Transnational Medical and Nursing Education:

An exploration of its impact on Bahraini females

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Appreciation is expressed to all those who believed in me at times when I didn't, even if they never understood what I was doing and why.

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Abstract

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This thesis explores the impact of the phenomenon of transnational medical and nursing education on the lifeworlds of a small group of Bahraini female medicine and nursing graduates in Bahrain as they 'became' Irish qualified doctors and nurses 'at home' in the Middle East. A regional hub of transnational medical and nursing education was created in the tiny Kingdom of Bahrain ten years' ago when a leading Irish medical university, pursuing a strategy of internationalization, opened a branch campus on the island. Students in Bahrain are conferred with the same degrees as those awarded in Ireland, but little is known about local student experiences of transnational medical and nursing education in this particular socio-cultural context. Bahraini female medical and nursing students occupy and embody a unique local cultural sphere grounded in Arab Islamic values and patriarchal norms, yet have to imagine themselves in different ways informed by the global discourse of transnational education. The purpose of this study was to investigate how these students gave meaning to and made sense of their lived experiences as they navigated complex issues of gender, power relations and socio-cultural values during their lengthy socialization into the professional persona of a western educated doctor or nurse.

The study design was qualitative and employed Interpretative Phenomenological Analysis (IPA) as its methodological framework. Data were collected from two focus group discussions and nine individual in-depth interviews, according to conventions of qualitative research and principles of IPA. Findings were interpreted through the lens of postmodern feminism. The importance of reflexivity in IPA and postmodern feminist thought was highlighted as the voices of participants were clearly heard from the position of their own lifeworlds, filtered through the researcher's own positioning within the research process.

A deep and contexualised investigation into Bahraini female student experiences was undertaken, moving forward the discourse of transnational medical and nursing education. As these young women became empowered learners, they articulated self-determination, self-efficacy and personal agency within their uniquely constructed Transnational Community of Practice (TCP), through which they redefined cultural boundaries and developed coping strategies in order to succeed in an emotionally charged and challenging transnational space. The study demonstrates that gendered ways of knowing and the tensions of negotiating differing cultural contexts are often ignored and invisible components of a hidden curriculum which shape student personal, academic and professional achievement.

This study revealed new conceptualisations for Bahraini female engagement within the discourse of transnational medical and nursing education in the Middle East, from which a particular Bahraini female discursive positioning and standpoint emerged, grounded in a distinct Arab Islamic feminist reflexivity. The impact of their educational experiences was transformational in character as the graduates became agents of change, shifting the balance of local gendered power relations and extending their influence into wider Bahraini society. This study concludes by calling for new metaphors in transnational medical and nursing education which take into account local student voices and move beyond the realm of western cultural norms in order to enhance student empowerment, engagement and success in specific contexts.

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Chapter 1 Introduction

Transnational education (TNE) is commonly defined as the provision of educational programmes to learners located in a different country from that of the awarding institution (Altbach & Knight, 2007; Altbach, Reisberg & Rumbley, 2009; Lane, 2011; McBurnie & Ziguras, 2007; Miller-Idriss & Hanauer, 2011; Ryan, 2011) and involves complex and fast paced flows of processes across geographical borders that entwine technology, people, cultures, economies, knowledge and ideas globally (Faist, 2010; Knight, 2008; Sanderson, 2008). TNE has become a core component of internationalization strategies of higher education institutions around the world (Alam, Alam, Chowdhury & Steiner, 2013), with many universities setting up overseas operations through the establishment of an international branch campus (IBC), also referred to as an offshore campus or an overseas campus (Wilkins & Huisman, 2012). An IBC is therefore a physical facility bearing the same name as the 'head' campus institution, and awarding the same qualifications under the same name (Wilkins, 2010; Wilkins & Balakrishnan, 2013).

It is estimated that over one third of all IBCs are located in the Middle East region (McBurnie & Ziguras, 2007; Willoughby, 2008) within the six affluent member countries of the Gulf Cooperation Council (GCC) in the Arabian Gulf, namely Saudi Arabia, the Kingdom of Bahrain, Kuwait, Oman, Qatar and the United Arab Emirates (UAE). Many have been attracted to the global education hubs created in Qatar and the UAE (Miller-Idriss & Hanauer, 2011; Wilkins & Huisman, 2012) as strategic centres for student recruitment, training and education, and possibly research (Knight, 2011). The UAE ranks the world's highest amongst countries hosting international campuses and is a major consumer of TNE, with at least 37 international educational institutions operating from its territory (Knight, 2011; Lawton and Katsomitros, 2012), representing 11 different countries (The Quality Assurance Agency for Higher Education, UK, 2014).

National policy initiatives relating to attracting institutions of TNE into the GCC region are driven mostly by economic and political motives in order to reduce dependence on the oil industry and petroleum products (Wilkins, 2011). Goals to diversify the GCC economies, create job opportunities for local citizens and provide the appropriate educational qualifications (The Economist Intelligence Unit, 2010; Wiseman, 2010) are driven by necessity; the region has one of the highest population growths in the world (The Economist Intelligence Unit, 2009). More than half the local population is currently under the age of 25, approximately 59% of the regional workforce is comprised of foreign workers, and rising local youth unemployment is estimated at 27.2% (World Economic Forum, 2014a). A strategic direction of GCC governments to develop local talent pools and create capacity of expertise in the GCC is therefore closely tied to national imperatives of economic development (McKinsey & Company, 2014; The Economist Intelligence Unit, 2009), formulated into policies of nationalisation such as 'Emiratisation' or 'Bahrainisation'.

Disciplines such as international law, engineering, information technology, and medicine and nursing specialties are growth areas for the providers of transnational education in the region (Becker, 2009; Lawton & Katsomitros, 2012). There is an increasing demand for the provision of medical and nursing education as a result of the current global shortage of healthcare professionals (Blythe & Baumann, 2008; The World Health Organisation (WHO), 2013). The worldwide shortfall is estimated at approximately 4.3 million doctors and nurses (WHO, 2013), with calls being made to develop international healthcare leaders of the future who are transnationally competent (Crisp & Chen, 2014; Koehn & Swick, 2006). With populations predicted to double by 2023 (Alawi & Alkhazim, 2012; Ithmar Capital, 2009; McKinsey & Company, 2005), the GCC countries in particular expect a dramatic rise in the demand for female healthcare professionals specifically, in order to satisfy the cultural requirement for female doctors and nurses to treat female patients (Abdul Salam, Elsegaey, Khraif, AlMutairi & Aldosari, 2015; Al Abed & Vine, 1998). Healthcare is therefore identified as a key area of economic growth in the Middle East, with expected investment estimated to rise above $150 billion in 2016 (Feuilherade, 2014).

Such factors were critical in informing the transnationalization vision and internationalization strategy of a leading Irish medical university, The Royal College of Surgeons in Ireland (RCSI), founded in Dublin in 1784, and the first institution of TNE to set up an IBC of medicine and nursing education in the Arabian Gulf. The decision to establish a branch campus was tied to the looming economic crisis in Ireland in the early 2000's, which prompted the university to search elsewhere for alternative streams of revenue (Altbach & Knight, 2007; Blum & Ullman, 2012). A regional market niche was identified for the provision of medical and nursing education (RCSI Bahrain, 2012), and in 2004 the university opened an IBC in the Kingdom of Bahrain comprising a School of Medicine, with an initial intake of just 25 students (of which 7 were Bahraini females), and in 2006 opened the School of Nursing and Midwifery with 40 students (of which 34 were Bahraini females). By academic year 2014/2015, the university had grown to host more than 1,330 students in its medicine and nursing programmes, representing over 37 different nationalities, with Bahraini females comprising 50% of students enrolled in the medicine programme and 86% in the undergraduate nursing programme. The tables below demonstrate the intake of new students into each School by gender and nationality from the first year of operation up to academic year 2013/14.

School of Medicine	2004-2005		2005-2006		2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014	
	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini
Male	8	4	11	23	17	20	20	28	25	31	13	42	16	32	11	49	25	56	32	61
Female	7	6	23	10	22	16	33	24	27	19	27	33	26	35	43	36	48	58	49	61
Total Gender	**15**	**10**	**34**	**33**	**39**	**36**	**53**	**52**	**52**	**50**	**40**	**75**	**42**	**67**	**54**	**85**	**73**	**114**	**81**	**122**
Total Intake	**25**		**67**		**75**		**105**		**102**		**115**		**109**		**139**		**187**		**203**	

Table 1.1. Total intake of students into the School of Medicine over academic years 2004/5 – 2013/14 by gender and nationality.

School of Nursing	2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014	
	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini	Bahraini	Non-Bahraini
Male	5	0	6	0	4	0	15	2	7	0	20	0	14	0	20	0
Female	34	1	63	0	35	3	75	6	83	0	98	0	63	2	79	2
Total Gender	**39**	**1**	**69**	**0**	**39**	**3**	**90**	**8**	**90**	**0**	**118**	**0**	**77**	**2**	**99**	**2**
Total Intake	**40**		**69**		**42**		**98**		**90**		**118**		**79**		**101**	

Table 1.2. Total intake of students into the School of Nursing over academic years 2006/7 – 2013/14 by gender and nationality.

Key stakeholders were identified to provide sponsorship to Bahraini students, following government initiatives of 'Bahrainisation', described earlier. These were the Bahrain Ministry of Education who provided scholarships; the Ministry of Health which sponsored and would also place Bahraini doctors and nurses into employment in local hospitals after their graduation, and 'Tamkeen', a government organisation providing training, development and employment for Bahrainis in key areas of the economy where local skills gaps had been identified, healthcare being one of them. The majority of Bahraini female nursing students are sponsored through these government scholarship schemes and come from less advantaged socio-economic backgrounds, whereas the Bahraini female medical students are both privately funded and sponsored.

