in the context of ICP also forms

part of a robust risk management approach. Currently there is variation across higher education providers as to the appropriate level of facilitation required in the ICP setting but given the findings from this case study further exploration of the challenges associated with facilitation in this area is warranted.

- The majority of higher education providers included in this study identified enhancing cultural understanding or awareness as a learning outcome for their placements. However, the findings from this case study, supported by the global literature suggest that this may not be achieved, or only achieved at a superficial level. The mechanisms through which students explore difference whilst on an ICP placement requires more attention.

- Not all nursing students are able to participate in ICP experiences, further research is needed to determine if opportunities exist to achieve similar learning objectives within Australia. Exposing undergraduate nursing students to diverse multi-cultural settings within their own country may allow students to experience similar challenges to professional practice and personal development as participating in an ICP.

- Finally, this case study provides one of the few examples incorporating a range of stakeholder perspectives into the one study. The voice of the local community remains largely missing from the international literature. They form an integral part of the ICP experience and further exploration of their perspectives would strengthen the sustainability of these programs.

7.5   Chapter Summary

The findings from this study recognize the diverse nature of the ICP experience and suggest that currently stated learning outcomes may not align closely with the professional and personal growth experienced by students on ICP. Developing and undertaking an ICP requires planning and coordination from the earliest possible stages to ensure successful and sustainable placements. The development of the ICliPPE framework recognizes that ensuring successful ICP experiences requires a multi-faceted approach across the continuum of the placement. The findings from this research will provide ICP developers to consider all aspects of the placement experience, in a systematic way, leading to sustainable and mutually beneficial placement opportunities.

To date much of the literature on ICP has focused singularly on student outcomes or developing partnerships. The integration of student learning, cultural safety and mutuality into one framework provides the first attempt at providing a tool that recognises the complexity and diverse perspectives that underpin ICPs

References

Aarts, C., Nordstrom, P.M., Koskinen, L., Juhansoo, T., Mitchell, M.P., Marquis, F., Chassé F., Critchley, K., Campbell, B., & Hemingway, A. (2010). Enabling nursing students to focus on the Ottawa Charter and the nurses role in tackling inequalities in health through international exchange. *Nurse Education Today,* 30(2010), 448-452 DOI: 10.1016/j.nedt.2009.10.005

Afriyie Asenso, B., Reimer-Kirkham, S. & Astle, B. (2013). In real time: exploring nursing students' learning during an international experience. *International Journal of Nursing Education Scholarship, 10*(1), 227-236 DOI: 10.1515/ijnes-2012-0045

Ailinger, R.L., Molloy, S.B., & Sacasa, E.R. (2009). Community health nursing student experience in Nicaragua. *Journal of Community Health Nursing, 26*(2), 47-53 DOI: 10.1080/07370010902805072

Allen, D. (2004). Ethnomethodological insights into insider–outsider relationships in nursing ethnographies of healthcare settings. *Nursing Inquiry, 11*(1), 14-24

ANA (2014). Code of ethics for nurses with interpretative statements. American Nurses Association: Silver Springs, Maryland.

ANMAC (2012). Registered Nurse. Accreditation Standards 2012. Australian Nursing and Midwifery Accreditation Council: Canberra, Australia. Retrieved from: https://www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation _Standards_2012.pdf

Appleton, J.V. & King, L. (1997). Constructivism: A naturalistic methodology for nursing inquiry. *Advances in Nursing Science, 20*(2), 13-22

Aromataris, E., & Pearson, A. (2014). The systematic review: An Overview. *American Journal of Nursing, 114*(3), 53-58

Augustine, H. (2012). The impact of international fieldwork in developing nations. *Occupational Therapy Now, 14*(3), 25-27

Australian Government (2012). Australia in the Asian Century White Paper. Commonwealth of Australia: Canberra, Australia. Retrieved from:

https://www.defence.gov.au/whitepaper/2013/docs/australia_in_the_asian_century_white_paper.pdf

Australian Government (2018). The National Statement on Ethical Conduct in Human Research 2007 (updated 2018). National Health and Medical Research Council, Australian Research Council & Universities Australia. Canberra, Australia: Australian Government. Retrieved from: https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018

Barker, A., Kinsella, E.A., & Bossers, A. (2010). Learning in international practice placement education: a grounded theory study. *British Journal of Occupational Therapy, 73*(1), 29-37 DOI: 10.4276/030802210X12629548272709

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544-559

Bearman, M., & Dawson, P. (2013). Qualitative synthesis and systematic review in health profession education. *Medical Education, 47,* 252-260. Doi: 10.1111/medu.12092

Benatar, S.R. (2002). Reflections and recommendations on research ethics in developing countries. *Social Science & Medicine, 54,* 1131-1141

Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219-234 DOI:10.1177/1468794112468475

Bernard, J.S., & Ghaffari, M. (2019) Undergraduate nurse educators' transition to flipped classroom: A qualitative study. *Nursing Forum 54* 461-467 DOI:10.1111/nuf.12355

Birch, A.P., Tuck, J., Malata, A., & Gagnon, A.J. (2013), Assessing global partnerships in graduate nursing. *Nurse Education Today, 33,* 1288-1294 DOI: 10.1016/j.nedt.2013.03.014

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802-1811 DOI: 10.1177/1049732316654870

Boblin, S.L., Ireland, S., Kirkpatrick, H., & Robertson, K. (2013). Using Stake's qualitative case study approach to explore implementation of evidence-based practice. *Qualitative Health Research, 23*(9), 1267-1275 DOI: 10.1177/1049732313502128

Bosworth, T.L., Haloburdo, E.P., Hetrick, C., Patchett, K., Thompson, M.A., & Welch, M. (2006). International partnerships to promote quality care: Faculty groundwork, student projects, and outcomes. *The Journal of Continuing Education in Nursing, 37*(1), 32-38

Brewer, K.M., Harwood, M.L.N., McCann, C.M., Crengle, S.M. & Worrall, L.E. (2014). The use of interpretive description within Kaupapa Maori research. *Qualitative Health Research, 24(9),* 1287-1297 DOI:10.1177/1049732314546002

Brown, B.J. (2016). Mutuality in health care: review, concept analysis and ways forward. *Journal of Clinical Nursing, 25,* 1464-1475 DOI: 10.1111/jocn.13180

Brown, M., Boateng, E.A., & Evans, C. (2016), Should I stay or should I go? A systematic review of factors that influence healthcare students' decisions around study abroad programmes. *Nurse Education Today, 39,* 63-71 DOI: 10.1016/j.nedt.2015.12.024

Browne, C.A., & Fetherston, C.M. (2018). How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure, aims and objectives of placements. *Nurse Education Today, 66,* 1-7 DOI: 10.1016/j.nedt.2018.03.023

Browne, C.A., Fetherston, C.M., & Medigovich, K. (2015). International clinical placements for Australian undergraduate nursing students: A systematic thematic synthesis of the literature. *Nurse Education Today, 35,* 1028-1036 DOI: 10.1016/j.nedt.2015.05.012

Browne, C., Wall, P., & Jordan, T. (2015). Experiencing Thailand: Perspectives from an international clinical placement. *The Hive, 9*(Autumn 2015), 22-23

Brunero, S.J., Jeon, Y.H., & Foster, K. (2015). The journey of positioning self as both mental health nurse and qualitative researcher: a critical reflection. *Journal of Psychiatric and Mental Health Nursing ,22,* 543-548 DOI:10.1111/jpm.12238

Burgess, C.A., Reimer-Kirkham, S. & Astle, B. (2014). Motivation and international clinical placements: Shifting nursing students to a global citizenship perspective.

International Journal of Nursing Education Scholarship, 11(1), 75–82 DOI: 10.1515/ijnes-2013-0056

Button, L., Green, B., Tengnah, C., Johansson, I., & Baker, C. (2005). The impact of international placements on nurses' personal and professional lives: Literature review. *Journal of Advanced Nursing, 50*(3), 315-324

Cahyanto, I., Pennington-Gray, L., & Thapa, B. (2013). Tourist-resident interfaces: using reflexive photography to develop responsible rural tourism in Indonesia. *Journal of Sustainable Tourism, 21*(5), 732-749. DOI: 10.1080/09669582.2012.709860

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing, 13*(3), 181-184

Campinha-Bacote, J., Yahle, T., & Langenkamp, M. (1996). The challenge of cultural diversity for nurse educators. *The Journal of Continuing Education in Nursing, 27*(2), 59-64

Canadian Nurses Association (2017). Code of Ethics for Registered Nurses (2017 Ed.) Canadian Nurses Association: Ottawa, Canada

CATSINaM (2014). A national summit on cultural safety in nursing and midwifery: Summary report. Majura Park: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Retrieved from:
https://www.catsinam.org.au/communications/publications

Charles, L., Maltby, H., Abrams, S., Shea, J., Brand, G., & Nicol, P. (2014). Expanding worldview: Australian nursing students' experience of cultural immersion in India. *Contemporary Nurse, 48*(1), 67-75

Charmaz, K. (2014). Constructing grounded theory. 2nd Ed. Thousand Oaks: SAGE Publications Inc.

Charron, K., Kalbarczyk, A., Martin, N.A., Combs, E.A., Ward, M., & Leontsini, E. (2019) Building blocks of global health mentorship: motivation, expectations, and institutional support. *Annals of Global Health 85*(1) 1-9 DOI: 10.5334/aogh.1537

Cherniak, W., Latham, E., Astle, B., Anguyo, G., Beaunoir, T., Buenaventura, J., DeCamp, M., Diaz, K., Eichbaum, Q., Hedimbi, M., Myser, C., Nwobu, C., Standish, K., & Evert, J. (2017) Visiting trainees in global settings: host and partner perspectives on

desirable competencies. *Annals of Global Health 83*(2) 359-368
DOI:10.1016/j.aogh.2017.04.007

Costantino, T.E. (2012). Constructivism in *The SAGE Encyclopedia of Qualitative Research Methods.* Ed. Given, L.M. Thousand Oaks: SAGE Publications Inc.

Crawford, E., Caine, A., Hunter, L., Hill, A.E., Mandrusiak, A., Anemaat, L., Dunwoodie, R., Fagan, A., & Quinlan, T. (2017). Service learning in developing countries: Student outcomes including personal successes, seeing the world in new ways, and developing as health professionals. *Journal of Interprofessional Education & Practice, 9*(2017), 74-81 DOI: 10.1016/j.xjep.2017.08.006

Crawford, T., Candlin, S., & Roger, P. (2017). New perspectives on understanding cultural diversity in nurse—patient communication. *Collegian, 24*(1), 63-69 DOI: 10.1016/j.colegn.2015.09.001

Creswell, J.W., & Miller, D.L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124-130 DOI: 10.1207/s15430421tip3903_2

Crookes, P., Brown, R., Della, P., Dignam, D., Edwards, E., & McCutcheon, H. (2010). The development of a pre-registration nursing competencies assessment tool for use across Australian universities. Australian Learning and Teaching Council: NSW, Australia

Cunningham, L.V. (2002). Teaching community health nursing in the developing world. *Home Health Care Management & Practice, 14*(6), 441-447 DOI: 10.1177/108482202236685

Dawson, J. (2010). Thick description in *Encyclopedia of Case Study Research* Eds. Mills, A.J., Durepos, G., & Wiebe, E. Thousand Oaks: SAGE Publications.

DFAT. (2013). New Colombo Plan. Canberra: Department of Foreign Affairs and Trade. Retrieved from http://www.dfat.gov.au/new-colombo-plan/

DFAT (2019). New Colombo Plan Guidelines Mobility Program 2019 Round. Australian Government: Canberra

DeSantis, L. (1995). A model for counterparts in international nursing. *International Journal of Nursing Studies, 32*(2), 198-209 DOI: 10.1016/0020-7489(94)E0006-5

Dockett, S., Einarsdottir, J., & Perry, B. (2017). Photo elicitation: reflecting on multiple sites of meaning. *International Journal of Early Years Education, 25*(3), 225-240. DOI:10.1080/09669760.2017.1329713

Douglas, M.K., Pierce, J.U., Rosenkoetter, M., Pacquiao, D., Callister, L.C., Hattar-Pollara, M., Lauderdale, J., Milstead, J., Nardi, D., & Purnell, L. (2011). Standards of practice for culturally competent nursing care: 2011update. *Journal of Transcultural Nursing, 22*(4), 317-333. DOI: 10.1177/1043659611412965

Dowling, M. (2006). Approached to reflexivity in qualitative research *Nurse Researcher, 13*(3), 7-21

Edwards, S. (2017). Reflecting differently. New dimensions: reflection before action and reflection beyond action *International Practice Development Journal, 7*(1), 1-14. DOI: 10.19043/ipdj.71.002

Edwards, R., Piachaud, J., Rowson, M., & Miranda, J. (2004). Understanding global health issues: are international medical electives the answer? *Medical Education, 38,* 688-690 DOI: 10.1046/j.1365-2929.2004.01849.x

Egert, A. (2019). Faculty preparation for accompanying nursing students on international experiences: Moving beyond trial-and error. Masters of Science in Nursing, Thesis, Trinity Western University

Emmanuel, E. & Rands, H. (2010). Going the extra miles for health promotion. *Connections, 13(4),* 42-43

Evanson, T.A., & Zust, B.L. (2006). Bittersweet knowledge: The long-term effects of an international experience. *Journal of Nursing Education, 45*(10), 412-419

Fabreques, S., & Pare, M.H. (2018). Appraising the quality of mixed methods research in nursing: A qualitative case study of nurse researchers' views. *Nursing Inquiry, 25*(4), 1-12 DOI: 10.1111/nin.12247

Falleiros de Mello, D., Larcher Caliri, M.H., Villela Mamede, F., Fernandez de Aquiar Tonetto, E.M., & Resop Reilly, J. (2018). An innovative exchange model for global and community health nursing education. *Nurse Educator, 43*(3), E1-E4 DOI: 10.1097/NNE.0000000000000454

Fetters, M.D., & Molina-Azorin, J.F. (2017). The Journal of Mixed Methods Research starts a new decade: The mixed methods research integration trilogy and its dimensions. *Journal of Mixed Methods Research, 11*(3), 291-307 DOI: 10.1177/1558689817714066

Ferguson, L.M., Myrick, F. & Yonge, O. (2006). Ethically involving students in faculty research. *Nurse Education in Practice, 6,* 397-403

Flott, E.A., & Linden, L. (2016). The clinical learning environment in nursing education: a concept analysis. *Journal of Advanced Nursing, 72*(3), 501-513 DOI: 10.1111/jan.12861

Gamble, N., Patrick, C., & Peach, D. (2010). Internationalising work‑integrated learning: Creating global citizens to meet the economic crisis and the skills shortage. *Higher Education Research & Development, 29*(5), 535-546 DOI: 10.1080/07294360.2010.502287

Garneau, A.B., & Pepin, J. (2015). A constructivist theoretical proposition of cultural competence development in nursing. *Nurse Education Today, 35,* 1062-1068 DOI: 10.1016/j.nedt.2015.05.019

Gebru, K., & Willman, A. (2010). Education to promote culturally competent nursing care – A content analysis of student responses. *Nurse Education Today, 30,* 54-60 DOI: 10.1016/j.nedt.2009.06.005

Glaser, B.G., & Strauss, A.L. (1967) The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine

Gothard, J., Downey, G., & Gray, T. (2012). Bringing the learning home. Programs to enhance study abroad outcomes in Australian Universities. Final Report 2012. Sydney, NSW: Australian Government Office for Learning and Teaching.

Gower, S., Duggan, R., Dantas, J.A.R., & Boldy, D. (2016). Motivations and expectations of undergraduate nursing students undertaking international clinical placements. *Journal of Nursing Education, 55*(9), 487-494 DOI:10.3928/01484834-20160816-02

Gower, S., Duggan, R., Dantas, J.A.R., & Boldy, D. (2017). Something has shifted: Nursing students' global perspective following international clinical placements. *Journal of Advanced Nursing, (2017),* 1-12 DOI: 10.1111/jan.13320

Graham, K., Hill, P., Reynolds, L. & Parry, Y. (2014, October 1-3). A thematic analysis and a reflective description of the experience of nursing, midwifery and paramedic students on a short-term mobility community health placement in Vietnam. Paper presented at the Proceedings of the Australian Collaborative Education Network National Conference, Gold Coast 2014 Victoria: ACEN

Graneheim, U.H., Lindgren, B. & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today, 56*, 29-34 doi: 10.1016/j.nedt.2017.06.002

Graneheim, U.H., & Lundman B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24,* 105-112 DOI: 10.1016/j.nedt.2003.10.001

Grant, E., & McKenna, L. (2003). International clinical placements for undergraduate students. *Journal of Clinical Nursing, 12,* 529-535

Greatrex-White, S. (2007). A way of seeing study abroad: narratives from nurse education. *Learning in Health and Social Care, 6(3),* 134-144

Greatrex-White (2008). Uncovering study abroad: Foreignness and its relevance to nurse education and cultural competence. *Nurse Education Today, 28,* 530-538 DOI: 10.1016/j.nedt.2007.09.005

Green, B.F., Johansson, I., Rosser, M., Tengnah, C. & Segrott, J. (2008). Studying abroad: A multiple case study of nursing students' international experiences. *Nurse Education Today, 28,* 981-992

Guba, E.G., & Lincoln, Y.S., (2005). Paradigmatic controversies, contradictions, and emerging confluences. In: Denzin, N.K., Lincoln, Y.S. (Eds.), Handbook of Qualitative Research, 3rd ed. Thousand Oaks: SAGE Publications, pp. 191–215.

Guetterman, T.C., & Fetters, M.D. (2018). Two methodological approaches to the integration of mixed methods and case study designs: A systematic review. *American Behavioral Scientist, 62*(7), 900-918 DOI: 10.1177/000276421877264

Hagan, L., Munkhondya, B., & Myhre, K. (2009). Similarities and mutual understanding: exchange experiences in Malawi for host and guest students. *International Nursing Review, 56,* 476-482

Halcomb, E., Antoniou, C., Middleton, R., & MacKay, M. (2018). The experiences of Australian undergraduate nursing students of a clinical placement in Cambodia. *Collegian, 25*(2018), 313-318 DOI: 10.1016/j.colegn.2017.08.002

Harrowing, J.N., Gregory, D.M., O'Sullivan, P.S., Lee, B. & Doolittle, L. (2012). A critical analysis of undergraduate students' cultural immersion experiences. *International Nursing Review, 59,* 494-501

Hart, B., Cavanagh, M. & Douglas, D. (2015). The "Strengthening Nursing Culture Project" – an exploratory evaluation study of nursing students' placements with Aboriginal Medical Services. *Contemporary Nurse, 51*(2-3), 245-256 DOI: 10.1080/10376178.2016.1150190

Helms, C., Gardner, A., & McInnes, E. (2017). The use of advanced web-based survey design in Delphi research. *Journal of Advanced Nursing, 73,* 3168-3177 DOI: 10.1111/jan.13381

Henderson, A.J., Forrester, K., & Heel, A. (2006). The establishment of structures and processes for the safe and effective clinical placement of nursing students. *Nurse Education in Practice, 6,* 275-280 DOI: 10.1016/j.nepr.2006.02.006

Henderson, A., Twentyman, M., Eaton, E., Creedy, D., Stapleton, P., & Lloyd, B. (2009). Creating supportive clinical learning environments: an intervention study. *Journal of Clinical Nursing, 19,* 177-182 DOI: 10.1111/j.1365-2702.2009.02841.x

Hu, J., Andreatta, S., Yu, L., & Li, S. (2010). A collaborative international community health nursing: Clinical experience in China. *Home Health Care Management & Practice, 22*(7), 499-506 DOI: 10.1177/1084822310375505

Huberman, A.M. & Miles, M.B. (2002). Bounding the case within its context: A constructivist approach to studying detracting reform in *The Qualitative Researcher's Companion*. Eds Huberman, A.M., & Miles, M.B. Thousand Oaks: SAGE Publications Inc

Hunt, M.R. (2009) Strengths and challenges in the use of interpretive description: reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative Health Research 19*(9) 1284-1292

Hunter, J.L. & Krantz, S. (2010). Constructivism in cultural competence education. *Journal of Nursing Education, 49*(4), 207-213 DOI:10.3928/01484834-20100115-06

Iphofen, R. & Tolich, M. (2019). Foundational issues in qualitative research ethics in *The SAGE Handbook of Qualitative Research Ethics*. Eds Iphofen, R., & Tolich, M. Thousand Oaks: SAGE Publications Inc

Inglis, A., Rolls, C., & Kristy, S. (1998). The impact of participation in a study abroad programme on students' conceptual understanding of community health nursing in a developing country. *Journal of Advanced Nursing, 28(4),* 911-917

Inglis, A., Rolls, C., & Kristy, S. (2000). The impact of attitudes towards cultural difference of participation in a health focused study abroad program. *Contemporary Nurse, 9,* 246-255.