Admission criteria in Bahrain is the same as in the Dublin head campus, and the university also adheres to admission standards set by the local Higher Educational Council (HEC). Students in Bahrain graduate with a degree in medicine or nursing awarded by the National University of Ireland, the same as students in Dublin, as well as a degree awarded by the Higher Education Council of Bahrain. Initial student performance and retention in Bahrain is normally lower than in the Dublin head campus during the first two years of study. Student attrition mostly occurs in the early years, and retention rates typically stabilise as students progress through their programme. For example, of the cohort of 27 Bahraini female medical students commencing in academic year 2008, 20 students would eventually graduate in 2013. In academic year 2009, the intake was 27 Bahraini female medical students, of which 26 students graduated in 2014.

Correlations of results between campuses already undertaken by the university indicate that by their graduating year, students in the Bahrain campus performed equally well, and in some cases better, than their counterparts in Dublin head campus. In the School of Nursing over the same years, 65 Bahraini female students out of 75 graduated in 2013, and 78 students out of an initial batch of 83 graduated in 2014. Many of the School of Nursing students who withdraw from the programme do so for cultural reasons in order to get married and start a family, as discussed below in 1.3.

The curriculum of both Schools integrates a horizontal and vertical threading of five key themes throughout the programmes to shape an RCSI graduate profile, as depicted below, which illustrates the outcomes of knowledge, attitudes and skills that graduates will possess on completing their programme of study.

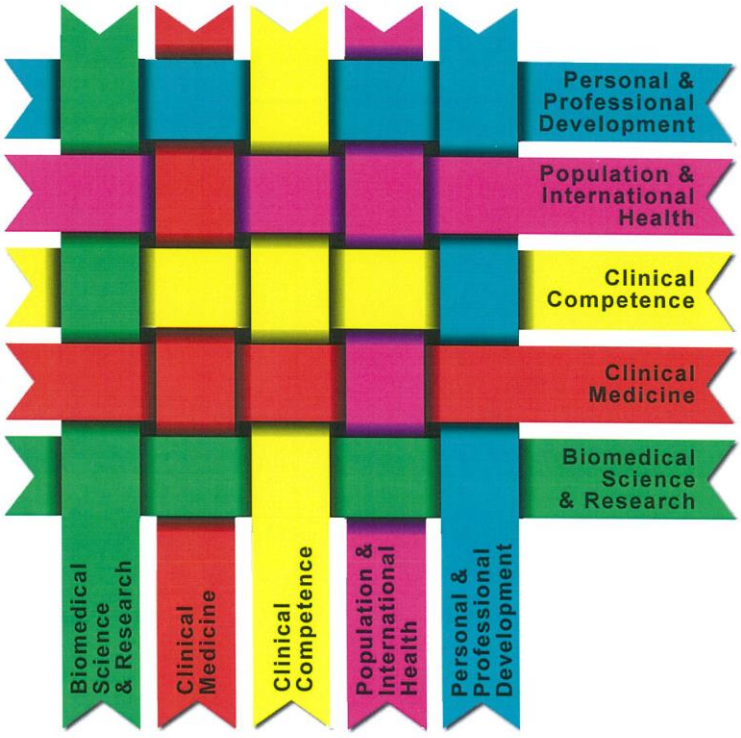

Diagram 1.1. The RCSI Graduate Profile – School of Medicine

The medical curriculum in Bahrain is identical to that taught in Dublin, and is integrated, system based and outcome focused, with early emphasis on exposure to clinical skills.

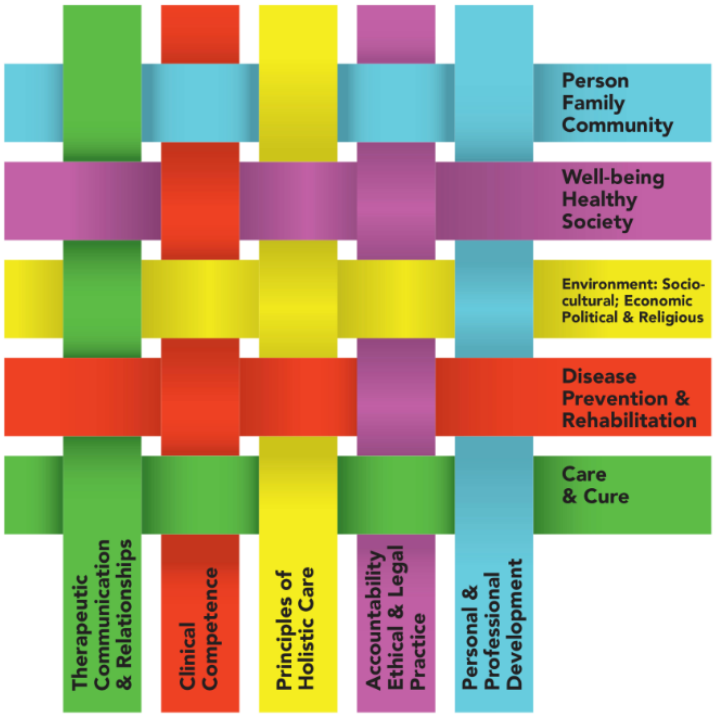

Diagram 1.2. RCSI Graduate Profile – School of Nursing & Midwifery

Although there is a personal and professional development thread running through both graduate profiles, the curriculum focuses on knowledge of the sciences required for the practice of the art of nursing or medicine; there is scant content covering the students' affective domain of learning, although the School of Nursing requires its students to maintain a personal portfolio to develop skills in reflection. Focus in both Schools is weighted towards clinical competencies, with little attention paid to the development of intercultural competencies, although such competencies have been identified as a core requirement of future global healthcare practitioners (Battat et al., 2010; Beaglehole & Bonita, 2010; Gibbs, 2015; Seeleman, Suurmond & Stronks, 2009).

Furthermore, the establishment of a European medical university in the Middle East could be said to expose dimensions of both cultures to the antithesis of its Other (Hofstede, Hofstede & Minkov, 2010; Said, 1978). Such a dichotomy is intricately woven into the intriguing discourse of the phenomenon of transnational medical and nursing education in Bahrain.

1.1 The Kingdom of Bahrain : A Hub of Transnational Medical and Nursing Education

My research took place in the Kingdom of Bahrain, the smallest country in the GCC, but which is host to the region's largest European transnational university of medical and nursing education. Bahrain is an archipelago consisting of 33 small islands, most of which resemble sandbanks and the largest of which, confusingly, is also called Bahrain. Bahrain is strategically situated on the western shores of the Persian Gulf, linked to neighbouring Saudi Arabia by a 25km causeway, and is more influential in geopolitics than its tiny physical area of 780 square kilometres suggests, being the regional base of the U.S. Navy's 5th fleet. Although the region is oil rich, Bahrain has limited oil and gas reserves and therefore the government has deliberately set a path of economic diversification (Bahrain Economic Development Board, 2013), including the provision of TNE. Through its strategy of 'Bahrainisation', the Bahraini government financially supports the education and training of its growing young local population, particularly in disciplines currently occupied by professionals from overseas, such as medicine and nursing, in order to reduce its dependence on expatriate workers and create new opportunities for young Bahrainis. Furthermore, as a British protectorate until 1971, the island is perceived as being more culturally tolerant than some of its more rigid and conservative Arab neighbours. Bahrain's historical, geographical and socio-economic positioning was therefore a critical factor in the establishment of a hub of transnational medicine and nursing education in the Kingdom.

1.2 Insight into Education in Bahrain

Bahrain has one of the region's highest literacy rates (OECD, 2011). The first boys' primary school opened in Bahrain in 1919, followed by the first girls' school in the region in 1928 (Kingdom of Bahrain, Ministry of Education, 2015). The first girls' secondary school opened in 1950, and females typically outperform males academically (Kingdom of Bahrain Supreme Council for Women, 2013). Education is compulsory for Bahrainis from age 5 onwards, and is provided free of charge at Arabic government schools.

The curriculum in government schools is delivered in Arabic, apart from English lessons as a second language, and Islamic studies are taught until the end of high school. There are several mixed gender international private schools on the island, but local government schools are segregated by gender up to university level, and even then genders are normally divided inside the classroom through seating arrangements.

One local Bahraini university offers medical education, the Arabian Gulf University, which has a regional focus. The local College of Health Sciences is involved in the education of nurses under the auspices of the University of Bahrain, but numbers of students graduating in Bahrain and around the region remain insufficient to fill the demand for qualified healthcare practitioners.

There are plans for Bahrain to become a leading healthcare hub in the region (Bahrain Economic Development Board, 2013) and develop local healthcare talent accordingly. This vision is supported by Bahrain's Higher Education Council (2014) which placed STEM subjects (science, technology, engineering and mathematics) as a priority in Bahrain's Higher National Education Strategy 2014-24, and claimed:

> "*The vision is to position Bahrain as a regional hub for quality higher education, producing graduates with the skills, knowledge and behaviors required to succeed in the global knowledge economy while contributing to the sustainable and competitive growth of Bahrain."* (p11.)

1.3 Setting the scene : The place of Bahrain's women

Traditionally placed on the periphery of society, Arab females in the Middle East are not usually encouraged to be heard (Elsaada, Moghissi, Cooke & Valassopoulos, 2010), and remain under the authority, protection and legal guardianship of their father, brother or other male relative until they are married. Most Bahraini households are headed by a male (Kingdom of Bahrain Supreme Council for Women, 2013), and socio-cultural norms and values are grounded in Arab Islamic culture. Although there are no legal reasons to prevent freedom of female movement, cultural boundaries are in existence.