Jackel, B., Pearce, J., Radloff, A. & Edwards, D. (2017). Assessment and feedback in higher education. A review of literature for the Higher Education Academy. York: The Higher Education Academy.

Jeffreys, M.R., & Smodlaka, I. (1999). Changes in students' transcultural self-efficacy perceptions following an integrated approach to culture care. *Journal of Multicultural Nursing & Health, 5*(2), 6-12

Jolley, G., Lawless, A., & Hurley, C. (2008). Framework and tools for planning and evaluating community participation, collaborative partnerships and equity in health promotion. *Health Promotion Journal of Australia, 19*(2), 152-157

Kallio, H., Pietila, A.M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing, 72*(12), 2954-2965 DOI: 10.1111/jan.13031

Kelleher, S., FitzGerald, & Hegarty, J. (2016). Factors that influence nursing and midwifery students' intentions to study abroad: A qualitative study using the theory of planned behaviour. *Nurse Education Today, 44,* 157-164 DOI: 10.1016/j.nedt.2016.05.019

Kelly, J. (2011). The essence of internationalization issues. *Australian Nursing Journal, 19(3),* 29

Kelsey, C., & Hayes, S. (2015). Frameworks and models – scaffolding or straight-jackets? Problematising reflective practice *Nurse Education in Practice, 15,* 393-396. DOI:10.101 6/j.nepr.2015.05.006

Kent-Wilkinson, A., Dietrich Leurer, M., Luimes, J., Ferguson, L., & Murray, L. (2015) Studying abroad: Exploring factors influencing nursing students' decisions to apply for clinical placements in international settings. *Nurse Education Today 35(8),* 941-947, DOI: 10.1016/j.nedt.2015.03.012

Kohlbry, P.W. (2016). The impact of international service-learning on nursing students' cultural competency. *Journal of Nursing Scholarship, 48*(3), 303-311 DOI: 10.1111/jnu.12209

Kohlbry, P. & Daugherty, J. (2013). Nursing faculty roles in international service–learning projects. *Journal of Professional Nursing, 29*(3), 163-167 DOI: 10.1016/j.profnurs.2012.04.018

Koskinen, L., & Tossavainen, K. (2004). Study abroad as a process of learning intercultural competence in nursing. *International Journal of Nursing Practice, 10,* 111-120.

Kristofferzon, M.L., Martensson, G., Mamhidir, A.G., & Lofmark, A. (2013). Nursing students' perceptions of clinical supervision: The contributions of preceptors, head preceptors and clinical lecturers. *Nurse Education Today, 33,* 1252-1257 DOI: 10.1016/j.nedt.2012.08.017

Kulbok, P.A., Mitchell, E.M., Glick, D.F. & Greiner, D. (2015). International experiences in nursing education: A review of the literature. *International Journal of Nursing Education Scholarship, 9*(1), 1-21 DOI: 10.1515/1548-923X.2365

Kung, T.H., Richardson, E.T., Mabud, T.S., Heaney, C.A., Jones, E. & Evert, J. (2016). Host community perspectives on trainees participating in short-term experiences in global health. *Medical Education, 50,* 1122-1130 DOI:10.1111/medu.13106

Langmann, S., & Pick, D. (2014). Dignity and ethics in research photography. *International Journal of Social Research Methodology, 17*(6), 709-721. DOI:10.1080/13645579.2013.825473

Lauckner, H., Paterson, M., & Krupa, T. (2012). Using constructivist case study methodology to understand community development processes: Proposed methodological questions to guide the research process. *The Qualitative Report, 17,* 1-22

Leask, B. (2009). Using formal and informal curricula to improve interactions between home and international students. *Journal of Studies in International Education, 13*(2), 205-221 DOI: 10.1177/1028315308329786

Leask, B., & Bridge, C. (2013). Comparing internationalisation of the curriculum in action across disciplines: theoretical and practical perspectives. *Compare: A Journal of Comparative and International Education, 43*(1), 79-101 DOI:10.1080/03057925.2013.746566

Leask, B. & Wallace, J. (2015). *Learning and Teaching Across Cultures. Final Report.* Sydney: Office for Teaching and Learning.

Lee, N.J. (2004). The impact of international experience on student nurses' personal and professional development. *International Nursing Review, 51*(2), 113-122 DOI: 10.1111/j.1466-7657.2003.00200.x

Leininger, M. (1998). Special research report: dominant culture care (emic) meanings and practice findings from Leininger's theory. *Journal of Transcultural Nursing, 9*(2), 45-48 DOI:10.1177/104365969800900207

Leininger, M. (1999). What is transcultural nursing and culturally competent care? *Journal of Transcultural Nursing, 10*(1), 9

Leininger, M. (2002). Part 1: The theory of culture care and the ethnonursing research method. *Transcultural Nursing: Concepts, theories, research and practice 3rd Ed.* Eds. Leininger, M. & McFarland, M.R. New York: McGraw-Hill Medical Publishing Division.

Leininger, M. (2007). Theoretical questions and concerns: Response from the Theory of Culture Care Diversity and Universality Perspective. *Nursing Science Quarterly, 20*(1), 9-15 DOI: 10.1177/0894318406296784

Levett-Jones, T., & Bourgeois, S. (2015). The Clinical Placement. An essential guide for nursing students. 3rd ed. Chatswood: Churchill Livingstone.

Levett-Jones, T., & Lathlean, J. (2009). The Ascent to Competence conceptual framework: an outcome of a study of belongingness. *Journal of Clinical Nursing, 18,* 2870-2879 DOI: 10.1111/j.1365-2702.2008.02593.x

Levi, A. (2009). The ethics of nursing student international clinical experiences. *Journal of Obstetric, Gynecologic, and neonatal nursing, 38*(1), 94-99 DOI:10.1111/j.1552-6909.2008.00314.x

Lincoln, Y. S., & Guba, E.G. (1985). Naturalistic inquiry. Beverly Hills, CA: SAGE Publications.

Lim, F.A., & Shi, T. (2013), Florence Nightingale: A pioneer of self-reflection *Nursing 2013, 43*(5), 1-3 DOI: 10.1097/01.NURSE.0000428713.27120.d2

Long, T. (2014). Influence of international service-learning on nursing student self-efficacy toward cultural competence. *Journal of Nursing Education, 53*(8), 474-478 DOI:10.3928/01484834-20140725-02

Loomis, D.K., & Paterson, S. (2018). A comparison of data collection methods: Mail versus online surveys. *Journal of Leisure Research, 49*(2), 133-149 DOI: 10.1080/00222216.2018.1494418

Lopez, G.I., Figueroa, M., Connor, S.E., & Maliski, S.L. (2008). Translation barriers in conducting qualitative research with Spanish speakers. *Qualitative Health Research, 18*(12), 1729-1737 DOI: 10.1177/1049732308325857

Lough, B.J., Moore-McBride, A., & Sherraden, M.S. (2012). Measuring international service outcomes: Implications for international social work field placements. *Journal of Social Work Education, 48*(3), 479-499 DOI: 10.5175/ JSWE.2012.201000047

Lucas, P.J., Baird, J., Arai, L., Law, C., & Roberts, H.M. (2007). Worked examples of alternative methods for the synthesis of qualitative and quantitative research in systematic reviews. *BMC Medical Research Methodology, 4(4),* Doi: 10.1186/1471-2288-7-4

Maginnis, C., & Anderson, J. (2017), A discussion of nursing students' experiences of culture shock during an international clinical placement and the clinical facilitators' role. *Contemporary Nurse, 53*(3), 348-354 DOI: 10.1080/10376178.2017.1353397

Maltby, H.J., de Vries-Erich, J.M., & Lund, K. (2016). Being the stranger: Comparing study abroad experiences of nursing students in low- and high-income countries through hermeneutical phenomenology *Nurse Education Today, 45,* 114-119 DOI: 10.1016/j.nedt.2016.06.025

Mason, C.H. & Anderson, M.C. (2007). Developing an international learning experience in The Gambia, West Africa: the rewards and challenges of a complex partnership. *Journal of Cultural Diversity, 14(1),* 35-42

May, T., & Perry, B. (2013), Reflexivity and the practice of Qualitative Research. In U. Flick (ed.) *The SAGE Handbook of Qualitative Data Analysis,* pp.109-122. London: Sage Publications Ltd.

McAuliffe, M.S., & Cohen, M.Z. (2005). International nursing research and educational exchanges: A review of the literature. *Nursing Outlook, 53,* 21-25 DOI: 10.1016/j.outlook.2004.10.004

McEldowney, R., & Connor, M.J. (2011). Cultural safety as an ethic of care: A praxiological process. *Journal of Transcultural Nursing, 22*(4), 342-349 DOI: 10.1177/1043659611414139

McElmurry, B.J., Misner, S.J., & Buseh, A.G. (2003). Minority international research training program: global collaboration in nursing research. *Journal of Professional Nursing, 19*(1), 22-31 DOI:10.1053/jpnu.2003.10

McFarland, M.M., & Eipperle, M.K. (2008). Culture care theory: A proposed practice theory guide for nurse practitioners in primary care settings. *Contemporary Nurse, 28*(1-2), 48-63

Mills, J., Bonner, A., & Francis, K. (2006). The Development of Constructivist Grounded Theory. *International Journal of Qualitative Methods, 5*(1), 25-35

Medina-Lopez-Portillo, A. (2004). Intercultural learning assessment: The link between program duration and the development of intercultural sensitivity. *Frontiers: The Interdisciplinary Journal of Study Abroad, 10,* 179-199

Memmott, R.J., Coverston, C.R., Heise, B.A., Williams, M., Maughan, E.D., Kohl, J., & Palmer, S. (2010). Practical considerations in establishing sustainable international nursing experiences. *Nursing Education Perspectives, 31*(5), 298-302

Michael, R., Della, P., Banner, C., Duckworth, S., & Nilson, T. (2012). The role of the photo novella in examining cultural competency in perioperative settings. *ACORN: The Journal of Perioperative Nursing in Australia, 25*(1), 20-26

Mill, J.E., Yonge, O.J., & Cameron, B.L. (2005). Challenges and opportunities of international clinical practica. *International Journal of Nursing Education Scholarship, 2*(1), 1-13

Monsen, E. R., & Van Horn. L. (2008). Research: Successful approaches. 3rd ed. Chicago, IL: ADA.

Morgan, D.A. (2012). Student nurse perceptions of risk in relation to international placements: A phenomenological research study. *Nurse Education Today, 32*(2012), 956-960 DOI: 10.1016/j.nedt.2011.11.022

Morgan, D.A. (2019). Learning in liminality. Student experiences of learning during a nursing study abroad journey: A hermeneutic phenomenological research study. *Nurse Education Today, 79*(2019), 204-209 DOI: 10.1016/j.nedt.2019.05.036

Morse, J.M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research, 25(9),* 1212-1222, DOI: 10.1177/1049732315588501

Murray, B.A. (2016). Nursing Students' Experiences of Health Care in Swaziland: Transformational Processes in Developing Cultural Understanding. *Journal of Nursing Education, 54*(9), S65-S73 Doi:10.3928/01484834-20150814-13

Mwangi, C.A.G. (2017). Partner positioning: examining international higher education partnerships through a mutuality lens. *Review of Higher Education, 45*(1), 33-60 DOI:10.1353/rhe.2017.0032

Needham, J., McMurray, A. & Shaban, R.Z. (2016). Best practice in clinical facilitation of undergraduate nursing students. *Nurse Education in Practice, 20* (2016), 131-138 DOI: 10.1016/j.nepr.2016.08.003

Nilson, C. (2011). International student nurse clinical placement: A supervisor's perspective. *Australian Nursing Journal, 19*(3), 35

Nilson, C. (2017). A journey towards cultural competence: the role of researcher reflexivity in indigenous research *Journal of Transcultural Nursing,* 28(2), 119-127 DOI: 10.1177/1043659616642825

Nishigori, H., Otani, R., Plint, S., Uchino, M., & Ban, N. (2009). I came, I saw, I reflected: A qualitative study into learning outcomes of international electives for Japanese and British medical students. *Medical Teacher, 31*(5), e196-e201 DOI:10.1080/01421590802516764

NCNZ (2011). Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and Practice. Wellington, New Zealand: Nursing Council of New Zealand. Retrieved from: https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx

NMBA (2006). Code for professional conduct for nurses in Australia. Melbourne, Australia: Nursing and Midwifery Board of Australia.

NMBA (2018). Code of conduct for nurses. Melbourne, Australia: Nursing and Midwifery Board of Australia. Retrieved from: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

NMBA (2016). Registered nurse standards for practice. Melbourne, Australia: Nursing and Midwifery Board of Australia. Retrieved from: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx

NMBA & CATSINaM (2018). NMBA and CATSINaM joint statement on culturally safe care. Melbourne, Australia: Nursing and Midwifery Board. Retrieved from: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/joint-statement-on-culturally-safe-care.aspx

NMC (2015). The code. Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council: London.

Ogilvie, L., Allen, M., Laryea, J., & Opare, M. (2003). Building capacity through a collaborative international nursing project. *Journal of Nursing Scholarship, 35(2),* 113-118

O'Mara, L., McDonald, J., Gillespie, M., Brown, H., & Miles, L. (2014). Challenging clinical learning environments: Experiences of undergraduate nursing students. *Nurse Education in Practice ,14*(2014), 208-213 DOI: 10.1016/j.nepr.2013.08.012

Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: the New Zealand experience. *International Journal for Quality in Health Care, 8*(5), 491-497

Peiying, N., Goddard, T., Gribble, N., & Pickard, C. (2012). International placements increase the cultural sensitivity and competency of professional health students: A quantitative and qualitative study. *Journal of Physical Therapy Education, 26*(1), 61-68

Philips, L., Bloom, T., Gainey, T., & Chiocca, E. (2017). Influence of short-term study abroad experiences on community health baccalaureate students. *Journal of Nursing Education. 56*(9). 528-533 DOI: 10.3925/01484834-20170817-03

Plano-Clark, V.L., & Ivankova, N.V. (2016), Why use mixed methods research? Identifying rationales for mixing methods. In *Mixed Methods Research: A Guide to the Field.* Thousand Oaks, SAGE Publications

Probst, B., & Berenson, L. (2014). The double arrow: How qualitative social work researchers use reflexivity. *Qualitative Social Work, 13*(6), 813-827 DOI: 10.1177/1473325013506248

QRS International (2014). NVivo© 10 for Windows (Computer Software) QRS International.

Racine, L. & Perron, A. (2012). Unmasking the predicament of cultural voyeurism: a postcolonial analysis of international nursing placements. *Nursing Inquiry, 19(3),* 190-201

Ramsden, I.M. (2002). Cultural safety and nursing education in Aotearoa and Te Waipounamu. [unpublished PhD thesis] Victoria University of Wellington

Reid-Searl, K., Dwyer, T., Moxham, L., Happell, B., & Sander, T. (2011). Rediscovering the essence of nursing: Exploring the impact of in clinical experience in Thailand for undergraduate nursing students from Australia. *Nurse Education Today, 31*(2011), 892-897 DOI: 10.1016/j.nedt.2010.12.024

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), 1-16

Rew, L., Becker, H., Cookston, J., Khosropour, S., & Martinez, S. (2003). Measuring cultural awareness in nursing students. *Journal of Nursing Education, 42*(6), 249-257

Rolls, C., Inglis, A. & Kristy, S. (1997). Study abroad programs: creating awareness of and changing attitudes to nursing, health and ways of living in other cultures. *Contemporary Nurse, 6(3/4),* 152-156.

Rozier, M.D., Lasker, J.N., & Compton, B. (2017) Short-term volunteer health trips: aligning host community preferences and organizer practices. *Global Health Action 10* 1-8 DOI: 10.1080/16549716.2017.1267957

Ryan, C., & McAllister, M. (2019) The experiences of clinical facilitators working with nursing students in Australia: An interpretive description. *Collegian 26* 281-287 DOI:10.1016/j.colegn.2018.07.005

Santos, H.P.O., Black, A.M., & Sandelowski, M. (2015), Timing of translation in cross-language qualitative research. *Qualitative Health Research, 25*(1), 134-144 DOI: 10.1177/1049732314549603

Scholes, J., & Moore, D. (2000). Clinical exchange: one model to achieve culturally sensitive care. *Nursing Inquiry, 3,* 61-71

Schon, D.A. (1983). The reflective practitioner. How professionals think in action. Basic Books: New York.

Schwartz, S. (2019). Educating the nurse of the future. Report of the independent review of nursing education. Canberra: Commonwealth of Australia.

Schwind, J., Zanchetta, M., Aksenchuk, K., & Gorospe, F. (2013). Nursing students' international placement experience: an arts-informed narrative inquiry. *Reflective Practice, 14*(6), 705-716 DOI: 10.1080/14623943.2013.810619

Singh, C., Bartle, M., Hurrell, A., Slater, H., & Hemingway, S. (2009). International mental health nursing student placements: reflections of planning, supporting and experiencing services 'Downunder' *Mental Health Nursing, 29*(4), 7-12

Sloand, E., Bower, K., & Groves, S. (2008). Challenges and benefits of international clinical placements in public health nursing. *Nurse Educator, 33*(1), 35-38

Smith-Miller, C.A., Leak, A., Harlan, C.A., Dieckmann, J. & Sherwood, G. (2010). "Leaving the comfort of the familiar": Fostering workplace cultural awareness through short-term global experiences. *Nursing Forum, 45*(1), 18-28

Stake, R.E. (1995). The Art of Case Study Research. Thousand Oaks, SAGE Publications.

Stephens, M., & Hennefer, D. (2013). Internationalising the nursing curriculum using a Community of Inquiry Framework and blended learning. *Nurse Education in Practice, 13,* 170-175 DOI: 10.1016/j.nepr.2012.08.010

Stern, C., Jordan, Z., & McArthur, A. (2014). Developing the review question and inclusion criteria. *American Journal of Nursing, 114*(4), 53-56

Stone, T.E., Francis, L., van der Riet, P., Junlapeeya, P., & Orwat, E. (2014). Awakening to the other: Reflections on developing intercultural competence through an undergraduate study tour. *Nursing and Health Sciences, 16,* 521-527 DOI: 10.1111/nhs.12139

SVMK (2015). Survey Monkey (Computer Software). SVMK Inc.

Tanner, C.A. (2006). Thinking like a nurse: A research-based model of clinical judgement in nursing. *Journal of Nursing Education, 45*(6), 204-211.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology, 8*(45), 1-10

Thompson, K., Boore, J. & Deeny, P. (2000). A comparison of an international experience for nursing students in developed and developing countries. *International Journal of Nursing Studies, 37,* 481-492

Thompson Burdine, J., Thorne, S., & Sandhu, G. (2020) Interpretive Description: A flexible qualitative methodology for medical education research. *Medical Education (in press)* DOI:10.1111/medu.14380

Thorne, S. (2007), Interpretive Description. Walnut Creek, California: Left Coast Press.

Thorne, S., & Darbyshire, P. (2005), Land mines in the field: A modest proposal for improving the craft of qualitative health research. *Qualitative Health Research, 15(8),* 1105-1113 DOI:10.1177/1049732305278502

Thorne, S., Reimer Kirkham, S. & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3(1),* 1-21

Thorne, S., Reimer Kirkham, S., & MacDonald-Emes, J. (1997). Interpretive description:

A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health, 20,* 169-177

Thorne, S., Stephens, J., & Truant, T., (2016). Building qualitative study design using nursing's disciplinary epistemology. *Journal of Advanced Nursing, 72(2),* 451-460

Thompson, K., Boore, J., & Deeny, P. (2000). A comparison of an international experience for nursing students in developed and developing countries. *International Journal of Nursing Studies, 37,* 481-492.

Tomlinson, K., Tan, B. & Flavell, H. (2014). *Going global: international WIL building future health work force capacity.* Australian Collaborative Education Network National Conference: Work Integrated Learning: Building Capacity. Gold Coast, QLD: Australian (Oct 1-3, 2014).

Tuckett, A., & Crompton, P. (2014). Qualitative understanding of an international learning experience: What Australian undergraduate nurses and midwives said about a Cambodia placement? *International Journal of Nursing Practice, 20,* 135-141 DOI: 10.1111/ijn.12142

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. *Public Health Nursing, 33*(4), 351-359 DOI: 10.1111/phn.12258

Visovsky, C., McGhee, S., Jordan, E., Dominic, S. & Morrison-Beedy, D. (2016). Planning and executing a global health experience for undergraduate nursing students: A comprehensive guide to creating global citizens. *Nurse Education Today, 40*(2016), 29-32 DOI: 10.1016/j.nedt.2016.01.008

Walker, S., Read, S., & Priest, H. (2013). Use of reflexivity in a mixed-methods study. *Nurse Researcher, 20*(3), 38-43

Wallace, L. (2015). Reflexive photography, attitudes, behaviour and CALL: ITAs improving spoken English intelligently *CALICO Journal (Online), 32*(3), 449-479. DOI:10.1558/cj.v32i3.26384

Wall-Bassett, E.D., Hegde, A.V., Craft, K. & Oberlin, A.L. (2018). Using Campinha-Bacote's framework to examine cultural competence form an interdisciplinary international service learning program. *Journal of International Students, 8*(1), 274-282 DOI: 10.5281/zenodo.1134303

Wells, M.I. (2000), Beyond cultural competence: A model for individual and institutional cultural development. *Journal of Community Health Nursing, 17*(4), 189-199

Wolfram Cox, J., & Hassard, D. (2010). Triangulation. In *Encyclopedia of Case Study Research.* Eds. Mills, A.J., Durepos, G., & Wiebe, E. Thousand Oaks: SAGE Publications

Xerri, D. (2018), Two methodological challenges for teacher-researchers: Reflexivity and trustworthiness. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas, 91*(1), 37-41. DOI: 10.1080/00098655.2017.1371549

Yanow, D. & Tsoukas, H. (2009), What is reflection-in-action? A phenomenological account *Journal of Management Studies, 46*(8), 1339-1364.

Zanchetta, M., Schwind, J., Aksenchuk, K., Gorospe, F.F., & Santiago, L. (2013). An international internship on social development led by Canadian nursing students: empowering learning. *Nurse Education Today, 33,* 757-764

Zeran, V. (2016). Cultural competency and safety in nursing education: A case study. *The Northern Review, 43,* 105-115

Appendix A – Published Systematic Review Article

Review

International clinical placements for Australian undergraduate nursing students: A systematic thematic synthesis of the literature

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A R T I C L E I N F O

S U M M A R Y

Objectives: International clinical placements provide undergraduate nursing students with the opportunity to experience or practice nursing care in diverse countries, settings, and cultures. This systematic review aims to ascertain the current knowledge on international clinical placements offered by undergraduate nursing programs in Australia. It seeks to explore three questions: (1) How have previous experiences of nursing students' international clinical placements been described? (2) How have participants and stakeholders determined if the placement has been successful? And (3) What benefits or challenges have been identified by stakeholders as a result of participating in international clinical placements?
Design: A systematic thematic synthesis was undertaken.
Data Sources: A search of electronic databases including CINAHL, Proquest Central, Scopus, PubMed, and Health Collection was undertaken between September and October 2014.
Review Methods: Key terms including 'international clinical placement', 'study abroad', 'international exchange', 'nursing', and 'Australia' were used to identify articles that appeared in peer-reviewed English language journals and that explored international clinical placements offered to undergraduate nursing students by Australian universities.
Results: Eight studies were identified that meet the inclusion criteria, and through thematic analysis, five key themes were identified including developing cultural awareness and competence, providing a global perspective on health care, translation of theory to practice, growing personally through reflection, and overcoming apprehension to successfully meet the challenge. A comparison search of literature from Canada and the United Kingdom revealed that similar themes occurred internationally.
Conclusions: Although personal successes were identified by students undertaking international clinical placement, further research is required to identify all stakeholder experiences including those of the educators, the educational institutions, and travel providers supporting these placements and the communities where the placements take place.

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Introduction

The increasing emergence of globalization as an economic, educational, and research priority has seen tertiary education institutions place a greater emphasis on preparing their students to work in multicultural and international settings. Given the impact that the diverse cultural makeup and current global climate can have on community health at all levels, the incorporation of components of international health and cultural competence is an important consideration for nursing programs and educators. Whether preparing nurses to either care for an increasingly culturally diverse patient population in their own countries or for a career path that may potentially cross international borders, achieving quality health care within this framework requires nurses to be culturally competent (Jeffreys and Smodlaka, 1999). The process of developing cultural competence must begin within their nursing education; however, moving students from a theoretical knowledge of culture into an applied practical competence can be seen as a challenge. A possible solution to this ongoing problem is to provide students with the opportunity to undertake international clinical placements (ICPs).

Background

The need to provide students with opportunities to develop cultural competence has resulted in educational institutions offering ICPs for small numbers of students, to enable them to experience living and

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248

practicing within a different cultural environment. Different models of ICPs have been used within undergraduate nursing programs and range from short observational style practicums to longer-term clinical exchanges. Placements have involved students traveling to both developed and developing countries to provide students with experience in a diverse range of settings from primary health care and health promotion (Ailinger et al., 2009; Hu et al., 2010) to mental health nursing (Singh et al., 2009), and to observe the differences in health care systems and how they are impacted by differing political, social, economic, and cultural influences.

This systematic synthesis of the literature forms part of a larger research project that aims to develop a deeper understanding of how multiple stakeholders assign meaning and value to the successful development and outcomes of ICPs with a particular focus on those placements being undertaken in the Asian region. Gaining a greater insight into the range and scope of activities currently being undertaken in this area is particularly relevant considering the rise of Asia as an emerging economic powerhouse, and as the need to broaden and deepen our links with our regional neighbors grows (Commonwealth of Australia, 2012). In response to the aims of this project, this review was undertaken to ascertain the current knowledge on international clinical placements completed by Australian undergraduate nursing students in recent years and consequently sought to answer a number of questions: "How have previous experiences of nursing students' International Clinical Placements been described?" "How have participants and stakeholders determined if the placement has been successful?" and "What benefits or challenges have been identified by stakeholders as a result of participating in International Clinical Placements?" It is hoped that through asking these questions, a picture will begin to emerge of how we currently view ICPs and highlight the gaps in our knowledge of this important area of undergraduate nurse education.
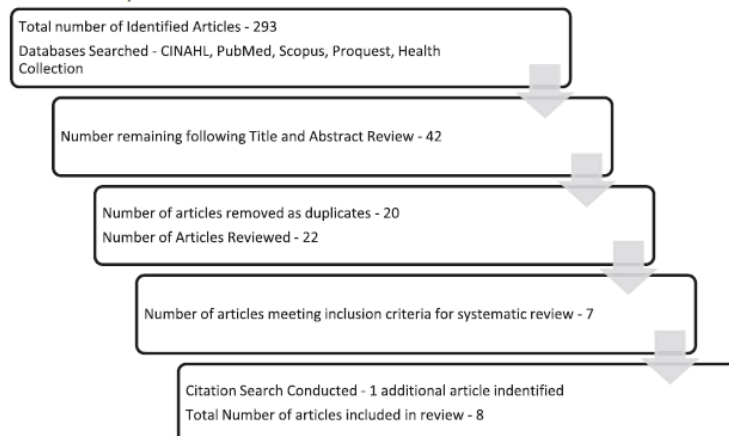
Methods

A search of published literature was undertaken between September and December 2014 using databases that are recognized as containing extensive health, nursing, and education references including CINAHL, ProQuest Central, Scopus, PubMed, and Health Collection. The search included the terms 'international clinical placement', 'study abroad', 'international exchange', 'nursing', and 'Australia'. The resulting search literature was also reviewed for alternate key terms that may elicit further relevant titles. Terms such as 'international immersion experience', 'cultural immersion experience', and 'international health care experience' were evident in the literature, however, appeared more relevant to studies undertaken in North America and yielded no new results in the Australian context. Inclusion criteria were limited to peer-reviewed research articles in English language journals related to ICPs offered by Australian universities for undergraduate nursing students. It was decided to only include those articles that have undergone peer-review process, although it is possible that narrative or commentary-based articles, unpublished thesis, or other 'grey' literature may shed light on this experience. However, due to the difficulty of establishing the validity of these sources, they are not included in this review. Articles were limited to those published after 1990; however, following review of all articles, none published prior to 1997 met the inclusion criteria for this review. The search yielded a total of 290 possible articles (Table 1) provides further detail of the literature retrieval process), yielding a total of seven articles that met the inclusion criteria. Careful examination of the reference list of each of the final seven articles failed to uncover any new peer-reviewed studies. A cited reference search was conducted of the original seven articles for subsequently published papers that resulted in the addition of an eighth article to the synthesis.

A thematic synthesis approach was used to organize the data presented in the included articles. Due to the largely qualitative nature of the articles included in this review, which are drawn from data that are not intended to be generalizable and is not without bias, an approach was required that would take into account the interpretive nature of the studies (Bearman and Dawson, 2013). A key strength of thematic synthesis is its ability to allow for conclusions that are based on common elements or themes drawn from multiple divergent studies (Lucas et al., 2007). Articles were summarized with information collected on aim, research design and methodology, limitations and key findings; an overview for each article is included in Table 2. Initially, line by line coding was conducted on the results section of each article using NVivo 10 (QRS International, 2014) to support the process. Initial codes were then explored with frequently occurring codes developed into themes. These themes were then viewed through the lens of the research questions posed as part of this systematic review. This approach allowed the creation of analytical themes and translation of concepts

Table 1
Literature retrieval process.

Total number of Identified Articles - 293
Databases Searched - CINAHL, PubMed, Scopus, Proquest, Health Collection

Number remaining following Title and Abstract Review - 42

Number of articles removed as duplicates - 20
Number of Articles Reviewed - 22

Number of articles meeting inclusion criteria for systematic review - 7

Citation Search Conducted - 1 additional article indentified
Total Number of articles included in review - 8

249

across studies, from initial line by line coding, to the organization of codes into descriptive themes, and finally, the generation of analytical themes (Lucas et al., 2007).

Findings

The systematic review uncovered eight studies describing ICPs in both developed countries such as England and Northern Ireland (Grant and Mckenna, 2003) and developing countries including Cambodia (Tuckett and Crompton, 2014), Thailand (Reid – Searl et al., 2011; Inglis et al., 1998; Rolls et al., 1997), Nepal (Inglis et al., 2000), India (Charles et al., 2014), and Tanzania (Michael et al., 2012). The length of placements varies considerably from only 8 days (Inglis et al., 2000) to 5 weeks (Charles et al., 2014). The articles included one quantitative study and seven qualitative studies, and as can be seen in Table 2, all studies were focused on a single international clinical placement. A variety of methods were used to collect data from participating students, and data collection often took place at multiple points across the international placement experience.

The qualitative studies, with the exception of Tuckett and Crompton (2014), have a small sample size (ranging from three to nine participants), making generalization to other settings difficult. However, consistent themes were discovered throughout the articles. Detailed summaries of the articles reviewed are presented in Table 2 to ensure that the original context of the studies is retained. A key argument against the synthesis of qualitative research is that the findings may be de-contextualized and that concepts from one setting may not be transferrable to another (Lucas et al., 2007). However, information on the studies has been woven through the discussion of the analytical themes generated in an attempt to preserve the context of the studies that formed their basis.

Themes identified included 'developing cultural awareness and competence', 'providing a global perspective on health care', 'translation of theory to practice', 'growing personally through reflection', and 'overcoming apprehension to successfully meet the challenge'. A diagrammatic representation of the process of moving from initial coding, to descriptive themes, and finally to the analytical themes presented for discussion is shown in Table 3 using the theme growing personally through reflection as an example.

Discussion

Developing Cultural Awareness and Competence

Developing cultural competence and increasing cultural awareness was seen as an important outcome by both students and educators across the seven studies, with students expressing the importance of having a global awareness. This was evidenced in the Tuckett and Crompton (2014) study, where students were able to reflect on how their experience of culture in Cambodia gave them an appreciation of global health issues that they may potentially encounter within the multicultural society back in Australia, through comments such as 'health care professionals need to have an understanding of different cultures' and '(the placement) provides them with an appreciation of global health issues' (Tuckett and Crompton, 2014, p 138). Students perceived that the experience helped them to broaden their perspective and made them more aware of a different culture within its country of origin.

The observation and emersion that students are able to experience enable them to make comparisons between cultures leading to the potential for acknowledgement and integration into professional practice. This can best be articulated through the reflection of a student completing a 2-week international placement in Tanzania: 'The similarity is that children are treasured in both cultures, as seen by the tender way the nurse comforted the child. While medical practice is manifested differently across cultures, the basic elements of love and care are the same'

(Photograph 2, Michael et al., 2012). During a placement in India (Charles et al., 2014), a similar perception led students to recognize the validity of the Indian health care system, aided by their increased understanding of the Indian culture: 'I fully understand that they believe in how they care for their patients and implement nursing practices are those of high standards looking from the outside and I too would protect these beliefs of mine and probably would not like for a foreigner dictating how nursing procedures should be structured' (Journal 8, Charles et al., 2014).

As a result of undertaking an ICP students recognized that they were also experiencing a different nursing culture than that which they had so far been familiar with. The recognition of nursing culture as distinct from ethnic culture, while recognized in multiple studies, was particularly evident in the study of a student placement in England and Northern Ireland (Grant and Mckenna, 2003). This was the only study included that focused on a placement in a developed country and with a culture that was most similar to that encountered in Australia. Despite the similarities in cultures, students were able to recognize differences on both a micro and a macro level. Micro differences commented on were those such as differences in performing nursing skills, with comments such as 'There was a lot of old-fashioned routines' and 'Haven't seen aseptic technique used during dressing changes'. While students also recognized macro differences in organizational structure and health care delivery with comments being made in relation to the hierarchy in the health care organization, such as: 'Doctors garner an abnormally large amount of, well more a sort of intimidated fear'. Such comments indicated students found the setting to be sufficiently different from the Australian health care system to warrant mention.

Providing a Global Perspective on Health Care

International clinical placements allow students to not only experience a different culture but also observe and practice within a different health care system. The ability for students to recognize the differences between Australia's health care system and that of the destination country was evident in all seven studies; however, this contrast was greater in those studies of placements undertaken in developing countries. While some students focused on the lack of resources and the large numbers of patients requiring care as a perceived barrier to 'effective' or 'Westernized' health care, others were able to recognize that providing effective health care is not about resources alone (Michael et al., 2012). The development of this understanding was evidenced by students in Dar Es Salaam (Michael et al., 2012) and in India (Charles et al., 2014), who recognized that with sound knowledge of the principles underlying good care, shortcomings in resources could be overcome. This understanding is reflected by the following student comments: 'The surgical area lacked a change room; instead workers changed into their clean scrubs in the office. The sluice room lacked hot water and was placed directly next to the theatre; however, it was clean, a bottle of methylated spirits placed prominently on the sink. It reminded me that providing health care comes from sound principles, not merely access to equipment and by using the provided space well, shortcomings can be overcome' (Michael et al., 2012); and 'although the standards and procedures are different to Australia, the knowledge (from doctors and nurses) appears to be there (example healthy eating, antenatal screening etc.). It seems to be a matter of educating the village residents on healthy living practices rather than having expensive equipment and extensive facilities' (Journal 5, Charles et al., 2014).

Translation of Theory to Practice

Undergraduate nursing programs include clinical practicum experiences throughout the degree to allow students the opportunity to consolidate their theoretical knowledge and apply it in a clinical setting. The evidence presented in these articles suggests that students believe that

Table 2
Summary of literature findings.

| Authors	Aim	Sample	International clinical placement	Research design methods	Data analysis	Research limitations	Key findings
Charles et al. (2014)	To explore the meaning of cultural immersion for a group of Australian nursing students in India.	8 students	India. Five-week cultural immersion programme	Qualitative descriptive design. Journals with guided reflective questioning and free writing.	Guided by Colaizzi (1978) Journals read several times, re-read to extract significant statements, meanings were then formulated and organized into clusters of themes.	Small and homogenous sample size. One group of students participating in one placement from one university, limit the ability to generalize beyond this sample. The reflective journals used for data collection were also part of formal assessment processes for this clinical unit, this may have impacted on the answers given by participants, as they may have been motivated to answer in a way that they felt would ensure passing the assessment. Reflective journals may not reflect truly the actions and beliefs of students while on placement.	Five themes were identified: focus on self, focus on difference, recognition of validity of different system, working within the cultural infrastructure, and application and transferability.
Grant and McKenna (2003)	To allow students to describe their learning experiences of international clinical placements, explore perceptions of the clinical environment in which they were placed, identify positive and negative aspects of participating in international placements and provide information to support decision making for future placements	9 students (3 interview only, 6 interview and journal review)	England and Northern Ireland. Four-week clinical placement	Descriptive/-exploratory approach. Used transcribed journal entries and interviews with students	Thematic content analysis	Homogenous sample group – all female with 7 of the 9 participants under 25. Sample taken from one international clinical placement from one university. Difficult to generalize findings beyond the sample.	Reasons for undertaking placement identified by nursing students included opportunity to travel, experience nursing in another country, to challenge oneself, and for a cultural experience. Core category emerging from analysis – 'nursing culture' of the placement differentiated from culture in the ethnic sense. Themes in this category included progression, difference, and 'having a go'. Findings highlighted importance of students understanding the type of environment they were entering and that there may be different approaches to nursing practice from which they are familiar.
Inglis et al. (1998)	To ascertain the changes in conceptual understanding that resulted from participation in a study abroad programme	5 students (4 students participated in all 3 interviews, 1 participated in first two interviews only)	Chiang Mai, Thailand. Four-week placement	Phenomenographic methodology. Open-ended interviews including community-based case study scenario	Qualitative coding	Small sample size generated from one international clinical placement offered by one university makes generalization difficult. The same case study was administered to the students at the three interviews.	Increased awareness of how nurses interacted with villages as communities, including respecting authority figures and importance of community assessment. Recognizing the importance of the community in organizing health clinics. Increased awareness of male dominance in Thai society.
Inglis et al. (2000)	To establish whether participation in the study abroad program to Nepal resulted in any measurable shifts in students' attitudes towards the Nepalese people.	36 students (18 who participated in placement and 18 in control group who had not participated in the placement	Kathmandu, Nepal. 8-day placement.	Exploratory. Questionnaire modeled on a tool previously used to examine knowledge and attitudes towards indigenous populations in Western Australia. Administered 6 weeks prior to departure and at the conclusion of the	Comparison of mean scores of items between control group and participant group. T-ratio used to assess for significance.	The questionnaire used to collect data was designed to examine knowledge about a different population, with questions altered to reflect the different cultural context – it is not clear how these changes may have impacted on the usefulness of the tool in this context. The questionnaire was administered twice in the sample within an 8-week period. Familiarity effect was measured using a control group and was not found to have a biasing effect. However, as the control group did not travel, it is unclear as to	Response to most of the items in the questionnaire showed no marked shift in attitudes by the group who participated in the placement. Significant shifts were detected from the participant group on items related to the working and living conditions between the two questionnaires.