Sexual relations outside of marriage are criminalized, and mixing of genders discouraged. The legal age of marriage for females in Bahrain is 15 (Ahmed, 2010); prior to 2007 there was no minimum age. The average age of marriage for Bahraini females is currently around 22 years' old (Kingdom of Bahrain, Supreme Council for Women, 2013), meaning that many Bahraini females attending university will cede to social pressure and marry during the course of their studies. Arranged marriages are still prevalent, in particular in traditional villages, and many women start families immediately after marriage, following cultural norms (Ahmed, 2010).

Females are expected to behave modestly, their reputation reflecting upon the honour of the family, which is important to secure a good marriage. This includes symbolically projecting an encultured self through an Islamic dress code. The wearing of an 'abaya'[1] and 'hejab'[2] signifies an Islamic female identity and females are encouraged to veil themselves in this manner at puberty. For those following a strict Islamic dress code, females will not show their hair, neck or limbs to unrelated males. It is reported that most female students at the University of Bahrain wear the hejab (Pandya, 2012), highlighting how pervasive cultural forces shape the socialization and presentation of a Bahraini female self within an educational context (Miriam et al., 2013; Stevenson & Clegg, 2010; Goffman, 1990).

Bahraini laws, based on Islamic 'Sharia' law derived from the Quran and 'hadith' (reported sayings and deeds of the Prophet Mohammed) mostly favour men (Pandya, 2012). Bahrain's power base is male dominated, with gender discrimination evident in the legal system (Ahmed, 2010). Bahraini society can therefore be said to be patriarchal in nature and structure (Moghadam, 2004).

[1] An abaya is a long, loose black cloak traditionally worn as an outer-garment by Arab females in the GCC countries. It is normally worn from the head, over a 'hejab', and covers all body parts except hands and feet.
[2] A hejab is a large headscarf which completely covers the hair and neck.

Reformers have called for an independent interpretation of Islamic Sharia legislation to fit a modern context (Ahmed, 2010) but as the religious and political spheres are closely intertwined in Bahraini society, such proposals have as yet been resisted, in particular those which promote gender and social equality. However, Bahrain's women are more publicly and politically active than women in other GCC states and were granted suffrage in 2002. Despite political unrest in the country ignited by the Arab Spring uprisings of 2011 which created friction between the ruling Sunni minority sect and the majority Shia sect (Louer, 2008), the Kingdom of Bahrain was placed 3rd in the Middle East for women's economic opportunities (The Economist Intelligence Unit, 2012) and is ranked well positioned in terms of female education (McKinsey & Company, 2014).

On the other hand, overall female participation in the workforce remains low at 35% (Bahrain Economic Development Board, 2013), just above the GCC average of 32% (McKinsey & Company, 2014). Although Bahrain's constitution confirms that men and women are equal in political, social and economic spheres, in reality Bahraini female participation at government level, as well as the number of females occupying senior leadership positions, is limited (Dunne, 2008; McKinsey & Company, 2014). Lack of female empowerment in the traditional patriarchal societies of the GCC region continues to pose barriers and challenges to Bahrain's women (World Economic Forum, 2014b).

The social status of a Bahraini female is, however, somewhat of a dichotomy. She is expected to be responsible for working towards building a progressive and economically viable society at a modern, global level (Burden-Leahy, 2009), yet at the same time is required to be positioned as a traditional homemaker, reflecting Islamic society (Elsaada et al., 2010), and upholding traditional values such as marriage and motherhood at a local level. This contradictory dilemma has been termed 'the double-burden syndrome' (McKinsey & Co., 2014, p.18), and represents very different sets of cultural values and conflicting possibilities of being (Stevenson & Clegg, 2010).

The Kingdom of Bahrain Supreme Council for Women (2013) highlights this loaded expectation of Bahraini women's gendered understanding of themselves (Charles, Harr, Cech & Hendley, 2014) as follows:

> *"Bahraini women today are at a more advance stage in the process to build a sustainable society and have a greater ability to attain the highest positions in the Kingdom, whereby women in Bahrain today are Ministers, Judges and Business Women, while maintaining their natural presence as a family nurturer, which in turn is a nurturer of the nation as a whole."*
> (page 5).

1.4 My Place within the Research

I have been working and living in the Middle East for many years, and I am currently Head of Student Development and Wellbeing within the Irish medical university where the research took place. As an experienced female, western educated, cognitive behavioural therapist and educator, I engage regularly with our Bahraini female medical and nursing students. Over the years, my role has enabled me to gain rich insight into their situated positioning (Haraway, 2008; Valassopoulos, 2010) as Bahraini females. There was no power effect on the participants involved in this research however, as they had all graduated prior to the research taking place and I had had no contact with them for over at least a year, nor was I involved in their lives in any way after their graduation. My own positionality and its influence on my research is declared and discussed further in Chapters 3.3 and 3.11.1.

The focus of my research emerged from an earlier action research project I had undertaken at my university to develop a student success 'signature' (Schulman, 2005) for our medical and nursing students, specific to the Bahrain context. The objective of this project was to improve professional practice within my department in order to better support student integration, resilience, and ultimately success by gaining increased insight into and understanding of local students' needs in a transnational learning environment.

The concept of a 'signature', which operates as a metaphor, describes and shapes the character of a particular professional practice. A 'signature' is defined by Schulman (2005) as the specific culture of a professional practice which constructs a particular identity. It is reinforced through professional education and programme delivery, and shapes the embodiment, interactions and power relationships of those within its sphere, as well as the culture of its practice. As this concept had not previously been explored in relation to transnational medical and nursing students in the GCC region, I developed a transnational student success 'signature' to support the academic, personal and professional development of our pre-clinical medical students, and which was recently presented and well received at an international conference.[3]

My research evolved from this project as many questions began to emerge in relation to student experience within a TNE context. I had become increasingly aware of the critical importance of the cultural context and complexities involved in both the delivery and experience of transnational medical and nursing education (McKimm & McLean, 2011). I began to question assumptions that 'we' know what 'they' need without listening to the student voice in context (Grebennikov & Shah, 2012), and I was particularly interested in how Bahraini female medicine and nursing students experienced their TNE journey. Not only do they have to negotiate the challenges confronting them as females inhabiting a patriarchal society locally, but they are also embedded and implicated within the global discourse of medicine which has been critcised for not listening to the female voice (Barbaria, Bernheim & Nunez-Smith, 2011), nor for considering female lived experiences as valid knowledge (Plummer & Young, 2010; Lazar, 2007; Foucault, 1963).

It was therefore in the fascinating context of the desert island of the Kingdom of Bahrain, where local and global forces enmeshed in transnational medical and nursing education are juxtapositioned, that my research took place. Exciting and previously unexplored horizons for investigation were opened up as I began to formulate my research questions and map my passage across the undulating depths of the unknown.

[3] ICHE 2015: XIII International Conference on Higher Education, London, U.K. May 2015.

Chapter 2 Literature review

2.1 Introduction

A thorough review of the current literature on transnational education (TNE) was undertaken, and a search in particular for existing studies on student experiences of transnational medical and nursing education in the Middle Eastern region. Academic databases were searched electronically, past conference papers accessed, and books and publications were browsed (Blaxter, Hughes & Tight, 2010) until a point of saturation was achieved in that no new themes on the topic of TNE were introduced into the literature. This Chapter commences by introducing the topic as it is represented in the TNE corpus, and then turns to examine the key themes identified in the literature.

Current literature outlines various models of TNE programme delivery, including distance education, strategic affiliation, collaboration or franchise with a partner in the host country, and the establishment of an international branch campus (Alam, Alam, Chowdhury & Steiner 2013; Altbach et al., 2009; Miller-Idriss & Hanauer, 2011; Wilkins & Huisman, 2012). Different facets of the TNE phenomenon have been explored in the existing literature, notably the rise of the international branch campus over the past fifteen years, which is predicted to remain an ongoing trend (Bohm, Davis, Mears & Pearce, 2002; Burns, 2008; Lawton & Katsomitros, 2012; Miller-Idriss & Hanauer, 2011; UNESCO, 2009; Wilkins & Huisman, 2012). It is also clearly acknowledged in the literature that the extent and impact of the phenomenon of TNE has not yet been fully investigated, and that there is no exhaustive list of how many universities have actually established international branch campuses in different parts of the world (Altbach et al., 2009; Knight, 2011; Miller-Idriss & Hanauer, 2011). This may be due to the fact that definitions and typologies of classification have not yet been universally agreed (Knight, 2011; Lane, 2011).

Numbers of international branch campuses worldwide have been estimated in the range of over 100 (Knight, 2011; Lane, 2011; Miller-Idriss & Hanauer, 2011; Wilkins & Balakrishnan, 2013), to at least 200 (Becker, 2009; Lawton & Katsomitros, 2012), with many having been founded after 2005 (Becker, 2009) by western universities in pursuit of a global branding strategy (Pilsbury, 2007; Rolfe, 2003; Wilkins & Huisman, 2012). However, due to the lack of data relating to an exact classification and numbers of international branch campuses operating globally, there is also no precise information available on student enrolment in international branch campuses world-wide (Knight, 2011; Verbik & Jokivirta, 2005).

Arriving at a point of thematic saturation (Petticrew & Roberts, 2006) in existing work on TNE, I organized the literature into three main themes, discussed below: a critique of TNE and how it operates as a phenomenon; student experiences in TNE; and new conceptualisations to date emerging from the discourse of TNE.