Table 2 *(continued)*

Authors	Aim	Sample	International clinical placement	Research design methods	Data analysis	Research limitations	Key findings
				placement.		whether their results could be used as a comparison to the main sample.	
Michael et al. (2012)	To explore the effects of photographs on how undergraduate nursing students engage in learning according to the dimensions of cultural competence during clinical placement in a developing country	Unknown (results of 3 participants presented in the article)	Dar Es Salaam, Tanzania	Qualitative visual methodology. Photo novella, with participants submitting photographs and narrations.	Approach not specified.	Total sample size is unknown with only data from 3 participants presented in the article. Use of photography as a data collection method is open to interpretation and personal bias from participants. Study sampled participants from one clinical placement in Tanzania – difficult to generalize findings to a wider sample	Awareness of how ethnocentrism affected their ability to be culturally competent while on placement in Tanzania. Students developed insight into Tanzanian health care system including lack of resources and barriers to patient care. Personal and professional growth and development demonstrated
Reid – Searl et al. (2011)	To examine the experiences of undergraduate nursing students when undertaking a clinical placement in Thailand	8 students	Surin, Thailand. Four-week placement	Qualitative exploratory. Participants completed 3 semi-structured interviews, one prior to departure, one midway through placement, and one prior to returning home.	Utilized approach developed by Ritchie and Spencer (1994). 5 stages, familiarization with content, identifying a thematic framework, indexing themes, charting themes, and the mapping and interpretation of themes.	Small sample size with students from only one placement and one Australian university, difficult to generalize findings outside sample. Analysis of data was undertaken individually by three members of the team with findings discussed and disagreements negotiated. This process would have improved robustness of data analysis.	Themes identified: • Prior to departure – anticipation • Midway – making a difference, different worlds, part of a group • Prior to return – reality check, group dynamics.
Rolls et al. (1997)	Investigation of student concerns, expectations and perceived benefits of study abroad experiences.	5 students	Chiang Mai, Thailand	Non-experimental descriptive. Serial interviews	Approach not specified, main themes discussed	The initial interview recorded data through transcription while the remaining two interviews used tape recording in addition to transcriptions. The data obtained from the initial interview may not be as accurate a reflection of the interview as the remaining two transcripts, which may have impacted on initial data collection. The small sample size from one international placement offered by one university makes results difficult to generalize. There is no discussion of how themes were identified, data analysis is not clearly outlined and may impact on quality of results presented.	Concerns about studying in Thailand – initial concerns eased as placement progressed allowing students to focus on cultural immersion. Language seen as less of a barrier, with mutual acceptance of cultural differences more important than knowledge of culture. Expectations of program – cultural benefits acknowledged as well as personal development expectations. Experiencing the reality of AIDS pandemic in Thailand has greater impact than previous theoretical knowledge. Participating in the program was worth the cost of the placement.
Tuckett and Crompton (2014)	To report the qualitative experiences of three groups of Australian undergraduate nursing and midwifery students on undertaking an international learning experience in Cambodia	39 students (2010 n = 13, 2011 n = 15, 2012 n = 11)	Siem Reap, Cambodia. Four-week placement.	Interpretive research design. Open-ended expression of interest and questionnaire completed on day 7, 18, and 27 of the clinical placement	Qualitative content analysis.	Evaluates one placement offered by one university, which limits generalization beyond sample, however, does include multiple cohorts across 3 years. Questionnaire used to obtain qualitative data during placement – this may have impacted on the depth of qualitative data provided. Article does not outline questions asked.	Understood through two core themes • Global citizen, better citizen – broaden student's life perspective, making them aware of another country with a different culture, assisting the students in future with their career choices • Personal/professional development – both personal and professional motives for identifying and participating in this placement. Helping others and life opportunities outside the classroom main themes

251

Table 3
A diagrammatic representation of the coding process using the theme: Growing personally through reflection.
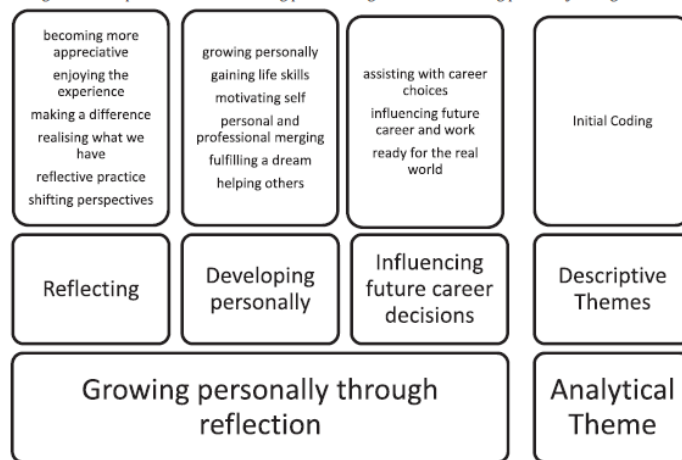
ICPs offer them the ability to make this progression. Students who attended a clinical placement in Cambodia noted that *'learning about and improving knowledge of child health, physical assessment and the scope of the role of the nurse in a 'disadvantaged community' setting was invaluable'* (Tuckett and Crompton, 2014, p 140). This sentiment was echoed by the authors of two other studies: one a Tanzanian placement where 'students recognised they could still provide care with what resources were available. As a consequence, an appreciation for their own pre-existing skills and knowledge was identified' (Michael et al., 2012, p26) and in another placement in Surin, Thailand, that 'had assisted them to gain an understanding of how culture impacts on health care beyond what could have been learned at a theoretical level' (Reid – Searl et al., 2011, p 895). Students self-reporting indicates that they feel that they learn a great deal and derive benefit from the placement, and anecdotally, one study suggested that as students progressed in their placements, they 'responded much more confidently in the second and third interviews and saw themselves as having acquired more knowledge' (Inglis et al., 1998).

While students may perceive these placements as contributing significantly to their understanding and competence, two studies suggest that these changes might not be as great as anticipated. Providing students with a case scenario presented an opportunity for Inglis et al. (1998) to determine if students were able to take their knowledge and experiences and apply them in a community-based situation. There was evidence presented in the study of students developing a greater understanding related to the cultural issues present in the society, the use of health promotion, and recruiting community-based volunteers in community-based nursing practice. However, the intellectual development seen by the authors was not as great as they had anticipated based on their prior anecdotal evidence (Inglis et al., 1998). The only quantitative study included in this review also suggests that changes in the attitudes of the students who undertook an ICP to Nepal was only modest and there was no marked shift in attitude on most items as a result of their placement when compared to a cohort of students who had not undertaken the placement (Inglis et al., 2000). Significant shifts in attitudes were seen in a few areas including those items relating to living conditions and work habits. The authors interpreted these changes in attitude as likely to have been as a consequence of students witnessing the living and social conditions in Nepal first hand while on placement.

Growing Personally Through Reflection

The importance of personal development was raised by students throughout the studies and ranged from their individual reasons for undertaking an ICP through to the outcomes of their experiences, as reflected at the conclusion of the placements. Students identified a variety of reasons for choosing to complete an ICP including personal reasons such as the opportunity to travel, to challenge themselves, and to gain experience (Grant and Mckenna, 2003; Rolls et al., 1997; Tuckett and Crompton, 2014). The desire for students to 'help others' came through strongly in the study by Tuckett and Crompton (2014, p 139) with students believing they were motivated to go beyond what they normally would to help achieve their goal of helping others. This also triggered students to reflect on their reasons for becoming a nurse and how their wish to help others was integral to this decision, with the authors reflecting that the individual growth of students who undertake the placement is an outcome alongside developing their global awareness (Tuckett and Crompton, 2014).

Consistently, the studies found students reflecting on their personal growth and how this impacted on their professional development and future career choices. The desire to work in the future for international aid organizations was mentioned by students as being a reason for participating in the placement (Tuckett and Crompton, 2014) as it provided them the opportunity to gain experience of working in a developing country. For many students, witnessing first-hand the health care systems in developing countries was a confronting experience, which ultimately led to realizations that transcended health care. These realizations were reflected by student comments across placements, with a student on a placement in Surin, Thailand, reflecting: *'We (Australia health care system) are way ahead of them with resources…but we are not way ahead of them when it comes to being in touch with humanity and treating, having a spiritual aspect of work'* (P2,Reid – Searl et al., 2011, p895); Other similar insights were evident in comments from a student on placement in Chiang Mai, Thailand: *'I thought most people in the village would have AIDS. That's not true. They are concerned about the common cold just like we are'* (Student B, Rolls et al., 1997, p155) and from

a student in India: '*A great lesson that I have learned is that healthcare has to be acceptable within a cultural boundary for all... It is of no use promoting certain lifestyles which are not acceptable – this is a great lesson to be learned regarding our own Indigenous people*' (Journal 6, Charles et al., 2014).

Overcoming Apprehension to Successfully Meet the Challenge

International clinical placements provide students with a number of challenges and barriers that must be overcome to allow them to provide holistic nursing care in culturally and linguistically diverse settings. With multiple studies interviewing students prior to departure (Reid – Searl et al., 2011; Rolls et al., 1997; Tuckett and Crompton, 2014) consistent themes emerged regarding the apprehension that students feel at this time. Personal safety, professional competence, and the ability to make a positive contribution without being a burden to the local community were discussed by students attending placement in Thailand in the study by Reid – Searl et al. (2011). Similar concerns were raised by students interviewed by Rolls et al. (1997), who were also undertaking a placement in Thailand; however, in this study, by the time of the second interview during the third week of the placement, these fears had largely been allayed. This may indicate areas that could be addressed in educational sessions and resources provided by the universities prior to the students traveling, with the Reid – Searl et al. (2011) study highlighting that students felt underprepared for the experience they were about to undertake.

Overcoming language barriers was recognized as a challenge by students prior to departure (Tuckett and Crompton, 2014; Rolls et al., 1997) and continued to be a barrier throughout the placement. Students undertaking the placement in Cambodia reflected on the difficulty communicating, and the use of interpreters, which resulted in a slow communication and difficulties in obtaining accurate information (Tuckett and Crompton, 2014). Students were required to find ways to improve communication even with the use of interpreters including 'clear concise and simple terms' and adapting pre-prepared lesson plans to 'ensure cultural sensitivity and compatibility with translation to the Khmer language'(Tuckett and Crompton, 2014, p 139). However, concerns over language barriers prior to the placement were recognized as being less of an issue than initially thought in Chiang Mai, Thailand, with students commenting, '*The language problem wasn't as bad as I thought. I'll feel a lot more relaxed if I go to another Asian country*' and '*Within a week we picked up the language that we needed to know*' (Student B and A, Rolls et al., 1997, p 154).

Comparison of Findings with International Literature

Due to the small number of articles located on ICPs for Australian nursing students, a comparison was undertaken using international literature emanating from Canada and the United Kingdom (UK) to determine if findings in this review were consistent with data from other countries with similar nursing education programs to Australia. Following the same methods as the initial search, similar numbers of relevant papers, as were found in the Australian literature, were found to meet the inclusion criteria. Seven articles from the UK and six from Canada were identified and analyzed to determine key themes that were then compared to those found in the Australian synthesis. A summary of the comparison of themes between the three countries can be found in Table 4.

The benefits for students in developing a greater global awareness through immersion in the cultural experience were consistent across all three countries. Research from the United Kingdom identified the significance of students feeling like a 'foreigner' (Greatrex-White, 2008) and the 'different one' or 'other' (Morgan, 2012), which enabled students to gain an appreciation for multicultural patients in their own country. Canadian students who completed a placement in Malawi echoed these findings with one student noting '*in relation to cultural safety I have learned the importance of education and understanding as an outsider. This is important to avoid the making of judgements*' (Student Spring, Harrowing et al., 2012, p 498). Similarly, a Canadian study (Kirkham et al., 2009) found the loss of the nursing students' own cultural context bought a vulnerability and openness to their self-reflections that was able to enhance cultural understanding and communication.

The use of reflective strategies to provide students with the opportunity to consider their experience was found to be an enabling factor for personal and professional growth in studies across all three countries. British students' abilities to reflect on the experience they were undertaking enabled them to consider how skills and knowledge could be transferred to future nursing practice (Lee, 2004). Whereas Canadian nursing students, undertaking a placement in Zambia, reflected on themselves as professionals and what was important to them (Afriyie Asenso et al., 2013). For some, this resulted in them questioning the value of the placement for the host country, with one student commenting, '*I learned a lot as a nurse, personally and spiritually and I would not change that, but leaving here I am asking myself what we really accomplished here*' (p 232).

The influence of the media prior to departure on shaping students' motivations for undertaking an ICP and their perceptions of what they could contribute to the host country was evident in the Canadian literature. It was found that images portrayed in the media may have contributed to the idea that Africa requires our help and is not capable of improving themselves (Afriyie Asenso et al., 2013). This perception, on one hand, motivated students to participate in clinical placement so they could understand why health and social inequalities occur, but on the other, contributed to their belief that there was neediness in developing countries that they felt they could help to fix (Burgess et al., 2014). While the concept of wanting to help was present in the Australian literature (Tuckett and Crompton, 2014), the influence that the media has on this desire was not investigated.

Limitations of Findings

Due to the small number of articles located on ICPs for Australian nursing students in the Asian region, the review was extended to those studies that included ICPs in Africa and Europe. Due to the significant differences in geographic, social, economic, and political development across regions, this may have affected the results of this review; however, it was believed that the added depth of data that these studies would add to the review warranted their inclusion.

The use of thematic synthesis to review qualitative research has been criticized, due to the nature of qualitative research, which does not lend itself to transferability outside its original context. An effort has been made to ensure that the original context of each study is not lost through the presentation of a detailed summary of each study, allowing the reader to determine if the context of the studies presented matches their own (Thomas and Harden, 2008).

Conclusion

This review sought to investigate the existing literature to identify how Australian nursing students and ICP stakeholders describe the benefits and challenges of their placements and how they determine the placement's success. The themes of developing cultural awareness and competence, providing a global perspective on health care and translation of theory to practice, reflected the outcomes that students believed they were able to achieve as a consequence of participating in an ICP. The benefits and challenges experienced by the nursing students were identified through the themes of growing personally through reflection and overcoming apprehension to successfully meet the challenge. These themes were supported in the literature emanating from Canada and the UK, indicating that ICP leads to similar outcomes in other countries with similar nursing education programs. However, what becomes clear

Table 4
Comparison of International Literature.

Country	Australia	Great Britain	Canada
No. of articles	8	7	6
Publication dates	1997–2014	2000–2012	2009–2014
Articles	Charles et al., 2014; Grant and McKenna, 2003; Inglis et al., 1998; Inglis et al, 2000; Michael et al., 2012; Reid – Searl et al., 2011; Rolls et al, 1997; Tuckett and Crompton, 2014	Greatrex-White, 2007, 2008; Green et al, 2008; Lee, 2004; Morgan, 2012; Scholes and Moore, 2000; Thompson et al, 2000	Aarts et al, 2010; Afriyie Asenso et al., 2013; Burgess et al, 2014; Harrowing et al., 2012 Kirkham et al, 2009; Zanchetta et al, 2013
Research design	7 Qualitative, 1 Quantitative	6 Qualitative, 1 Quantitative	6 Qualitative
Length of placements	8 days to 5 weeks	6–12 weeks * A large proportion of these studies represented 12-week placements which might reflect the funding models available to UK universities, with some European Union funding requiring a minimum of 12 weeks abroad (Goodman et al., 2008)	3–12 weeks
Sample size range	5–39 participants	10–74 participants	4–48 participants
Themes identified	• Developing cultural awareness and competence • Providing a global perspective on health care • Translation of theory to practice • Growing personally through reflection Overcoming apprehension to successfully meet the challenge	• Gaining confidence in personal and professional life • Discovering culture through being an 'other' • Overcoming language barriers to develop connections • Using reflection to question their world view • Becoming more independent	• Maintaining engagement and readjusting to life after the experience • Developing personal and professional empowerment through reflection • Learning through engagement with the local community • Motivated by the need to help Developing a global awareness through cultural immersion

when reviewing and reflecting on these themes is that each does not exist in isolation and successful ICPs, from the students' perspective, are the result of seeing growth and development across a variety of personal and professional attributes and goals.

As the majority of the current literature is focused on how students view the benefits of the placement, it is difficult to determine whether these placements actually result in enhanced student outcomes or how these benefits are maintained over time (Tuckett and Crompton, 2014). Often, the educational institutions' reasons for undertaking these placements, and the learning outcomes for students participating in these experiences, were only described in broad statements such as 'enabling students to study the delivery of health care in a developing country' (Inglis et al., 2000, p 249). The student experience is just one perspective from which to view the success of ICPs. More research needs to be undertaken to determine if those successes identified by the students are supported by the facilitators traveling with them, the educational institutions supporting these placements, the travel providers organizing these placements, and the communities in which these placements take place.

References

Aarts, C., Nordstrom, P.M., Koskinen, L., Juhansoo, T., Mitchell, M.P., Marquis, F., Chasse, F., Crtichley, K., Campbell, B., Hemingway, A., 2010. Enabling nursing students to focus on the Ottawa Charter and the nurses role in tackling inequalities in health through international exchange. Nurse Educ. Today 30, 448–452.

Afriyie Asenso, B., Reimer-Kirkham, S., Astle, B., 2013. In real time: exploring nursing students' learning during an international experience. Int. J. Nurs. Educ. Scholarsh. 10 (1), 227–236. http://dx.doi.org/10.1515/ijnes-2012.0045.

Ailinger, R.L., Molloy, S.B., Sacasa, E.R., 2009. Community health nursing student experience in Nicaragua. J. Community Health Nurs. 26, 47–53.

Bearman, M., Dawson, P., 2013. Qualitative synthesis and systematic review in health profession education. Med. Educ. 47, 252–260. http://dx.doi.org/10.1111/medu.12092.

Burgess, C.A., Reimer-Kirkham, S., Astle, B., 2014. Motivation and international clinical placements: shifting nursing students to a global citizenship perspective. Int. J. Nurs. Educ. Scholarsh. 11 (1), 1–8. http://dx.doi.org/10.1515/ijnes-2013-0056.

Charles, L., Maltby, H., Abrams, S., Shea, J., Brand, G., Nicol, P., 2014. Expanding worldview: Australian nursing students' experience of cultural immersion in India. Contemp. Nurse 48 (1), 67–75.

Colaizzi, P.F., 1978. Psychological research a phenomenologist views t. In: Vale, R.S., King, M. (Eds.), Existential phenomenological alternatives for psychology. Oxford University Press, New York, NY, pp. 48–71.

Commonwealth of Australia, 2012. Australia in the Asian Century. White Paper October 2012. Commonwealth of Australia, Canberra.

Goodman, B., Jones, R., Macias, M.S., 2008. An exploratory survey of Spanish and English nursing students' views on studying or working abroad. Nurse Educ. Today 28, 378–384. http://dx.doi.org/10.1016/j.nedt.2007.06.013.

Grant, E., McKenna, L., 2003. International clinical placements for undergraduate students. J. Clin. Nurs. 12, 259–535.

Greatrex-White, S., 2007. A way of seeing study abroad: narratives from nurse education. Learn. Health Soc. Care 6 (3), 134–144.

Greatrex-White, S., 2008. Uncovering study abroad: foreignness and its relevance to nurse education and cultural competence. Nurse Educ. Today 28, 530–538. http://dx.doi.org/10.1016/j.nedt.2007.09.005.

Green, B.F., Johansson, I., Rosser, M., Tengnah, C., Segrott, J., 2008. Studying abroad: a multiple case study of nursing students' international experiences. Nurse Educ. Today 28, 981–992. http://dx.doi.org/10.1016/j.nedt.2008.06.003.

Harrowing, J.N., Gregory, D.M., O'Sullivan, P.S., Lee, B., Doolittle, L., 2012. A critical analysis of undergraduate students' cultural immersion experiences. Int. Nurs. Rev. 59, 494–501.

Hu, J., Andreatta, S., Yu, L., Li, S., 2010. A collaborative international community health nursing: clinical experience in China. Home Health Care Manag. Pract. 22 (7), 499–506.

Inglis, A., Rolls, C., Kristy, S., 1998. The impact of participation in a study abroad programme on students' conceptual understanding of community health nursing in a developing country. J. Adv. Nurs. 28 (4), 911–917.

Inglis, A., Rolls, C., Kristy, S., 2000. The impact of attitudes towards cultural difference of participation in a health focused study abroad program. Contemp. Nurse 9, 246–255.

Jeffreys, M.R., Smodlaka, I., 1999. Changes in students' transcultural self-efficacy perceptions following an integrated approach to cultural care. J. Multicult. Nurs. Health 5 (2), 6–12.

Kirkham, S.R., Van Hofwegen, L., Pankratz, D., 2009. Keeping the vision: sustaining social consciousness with nursing students following international learning experiences. Int. J. Nurs. Educ. Scholarsh. 6 (1), 1–16.

Lee, N.J., 2004. The impact of international experience on student nurses' personal and professional development. Int. Nurs. Rev. 51, 113–122.

Lucas, P.J., Baird, J., Arai, L., Law, C., Roberts, H.M., 2007. Worked examples of alternative methods for the synthesis of qualitative and quantitative research in systematic reviews. BMC Med. Res. Methodol. 4 (4). http://dx.doi.org/10.1186/1471-2288-7-4.