2.2 A critique of TNE and how it operates as a phenomenon

The phenomenon of TNE is frequently discussed in the literature as a strategy of internationalization of higher education institutions (Brandenburg & de Wit, 2011; Dolby & Rahman, 2008; Knight, 2004; Tate, 2012), mostly grounded in the context of western countries exporting education overseas (Tikly, 2001). A preponderance of literature exists which takes a critical and analytical look at the establishment of international branch campuses as a dimension of the phenomenon of TNE driven by forces of globalization (Altbach & Knight, 2007; Maringe & Gibbs, 2009; McCabe, 2001; Naidoo, 2007; Waters & Leung, 2013; Wilkins, 2011). Globalization as a trend (Altbach & Knight, 2007; Scholte, 2005) is characterized by increasing flows and interconnectedness of economies, technologies, knowledge bases, ideologies and cultures (Burden-Leahy, 2009; Carnoy & Rhoten, 2002; Leask, 2004; Marginson & Van der Wende, 2007; Steger, 2003; Zembylas, 2012) which transcend geographical boundaries of nation states and facilitate ‘time-space distanciation’ (Giddens, 1981), defined as a compression of time and distance between international borders.

Although the impact of these characteristics is unevenly distributed around the globe, and is often unpredictable in nature (Knight & Trowler, 2001), globalization fuels a demand for internationally recognised qualifications (Naidoo, 2007) in order to satisfy rapidly changing global employment structures (Leung & Waters, 2013). At a national and regional level, strategies of internationalization in higher education include revamping curriculums and programmes to attract foreign students, sending local students overseas to study, and employing international faculty (Knight, 2004; Knight & Oesterreich, 2011; Naidoo, 2009; Smith, 2009; Tate, 2011). At an international level, institutional response includes establishing strategic affiliations and partnerships overseas, or the founding of an international branch campus (IBC) as an appropriate channel for the delivery of its academic programmes overseas (Altbach et al., 2009; Bartell, 2003; McBurnie & Zighuras, 2007; Sidhu, 2006).

TNE as a strategy of internationalisation of higher education institutions has been criticised in the literature from various angles. A common theme in the literature relates to the 'corporization' and 'commodification' of TNE for commercial gain (Altbach, 2004; Becker, 2009; Blum & Ullman, 2012; Donn & Al Manthri, 2010; Harvey, 2010; Knight, 2006; Naidoo, 2007) supported by neo-liberal economic policy and ideology, as transnational academic capitalism (Kauppinen, 2012) flows from developed centres of education out to the periphery of less developed nations (Naidoo, 2009). Some western institutions of higher education have been accused of taking a 'gold rush' approach (Mills, 2009), motivated by the possibility of reaping quick profits (Altbach & Knight, 2007; Wilkins, 2011). However, Wilkins and Huisman (2012) warn that setting up an IBC is an expensive and high risk growth strategy, and one which also poses many complex challenges in order to successfully replicate the same programme in different countries (Lien & Wang, 2010), requiring the negotiation of a myriad of issues relating to accreditation and recognition (Altbach, 2010; Hou, 2012) prior to launching a programme in the host country.

Concerns have been expressed about the quality of TNE provided overseas (Altbach, 2010; Castle & Kelly, 2010; Mok, 2005; Naidoo, 2007), and even though an institution of higher education is obliged to take responsibility for the quality of education provided across borders in its name (The Quality Assurance Agency for Higher Education, UK, undated; UNESCO/OECD, 2005), questions are raised as to why the home programme is benchmarked for quality assurance, as an effective quality framework should also include and be responsive to the local context (Pyvis, 2011). In their discussion of the provision of Australian onshore and offshore education, Castle and Kelly (2010) conclude that there is no reason why offshore provision cannot be better quality than what is delivered at home.

One explanation put forward to justify why TNE is grounded in mostly western models of higher education is based on the assumption that non-western students need to learn from the West (MacKinnon & Manathunga, 2003), an approach which some authors describe as a form of cultural imperialism (Djerasimovic, 2014; Welch, 2011), representing the interests of a network of elite transnationalists (Bennet, 1991) or 'neo-colonialists' (Altbach, 2004), and which supports an attitude of educational imperialism. This stance points to a hidden curriculum (O'Callaghan, 2013; Pyvis, 2011) as aspects of westernization are filtered into the host country to replace local social structures, traditions and cultures (Djerasimovic, 2014; Scholte, 2005). In their study on the impact of TNE in the UAE, Miller-Idriss and Hanauer (2011) noted that there had indeed been a diminishing of local cultural and religious programmes in the curriculum, and instruction in Arabic had been replaced with English. Such adjustments in curriculum content have been remarked upon elsewhere in the literature, in particular in relation to degree programmes in the sciences (Bohm et al., 2003) where English is viewed as the desirable *lingua franca* of learning (Kane, 2014; Lasanowski, 2009). This could be seen as legitimizing the normalisation of the English language (Bourdieu, 1991), although the perceived elite status of degrees awarded by western universities overseas has been challenged by some authors (Hoare, 2010; Chapman & Pyvis, 2007; Ziguras & McBurnie, 2011).

Furthermore, a host country of TNE does not necessarily passively accept the suggested influences of a hidden curriculum within western models of TNE (Pyvis, 2011). As an illustration, Bahrain's Higher Education Council requires all universities to provide Arabic language classes for non-Arabic speaking students, and all students have to attend a mandatory credit-bearing History of Bahrain class, implying that a transnational curriculum is influenced through a process of 'localization' as well as internationalisation (Leask & Bridge, 2013; Shams & Huisman, 2012).

A response to the concerns expressed in the literature about whether or not TNE serves the interests of the host country (Saarinen, 2008) or benefits local students (Naidoo, 2007) was sought by Lane (2011). Lane (2011) explored the cases of Dubai and Malaysia as major hosts of TNE and examined official policy documents, held an unspecified number of interviews with campus administration, and consulted secondary data from non-government organisations in order to evaluate the relationship between government policies and IBCs. Noting the lack in definitions and typologies in the area of TNE research, he used a framework of an existing typology of institutions of private higher education (Levy, 1986) in order to analyse the role of IBCs and the policy environment in which they operate. The analysis, however, could be criticised as weak in that Lane (2011) acknowledges that the roles performed by IBCs do not 'fit' perfectly into the typology, yet offers no alternative suggestions or models for classification. The validity of the comparison made between Dubai and Malaysia as host centres of TNE can also be questioned, as these two countries have very different histories, cultural environments and socio-economic trajectories. Lane (2011) highlighted that both countries appear to attract institutions of TNE from English speaking countries which are also considered as top destinations for students going to study abroad, thus access to world-class education is widened to home students who may not have the opportunity or funding to travel to attend a university in its original home base (Miller-Idriss & Hanauer, 2011). He concluded that governments of both Dubai and Malaysia are proactively developing their strategies of TNE to 'pull' IBCs into their territories in order to achieve public policy initiatives.

Although TNE is described by Lane (2011) as beneficial for both home students and governments, he did not elaborate on the public policy initiatives which are driving TNE (Koehn, 2012) in these countries, apart from mentioning that they are tied to economic development. Lane (2011) also did not discuss the consequences and perceived experiences of local students arising from such initiatives, which draws our attention to Cuthbert, Smith & Boey's (2008) point that the stated benefits of TNE are "often-asserted, but rarely established" (p.261).

The UAE, predominantly Dubai, has been the focus of most of the studies on TNE in the Middle East (Burden-Leahy, 2009). The important role of TNE in the socio-economic development of Arab countries (Carnoy & Rhoten, 2002) was examined in a study conducted by Miller-Idriss and Hanauer (2011) who employed a methodology of mainly document and media analysis, including an examination of statistical data available in the public domain, focusing on the GCC states as well as Egypt and Lebanon. Data were collected on 57 institutions and programmes from which a typology and classification of institutions was developed. The authors state the number of insitutions of TNE in Bahrain as 2, but I am aware of a greater number than this in existence in Bahrain at the time of the authors' publication. Names of institutions of TNE operating in the region are provided, but surprisingly my university was not mentioned. This suggests a serious flaw in the data collected, as other institutions of TNE in the area may also have been overlooked. The authors did not specify their search criteria, apart from mentioning that references in journals, policy reports and internet sites were accessed. Data are also incomplete in the compilation of the typology, with some classifications of degrees offered by institutions of TNE's having no details recorded against them. The authors refer to categories of institutions they classify as 'branch campuses', stating that the 'home' base campus retains full autonomy. This is not the case in reality, however, as an IBC in the Middle East is rarely autonomous due to the often conflicting and stringent regulatory frameworks and regulations of different local authorities and stakeholders which dilute the home base influence.

In Bahrain, for example, compliance with the stringent local licensing requirements of the Ministry of Education, the Higher Education Council and the Higher Education Review Unit of the Quality Assurance Agency for Education & Training (QAAET) dictates daily operations for academics, administration, student admission requirements and student life, as well as informing the institutional strategic plan. This point draws attention to what I perceived to be a major weakness of this study: what is researched remotely from 10,000 kilometres away in a New York office takes on a very different aspect when confronted face-to-face on the ground. Local knowledge gleaned *in situ* is therefore indispensable to inform a credible study and represent a reliable portrait of the TNE phenomenon in the Middle East.

Knight (2011) examined Bahrain's role in TNE in the region, along with that of Dubai and Qatar, and although she mentioned that there were 3 institutions of TNE operating from Bahrain, the disciplines and programmes offered by these institutions, and their origin, were not mentioned. In another study examining the growth of TNE in the Arab world, Wilkins (2011) mentioned Bahrain as a host country of TNE, however did not go into detail. The rationale and reasons behind the rapid growth of TNE in the Gulf states is not explored in depth in the current literature, nor has consideration been given to the possible consequences of the current political unrest in the region on the providers of, and learners enrolled in, TNE in the region. Burden-Leahy (2009) suggests that the limited scope of research in this context to date may be due to the perception that the countries in the region are closed yet wealthy oil producing states which offer more interesting research perspectives with narratives woven into discourses of the Orient (Said, 1978), oil, Islam, terrorism, human rights and the veil, rather than the discourse of TNE. Much of the existing literature also ignores that in the Arab world the pedagogical environment is shaped by the pervading influence of Islam and religious practice. Consideration has not been given to how this may produce a tension for local students enrolled in an IBC in the Middle East, in particular for female Arab students, who have to conform to local embedded patriarchal socio-cultural norms (Elsadda et al., 2010).