Michael, R., Della, P., Banner, C., Duckworth, S., Nilson, T., 2012. The role of the photo novella in examining cultural competency in perioperative settings. ACORN 25 (1), p20–p26.

Morgan, D.A., 2012. Student nurse perceptions of risk in relation to international placements: a phenomenological research study. Nurse Educ. Today 32, 956–960. http://dx.doi.org/10.1016/j.nedt.2011.11.002.

QRS International, 2014. NVivo 10 for Windows (Computer Software). QRS International.

Reid – Searl, K., Dwyer, T., Moxham, L., Happell, B., Sander, T., 2011. Rediscovering the essence of nursing: exploring the impact of in clinical experience in Thailand for undergraduate nursing students from Australia. Nurse Educ. Today 31, 892–897.

Ritchie, J., Spencer, L., 1994. Qualitative data analysis for applied policy research. In: Bryman, A., Burgess, R.G. (Eds.), Analyzing Qualitative Data. Routledge, London, pp. 173–194.

Rolls, C., Inglis, A., Kristy, S., 1997. Study abroad programs: creating awareness of and changing attitudes to nursing, health and ways of living in other cultures. Contemp. Nurse 6 (3/4), 152–156.

Scholes, J., Moore, D., 2000. Clinical exchange: one model to achieve culturally sensitive care. Nurs. Inq. 7, 61–71.

Singh, C., Bartle, M., Hurrell, A., Slater, H., Hemingway, S., 2009. International mental health nursing student placements: reflections of planning, supporting and experiencing services 'Downunder'. Ment. Health Nurs. 29 (4), 7–12.

Thomas, J., Harden, A., 2008. Methods for the thematic synthesis of qualitative research in systematic reviews. BMC Med. Res. Methodol. 8 (45). http://dx.doi.org/10.1186/1471-2288-8-45.

Thompson, K., Boore, J., Deeny, P., 2000. A comparison of an international experience for nursing students in developed and developing countries. Int. J. Nurs. Stud. 37, 481–492.

Tuckett, A., Crompton, P., 2014. Qualitative understanding of an international learning experience: what Australian undergraduate nurses and midwives said about a Cambodian placement? Int. J. Nurs. Pract. 20, 135–141.

Zanchetta, M., Schwind, J., Aksenchuk, K., Gorospe, F.F., Santiago, L., 2013. An international internship on social development left by Canadian nursing students: empowering learning. Nurse Educ. Today 33, 757–764.

Appendix B – Online Mapping Survey

1. Educational Institution: _____

2. Do you currently offer International Clinical Placements as part of your undergraduate program?

          □ Yes   □ No

3. In which semester of their undergraduate studies can students undertake ICP? (*Tick all that apply*)

□ First   □ Second   □ Third   □ Fourth   □ Fifth   □ Sixth

□ Seventh

4. Do you offer ICP to countries in the Asian Region?

          □ Yes   □ No

4a. To which countries in the Asian region can students visit on ICP? (*Tick all that apply*)

□ Cambodia   □ China   □ India   □ Lao PDR   □ Thailand

□ Malaysia   □ Viet Nam   □ Philippines   □ Indonesia   □ Brunei

□ Myanmar   □ Singapore   □ Other: _____

5. Does your university employ a staff member who is responsible for overseeing International Clinical Placements?

        □   Yes, one staff member responsible for all placements

        □   Yes, multiple staff members responsible for placements

        □   No, placements are managed externally

Please provide individual placement details for each placement that your university offers

5. Placement A, Placement B etc...

a. Destination: _____

b. Length of Placement: _____

c. Number of Students per placement: _____

d. Year / Level of Student _____

e. Number of clinical facilitators: _____

f. Maximum Clinical Facilitator to Student Ratio: _____

g. Is the placement (*tick all that apply*)

▢ Observational   ▢ Clinical   ▢ Cultural immersion

▢ Hospital Based   ▢ Community Based   ▢ Health Promotion Focused

▢ Metropolitan   ▢ Rural   ▢ Other: _____

h. Do students receive credit towards their undergraduate program for completing this placement?
_____

i. How do you organise and coordinate the clinical placement:

      ▢ Through a partner organisation – for example educational travel company. Please provide
          details _____

      ▢ Through a relationship with an in country partner – such as a university or hospital. Please
          provide details_____

      ▢Other: _____

j. Please outline the aims and objectives of this placement

_____
_____
_____

k. Please outline the expected learning outcomes of this placement

_____
_____
_____

l. How are students assessed as to have met the learning outcomes for this placement?

_____
_____
_____
_____

m. Is there any other information you would like to include about this placement?

_____
_____
_____
_____

257

6. Are students required to apply for a position on an ICP?

        ☐ Yes   ☐ No

6a. Please provide details of your selection process for students wishing to undertake ICP?

_____
_____
_____
_____

7. Does your educational institution debrief with students upon their return to Australia?

        ☐ Yes   ☐ No

7a. If Yes, What format does this debrief take?

_____
_____
_____
_____
_____

As part of this study, the researcher will be conducting interviews to help understand how participants in International Clinical Placements attribute value and meaning to successful placements. If you would be interested in being contacted to participate in a 40-60 minute interview with the researcher either by phone or in person please enter your contact details below.

Name: _____

Role in ICP: _____

Email: _____

Appendix C – Email Invite to Participate in Online Mapping Survey

Dear

I am completing a research study that aims to enhance the understanding of successful international clinical placement, with a particular focus on short term international clinical placements (ICP) for Australian nursing students in Asia. This study is part of my PhD in nursing, supervised by Associate Professor Catherine Fetherston and Dr. Kristina Medigovich at Murdoch University

The aim of this project is to provide an understanding of how the participants and organisers of International Clinical Placements (key stakeholders) determine whether a placement has been successful. To fully achieve and provide a solid foundation for this aim, a knowledge base will be established regarding current ICP practices in Australia. This will be achieved by determining how and why ICP are conducted in undergraduate nursing programs by Australian education providers within the context of ICP in the Asian region. As a key stakeholder in this process we would very much value your assistance in this research.

This would involve completing an online survey, which should take approximately 20 minutes to complete, using the link provided below. The survey will ask you to provide anonymous information about your institutions current international clinical placements. All data is collated and care will be taken that there is no information included in the final summary that could potentially identify any institution.

Please follow this link to complete the survey: Insert Link

For more information on this project please review the attached information sheet. If you have any further questions please do not hesitate to contact the researcher – Caroline Browne (Phone (08) 9582 5556 or email c.browne@murdoch.edu.au). I would appreciate your assistance with forwarding this email to any staff that may be able to assist with this project.

Thank you for your assistance with this research project.

Sincerely

Caroline Browne

Appendix D – Semi-structured Interview Guide

1. Background	
This topic will ask questions about the type of placement that stakeholders were involved in, their motivation for becoming part of the ICP, the relationship with partner organisations involved in the ICP and other related background information so that the researcher can understand more fully the placement they were involved in.	
Facilitator /Program Administrator	Please tell me about your involvement in ICP
Student	What was your motivation for becoming involved in ICP
Student/Facilitator/University	Please tell me about the community in which the placement took place
University/Program Administrator	How has the relationship with the community evolved over the placement/time
2. Experiences whilst on ICP	
This topic will explore the individual experiences once on ICP, including initial impressions, different relationships formed whilst on ICP, any experiences whilst on placement that resonated with the individual. This will allow the researcher to more fully understand the individuals' experiences whilst on placement.	
Student/Facilitator	What were your initial impressions whilst on ICP
Student/Facilitator	How did your initial impression change over the course of the placement?
Community/Program Administrators	How do you view the relationships established with the university groups during the ICP?
3. Expected Outcomes / Experiences	
This topic will look at not only what the stakeholders were expecting to achieve or experience whilst on placement prior to undertaking the ICP. This topic will allow the researcher to more fully understand what the expectations of the individual were prior to the placement and how they came to these expectations.	
Student	What were you expecting to achieve whilst on ICP
Facilitator	Were your expectations of the placement realistic based on the information you had
Student	How did you feel participation in the placement might benefit you professionally/academically
Student/Facilitator/Program Administrator/Community	How would you describe a successful ICP experience
4. Actual Outcomes / Experiences	
This topic is about exploring how the individuals predetermined expectations were met or not met whilst on placement. It will allow the researcher to better understand how the individual measured the success of the placement.	
University	In what ways did actual experience of ICP meet your expectations
Facilitator/Students	What aspects did you find the most rewarding? Most challenging?
Community	What have you valued most about the placement?
5.Improvements	
This topic allows the individual to reflect on how the placement could have better met their expectations or how future placements can be organised to ensure they are successful.	
University/Program Administrators	What do you believe can be done to ensure an ICP is successful?

Community/Student	Is there anything you would change or improve about your ICP experience?

Appendix E – Interview Script for Translator

Understanding successful short term international clinical placements for Australian nursing students in Asia – a case study

Dear

We invite you to participate in a research study that aims to increase the understanding of successful international clinical placement, looking at short term international clinical placements for Australian nursing students in Asia. This study is part of my PhD in nursing, supervised by Associate Professor Catherine Fetherston and Dr. Kristina Medigovich at Murdoch University

Nature and Purpose of the Study

Australian universities allow small numbers of nursing students to experience living and practising in a different country by going on an international clinical placement. These placements provide students with the opportunity to learn about other communities. This then assists them in their future nursing careers to care for patients who come from different countries or to travel to nurse in other countries. The Australian community is now made up of people from many countries and nursing students can expect to care for people from a number of different backgrounds.

The aim of this study is to learn more about what makes international nursing clinical placements successful for everyone involved by speaking with a number of people who have participated in a placement. The study hopes to understand how the education providers, the students and the communities who host ICP view successful placements. After speaking with different participants, the study will create a framework that will assist educational providers to ensure the ICP that they offer is successful for everyone. This will help to ensure that these placements are able to continue for many years. As you have had students visit your community, we would like you to participate in this study.

If you consent to take part in this research study, it is important that you understand the purpose of the study and what you will be asked to do. If you have any questions please ask me ,and ensure that you are happy with the answers before you agree to participate.

What the Study will involve:
If you decide to participate in this study, you will be asked to do the following:

- Have an interview with the researcher. The interview will take about one hour. This interview will ask about your experiences with having students in your community. You may choose to complete the interview via phone or in person at a location that you are happy with. You will be asked if you consent to the interview being audio taped. The interview will then be copied to paper. You will then be asked to if you would like to look at or listen to a copy of the interview, to ensure that you are happy with the information that you have provided. You may comment or change your answers if you are not happy. The tape will then be destroyed.

Voluntary Participation and Withdrawal from the Study
Your participation in this study is entirely voluntary. You may leave at any time, or may choose to not answer a question without any problem. If you choose to leave the study, all information you have provided will be destroyed.

Privacy

Your privacy is very important. Your participation in this study and any information will be treated in a confidential manner. All information is treated as confidential and no names or other details that might identify you will be used in any material produced from the research. At the start of the interview you will be asked to create a name. This name will be used throughout the interview and when talking about the information you have provided in any future material.

Benefits of the Study

While there is no guarantee that you will personally benefit, the knowledge gained from your participation may help others in the future. At the completion of this research project the framework created will assist to inform universities that offer nursing programs in Australia. It is hoped that by talking to many people involved in these experiences, it will help to ensure everyone benefits and that these placements continue for many years.

Possible Risks

There are no specific risks with you participating in this study. However, if you find that you are becoming uncomfortable about events you are talking about during the interview or afterwards, you should speak to the researcher or someone you feel comfortable with about these feelings.

If you have any questions about this project please feel free to contact myself, Caroline Browne on c.browne@murdoch.edu.au or my supervisor Catherine Fetherston on c.fetherston@murdoch.edu.au. My supervisor and I are happy to contact you to talk about any concerns you may have about this study.

Once we have gathered the information from this study we will provide a summary of our findings on the Murdoch School of Health Professions website. You or your village leader can also request to receive a translated copy of the findings via mail or email.

If you are willing to participate in an interview, please complete the consent form.

Thank you for your assistance with this research project.

Sincerely

Caroline Browne
RN, BSc (Nursing), MIntlHlth

Appendix F – Interview Information Sheet (Khmer Translation)

ការយល់ដឹងពីកន្លែងការងារខាងគ្លីនិកអន្តរជាតិរយៈពេលខ្លីដែលប្រុករបេាយ

ដោតជ័យ សំរាប់និស្សិតគិលានុប្បដ្ឋាកអ្ស្រ្តាលីនៅតំបន់អាស៊ី – ការសិក្សាឿងគ្លីមួយ

ដោយសេចគ្លីស្រឡាញ់រាប់អាន

យើងសូមអញ្ជើញលោកអ្នកឲ្យចូលរួមនៅក្នុងការសិក្សាស្រាវជ្រាវមួយដែលមានគោលបំណងដើម្បីបង្កើតការយល់ដឹងពីកន្លែងការងារខាង គ្លីនិកអន្តរជាតិដែលទទួលបានដោតជ័យ ដោយសម្លឹងមើលទៅលើកន្លែងការងារខាងគ្លីនិកអន្តរជាតិនៃនិកមន្ត្តរជាតិ រយៈពេលខ្លី សំរាប់និស្សិតគិលានុប្បដ្ឋាកអ្ស្រ្តាលីនៅតំបន់អាស៊ី ។ ការសិក្សានេះគឺជាផ្នែកមួយនៃការសិក្សាថ្នាក់បណ្ឌិតនៅក្នុងផ្នែកគិលានុប្បដ្ឋាករបស់ខ្ញុំ ដែលលនានត្រូតពិនិត្យដោយសាស្ត្តចារ្យ Catherine Fetherston និងលោកអនុបណ្ឌិត Kristina Medigovich នៅសាកលវិទ្យាល័យ Murdoch។

ចរិកលក្ខណៈនិងគោលបំណងនៃការសិក្សា

បណ្ឌាកាលវិទ្យាល័យអ្ស្រ្តាលីនានាបានអនុញ្ញាតឲ្យ និស្សិតខាងគិលានុប្បដ្ឋាកមួយចំនួនតូច ដើម្បីទទួលបាននូវបទពិសោធន៍នៅក្នុង ការសំនៅ និងការអនុវត្តការស្វែងនៅក្នុងប្រទេសផ្សេងគ្នា ដោយបន្ថែកកន្លែងការងារខាងគ្លីនិចអន្តរជាតិ។ កន្លែងការងារទាំងនេះ ផ្តល់ឯកាសឲ្យនិស្សិតដើម្បីឿនសូត្រអំពីសហគមន៍ផ្សេងៗ។បន្ថាប់មកការនេះបានជួយយកគេនៅក្នុងអាជីពការងារខាង គ្លីនិចនៅក្នុង ពេលអនាគតដើម្បីថែទាំអ្នកជំងឺនានាដែលមកពីបណ្ណាប្រទេសផ្សេងគ្នា ឫ ដើម្បីធ្វើដំណើរទៅធ្វើជាគិលានុប្បដ្ឋាយិកានៅក្នុងប្រទេស ដទៃទៀត។ ពង្ពុរនេះសហគមន៍អ្ស្រ្តាលី ត្រូវបានបង្កើតឡើងដោយមនុស្សមកពីប្រទេសជាច្រើន ហើយនិស្សិតខាងគិលានុប្បដ្ឋា អាចរំពឹងថានឹងថែទាំមនុស្សមួយចំនួនដែលមកពីប្រវត្តិខុសៗ គ្នា ។

គោលបំណងនៃការសិក្សានេះគឺដើម្បីស្វែងយល់បន្ថែមអំពីអ្វីដែលធ្វើឲ្យកន្លែងការងារខាងគិលានុប្បដ្ឋាអន្តរជាតិ ទទួលបានដោតជ័យសម្រាប់និស្សិតគ្រប់រូបដែលមាន�ចាប់ពាក់ព័ន្ធដោយការនិយាយជាមួយមនុស្សមួយយថ្នូនដែលបានចូលរួម នៅក្នុងកន្លែងការងារ ។ ការសិក្សានេះសង្ឃឹមថានឹងយល់ដឹងអំពីរបៀបដែលបណ្ណាអ្នក ផ្តល់សេវាបរ់ បណ្ឌានិស្សិត និង សហគមន៍នានា ដែលទទួលធ្វើជាម្ចាស់ផ្ទះ ICP ដោយចាត់ទុកថាជាកន្លែងការងារទ្ឋលបានដោតជ័យ។ បន្ថាប់ពីការនិយាយជាមួយអ្នកចូលរួមផ្សេងគ្នាមក ការសិក្សានេះនឹងបង្កើតគម្រោងមួយដែលនឹងជួយអ្នកផ្តល់ការអប់រំនានាដើម្បីធ្វើនា ICP ថាពួកគេលអោយគីបានទ្ឋលដោតជ័យ សម្រាប់គ្រប់គ្នា។ ការនេះនឹងជួយដើម្បីធ្វើនាថាកន្លែងការងារទាំងនេះអាចបន្តជាច្រើនឆ្នាំទៅទៀត។ ដោយលោកអ្នកបានមាននិស្សិតនានា មកទស្សនាសហគមន៍របស់លោកអ្នក ដូច្នេះ យើងចង់ឲ្យលោកអ្នកចូលរួមនៅក្នុងការសិក្សានេះ។

ប្រសិនបើលោកអ្នកបានយល់ព្រមដើម្បីចូលរួមនៅក្នុងការសិក្សាស្រាវជ្រាវនេះរវាការសំខាន់ដែលលោកអ្នកត្រូវយល់ពី គោលបំណងនៃការសិក្សានេះ និងពីអ្វីដែលអ្នកនឹងត្រូវបានស្នើរសុំដើម្បីធ្វើ។ ប្រសិនបើលោកអ្នកមានសំណួរណាមួយ សូមសួរខ្លួ ហើយត្រូវជានាថា លោកអ្នក សប្បាយរីករាយជាមួយនឹងចម្លើយទៅនឹងពាយនៅមុនពេលលោកអ្នកយល់ព្រមដើម្បីចូលរួម។

តើការសិក្សានេះនឹងមានជាប់ពាក់ព័ន្ធអ្វី:
ប្រសិនបើលោកអ្នកសម្រេចចិត្តដើម្បីចូលរួមនៅក្នុងការសិក្សានេះ លោកអ្នកនឹងត្រូវបានស្នើឲ្យធ្វើខូចខាងក្រោម:

- មានបទសម្ភាសន៍ជាមួយអ្នកស្រាវជ្រាវ។កិច្ចសម្ភាសន៍នឹងចំណាយពេលប្រហែលមួយម៉ោង។ កិច្ចសម្ភាសនេះនឹងសួរអំពី បទពិសោធន៍របស់លោកអ្នកដែលមាននិស្សិតនៅក្នុងសហគមន៍របស់លោកអ្នក។ លោកអ្នកអាចជ្រើសដើម្បីបំពេញកិច្ចសម្ភាសន៍តាមទូរស័ព្� ឫ ដោយផ្ទាល់នៅឯទីកន្លែងមួយដែលលោកអ្នក រីករាយនឹងធ្វើសម្ភាសន៍ជាមួយ។ លោកអ្នកនឹងត្រូវបានសួរប្រសិនបើលោកអ្នកយល់ព្រមចំពោះកិច្ចសម្ភាសន៍ដែលត្រូវ បានថតជាអូឌ្យ៉ូ។បន្ថាប់មកកិច្ចសម្ភាសន៍នឹងត្រូវបានចម្លងទៅក្នុងក្រដាស។

បើសិនជាលោកអ្នកមានបំណងដើម្បីចូលរួមនៅក្នុងកិច្ចសម្ភាសន៍ សូមបំពេញសំណុំបែបបទការយល់ព្រមនេះ។