There is a call for institutions of TNE to be aware of and understand the cultures and business practices in the geographical areas where they operate (Donn & Manthri, 2010), as accepted institutional cultural norms and values may clash with those of the host country (Hoefstede, 1983; Hutchings & Weir, 2006; Kostova & Zaheer, 1999). For example, according to Hoefstede's (1983) scale of national cultural dimensions, Ireland and Bahrain are at opposing ends of the scale and are not in cultural alignment. This implies that local Bahraini students engaging with an Irish learning context in Bahrain are confronted with difference, suggesting possible challenges which require identification (Maddison, 2013).

2.3 Student experience in Transnational Education

There is sparse literature on local student experiences of TNE in the GCC region (Miller-Idriss & Hanauer, 2011), in particular transnational medical and nursing education. However, a substantial amount of literature exists on other dimensions of student engagement within TNE. 'Engagement' in this sense is used to describe the depth of intensity and emotional involvement of students in their education (Fredricks, Blumenfeld, & Paris, 2004; Pugh, Linnenbrink-Garcia, Koskey, Stewart, & Manzey, 2009). For example, a large body of work exists on student mobility and the motivation to study overseas (Binsardi & Ekwulugo, 2003; Bodycott, 2009; Chen 2008; Gatfield & Chen 2006; Gargano, 2009; Li & Bray 2007; Maringe & Carter, 2007; Padlee, Kamaruddin & Baharun, 2010; Robinson-Plant, 2009; Shanka, Quintal & Taylor, 2005; Wilkins & Huisman 2012), which led to the development of theory relating to student decision making in selecting international student destinations (Bodycott, 2009; Chen, 2008; Maringe & Carter, 2007). Such literature is mostly concerned with student engagement and experience of movement relating to the 'push-pull' factors involved in accessing TNE (Bhandari & Blumenthal, 2011; Bodycott, 2009; Bolsmann & Miller, 2008; Naidoo, 2003, 2009). 'Push' factors launch students overseas as their home country may lack subject or discipline specialties, university places or employment opportunities and career propspects, whereas 'pull' factors towards a certain international student destination include international exposure, quality of lecturers, institutional reputation, a prestigious qualification, and development of English language skills (Bhandari & Blumenthal, 2011; Lam, Ariffin & Ahmed, 2011; Walton-Roberts, 2015).

Many studies have been undertaken which focus on student experiences of travelling away from home to access TNE, such as how students adapt culturally and socially to a foreign learning environment (Leask, 2009; Schneider, 2013; Waters & Leung, 2013), challenges confronted upon returning home and putting new knowledge into practice (Lindley, McCall & Abu-Arab, 2013; Rizvi, 2005, 2010), and the establishment of relationships and levels of belongingness between international and domestic students (Collins, 2006; Findlay, King, Smith, Geddes & Skeldon, 2012; Glass & Westmont, 2013; Waters & Brooks, 2011).

Student perceptions of TNE in the context of Australian offshore education in Asia were explored by Hoare (2012) and Chapman and Pyvis (2006). Hoare (2012) drew on findings from an extension of her original longitudinal ethnographic study of a TNE degree programme in education and training in Singapore, comprising 30 research participants. The participants were contacted 5 years after graduation, and 16 participants took part in interviews. The author does not make a claim that the study is generalizable to the TNE phenomenon elsewhere, nor does she claim to measure outcomes of TNE in any way, but I support her comment that as a small scale study it is valuable as it adds to our understanding of how specific groups of students experience TNE. Chapman & Pyvis (2006) also drew on existing findings from a qualitative examination of student experiences in two case studies conducted in an Australian university, one study of 26 students enrolled in a Master's degree programme in Singapore and the other of 21 students following an EdD programme in Hong Kong. The authors sought to understand, through the lens of social practice theory, how students negotiated dilemmas they encountered in TNE, and how these dilemmas impacted the formation of student identity. Data were collected through qualitative surveys undertaken with all participants and semi-structured interviews comprising 6 students from each case. However, no explanation was given on the selection criteria of students from each group, for example the gender of participants was not mentioned. Documents relating to programme information and faculty policies were reviewed by the authors but the rationale behind examining these data was not elucidated, with the result that the reader was left wondering how these particular data fit in and support conclusions.

The above study was situated within an interpretive paradigm, but there was no statement relating to the framework of analysis. The authors chose to develop the Hong Kong case study for further analysis, but did not justify why this was selected instead of the Singapore case study; a comparison of both cases might have added robustness. Although I noted limitations in the study's methodology, the authors developed an interesting concept that construction of student identity in TNE was found to take place around membership of a multi-layered learning community. This concept is supported by the learning theory developed by Lave and Wenger (1991), that students engaging in a collective learning process form a 'community of practice'. Communities of practice involve a domain, a community, and practice (Wenger, 2006). A community of practice is established over time and reflects an identity which is defined by its members' shared interests and competencies, a sense of common enterprise, mutual understanding, and the construction of relationships that support their learning from each other and which improves their practice (Wenger, 1998).

In the healthcare sector, for example, communities of practice have supported change in professional practices by leading 'knowledge into action' initiatives (Kothari, Boyko, Conklin, Stolee & Sibbald, 2015). In the study conducted by Kothari et al., (2015) in Ontario, Canada, the effectiveness of forming a community of practice for the transfer of skills across healthcare professionals and implementing change in healthcare systems was examined. The authors found that although a community of practice in this case functioned to establish best practice and brought together valuable shared experiences, the effectiveness of the community of practice was challenged by organisational culture and government structures resistant to change. The authors recommended that further investigations are made into the functioning of communities of practice in different contexts in order to better understand their role in leading change (Wenger, McDermott, & Snyder, 2002). The notion of communities of practice could therefore be extended to the field of TNE, and in fact arose as a key finding in this thesis which I conceptualised as a Transnational Community of Practice (TCoP), describing students' constructed learning community in a specific transnational context, explored later in Chapter 4.3.2.

Studies by Hoare (2012) and Chapman and Pyvis (2006) concluded that students found their engagement with TNE in Asia to be a transformative experience. A transformative experience is the catalyst for a repositioning of perspective, a change of mindset arising from new meaning-making as belief systems and behaviours are re-evaluated and a new understanding of self and others evolves (Mezirow, 1991). The result is transformative learning which leads to greater personal autonomy, personal and professional growth, increased intercultural awareness of others (Leask, 2004; Root & Ngampornchai, 2013), and a paradigm shift which impacts further experiences (Clark, 1993).

In a further study based in an Australian university, Nair, Murdoch and Mertova (2011) benchmarked both onshore and offshore student educational experiences of more than 56,000 students representing 30 nationalities in 6 Australian campuses and 2 IBCs. A comparative analysis was made between the Australian university in Australia and its IBC in South Africa using a study which had been developed by the university. The study was distributed to students every 2 years and used as a tool to inform practice. Feedback was anonymous and participation voluntary. Data integrity and confidentiality were ensured as staff who had no prior contact with students distributed and collected the completed survey. Response rates were 34.1% in Australia and 80.5% in South Africa; the gap in response rates between campuses perhaps indicating a difference in student culture, although this was not explained by the authors. Results were statistically measured and analysed, and useful indicators for student satisfaction in TNE emerged across campuses, which could be replicated in different geographical and cultural contexts.

Boyle and Sastrowardoyo (2012) also developed a model of student satisfaction from data obtained from a focus group of nine graduates of Australian TNE in Hong Kong. The focus group explored phases of TNE experience and data were interpreted qualitatively, although this was not described in detail and the criteria for selection of the participants was not outlined.

The authors identified eight factors in student satisfaction, including a sense of belongingness and integration, also mentioned in other studies as important indicators of a successful student experience in a TNE context (Gibson, 2010; Guo & Chase, 2012; Kadiwal & Rind, 2013; Lindley et al., 2012; Wilkins, Balakrishnan & Huisman, 2012), however a generalizable global model of student satisfaction in TNE has not yet emerged (Hoare, 2010). In the Middle East, Wilkins & Balakrishnan (2013) undertook a quantitative study to investigate indicators of student satisfaction at IBCs in the UAE. Some 247 undergraduate and postgraduate students at 6 IBCs in the UAE completed a questionnaire either as a hard copy or online. The authors used logistic regression as a tool through which a logit model was developed, and the recommended predictor ratio was met. The authors demonstrated that the model had a 87.4% success rate in predicting student satisfaction. Important determining predictors of success identified in the study included the quality and availablity of international lecturers, resources, and the use of technology. Although specific to the Middle Eastern context, this study proposed a useful methodology to measure student satisfaction that could be adapted and applied to different TNE locations.

None of the literature fully addressed the impact of TNE on gendered ways of knowing, or how culture and beliefs structure student experience in TNE (Khine, 2008), although Khine and Hayes (2010) took tentative steps to explore this gap in a pilot study conducted with 167 Emirati females entering a degree programme in the UAE. The authors investigated womens' ways of knowing in a context where gender segregation in education is the norm and used an established tool, the Attitudes towards Thinking and Learning Survey (Gallotti, Clinchy, Ainsworth, Lavin & Mansfield, 1999), in both English and Arabic versions, to statistically measure ways of knowing. Interviews were also held with 10 students to triangulate results. However, issues arose regarding inaccuracy in the translation of the survey. Two questions eventually proved to be statistically unreliable so had to be removed to ensure reliability, which reduced the data collected.