សូមអរគុណ ចំពោះការជួយរបស់លោកអ្នកជាមួយនឹងគម្រោងស្រាវជ្រាវនេះ។

ដោយស្មោះសេចក្ដីស្មោះស្ម័គ្រ

Caroline Browne
RN, BSc (Nursing), MIntlHlth

ការសិក្សានេះត្រូវបានអនុម័តដោយ គណៈកម្មាធិការសុជីវធម៌ការស្រាវជ្រាវមនុស្សរបស់សាកលវិទ្យាល័យ Murdoch (ការអនុម័ត xxxx/xxx)។ ប្រសិនបើលោកអ្នកមានការរអ៊ូរទាំ ឬការរំខានមួយអំពីក្រមសុជីវធម៌នៃការស្រាវជ្រាវនេះ ហើយប្រាថ្នាចង់និយាយទៅកាន់មនុស្សឯករាជ្យម្នាក់ នោះលោកអ្នកអាចទាក់ទងការិយាល័យសុជីវធម៌ក្នុងការស្រាវជ្រាវ របស់សាកលវិទ្យាល័យ Murdoch (ទូរស័ព្ទ 08 9360 6677 (សំរាប់ការសិក្សានៅឯនានៅបរទេស +61 8 9360 6677) ឬតាមអ៊ីម៉ែល ethics@murdoch.edu.au)។ បណ្ដាណាមួយដែលលោកអ្នកលើកឡើងនឹងត្រូវបានចាត់ការជាការសម្ងាត់ ហើយនឹងត្រូវបានស៊ើបអង្កេតដោយពេញលេញ ហើយនឹងត្រូវបានជូនដំណឹងពីលទ្ធផល។

Appendix G – Interview Information Sheet (Thai Example)

เรียน

เราขอเชิญคุณร่วมการศึกษาวิจัยที่มีจุดประสงค์เพื่อเพิ่มความเข้าใจของการฝึกงานทางคลินิกในต่างประเทศที่ประสบความสำเร็จ
โดยดูที่การฝึกงานทางคลินิกในต่างประเทศสำหรับนักศึกษาพยาบาลชาวออสเตรเลียในเอเชีย   การศึกษาวิจัยนี้เป็นส่วนหนึ่งของปริญญาเอกด้านการพยาบาลของดิฉัน
ภายใต้การดูแลของรองศาสตราจารย์แคทเธอรีน เฟรเทอร์สตัน และดร. คริสตินา เมลิโกวิช ที่มหาวิทยาลัยเมอร์ด็อก

ลักษณะและวัตถุประสงค์ของการศึกษา

มหาวิทยาลัยในออสเตรเลียอนุญาตให้นักเรียนพยาบาลจำนวนน้อยได้สัมผัสกับการใช้ชีวิตและทำงานในประเทศอื่นโดยการฝึกงานในต่างประเทศ
การฝึกงานเช่นนี้ให้โอกาสนักศึกษาในการเรียนรู้เกี่ยวกับชุมชนอื่นๆ   ซึ่งจะช่วยพวกเขาในอาชีพการพยาบาลในอนาคตในการดูแลผู้ป่วยที่มาจากประเทศต่างๆ
หรือในการเดินทางไปให้การพยาบาลในประเทศอื่นๆ
ชุมชนในประเทศออสเตรเลียขณะนี้ประกอบไปด้วยผู้คนจากหลายประเทศและนักศึกษาพยาบาลสามารถคาดหวังในการให้การดูแลผู้คนที่มีพื้นเพแตกต่างกัน

จุดมุ่งหมายของการศึกษาครั้งนี้คือการเรียนรู้เพิ่มเติมเกี่ยวกับสิ่งที่ทำให้การฝึกงานพยาบาลในต่างประเทศประสบความสำเร็จสำหรับทุกคนที่เกี่ยวข้อง
โดยการพูดกับผู้คนจำนวนมากที่ได้มีส่วนร่วมในการฝึกงาน   การศึกษานี้คาดหวังในการทำความเข้าใจความคิดเห็นของสถานศึกษา
นักเรียนและชุมชนที่รับเป็นเจ้าบ้านสำหรับ   ICP   เกี่ยวกับการฝึกงานที่ประสบความสำเร็จ   หลังจากการพูดคุยกับผู้ร่วมศึกษาต่างๆ   แล้ว
การศึกษานี้จะสร้างกรอบการทำงานที่จะช่วยให้สถานศึกษามั่นใจว่า   ICP   ที่สถานศึกษามีให้   จะเป็นที่ประสบความสำเร็จสำหรับทุกคน
ซึ่งจะช่วยให้แน่ใจว่าการฝึกงานแบบนี้สามารถที่จะดำเนินการต่อไปเป็นเวลาหลายปี   ==เนื่องจากว่าคุณได้เคยรับนักเรียนมาเยี่ยมชมชุมชนของคุณ==
เราอยากให้คุณมีส่วนร่วมในการศึกษาครั้งนี้
หากคุณยินยอมที่จะมีส่วนร่วมในการศึกษาวิจัยครั้งนี้   สิ่งสำคัญคือคุณต้องเข้าใจวัตถุประสงค์ของการศึกษาและสิ่งที่จะขอให้คุณทำ   หากคุณมีคำถามใดๆ
โปรดถามดิฉันและจงแน่ใจว่าคุณพึงพอใจกับคำตอบก่อนที่คุณจะตกลงมีส่วนร่วมในการศึกษา

การศึกษาจะรวมถึง:
หากคุณตัดสินใจที่จะมีส่วนร่วมในการศึกษาครั้งนี้ คุณจะถูกขอให้ทำต่อไปนี้:

- ให้สัมภาษณ์กับนักวิจัย   การสัมภาษณ์จะใช้เวลาประมาณหนึ่งชั่วโมง
การสัมภาษณ์นี้จะถามคำถามเกี่ยวกับประสบการณ์ของคุณในการมีนักศึกษาในชุมชนของคุณ
คุณอาจเลือกทำการสัมภาษณ์ผ่านทางโทรศัพท์หรือในสถานที่ที่คุณพึงพอใจ   คุณจะถูกถามว่าคุณยินยอมที่จะให้มีการบันทึกเสียงการสัมภาษณ์หรือไม่
จากนั้นสัมภาษณ์จะถูกคัดลอกเป็นตัวอักษร
จากนั้นคุณจะถูกถามว่าต้องการที่จะอ่านหรือฟังการสัมภาษณ์เพื่อให้แน่ใจว่าคุณพอใจกับข้อมูลที่คุณได้ให้ไว้หรือไม่
คุณอาจจะแสดงความคิดเห็นหรือเปลี่ยนคำตอบของคุณถ้าคุณไม่พอใจและเทปนั้นจะถูกทำลายไป

การมีส่วนร่วมและถอนตัวโดยสมัครใจจากการศึกษา
การมีส่วนร่วมในการศึกษาครั้งนี้เป็นไปตามความสมัครใจอย่างสิ้นเชิง   คุณอาจถอนตัวในเวลาใดก็ได้
หรืออาจเลือกที่จะไม่ตอบคำถามใดคำถามหนึ่ง โดยที่ไม่เกิดปัญหาใดๆ หากคุณเลือกที่จะออกจากการศึกษา ข้อมูลทั้งหมดที่คุณได้ให้ไว้จะถูกทำลาย

269

ความเป็นส่วนตัว

ความเป็นส่วนตัวของคุณเป็นสิ่งสำคัญมาก การมีส่วนร่วมในการศึกษาครั้งนี้และข้อมูลใดๆ จะมีการจัดการในลักษณะที่เก็บเป็นความลับ ข้อมูลทั้งหมดจะถือว่าเป็นความลับและจะไม่มีการใช้ชื่อหรือรายละเอียดอื่นๆ ที่อาจจะระบุตัวคุณในการผลิตเนื้อหาใดๆ จากการวิจัย เมื่อเริ่มการสัมภาษณ์คุณจะถูกถามให้สร้างชื่อ ชื่อนี้จะถูกนำมาใช้ตลอดการสัมภาษณ์และเมื่อพูดคุยเกี่ยวกับข้อมูลที่คุณได้ให้ไว้ในเนื้อหาใดๆ ในอนาคต

ผลประโยชน์จากการศึกษา

ในขณะที่ไม่มีการรับประกันว่าคุณเองจะได้รับประโยชน์เป็นการส่วนตัว แต่ความรู้ที่ได้จากการเข้าร่วมของคุณอาจช่วยคนอื่นๆ ในอนาคตได้ เมื่อจบสิ้นโครงการวิจัยครั้งนี้แล้ว จะมีการสร้างกรอบการทำงานที่จะช่วยให้ข้อมูลแก่มหาวิทยาลัยที่มีโปรแกรมการพยาบาลในประเทศออสเตรเลีย เราหวังว่าการพูดคุยกับหลายๆ คนที่มีส่วนร่วมในประสบการณ์เหล่านี้จะช่วยให้เกิดประโยชน์กับทุกคนและการฝึกงานเช่นนี้ยังคงเกิดขึ้นต่อไปเป็นเวลาอีกหลายปี

ความเสี่ยงที่อาจเกิดขึ้นได้

ไม่มีความเสี่ยงที่เฉพาะเจาะจงต่อตัวคุณในการมีส่วนร่วมในการศึกษาครั้งนี้

แต่ถ้าคุณพบว่าคุณเริ่มไม่สบายใจเกี่ยวกับเหตุการณ์ที่คุณกำลังพูดถึงในระหว่างการสัมภาษณ์หรือหลังจบการสัมภาษณ์ คุณควรพูดคุยกับนักวิจัยหรือคนที่คุณรู้สึกสบายใจที่จะพูดคุยด้วยเกี่ยวกับความรู้สึกเหล่านี้

หากคุณมีคำถามใดๆ เกี่ยวกับโครงการนี้โปรดอย่าลังเลที่จะติดต่อ (ชื่อของผู้ติดต่อในท้องถิ่น ...), ตัวดิฉันเอง แคโรไลน์ บราวน์ ที่ c.browne@murdoch.edu.au หรืออาจารย์ผู้ดูแลของดิฉัน แคทเธอรีน เฟธเทอร์สตัน ที่ c.fetherston@murdoch.edu.au อาจารย์ผู้ดูแลของดิฉันและดิฉันยินดีที่จะติดต่อคุณและพูดคุยเกี่ยวกับความกังวลใดๆ ที่คุณอาจมีเกี่ยวกับการศึกษาครั้งนี้

เมื่อเราได้รวบรวมข้อมูลที่ได้จากการศึกษาครั้งนี้ เราจะสรุปผลการศึกษาบนเว็บไซต์โรงเรียนวิชาชีพสาธารณสุขของมหาวิทยาลัยเมอร์ด็อก คุณหรือผู้ใหญ่บ้านของคุณสามารถขอรับสำเนาแปลของผลการศึกษาทางไปรษณีย์หรืออีเมลได้เช่นกัน

หากคุณมีความยินดีที่จะมีส่วนร่วมในการสัมภาษณ์ โปรดกรอกแบบฟอร์มการให้ความยินยอม

ขอขอบคุณสำหรับความช่วยเหลือเกี่ยวกับโครงการวิจัยนี้ของคุณ

ขอแสดงความนับถือ

แคโรไลน์ บราวน์

RN, BSc (Nursing), MIntlHlth

การศึกษาครั้งนี้ได้รับการอนุมัติจาก Murdoch University Human Research Ethics Committee (Approval xxxx/xxx) หากคุณมีข้อข้องใจหรือข้อร้องเรียนเกี่ยวกับจริยธรรมของการวิจัยนี้และต้องการที่จะพูดคุยกับบุคคลที่เป็นอิสระ คุณสามารถติดต่อสำนักงานจริยธรรมการวิจัยของมหาวิทยาลัยเมอร์ด็อก (โทร. 08 9360 6677 (สำหรับการศึกษาวิจัยในต่างประเทศ +61 8 9360 6677) หรืออีเมล ethics@murdoch.edu.au) ปัญหาใดๆ ที่คุณกล่าวถึงจะได้รับการรักษาเป็นความลับและการตรวจสอบอย่างเต็มที่และคุณจะได้รับการแจ้งทราบผล

Appendix H – Ethics Approval

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www.murdoch.edu.au

Friday, 01 August 2014

A/Prof Catherine Fetherston
School of Health Professions
Murdoch University

Dear Catherine,

Project No. 2014/055
Project Title Understanding successful short term international clinical placements for Australian nursing students in Asia - a case study

Thank you for addressing the conditions placed on the above application to the Murdoch University Human Research Ethics Committee. On behalf of the Committee, I am pleased to advise the application now has:

OUTRIGHT APPROVAL

Approval is granted on the understanding that research will be conducted according the standards of the **National Statement on Ethical Conduct in Human Research (2007)**, the **Australian Code for the Responsible Conduct of Research (2007)** and **Murdoch University policies** at all times. You must also abide by the **Human Research Ethics Committee's standard conditions of approval (see attached)**. All reporting forms are available on the Research Ethics and Integrity web-site.

I wish you every success for your research.

Please quote your ethics project number in all correspondence.

Kind Regards,

Dr. Erich von Dietze
Manager
Research Ethics and Integrity

cc: Dr Kristina Medigovich and Caroline Browne

Appendix I – Information Letter Stakeholder Interviews

Dear Colleague

We invite you to participate in a research study that aims to enhance the understanding of successful international clinical placement, with a particular focus on short term international clinical placements for Australian nursing students in Asia. This study is part of my PhD in nursing, supervised by Associate Professor Catherine Fetherston and Professor Anne Williams at Murdoch University

Nature and Purpose of the Study

International clinical placements (ICP) allow small numbers of nursing students to experience living and practising within a different culture. These placements provide students with the opportunity to learn about other cultures which will assist them in their future nursing careers to care for patients from different countries and cultures. The Australian community is now made up of people from many countries and nursing students can expect to care for people from a number of different backgrounds.

The aim of this study is to learn more about what makes international clinical placements successful by speaking with a number of people who have participated in a placement. The study hopes to understand how the education providers, the students and the communities who host ICP view successful placements. After speaking with numerous participants, the study will create a framework which will assist educational providers to ensure the ICP that they offer are successful for everyone involved. This will help to ensure that these placements are sustainable in the long term. As a previous participant in an ICP experience, your participation in this study would be valued.

If you consent to take part in this research study, it is important that you understand the purpose of the study and what your participation involves. Please make sure that you ask any questions you may have, and that all your questions have been answered to your satisfaction before you agree to participate.

What the Study will involve:
If you decide to participate in this study, you will be asked to undertake the following tasks

- Volunteer for an interview with the researcher. It is hoped that the interview will take about one hour. This interview will ask about your experiences on ICP, you may choose to complete the interview via phone or in person at a location that you are happy with.
- You will be asked if you consent to the interview being audio taped. The interview will then be transcribed and you will be asked to review it. The tape will then be destroyed.
- You will be asked to review a copy of the interview to ensure that you are happy with the information that you have provided. You may comment or amend your answer if you are not happy.

Voluntary Participation and Withdrawal from the Study
Your participation in this study is entirely voluntary. You may withdraw at any time without discrimination or prejudice. All information is treated as confidential and no names or other details that might identify you will be used in any publication arising from the research. If you withdraw, all information you have provided will be destroyed.

Privacy

Your privacy is very important. Your participation in this study and any information will be treated in a confidential manner. Your name and identifying details will not be used in any publication arising out of the research. At the commencement of the interview you will be asked to create a pseudonym, which will be used throughout the interview and subsequent data analysis.

Benefits of the Study

While there is no guarantee that you will personally benefit, the knowledge gained from your participation may help others in the future. At the completion of this research project the framework created will assist to inform tertiary education institutions that offer undergraduate nursing programs in Australia. Through the provision of a foundation on which to develop and evaluate the success of current ICP programs, it is hoped that a framework that encompasses multiple perspectives on successful ICP experiences will assist to ensure sustainable and mutually beneficial experiences for all those involved.

Possible Risks

There are no specific risks anticipated with participation in this study. However, if you find that you are becoming distressed or uncomfortable about events you are recalling during the interview or in the subsequent period, you will be assisted by the researcher to seek support from established support networks such as your general practitioner or counseling services in your local area.

If you have any questions about this project please feel free to contact either myself, Caroline Browne on (08) 9582 5556 or my supervisor, Assoc/Prof. Catherine Fetherston on (08) 9582 5516. My supervisor and I are happy to discuss with you any concerns you may have about this study.

Once we have analysed the information from this study we will provide a summary of our findings on the Murdoch School of Health Professions website. You can also request to receive a copy of the findings via email.

If you are willing to participate in the interview component of this study, please complete the consent form.

Thank you for your assistance with this research project.

Sincerely

Caroline Browne
RN, BSc (Nursing), MIntlHlth

This study has been approved by the Murdoch University Human Research Ethics Committee (Approval 2014/055). If you have any reservation or complaint about the ethical conduct of this research, and wish to talk with an independent person, you may contact Murdoch University's Research Ethics Office (Tel. 08 9360 6677 (for overseas studies, +61 8 9360 6677) or e-mail ethics@murdoch.edu.au). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix J – Consent Form Stakeholder Interviews

Participant Consent Form

For the Study

Understanding successful international clinical placements - a case study of short-term international clinical placements for Australian nursing students in Asia.

I have read the participant information sheet, which explains the nature of the research and the possible risks. The information has been explained to me and all my questions have been satisfactorily answered. I have been given a copy of the information sheet to keep.

I am happy to be interviewed and for the interview to be audio recorded as part of this research. I understand that I do not have to answer particular questions if I do not want to and that I can withdraw at any time without needing to give a reason and without consequences to myself.

I agree that research data from the results of the study may be published, however any information that may identify me will not be included. I will be asked to create a pseudonym at the start of my interview, which will be used throughout the interview and subsequent data analysis. I have also been informed that I may not receive any direct benefits from participating in this study.

I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.

I would like to receive information regarding the results and outcome of this study via email

       Yes ☐   No ☐   (please tick)

Email Address: _____

Participant's name: _____

Signature of Participant: _____   Date: ….…/….…/….….

I confirm that I have provided the Information Letter concerning this study to the above participant; I have explained the study and have answered all questions asked of me.

Signature of researcher: _____   Date: ….…/….…/….….

274

Appendix K – Published Article Online Survey

How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure, aims and objectives of placements

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ABSTRACT

Background: International clinical placements provide undergraduate students with a unique and complex clinical learning environment, to explore cultural awareness, experience different health care settings and achieve clinical competencies. Higher education institutions need to consider how to structure these placements to ensure appropriate and achievable aims and learning outcomes.

Objectives: In this study we described the structure, aims and learning outcomes associated with international clinical placement opportunities currently undertaken by Australian undergraduate nursing students in the Asia region.

Participants: Forty eight percent (n = 18) of the institutions invited responded. Eight institutions met the inclusion criteria, one of which offered three placements in the region, resulting in 10 international placements for which data were provided.

Methods: An online survey tool was used to collect data during August and September 2015 on international clinical placements conducted by the participating universities. Descriptive data on type and numbers of placements is presented, along with results from the content analysis conducted to explore data from open ended questions on learning aims and outcomes.

Results: One hundred students undertook 10 International Clinical Placements offered in the Asian region by eight universities. Variations across placements were found in the length of placement, the number of students participating, facilitator to student ratios and assessment techniques used. Five categories related to the aims of the programs were identified: 'becoming culturally aware through immersion', 'working with the community to promote health', 'understanding the role of nursing within the health care setting', 'translating theory into professional clinical practice', and 'developing relationships in international learning environments'. Four categories related to learning outcomes were identified: 'understanding healthcare and determinants of health', 'managing challenges', 'understanding the role of culture within healthcare' and 'demonstrating professional knowledge, skills and behaviour'.

Conclusions: International clinical placements in the Asia region appear to vary greatly from one education institution to the next with no clear consensus from either this study's findings or the literature on which structure, support and assessments lead to greater student learning.

1. Introduction

International clinical placements undertaken in undergraduate nursing programs provide the opportunity for authentic, complex and dynamic learning environments that encourage and foster students' cultural awareness. The importance of developing an understanding of culture when delivering health care and the positive impact this can have on outcomes is reflected in the Standards of Practice and Codes of Ethics for nurses globally. In Australia, registered nurses are expected to respect all cultures and experiences and recognize the importance that

culture, and history have in promoting health and wellbeing for individuals and communities (NMBA, 2016). Similar sentiments are also expressed in other countries such as in Canada, where 'nurses work with persons receiving care to take into account their values, customs and spiritual beliefs, as well as their social and economic circumstances without judgment or bias' (Canadian Nurses Association, 2017, p12). In the United States 'a fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes and human rights for all individuals' (American Nurses Association, 2015, p1); and in the United Kingdom 'nurses make sure that those receiving

275

care are treated with respect, that their rights are upheld and any discriminatory attitudes and behaviours towards those receiving care are challenged' (Nursing and Midwifery Council, 2015, p4). The consensus in the national and international literature that nursing students should have knowledge of global health systems and be able to provide culturally competent care within increasingly multicultural communities at home and abroad is evident (Browne et al., 2015). It is therefore imperative that undergraduate nursing programs embed both theoretical and clinical learning opportunities for students to develop cultural awareness at all stages of their degree.

Developing graduates who are global citizens capable of meeting the above standards, requires a commitment to internationalizing curricula to enable the preparation of students who become ethical and responsible human beings, as well as competent professional practitioners (Leask and Bridge, 2013). A person's worldview is framed by our own set of cultural assumptions and attitudes, which may not be recognizable at a conscious level unless we are provided with an opportunity to explore these assumptions (Stone et al., 2014). International clinical placements have the potential to provide students with a transformative learning environment that allows this exploration and can enable them to become more aware of their own attitudes towards culture, as well as being able to demonstrate, within clinical practice, the ability to recognize and provide culturally respectful nursing care (Gebru and Willman, 2010).

International placement opportunities involve nursing students travelling overseas to complete an element of their clinical education either individually or as part of a group. Such placements are variably described as short-term study abroad experiences (Maltby et al., 2016), study abroad programs (Brown et al., 2016) and international placement experiences (Schwind et al., 2013); and can vary in length, destination, number of participants, level of facilitation and learning outcomes (Phillips et al., 2017).

Attention to the design of international clinical placements is essential if they are to promote student-learning and encourage outcomes that achieve the culturally focused graduate attributes required in an increasingly global workforce (Leask and Wallace, 2015; Barker et al., 2010). To achieve this there should be clearly articulated aims, learning outcomes and support mechanisms that include strong facilitation, structured learning activities and appropriate assessment tasks aligned to intended learning outcomes. These supports, and the ongoing sustainability of such placements as valuable clinical practice opportunities, can best be achieved by embedding them within a curriculum, through awarding credit and maintaining strong linkages to theoretical content (Memmott et al., 2010).

2. Background

Learning outcomes for international clinical placements, described in the literature have emphasized the observed benefits of promoting cultural awareness through challenging students in a culturally diverse environment whilst also assisting them to achieve clinical proficiency (Phillips et al., 2017; Maltby et al., 2016; Ng et al., 2012). Additionally, such placements are believed to provide nursing students with the opportunity to increase their knowledge of, and ability to, communicate across cultural boundaries; a skill that has important implications for their ongoing professional practice (Smith-Miller et al., 2010). These benefits are considered to have the potential to, develop in students, important graduate attributes such as leadership, teamwork, critical thinking and communication (Canadian Nurses Association, 2017; NMBA, 2016; American Nurses Association, 2015).

Clearly articulated learning outcomes are not always evident from published accounts of international placement opportunities, which often focus on descriptive or narrative accounts by students, facilitators or educational institutions (Schwind et al., 2013; Browne et al., 2014; Emmanuel and Rands, 2010). This issue has also been described in

other health related programs such as medicine and occupational therapy (Barker et al., 2010; Nishigori et al., 2009) and highlights the need for placement opportunities that have not only clearly identified learning outcomes, but ensure those outcomes are realistic, achievable and linked to assessment.

Ensuring learning outcomes are achievable requires skilled supervision, and learning and assessment strategies that enable students to develop both professional and personal capabilities. A global review of the universal standards of practice for culturally competent care (Douglas et al., 2011) highlights the importance of teaching strategies that: provide for personal and professional growth, make interpersonal and intercultural connections, and increase the understanding of other cultures and people. The core principles of developing quality assessment in higher education including; assessment for learning, constructive alignment and fit-for purpose assessment (Jackel et al., 2017), should guide the creation of assessments that support these principles.

Similarly, supervision of students in clinical learning environments is also key to achieving desired learning outcomes (Kristofferson et al., 2013). Although as yet an understanding of this role in the specialised international placement environment has not been explored in the literature. The current gaps in the literature in articulating the structure, supervision, teaching and assessment methods that best support students' learning opportunities in international environments need to be addressed to assist educators and students alike to achieve the desired standards outlined by Nursing Boards worldwide.

To begin to address this gap a study aimed at understanding what constitutes successful international clinical placements in the Asian region for Australian undergraduate nursing students has been conducted. It is planned that this knowledge will then contribute to the development of a framework to guide higher education institutions in the creation and maintenance of international placements that are sustainable and successful for students, the university and the host communities. The Asia region was chosen for this study because of the Australian Government's emphasis on the importance of deepening links within this region, through expanded support for educational institutions aimed at encouraging student mobility in the region (Department of Foreign Affairs and Trade, 2013). Despite the localized nature of the investigation the findings are presented in the context of the international literature to provide relevance for readers outside of Australia that conduct international student placements in host countries where the culture is significantly different from that of the student's home.

This study included two components; in depth semi-structured interviews with international clinical placement stakeholders, such as students, universities, program managers and local communities, and an online survey mapping current international clinical placement opportunities offered in Australia. Only the findings from the Australian mapping survey are reported here. This survey sought to describe the aims and learning outcomes that educational institutions assign to these placements to better understand how the structure of these placements may impact on meeting these outcomes. The study has received ethics approval from the Institutions' Human Research Ethics Committee (MUHREC 2014/055).

3. Methodology

An online survey tool was designed to collect demographic and placement data, as well as data on learning aims, outcomes and assessment methods that higher education institutions in Australia have incorporated into international clinical placement programs offered to nursing students. An invitation to participate in the on-line survey was extended to all higher education institutions with entry to practice nursing programs (N = 37) through an email sent to each University's Head of Nursing School or discipline in August and September 2015. The survey tool was designed to include questions on the structure of the placement, learning aims and outcomes, evaluation methods and

information on organisational processes. Survey questions were created based on key elements of international placements identified in the international literature, also allowing for respondents to enter additional information as required. Questions relating to learning aims, outcomes and assessment requirements were open ended to gather more detailed data. Whilst the survey invitation was sent to all institutions, the online survey tool was designed to gather detailed data only on those placements undertaken in undergraduate nursing programs in the Asia region. The Asia region was specifically defined as South East Asia (as determined by membership in the Association of South East Asian Nations), as well as India and China. Respondents to the survey were asked to provide the name of their institution although could choose to remain anonymous.

Descriptive data were collated from the survey to form a snapshot of international clinical placements being offered within the Asian region and content analysis was then used to explore data from the open-ended questions. Manifest content analysis was chosen to describe the visible and obvious components of what the provided text said, thus analysis of the data remained close to the original text provided by the respondents with only minimal interpretation on behalf of the researcher (Graneheim et al., 2017). This led to the formation of categories rather than themes, as categories are more representative of the manifest content analysis process (Graneheim and Lundman, 2004), ensuring the interpretation remained representative and descriptive of the data provided in the survey.

Data provided under aims and learning outcomes of the program were analysed separately, with the data first coded into meaning units that were then condensed to shorten each unit, whilst still maintaining the core meaning. These condensed meaning units were then grouped to create sub categories, which were then sorted and abstracted to form categories related to the aims of the program (Table 2) and the programs' learning outcomes (Table 3). Data collected in this survey were further supplemented by a search of the grey literature, which included peer and non-peer reviewed journal articles, news articles and online accounts of international placements from university websites. This literature was not included in the manifest content analysis but served to provide richness and validity to the discussion by affirming the study's findings and highlighting their relevance to the broader international context.

4. Findings

Forty eight percent (n = 18) of the institutions invited responded, either via the online survey tool or by return email. Of these institutions, eight did not offer any form of international placement and two did not offer placements in the Asian region. This left eight institutions that met the inclusion criteria, one of which offered three placements in the region, resulting in 10 international placements for which data were provided.

4.1. Structure of International Placements

An overview of the structure of clinical placements provided by the responding institutions is presented in Table 1. Whilst the length of clinical placement opportunities varied, the majority were between two and three weeks. Most placements catered for between 10 and 12 students, however one placement conducted in Japan has as little as two and another in Cambodia as many as 20. Students were most often accompanied by two facilitators with five placements stipulating a clinical facilitator to student ratio of 1:6. All placements offered credit towards their undergraduate degree.

4.2. Aims of Program

Participants were asked to outline the aims and objectives of each placement they offered, with Table 2 outlining the categories and

Table 1
Summary of ICPs offered by participating universities.

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Destination	Vietnam	Laos	India	India	Cambodia	Indonesia	Japan	Vietnam	Laos	Thailand
Length of Placement	14 days	14 days	21 days	10 days	14 days	14 days	8 days	21 days	21 days	21 days
Number of Students	10	10	12	10	20	10	2	15	15–18	10–12
Semester Level	4	3 and 4	4	6	5	6	6	5 and 6	1	3 and 5
Number of Clinical Facilitators	2	2	1	1	3	1 or 2		2 or 3	2 or 3	2
Maximum Facilitator: Student Ration	1:6	1:6	N/A	1:10		1:10	1:6	1:6	1:8	1:6
For credit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Assessment tools	Reflective Journal and NCAS[a]	Reflective Journal	Clinical Assessment Book (not specific to ICP)	NCAS	No Assessment	Reflective Journal and critical reflective paper and a Negotiated Artifact	Two Assignments	Two Assignments	Standard Clinical Assessment Tool	Reflective Journal and NCAS

[a] Nursing Competency Assessment Scale (NCAS).

Table 2
Aims of the international clinical placements offered.

Category	Subcategory
Becoming culturally aware through immersion (five placements mentioned this or a variation of this aim)	Immersing in the culture Participating in cultural exchange Becoming culturally aware
Working with the community to promote health (four placements mentioned this or a variation of this aim)	Delivering health promotion Providing health education Working with the community
Understanding the role of the Nurse within the health care setting (four placements mentioned this or a variation of this aim)	Observe nursing practice Understanding of health care system Comparing health care practices
Translating theory into professional clinical practice (three placements mentioned this or a variation of this aim)	Learning through experience Theory to practice Demonstrating competence Professional behaviours
Developing relationships in international learning environments (four placements mentioned this or a variation of this aim)	Environment for learning Advance placement opportunities Working within a team

subcategories identified. One institution listed the aims of the program as self-driven, which was understood to mean the aims were directed by the student participating and therefore did not fall into any of the categories above. The categories identified in Table 2 support accounts of international placement aims found during the search of the grey literature, which included: 'to gain an understanding of primary health care delivery, within a community development project, by participating in a range of health promotion and education activities and illness prevention strategies' (Emmanuel and Rands, 2010, p42); 'provide diversity in clinical experience and to increase students' awareness of global health issues, culturally sensitive practices and the provision of universal care for all' (Nilson, 2011, p35) and 'was designed to introduce students to the Thai culture and the place of complementary therapies in health care' (Stone et al., 2014, p251).

4.3. Learning Outcomes

Respondents were asked to identify the expected learning outcomes of the placements offered with four categories identified from the data as outlined in Table 3. One respondent, as with the program aims analysis, stated that the learning outcomes were self-driven, resulting in this response not falling into the categories above. Another respondent cited learning outcomes as 'Students must successfully complete all elements of the practicum to gain Australian Nurse Registration', whilst this learning outcome was included under 'Demonstrating professional'

Table 3
Expected learning outcomes for the international clinical placements offered.

Category	Subcategory
Understanding healthcare and determinants of health (three placements mentioned this or a variation of this outcome)	Understanding health systems Understanding impacts on health
Managing challenges (three placements mentioned this or a variation of this outcome)	Facing challenges Challenging environment
Understanding the role of culture within healthcare (five placements mentioned this or a variation of this outcome)	Understanding of culture Impact of culture Applying cultural principles
Demonstrating professional knowledge, skills and behaviours. (four placements mentioned this or a variation of this outcome)	Developing clinical skills Providing health promotion Professional behaviours Effective communication

knowledge, skills and behaviour' it was not clear what specific elements were to be completed.

In the current study, learning outcomes related to cultural understanding formed the category 'Understanding the role of culture in healthcare' and as stated by respondents included: 'understanding a different culture' (**Respondent 2**), 'observe and understand the Indian culture' (**Respondent 3**), 'reflect on their own and other peoples' cultural assumptions which influence the delivery of health care services' (**Respondent 6**) and 'apply principles of cultural safety' (**Respondent 10**). The category professional knowledge, skills and behaviour included outcomes such as 'provide safe and competent care in relation, but not limited to essential nursing care and skills' (**Respondent 10**) and 'comprehensively assess the bio-psychosocial needs of individual clients and families within a primary health care framework' (**Respondent 9**).

Respondents also described the importance of critical reflection as an aim of their international clinical placement. Two of the placements describe the students' ability to reflect as a learning outcome of the placement, with students able to; 'critically reflect on the nurse's role in working with such groups' (**Respondent 9**), and 'reflect on their own and other peoples' cultural assumptions which influence the delivery of health care services' (**Respondent 8**).

5. Discussion

5.1. Learning Aims and Outcomes: Increasing Cultural Awareness

The ability for students to experience and appreciate different cultures and healthcare systems was often cited as the primary aim of international placements in both this study's findings and the international literature (Maltby et al., 2016; Tuckett and Crompton, 2014; Michael et al., 2012; Harrowing et al., 2012; Kirkham et al., 2009). However, little was found to indicate how the achievement of these aims should be measured. Although, one study has used the Intercultural Development Inventory Scale (IDIS), a 50-item self-reporting instrument measuring cultural sensitivity as a developmental construct, in a study of physiotherapy, occupational therapy and speech therapy students on international placement in China or India (Ng et al., 2012). Findings did suggest that some development or transition in cultural sensitivity may have been achieved, although this was not statistically significant. Lack of statistical significance may have been related to the small sample size (n = 16) suggesting that further studies are required to determine if instruments, such as the IDIS, may help to explore a more quantitative measurement of culture related placement aims and student learning outcomes.

The length of time spent on international clinical placement has often been a topic of debate in the study abroad literature (Medina-Lopez-Portillo, 2015), with some suggestions that periods of less than four weeks limit the students' abilities to immerse themselves fully in the culture (Memmott et al., 2010). The majority of placements mapped in the current study were between two and three weeks in length, with only two placements outside this range at eight and ten days respectively. Although these were relatively short-term placements a study by Phillips et al. (2017), of American Baccalaureate students travelling to Ghana, has reported that longer placements are not necessarily required to see a shift in students' attitudes away from ethnocentrism towards the beginnings of increased cultural sensitivity.

This is particularly so, given the consideration that the continuum of a student's learning abroad experience starts during the preparation prior to departure and continues through to the support received whilst abroad and after they have returned home when activities such as debriefs, reflection and presentations assist in consolidating cultural understandings (Gothard et al., 2012).The evidence that suggests short term placements may be successful in facilitating outcomes related to cultural awareness makes the feasibility of offering these types of placements more attractive for higher education institutions; particularly as nursing programs already have full curriculums (Phillips et al.,

2017), and shorter placements ensure accessibility to a larger number of students. However consideration of the structure of the different phases of the learning journey that occurs in relation to the placement is essential when planning how to implement teaching and assessment strategies that can achieve the desired aims and outcomes.

5.2. Learning Aims and Outcomes – Professional and Personal Growth

The results from this study do not demonstrate that universities have considered professional or personal growth as a key aim of international clinical placements. One category 'Demonstrating professional knowledge, skills and behaviour' directly related to professional outcomes. However, the outcomes reported by respondents in this category are more closely related to demonstrating competence than increasing the development of professional behaviours and attitudes. No placement reported in this study mentioned personal development as an intended outcome.

However, the literature on international clinical placements for nursing students and also the wider literature for other health professional students, including medical and occupational therapy students, suggest that increased personal and professional development is a key outcome for students (Browne et al., 2015; Barker et al., 2010; Nishigori et al., 2009; Sloand et al., 2008). Students who completed an international clinical placement were able to reflect on their own personal growth and how this might impact on their future career choices (Tuckett and Crompton, 2014). Further research is required to determine if the learning outcomes of international clinical placements can be extended from the focus on developing skills in a clinical context to more broadly promoting personal growth and development through broader graduate attributes.

It has been recognized that personal development opportunities are an important component of the clinical learning experience, however it can be difficult to quantify this in terms of assessment and its value to future employers (Graham et al., 2014). Whilst the importance of professional and personal development skills, such as adaptability, increased confidence, thinking outside the box, and the development of interpersonal relationship skills, developed whilst on international clinical placement are not in doubt (Barker et al., 2010), thought needs to be given as to how these can be clearly articulated as learning outcomes and therefore incorporated into assessment whilst on placement.

5.3. Preceptorship and Facilitation to Enhance Student Learning Outcomes

The terms clinical facilitator or clinical educator are often used interchangeably to refer to a university staff member who assists students in the clinical environment to acquire the knowledge, skills and attitudes to meet placement requirements (Levett-Jones and Bourgeois, 2015). When students are on a domestic placement in a hospital or community setting this role is often additional to the preceptorship provided by a clinical staff member who is familiar with the local health care setting and helps the student navigate the new environment. The role of the clinical facilitator is multi-faceted and can involve at times supporting, motivating, advocating, monitoring and assessing students as well as problem solving and trouble shooting in the clinical environment (Kristofferson et al., 2013).

In the international clinical placement setting it is likely that both of these roles, facilitator and preceptor, will be performed by the staff member or members that travel with the students, adding another level of complexity to the role. This added dimension to the facilitation role is reflected in a study from the United States where faculty reported an increased sense of responsibility for the students, as both students and facilitators were practising in a foreign environment with less awareness of available resources and potential dangers (Sloand et al., 2008). This is also supported anecdotally with first time facilitators on international placement, who reflected on a sense of apprehension about new challenges to their nursing knowledge and skill, making the trip a

daunting expectation (Browne et al., 2015). Facilitators must adapt to new clinical environments with markedly different cultures, languages and living conditions whilst having to support and supervise students through this adaption process (Memmott et al., 2010). It is therefore imperative that institutions consider the complexities of this role and prepare staff accordingly.

Facilitator to student ratios within this project varied from institution to institution often depending on student numbers. Three placements were supported by one facilitator whilst the remainder sent two or more, with five placements reporting a minimum facilitator to student ratio of 1:6. The importance of appropriate supervision and facilitation for undergraduate nursing students is well established in the clinical environment. Particularly so, as direct supervision is essential not only to ensure that students do not unintentionally harm patients (Henderson et al., 2006) but also to ensure a conducive learning environment that encourages students to think critically, take on challenging situations, ask questions and engage in problem solving (Kristofferson et al., 2013). However, the logistical problems associated with ensuring a particular ratio of facilitator-to-students that ensures appropriate supervision and access to learning experiences has been noted in the literature previously (Graham et al., 2014). Ensuring that students feel safe and are provided with enough supervisory support is critical to ensuring learning outcomes are achievable, with effective facilitation in the clinical learning environment having a demonstrated impact on student learning (Flott and Linden, 2015; Henderson et al., 2009). These challenges alongside the significant gap in the literature around the importance of appropriate supervision on international clinical placements, offers directions for future research.

5.4. The Use of Critical Reflection to Meet Learning Outcomes

It is important to consider not only the intended aims and learning outcomes of these placements but also how learning is achieved and assessed. Assessment methods outlined by respondents in this study included reflective journaling, critical reflective papers, Nursing Competency Assessment Schedule (NCAS) and clinical assessment books. The NCAS is a recognized schedule of competencies for pre-registration nursing students which has been implemented across a number of Australian education institutions to assess clinical competence in the practical setting (Crookes et al., 2010).

Formal reflection on international clinical placement enables students to make sense of their experience further helping to facilitate learning and development, with Ng et al. (2012) suggesting guided learning journals as an effective way of facilitating reflection. Of the participants in this current study only four of the 10 placements specifically mention reflection as part of the assessment process, with specific reference to either journaling or reflective papers, although the NCAS (mentioned as an assessment component in three placements) also has student reflection embedded in its design (Crookes et al., 2010).

The benefit of student reflection on learning outcomes in international clinical placements has been described in literature from other health professions, with medical students reportedly gaining the most from their ability to compare two different health care systems. In this context students learnt not only through observing the differences but also by reflecting on how these differences in healthcare related to their previous experience in their own countries (Nishigori et al., 2009). Nursing students have also used reflective practices to consider their personal experience and contemplate how new skills and knowledge could be transferred back into their professional practice at home (Lee, 2004). Journaling is another form of reflection that has been shown to play a role in enhancing students' intercultural development in study abroad programs with guided journals a required part of some study abroad programs in the United States of America (Medina-Lopez-Portillo, 2015). The ability of these placements to encourage critical reflection in students has been noted in the literature (Barker et al.,

2010). As noted by two participants in this study, critical reflection is not just a means through which to assess learning but also a learning outcome in itself.