Khine and Hayes (2010) concluded that patterns of knowing demonstrated by Emirati females reflected socialised belief systems which had implications for teaching and learning in the UAE TNE context. The authors suggest that TNE must be filtered through the local culture of students in the host country in order to be successful, including due attention being paid to language and how students construct meaning (Tubin & Lapidot, 2008). Gargano (2009) criticizes the existing body of work as being overly statistical in nature and not giving adequate voice to student expressions of their experience, nor examining how students negotiate and inhabit their transnational space. In Khine and Hayes' (2010) study, it is possible that an in-depth qualitative analysis would have revealed a richer and greater depth of understanding of the Emirati female ways of knowing, and the authors also call for further investigation before conclusions are drawn.

There is a call for issues such as gender and power relations within a pedagogical framework of TNE to be placed on the agenda as students "encounter the world in the classroom" (Welikala, 2011, p.24) and engage with a global environment in a local setting (Anderson, 2012; Donn & AlManthri, 2010; Erez et al., 2013; Giddens, 1984; Miller-Idriss & Hanauer, 2011) through their positioning within a 'global-local nexus' (Giddens, 1999). Giddens (1999) defines the global-local nexus as the sphere of relationships, and tensions, that exist between pervasive forces of globalization and the distinctive features of local geographical areas and inhabitants impacted by these forces. If a rationale of institutions of TNE is to develop capacity in the countries where they operate (Leung & Waters, 2013), then an understanding is required of the constructed reality of specific groups of students situated in the global-local nexus of their TNE context, which cannot be separated from their cultural context (Anderson-Levitt, 2003; Maddison, 2014).

There is scant existing literature on learners' experiences, beliefs and expectations (Hussin, 2007; Pincas, 2001) in transnational medical and nursing education. This may be due in no small part to the fact that there is no universally accepted definition of what a global healthcare practitioner actually is, or what new local-global competencies are required (Battat et al., 2010; Beaglehole & Bonita, 2010; Gibbs, 2015; Harden, 2006; Koplan et al., 2009; Peluso, Forrestel, Hafler, & Rohrbaugh, 2013; Rowson et al., 2012). Attention has been drawn, however, to a shift in the international landscape of medical education, culture, and practice towards what has been termed the 'feminisation of medicine' (Bleakley, 2013; Hill, Solomon, Dornan & Stalmeijer, 2015; McKinstry, 2008; Ulusoy, Swigart & Erdemir, 2011), as a greater number of females enter medical school than ever before (Kilminster, Downes, Gough, Murdoch-Eaton & Roberts, 2007).

One of the few studies on transnational medical education compared the learning experiences of medical students in an Australian campus with those enrolled in its Malaysian branch campus (Lindley, McCall & Abu-Arab, 2013). Data on student experience were collected from 35 students through five focus group sessions as well as individual interviews, which were thematically analysed. The authors identified student needs, from which they developed strategies to address these needs. However, they did not share what themes they discovered, and it would have been useful to be able to compare and relate these findings to other contexts. The authors focused on the cultural complexities involved in transnational medical education, including the challenges of developing global healthcare workers who can operate appropriately in a culturally and ethnically diverse society (Reid & Loxton, 2004; Seeleman, Suurmond & Stronks, 2009), although they did not offer a discussion on how these challenges could be addressed. Lindley et al. (2013) concluded that a TNE environment should be able to facilitate intercultural engagement at both an institutional as well as an individual level and suggest that a medical education curriculum should be 'translated' from one cultural context to another. However, as the objective of an IBC is to award the same degree as the head campus, this may not be possible or desirable in practice.

Transnational nursing education programmes offered by an Australian School of Nursing were reviewed by Wilson (2002), who noted the benefits as well as challenges that arise in a TNE context. The study focused on one specific school of nursing as a case study and drew on existing literature to justify and validate the programmes currently offered by the school. This somewhat limited the study's scope and usefulness as new insights could have perhaps been developed through a more critical stance. The author did not suggest areas for further investigation, although predicted that the demand for TNE in healthcare programmes would grow as the healthcare industry faces a global shortage of nurses. Although it was not mentioned on what basis this prediction was made, other sources have confirmed that this is one of the challenges ahead for the Middle East in particular (Feuilherade, 2014), as outlined in Chapter 1.1.

2.4 New conceptualisations

From studies conducted on the TNE phenomenon to date, new conceptualisations have emerged that invite further investigation. For example, it is proposed that students engaging in TNE and attending an IBC embody the profile of a global citizen, a member of a global educational community (Wenger, 1998; Wiseman, 2010), a person who is 'glocal' and can comfortably inhabit both global and local spheres (Wilkins, 2011). Patel and Lynch (2013) suggest a process of 'glocalization' occurs as local students receive an empowering global education 'at home'. Both 'glocal' and 'glocalization' are defined in the literature as the meshing, balancing and blending of global and local perspectives within a community (Boyd, 2006; Patel & Lynch, 2013). This conceptualisation can also be understood as a critical response to the western-centric strategies of internationalisation (Wilkins, 2011), mentioned earlier in 2.2, and points to a dynamic rather than homogenous student experience of TNE. Examining local student experiences of an IBC in Dubai, Kadiwal and Rind (2013) refer to students as 'selective cosmopolitans' (p.689) as they pragmatically and independently negotiate intercultural influences within 'global contact zones', and who are far from being passive recipients of TNE (Singh & Doherty, 2004). Such conceptualisations call for the construction of new paradigms and vocabulary in order to understand and make sense of these 'cosmopolitan' experiences of TNE (Rizvi, 2005).

Gargano (2009) applies a structural perspective to transnational learning spaces, and introduces the concept of 'transnational social fields' as a theoretical construct. Engagement with a transnational social field includes students who travel overseas for education as well as those who remain at home and attend an IBC. Both groups of students have to negotiate and give meaning to the different social and physical spaces and places they encounter. Gargano's (2009) particular lens does not investigate statistics nor does it predict trends, but it focuses instead on the student voice and the importance of cultural flows through the inhabited spaces of TNE. This conceptualisation also points to new possibilities of identity with the evolution of a transnational student consciousness (Faist, 2010) and the formation of 'glocal' possible selves (Edwards & Usher, 2000; Pirc, 2013; Stevenson & Clegg, 2010) arising from experiences of TNE.

2.5 Conclusion

A large body of work exists on what TNE *is*, but not on what it *does* (Burns, 2008), nor on how it is experienced from a learner's perspective. In particular, the 'at home' student experiences of TNE have tended to be overlooked in research but are an important dimension of the TNE phenomenon (Chapman & Pyvis, 2007; Zemblyas, 2012). Miller-Idriss & Hanauer (2011) point to the importance of undertaking regionally sensitive studies which acknowledge and share students' voices, as these are rarely heard or listened to in the TNE context (Chapman & Pyvis, 2005; Cuthbert et al., 2008; Hoare, 2012; Ziguras & McBurnie, 2011). There is a growing call to know more about the long term impact of IBCs and the outcomes of TNE experiences as students situate themselves in specific discursive contexts (Fail, Thompson & Walker, 2004; Oikonomidov & Williams, 2013; Hall,1996; Stevenson & Clegg, 2010). Significant gaps in current literature were acknowledged in this Literature Review, and in particular student experiences of transnational medical and nursing education in the Middle East. These knowledge gaps informed the development of my research aim and questions, introduced in the next Chapter.

Chapter 3 Methodology

3.1 Research Rationale and Relevance

The rationale of this research was to understand the meaning made (Smith, Flowers & Larkin, 2009) by a group of Bahraini female medical and nursing students of their lived transnational education (TNE) experiences. An analysis of these experiences offered the possibility of unique insights into their lifeworlds and would contribute to our knowledge of how 'glocal' (Choudada, 2013) students, defined on page 31, are impacted by the manifestation of the phenomenon of TNE in specific cultural contexts.

Such understanding is important for the future direction of TNE (Wiseman, 2010), not only in the Middle East but elsewhere around the globe, as the phenomenon of TNE continues to forge ahead across international boundaries (Bovilla, Jordan & Watters, 2015; Healey, 2015; Ling, Mazzolini & Giridharan, 2014), shaping the lives of those who cross its path. The objective of the research was also intended to benefit student personal empowerment (Pedwell, 2012) and academic success, as new opportunities for the innovation of professional practice in TNE appeared that could better support a transformative learning experience for students engaged in transnational medical and nursing education in Bahrain.

3.1.1 Research Questions

My research investigated and answered the following questions:

- What are the perceptions and experiences of local Bahraini females who have attended the university as either a medical or nursing student? What was it like for them as a transnational student, occupying a particular standpoint (Harding, 1987) as a Bahraini female?
- How did the participants make sense of their experiences? Is medical and nursing transnational education in Bahrain a transformational cultural experience for this group of participants?

- By focusing in depth on participants' experiences and total being (Finlay & Ballinger, 2006), what can we learn about the strategies that participants developed in order to succeed in the 'global-local nexus' (Giddens, 1999) of transnational education?
- In what ways did the experiences of TNE provided by an Irish medical university in the situated context of the Kingdom of Bahrain impact the lifeworlds of the participants as they *became* medical and nursing professionals (Monrouxe, Rees & Hu, 2011)?
- Can any new conceptualisations for Bahraini female engagement within the discourse of transnational education in the Middle East be identified (Baker & Wiseman, 2009)?
- Exploring alternative paradigms of transnational education though listening to and interpreting student experience, can particular groups of students be empowered in specific local cultural contexts through the medium of their educational programme?

3.2 Introduction to the study design

Exploring and gaining an understanding of the complex processes involved as people make sense of a significant experience in their lives (Smith, 2004) calls for an approach that does not reduce what is being investigated to numbers, values, sizes or frequency of correlations (Eagly & Riger, 2014), as this would not have satisfactorily answered my research questions. My study design was therefore qualitative in order to provide rich and descriptive, or 'thick' (Geertz, 1983), accounts of TNE experiences through which participants' perspectives (Cresswell, 2013) and meaning-making (Smith et al., 2009) could be explored, and which would appropriately address my research questions. Sifting through the labyrinth of qualitative approaches that would be best suited to explore my topic, I was first obliged to address a couple of disconcerting questions which caused me to pause for thought and deliberate at a personal level. One such protracted dialogue I had with myself was whether or not I could honestly remain, or even wish to remain, distanced from the research participants and successfully 'bracket', or separate and detach myself from, the experiences of my participants.

Many qualitative researchers use bracketing as a method of mitigating and suspending their preconceptions, emotions, values and experiences (Finlay, 2011; Tufford & Newman, 2012) during investigation. As an experienced cognitive behavioural therapist, I use what is a similar practice to the academic 'bracketing' technique on a daily basis in my work. This is the psychological strategy of professional detachment, a conscious act, which is necessary for the practitioner to follow in order to avoid compassion fatigue and to remain distanced from becoming emotionally involved in a case, but not to the extent that it desensitizes the practitioner from remaining empathetic. However, in order to undertake an in-depth examination of the research participants' experiences of the phenomenon of transnational education I was aware that by 'bracketing' myself and remaining on the periphery, I might not be able to gather the richness of data that I could access by being on the 'inside' and becoming part of the project, a dilemma discussed further in section 3.11.1.

After soul-searching deliberation, I decided to enter into the research as part of the text (Nencel, 2014), employing the process of reflexivity throughout, detailed later in section 3.5, to provide trustworthiness (Denzin, 1997; Guba & Lincloln, 1989; Morrow, 2005). Drawing on a metaphor to illustrate my ruminations over a choice of methodology at this point, as a recreational diver I was aware that to explore, uncover and reveal treasures concealed in unchartered waters, I needed two things. The first is the right technical apparel; namely a wetsuit, fins, compass, weight belt and buoyancy control device so I can master the dive and descend deep enough for discovery. The second is an inherent desire to know the unknown, to dare to dive into the adventure of what lies beneath the surface.

And so my metaphor guided me and steered me gently towards my selection of methodology. My methodology as my technical apparel would need to be adaptable and flexible enough to map into my chosen theoretical framework of postmodern feminism, explained below in section 3.4. Diving into the melee of the tides of human experience would enable me to discover and surface with that which was sought; the answers to my research questions.

Having decided that I would become part of this dynamic process of exploration and knowledge construction, another question arose which provoked much insightful philosophizing and tautological pondering. This was to query exactly what was driving, directing and informing my quest to identify an appropriate methodology. As aspiring researchers we learn that the methodology should fit the research topic (Cresswell, 2013), and that the method selected is dictated by the phenomena under investigation, even determining the types of participants involved (Hycner, 1999). Could it therefore be possible that my chosen methodology and theoretical framework would in fact be a projective expression of my own paradigmatic values, which would then in turn inform my research topic and approach? The answer to this was yes, and self-dialogue thus forms a core component of my own reflexive processing and meaning-making throughout the research, maintained in a reflexive log, as my own exploration of self ran parallel with that of the participants in this study.

These deliberations and considerations led me to the principles of Interpretative Phenomenological Analysis (IPA) (Smith, 2004), a specific qualitative methodology, on which my research project is designed. It is my hope, through this thesis, to contribute to the growing range of topics explored through IPA, and in particular to highlight its usefulness as a methodology to examine student experiences in the context of transnational higher education. [4]

3.2.1 The conceptual field of Interpretative Phenomenological Analysis

IPA emerged in the 1990's as a qualitative research methodology initially used in psychology and the health sciences (Smith et al., 2009), although it draws on much earlier philosophies, discussed below, and is currently expanding into other disciplines (Smith et al., 2009; Smith, 2004). IPA as a methodology is founded on three key principles of phenomenology, hermeneutics and idiography. These will now be discussed.

[4] I have been nominated the IPA contact for IPA research in Bahrain by Professor J. Smith, who has developed the approach of IPA as a qualitative research methodology.

3.2.1.a *Principle 1 : A Phenomenological approach*

Firstly, IPA uses a phenomenological approach (Langdridge, 2007). Phenomenology is derived from the Greek word 'phenomenon', that is to show or appear, and 'logos' meaning reason or judgement. Phenomenology as a methodology is informed by phenomenology as a philosophy, relating to the investigation of lived and subjective experience. Edmund Husserl (1859-1938), a founder of phenomenology, famously argued that we should examine 'things themselves' – the 'things' being defined as the 'experiential content of consciousness' (Smith et al., 2009, p.12). Moran (2000) explains the importance of understanding 'things', as how things may outwardly appear is a matter of individual perspective and can be deceiving. To expose the concealed meaning of things, a phenomenological 'attitude' is required as the researcher tunnels and funnels, unpacks and unpicks to reach hidden gems (Smith, 2011b) from which new knowledge can be constructed.

Later phenomenologists such as Satre emphasized the constructivist nature of phenomenology, focusing on 'existence before essence' (Satre, 1948, p.26) as the self is in a process of continuous evolution. Phenomenological philosopher Marleau-Ponty (1962) further developed phenomenological methodology to encompass the embodiment of experience which frames an individual's positioning of him/herself in the world, of having and being a body (Ainley, 1989), through which he/she communicates with the world. An individual's embodied way of knowing, defined as the 'body subject' (Morris, 2008), is grounded in the lived world by language, relationships and sense making strategies through which experiences are filtered and meaning is made (Reiners, 2012; Reid, Flowers & Larkin, 2005a; Smith et al., 2009), comprising an individual's inhabited 'lifeworld' (Husserl, 1927).

The objective of undertaking a research project using IPA is therefore to reveal the existence of a 'significant world' (Drummond, 2007, p.61) as experienced by individuals, and to make meaningful in context individual perceptions of their connectedness to, in and with the world and others (Larkin, Watts, & Clifton, 2006; Standing, 2009). Interpreting this experience is the focus of the next principle of IPA, that of hermeneutics.

3.2.1.b *Principle 2 : Hermeneutics*

Secondly, IPA is based on hermeneutics **-** originally a theory of interpretation that arose from seeking understanding of biblical writings, and which later developed into a philosophical framework for the interpretation of different kinds of texts (Shinebourne, 2011). For phenomenologist Heidegger (1889-1976) we live in an *interpreted* world and are ourselves hermeneutic; human beings are interpreters, understanders, meaning and sense makers. The interpretation of meaning is therefore central to a hermeneutic perspective. Heidegger (1957/1993) endorsed the concept of a 'hermeneutic circle' – that is, a continuous and reiterative review and analysis between the parts and the whole of a phenomenon; one cannot be understood without referral to the other.

When undertaking an IPA study, Smith (2004) reminds us that a *double* hermeutic is in fact at work, as not only are participants trying to make sense of their world but at the same time 'the researcher is trying to make sense of the participants trying to make sense of their world' (Smith & Osborn, 2003, p.53). IPA views this as a dynamic relationship, and adopts Heidegger's concept of the hermeneutic circle (Smith et al., 2009). The researcher necessarily takes an active role in the process of IPA in order to provide insights the participant may not be aware of.

Language and symbols are central to an analysis using IPA as individuals make sense of their world linguistically and symbolically. The importance of language is highlighted by Heidegger (1957/1993) who calls it 'the house of Being' (p.424). IPA methodology attempts to remain as near as possible to the symbolic and cultural systems in which participants' sense-making takes place, however consideration is given to the fact that interpretations and understanding of experience will always be shaped, constrained and facilitated by language. This is something I kept in mind during my research as participants narrated their experiences in English as a second language, although all participants spoke English fluently after having spent between four to six years learning in English at university level.

3.2.1.c *Principle 3 : Idiography*

Thirdly, IPA is idiographic, meaning concerned with the particular. IPA examines each case in depth and detail (Rubin & Rubin, 1995; Willig, 2007). As a methodology it does not take a nomothetic approach, that is, it does not make claims at a large group level nor seek to discover generalised laws of behaviour. Rather, it seeks to bring to the fore and tweak out the factors, nuances, unique experiences and the interplay of patterns (Allport, 1962) involved in each individuals' sense-making in context. Although there will undoubtedly be similarities relating to how the same phenomena is experienced by several people (Brocki & Wearden, 2006), there will also always be differences as individuals exercise personal agency (Bandura, 1986).

Personal agency can be defined as the capacity of a person to act by and for him/herself, and is a consequence of reflexivity and conscious choice (Bandura, 1997; Renegar & Sowards, 2009; Volet & Jones, 2012). Through an IPA lens, the individual is a conscious agent whose experience of a phenomenon through a 'halo of relations' (Smith, 2008, p.7), must be examined from the perspective of the first person. This draws attention to the concept and positioning of the self as understood in IPA methodology, for which it is indebted to the work of social constructionists in the field of social research (Denzin, 1995), symbolic interactionism (Mead, 1934), developmental psychology (Trevarthen & Aitken, 2001) and cultural psychology (Cole, 1996). According to Mead (1934), although shaped by the existing socio-cultural environment, individuals also possess agency to actively and cognitively reconstruct and reshape their environment as they change and develop as individuals. Giddens' (1991) stance also connects to the IPA perspective as he defines the self as having a continuous sense of identity which weaves through time and space, but which can also change as the individual understands and experiences him or herself in relation to the world and others. Interpreting how individuals 'see' themselves, their place and relationships with others, and the multiple ways that knowing occurs through meaning-making are central concerns of IPA. An IPA study therefore favours a small number of homogenous participants (Smith et al., 2009) so that in-depth insight can be achieved into the particular experience of a phenomenon, yet which also aligns to the overall qualitative research paradigm.