6. Recommendations

The findings presented here provide a snapshot of Southeast Asia placement opportunities currently offered to undergraduate nursing students in Australia; and along with the local and international literature, highlight gaps in the existing knowledge around planning, implementing and evaluating these types of programs. The importance of well-structured and facilitated clinical placements has been well documented however more research is needed to determine if the same structures, support and facilitation used in domestic clinical environments, such as for instance local acute or community placements, also extend into international clinical placements. Optimal length of placement, well-articulated and achievable learning outcomes, assessment methods that enhance learning, and strong facilitation models all require consideration and planning to meet the learning needs of students on international clinical placements. Whilst outside the scope of this research study, it would also be interesting to consider why institutions choose not to offer international clinical placement experiences for their students and if opportunities exist to achieve similar learning objectives domestically for students who are not able to travel abroad.

7. Limitations

Whilst all higher education institutions offering undergraduate nursing programs in Australia were approached to participate in this study, it does not represent a reflection of all international clinical placements offered in Australia, due to the relatively low response rate (48%). Triangulation, using a search of 'grey' literature, was incorporated into the study to assist with increasing the validity of the survey responses and was able to support those aims, learning outcomes and program structures identified from the survey.

This survey was conducted between August and September 2015, so it provides a one-time snapshot of placements offered, therefore it is possible since this time that institutions have altered their international clinical placement program/s. Consequently, this study does not provide a comprehensive list of all placements currently being conducted in Australia but rather provides a cross-sectional description available at that time.

8. Conclusion

The aim of this study was to gain a greater understanding of the types of international clinical placement experiences available for undergraduate nursing students at Australian Universities. To ensure that students are provided with authentic learning opportunities it is important to clearly define the intended aims and learning outcomes for these placements. Whilst there is ample literature to support students' perceived outcomes from completing international placements, these outcomes may not completely align with the education institutions intended outcomes, meaning opportunities to further develop and extend student learning may be missed.

International placements appear to vary greatly from one education institution to the next with no clear consensus from the literature on what structure, support and assessments lead to greater student learning. Whilst some degree of benefit may be attributed to any placement an important gap exists in the literature that requires further investigation. To ensure the ongoing sustainability and success of international clinical placement within undergraduate curricula it is important that we are providing students with the best possible environment to provide authentic and supportive learning environments that allows for critical reflection to encourage cultural awareness and professional and personal development.

References

ANA, 2015. Code of Ethics for Nurses With Interpretative Statements. American Nurses Association, Silver Springs, Maryland.

Barker, A., Kinsella, E.A., Bossers, A., 2010. Learning in international practice placement education: a grounded theory study. Br. J. Occup. Ther. 73 (1), 29–37. http://dx.doi.org/10.4276/030802210X12629548272709.

Brown, M., Boateng, E.A., Evans, C., 2016. Should I stay or should I go? A systematic review of factors that influence healthcare students' decisions around study abroad programmes. Nurse Educ. Today 39, 63–71.

Browne, C.A., Wall, P., Jordan, T., 2014. Experiencing Thailand: perspectives from an international clinical placement. The Hive 9, 22–23.

Browne, C.A., Fetherston, C.M., Medigovich, K., 2015. International clinical placements for Australian undergraduate nursing students: a systematic thematic synthesis of the literature. Nurse Educ. Today 35, 1028–1036.

Canadian Nurses Association, 2017. Code of Ethics for Registered Nurses (2017 Ed.). Canadian Nurses Association, Ottawa, Canada.

Crookes, P., Brown, R., Della, P., Dignam, D., Edwards, E., McCutcheon, H., 2010. The Development of a Pre-registration Nursing Competencies Assessment Tool for Use Across Australian Universities. Australian Learning and Teaching Council, NSW, Australia.

Department of Foreign Affairs and Trade, 2013. New Colombo Plan. Retrieved from. http://www.dfat.gov.au/new-colombo-plan/.

Douglas, M.K., Uhl Pierce, J., Rosenkoetter, M., Pacquiao, D., Callister, L.C., Hattar-Pollara, M., Lauderdale, J., Milstead, J., Nardi, D., Purnell, L., 2011. Standards of practice for culturally competent nursing care: 2011 update. J. Transcult. Nurs. 22 (4), 317–333. http://dx.doi.org/10.1177/1043659611412965.

Emmanuel, E., Rands, H., 2010. Going the extra miles for health promotion. Connect 13 (4), 42–43.

Flott, E.A., Linden, L., 2015. The clinical learning environment in nursing education: a concept analysis. J. Adv. Nurs. 72 (3), 501–513.

Gebru, K., Willman, A., 2010. Education to promote culturally competent nursing care – a content analysis of student responses. Nurse Educ. Today 30, 54–60.

Gothard, J., Downey, G., Gray, T., 2012. Bringing the Learning Home. Programs to Enhance Study Abroad Outcomes in Australian Universities. Office for Learning and Teaching, Sydney, NSW.

Graham, K., Hill, P., Reynolds, L., Parry, Y., 2014. A thematic analysis and a reflective description of the experience of nursing, midwifery and paramedic students on a short-term mobility community health placement in Vietnam. In: Paper Presented at Australian Collaborative Education Network National Conference, Gold Coast, Australia.

Graneheim, U.H., Lundman, B., 2004. Qualitative content analysis in nursing research: concepts, procedures and measure to achieve trustworthiness. Nurse Educ. Today 24, 105–112. http://dx.doi.org/10.1016/j.nedt.2003.10.001.

Graneheim, U.H., Lindgren, B., Lundman, B., 2017. Methodological challenges in qualitative content analysis: a discussion paper. Nurse Educ. Today 56, 29–34. http://dx.doi.org/10.1016/j.nedt.2017.06.002.

Harrowing, J.N., Gregory, D.M., O'Sullivan, P.S., Lee, B., Doolittle, L., 2012. A critical analysis of undergraduate students' cultural immersion experiences. Int. Nurs. Rev. 59, 494–501.

Henderson, A.J., Forrester, K., Heel, A., 2006. The establishment of structures and processes for the safe and effective clinical placement of nursing students. Nurse Educ. Pract. 6, 275–280.

Henderson, A., Twentyman, M., Eaton, E., Creedy, D., Stapleton, P., Lloyd, B., 2009. Creating supportive clinical learning environments: an intervention study. J. Clin. Nurs. 19, 177–182.

Jackel, B., Pearce, J., Radloff, A., Edwards, D., 2017. Assessment and Feedback in Higher Education. A Review of Literature for the Higher Education Academy. The Higher Education Academy, York.

Kirkham, S.R., Van Hofwegen, L., Pankratz, D., 2009. Keeping the vision: sustaining social consciousness with nursing students following international learning experiences. Int. J. Nurs. Educ. Scholarsh. 6 (1), 1–16.

Kristofferson, M.L., Martensson, G., Mamhidir, A.G., Lofmark, A., 2013. Nursing students perceptions of clinical supervision: the contributions of preceptors, head preceptors and clinical lecturers. Nurse Educ. Today 33, 1252–1257.

Leask, B., Bridge, C., 2013. Comparing internationalisation of the curriculum in action across disciplines: theoretical and practical perspectives. Compare 43 (1), 79–101. http://dx.doi.org/10.1080/03057925.2013.746566.

Leask, B., Wallace, J., 2015. Learning and Teaching Across Cultures. Final Report. Office for Teaching and Learning, Sydney.

Lee, N.J., 2004. The impact of international experience on student nurses' personal and professional development. Int. Nurs. Rev. 51, 113–122.

Levett-Jones, T., Bourgeois, S., 2015. The Clinical Placement. An Essential Guide for Nursing Students, 3rd ed. Churchill Livingstone, Chatswood, NSW.

Maltby, H.J., de Vries-Erich, J.M., Lund, K., 2016. Being the stranger: comparing study abroad experiences of nursing students in low and high income countries through hermeneutical phenomenology. Nurse Educ. Today 45, 114–119.

Medina-Lopez-Portillo, A., 2015. Intercultural learning assessment: the link between program duration and the development of intercultural sensitivity. Interdisc. J. Study Abroad 10, 179–199.

Memmott, R.J., Coverston, C.R., Heise, B.A., Williams, M., Maughan, E.D., Kohl, J., Palmer, S., 2010. Practical considerations in establishing sustainable international nursing experiences. Nurs. Educ. Perspect. 31 (5), 298–302.

Michael, R., Della, P., Banner, C., Duckworth, S., Nilson, T., 2012. The role of the photo novella in examining cultural competency in perioperative settings. ACORN 25 (1),

20–26.

Ng, P., Goddard, T., Gribble, N., Pickard, C., 2012. International placements increase the cultural sensitivity and competency of professional health students: a quantitative and qualitative study. J. Phys. Ther. Educ. 26 (1), 61–68.

Nilson, C., 2011. International student nurse clinical placement: a supervisor's perspective. Aust. Nurs. J. 19 (3), 35.

Nishigori, H., Otani, T., Plint, S., Uchino, M., Ban, N., 2009. I came, I saw, I reflected: a qualitative study into learning outcomes of international electives for Japanese and British medical students. Med. Teach. 31 (5), 196–201.

NMBA, 2016. Registered Nurse Standards for Practice. Nursing and Midwifery Board of Australia, Melbourne, Victoria.

NMC, 2015. The Code. Professional Standards of Practice and Behaviour for Nurses and Midwives. Nursing and Midwifery Council, London.

Phillips, L., Bloom, T., Gainey, T., Chiocca, E., 2017. Influence of short-term study abroad experiences on community health baccalaureate students. J. Nurs. Educ. 56 (9), 528–533. http://dx.doi.org/10.3925/01484834-20170817-03.

Schwind, J., Zanchetta, M., Aksenchuk, K., Gorospe, F., 2013. Nursing students' international placement experience: an arts-informed narrative inquiry. Reflective Pract. 14 (6), 705–716. http://dx.doi.org/10.1080/14623943.2013.810619.

Sloand, E., Bower, K., Groves, S., 2008. Challenges and benefits of international clinical placements in public health nursing. Nurse Educ. 33 (1), 35–38.

Smith-Miller, C.A., Leak, A., Harlan, C.A., Dieckmann, J., Sherwood, G., 2010. "Leaving the comfort of the familiar": Fostering workplace cultural awareness through short-term global experiences. Nurs. Forum 45 (1), 18–28.

Stone, T.E., Francis, L., van der Riet, P., Dedkhard, S., Junlapeeya, P., Orwat, E., 2014. Awakening to the other: reflections on developing intercultural competence through an undergraduate study tour. Nurs. Health Sci. 16, 521–527. http://dx.doi.org/10.1111/nhs.12139.

Tuckett, A., Crompton, P., 2014. Qualitative understanding of an international experience for nursing students in developed and developing countries. Int. J. Nurs. Pract. 20, 135–141.

## Appendix L - Personal Narrative Participant P2

My background is based on a little bit of sad story; I am from the countryside a small village located nearby the Mekong River. Right there the people are lack of education and poor. In my generation we have face the problem of Human Trafficking, my friends have been sold by their family to the agents (human trading for selling sex). A few people that can survive from that, I'm the one of that. Some of us were lucky that our parents don't want to sell us to the agent and still able to effort (afford) *our educational expenses, but some of my friends who unlucky and have no choices they falling into the human trading circle to work as the prostitute and die because of HIV. Most of them able to finish only grade 6 as the agent signed contract to take them when they are 12-13 years old. After many years passed, the government had been suppress so the business stopped my friends who still alive have quit that job but they have no chance to continue their education, they could not get the better job as they have no educational certificate and experiences, and most of them turn back home to be a farmer.*

I got the scholarship from the government, which I only got inform that therefore the student who has a good school record. I did realize actually I have the best grade in the class so they gave it to me, therefore the student who face the human trafficking problem which the family could not effort (afford) *their educational expense and have to sell them to the agents. I feel very guilty for taking that scholarship; it could be helping my friends to be able to continue their educations rather than falling to the hell. Many people told me that it is not my fault, but its stay still in my feeling until now. I said to myself if I have chance to do something for the people who lack of opportunities I will do my best to help them in every ways.*

I met (name withheld) *our Educational Travel Director, who gave me the opportunities to be able to working in these fields. I have chance to help the people in the different way, I can be a teacher when the group coming for teaching program, I can be a doctor or nurse when the nursing group coming for placements because the locals will call you as the career they seeing you on duties. I have chance to be many careers when I'm working with the group while I could not be in my real life. This is really amazing that I can do much stuff to help the others while I am working as well. I love to see the people, I love to working with the local villagers, I love to working with the local authorities, I love to work with the student group, I love to work with the supervisor, I love to work with my team because all we do improve our personal*

development. It a hard job to be away from home very long time, there are so many risk happen when you're working out of the office, inconvenience life when you are not staying at home but I think all of these are creating the happiness not only for me but for the people who get involved with this as well. I will continue doing this, with my love. That's it.

Appendix M - International Clinical Placement Planning and Evaluation (ICliPPE) Framework
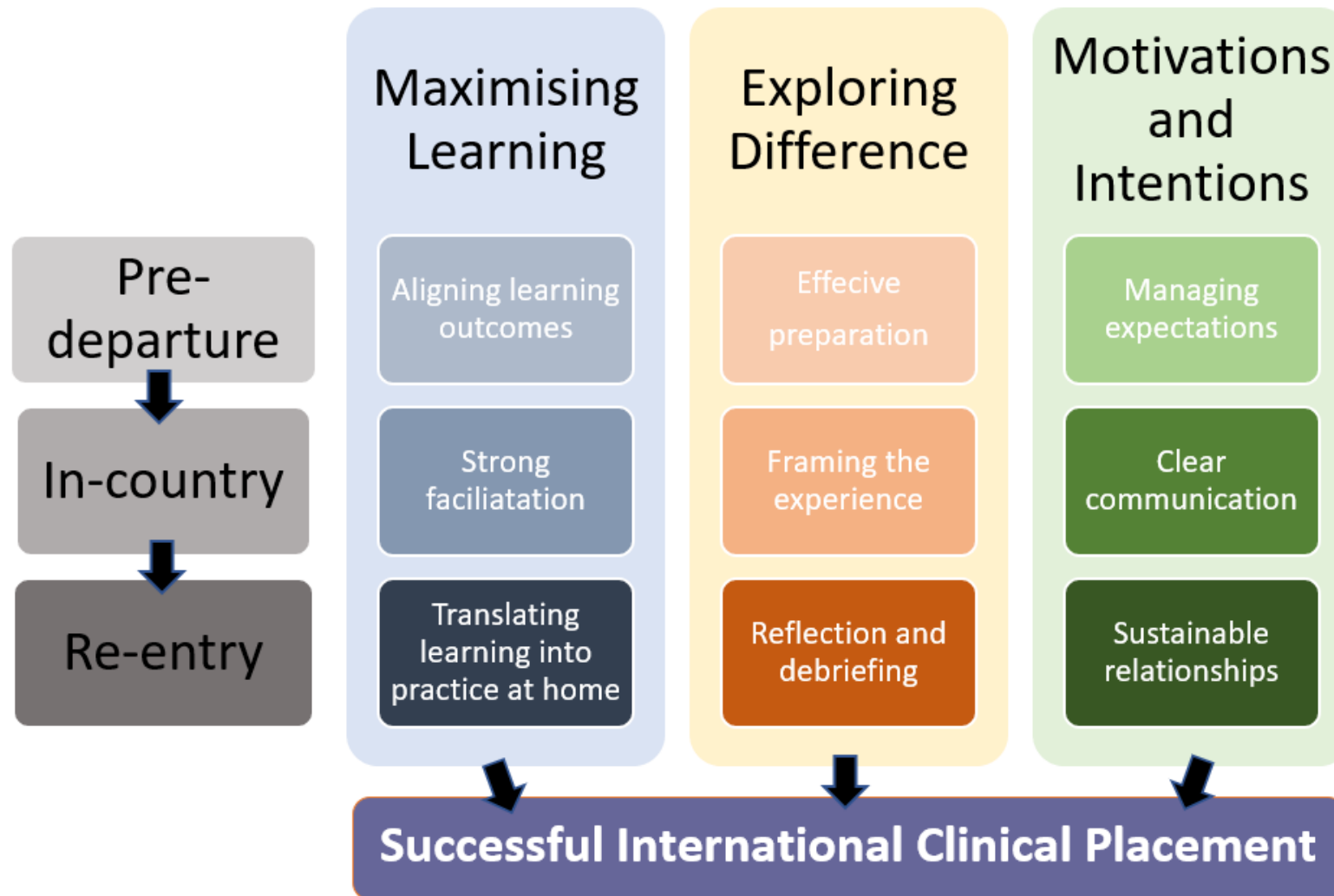
Appendix N - Critical Question Guide

Pre-departure	*Maximising Learning – Aligning Learning Outcomes*	1. Do the stated learning outcomes of the placement align with unit level and course level outcomes?
		2. Do the learning outcomes allow for the immersive nature of learning on ICP?
		3. Are the learning outcomes achievable given the structure and time frame of the placement?
		4. Do the learning outcomes reflect the development of culturally safe practice?
		5. Do assessments allow for an accurate evaluation of learning outcomes?
	Exploring Difference – Effective Preparation	1. Are students prepared logistically to complete an international clinical placement?
		2.Are students prepared to enter a different culture?
		3. Are students prepared for the challenges that are associated with immersion in a different culture and healthcare setting?
		4. Has a structured preparation program been considered to ensure students and staff are adequately prepared for undertaking an international clinical placement?
		5. Has the local community received adequate preparation to host student groups and facilitate student learning?
	Motivations and Intentions – Managing Expectations	1. Has consideration been given to the cost of undertaking an international clinical placement? (such as financial outlay for students, academic resources and workload)
		2. Has consideration been given during pre-departure preparation to address student expectations of the placement?
		3. Do students and staff have a realistic understanding of what to expect when participating in an ICP?
		4. Have measures been implemented to assess if students and staff are prepared for the physical and mental challenges associated with an ICP?
In-country	*Maximising Learning – Strong Facilitation*	1. Do you have an effective and safe facilitator to student ratio?
		2. Does the facilitator have the appropriate experience to facilitate students internationally?
		3. Has the facilitator received adequate preparation for the international placement experience?
		4. Are there adequate structures in place to support the facilitator whilst on international placement?

	Exploring Difference – Framing the experience	1. Has the ICP experience been framed to allow students to focus on their learning opportunities?
		2.Are facilitators able to incorporate strategies into the learning experience that enables students to reconsider their experiences from other perspectives?
		3. Are opportunities for community development and engagement clearly articulated for students?
		4. If fundraising occurs as a component of ICP, are communities involved in the decision making and distribution of funds?
	Motivations and Intentions – Clear Communication	1. Is there sufficient support in-country to allow staff and students to safely navigate the clinical environment? (for example, translators or English-speaking health care workers).
		2. Has consideration been given to the skill set of local support staff including translators? (for example – healthcare related language skills, experience with local cultures and dialects, experience with working with student groups)
		3. Has consideration been given to how communication with the local community can be enhanced to encourage greater collaboration?
		4. Are strategies in place to manage and support the development of teamwork across the placement group? (with students, with local support staff, with local community members)
Re-entry	Maximising Learning – Translating learning into practice at home	1. Are links created between learning outcomes on international placement and professional nursing practice at home?
		2.Are students able to articulate the professional and personal skills they have developed whilst on ICP?
		3. Are knowledge and skills learnt on international placement transferable to nursing practice at home?
	Exploring Difference – Reflection and debriefing	1. Is debriefing on return structured into the international clinical placement?
		2. Are there elements of reflection embedded through the international clinical placement? (For example – reflective journaling, reflective assessments, opportunities for informal debriefing during the placement)
		3. Are clinical facilitators/course coordinators adequately prepared to provide effective debriefing or reflection opportunities for students?

	Motivations and Intentions – Sustainable relationships	1. What are the intention of the university when developing an ICP?
		2. How can the relationship with the local community be developed to enhance the success of the placement?
?		3. Are the local community involved in the development, implementation and evaluation of the ICP?
		4. Has consideration been given to the outcomes of the ICP experience for all stakeholders (the students, the university, the local community).