3.2.2 Justification of IPA as methodology

Examining the experiences of the phenomena of transnational medical education in the complex socio-economic and cultural context of the Middle East involves addressing a unique interplay of local gender and power relations in order to understand the situated conditions and challenges which make up the perceptions of experiences of local Bahraini female participants (Caldwell, 2008). Participant experience is the core focus of an IPA study, but there is also an acknowledgement of multiple influences such as historical, geographical and cultural situatedness including social norms, language and practices (Eatough & Smith, 2006).

IPA's gaze remains firmly within the psychological realm, but it is also a flexible and adaptable methodology to employ (Smith, 2008) and does not attempt to operationalize or subscribe to any particular overriding theoretical framework. However, prior to finally deciding upon IPA as the methodology to answer my research questions, I had assessed the usefulness and 'fit' of other possible approaches. Underpinning each approach is a different angle on how individuals grasp their world, and this review of alternative methodologies assisted me to refine my focus of investigation.

Considering other qualitative methodologies, I had initially looked at taking an ethnographic approach, which would concentrate on investigating and describing individual and collective meanings, knowledge and values (Gioia, 2014) of Bahraini culture, into which I could work the phenomenon of transnational medical and nursing education. However, taking an ethnographic approach would place the culture of the group at the centre of investigation, rather than focusing on the individual's response to the phenomenon. Although there have been suggestions that both IPA and ethnography could be combined (Maggs-Rapport, 2000), I was concerned that meshing IPA with another methodology might dilute the focus on detail and lose the valuable, intricate perspectives and storied texts (Cohen, Manion, Morrison & Bell, 2011; Cooper, Fleisher & Cotton, 2012; Smith, 2011a) that IPA advocates for data analysis.

Answering my research questions would also have been possible using discourse analysis, which shares similar interests and concerns with IPA but which has a stronger commitment towards social constructionism and focuses on describing the linguistic resources that people draw on during performances of social interaction. Representations are the focus of analysis in discourse analysis, rather than the individual and his/her lifeworld. Foucauldian discourse analysis (Bazzul, 2014; Springer & Clinton, 2015) shares IPA's views on the importance of context in influencing experiences and identities, however Foucauldian discourse analysis is more concerned with a critical analysis of power relations within the structure of a particular context. As Middle Eastern culture informed the context of the participants' meaning–making (Much, 1995), interpretations of experience were the unit of analysis, rather than the structure of relations examined through discourse analysis.

Using a purely phenomenological lens would produce a greater level of description, but IPA adds an additional layer of interpretation that would be the preferred methodology when a research question calls for seeking the understanding of the meaning of a phenomenon at an individual level. Like IPA, grounded theory also crosses different disciplines (Glaser & Strauss, 1967) and offers a well-established procedure to follow in order to develop theory. Both IPA and grounded theory are inductivist in their approach (Charmaz, 2006), but IPA is useful for offering a detailed micro-analysis of a small number of individuals, and highlights both convergence and divergence within a group of participants. Grounded theory seeks to describe a general structure of phenomena at a conceptual level, and usually with a larger sample than IPA – although individual cases could be identified for illustration purposes. As IPA is a flexible methodology, it is also considered possible that an IPA investigation could later be developed into a grounded theory study (Smith et al., 2009). IPA has also emerged as an appropriate methodology to facilitate inter-subjective understanding (Standing, 2009), and through which global feminist issues such as the imbalance of power relations, inequality and social justice (Leve, Rubin & Pusic, 2011; Manicom & Walters 2012) can be addressed .

A focus on interpretation is therefore a distinguishing feature of IPA from other descriptive (Hycner, 1999) or critically analytical (Langdridge, 2007) phenomenological approaches and alternative qualitative methodologies such as discourse, narrative and conversation analysis. Employing IPA as a methodology and postmodern feminism as a theoretical framework, discussed in 3.4 below, provided me with a melange of unique tools and researcher positioning through which I could address my research questions, and in doing so interpret how Bahraini female medicine and nursing students experience and make sense of (Larkin et al., 2006) the phenomenon of TNE.

3.3 My ontological and epistemological position

The use of IPA as a methodology also reflects my own understanding of being and knowing. My ontological and epistemological positioning falls within the paradigm of constructivism as I take the approach that individuals construct and comprehend their realities, or lifeworlds, through their own cognitive perceptions and embodied experiences (Grosz, 1994).

Adopting IPA as a methodology (Smith, 2004), I was aware that my positioning in my research had to be subjective as well as reflexive (Reid et al., 2005b; Koch & Harrington, 1998), described below in 3.5. I played an important role as a filter and conduit in processing an in-depth interpretation of the participants' experiences of the phenomenon of TNE (Finlay, 2003; Reinhartz, 1997), whilst at the same time taking care not to drown their voices with my own (Butler, 2015; Fine, Weiss, Weseen & Wong, 2000). This balance was achieved through reflexive practice, (Hemmings, 2012; Pedwell, 2012), discussed in section 3.5, which provided both reliability and robustness to my research methods (Clancy, 2013).

By employing IPA as my research methodology, I was conscious that I would explore and theorize Bahraini female experiences of the phenomenon of transnational medical and nursing education from my own positioning as a western, white, feminist, female researcher who has lived in the Middle East for many years. Meshing IPA as a methodology and postmodern feminism as a theoretical framework, discussed below, therefore ensured that I was embarking on my research 'starting from the standpoint of women' (Reinharz, 1992, p.259), not just speaking *to* the participants but *with* them as allies (Ahmed, Hundt & Blackburn, 2010; Collins, 2000; Gergen & Davis, 1997; Golden Bodwitch, 2014; Haraway, 1991; Hemmings, 2012; Tong, 2014; Wilkinson & Kitzinger, 1995).

3.4 Connecting IPA and Postmodern Feminism

Definitions of the contested concept of postmodern (Benhabib, 1995; Butler, 1995), include postmodernism as a philosophical approach and a socio-cultural phenomenon associated with a particular historical period (Bauman, 2000; Harvey, 1990), as well as postmodernity understood as rapid geo-economic-political processes (Giddens, 1990), connecting countries and cultures around the world. A postmodern condition (Lyotard, 1979) is one therefore which is associated with innovative shifts, flux and change. It challenges existing fixed epistemological positions and universal constructs such as gender, questions local cultural rites and rituals, and queries the constraints of accepted practices such as those embedded in patriarchal social structures.

The growth of transnational education (TNE) could therefore be said to be a manifestation of this postmodern condition (Blum & Ullman, 2012; Giddens, 1990; Harvey, 2010; Naidoo, 2009; Nguyen, 2010; Wilkins, 2010). Postmodernism also functions as a theoretical and phenomenological category, and hence its usefulness when married to IPA methodology. Postmodern theory views concepts such as reality and identity as being socially constructed and embedded in historical and geographical contexts (Harvey, 1990), reproduced through language and other contextual factors such as culture, gender and in particular power relations (Bender-Slack, 2010; Bohan, 2002; Enns, 2010; Snyder, 2008), as "Power is as integral an element to all social life as are meaning and norms" (Giddens, 1981, p.28).

In this way, multiple ways of knowing and being arise from the perspective of postmodernism, so that there is no one classification of 'woman' and no single category of 'women's experience' (Harding, 1987, p.7). Rather, there are many diverse yet valid female experiences and a discursive disruption of different categories of identities (Hinds & Sparks, 2008; Synder, 2008), from which emerges an array of multifarious possibilities.

These possibilities reflect multiple female roles, realities and many distinct individual standpoints, or perspectives, of feminism as an ideology (Clark Mane, 2012; Harding, 2004; Kristeva, 2009; Noreen, 2012), such as the feminism of women of colour (Collins, 2000, Mann, 2008; Smith 2005), lesbian feminism, (Garber, 2001; Tobias, 1997) and transnational feminism (Mendoza, 2002; Mohanty, 2003) which is shaped by a meshing of cultural values, religion, economic conditions, national histories, colonial experience and culturally defined gender roles (Lazar, 2007; Tong, 2014). As a theoretical framework of analysis, postmodern feminism implies an intertwining and braiding (Chowdhury, 2009) of the global and local, and suggests that various identities can mutually constitute each other (American Psychological Association, 2007; Friedman, 1998). These locational feminisms (Jasper, 2013) highlight the emergence of a rich diversity and complexity of different forms of feminism, positioned in time and space within a global discourse (Probyn, 1993) and representing many kinds of female situated knowledge (Haraway, 1991; Lave & Wenger, 1991), including those within the Arab Islamic world (Donn & Al Manthri, 2010; Offenhauer, 2005; Valassopoulos, 2010).

3.5 The importance of Reflexivity in IPA studies and postmodern feminist thought

IPA requires the researcher to interpret and grasp the meaning of participants' sense-making through a process of phenomenological reflection (Smith et al., 2009), at the core of which are complex and dynamic cognitive processes which are embodied, transient, and fused with our engagement of being in the world (Finlay, 2011; Tufford & Newman, 2012). In order for me to answer my research questions, I understood that my own conceptual framework or 'baggage' (Kirby & McKenna,1989), my own cultural lens (Shope, 2006) and internal cognitive processes would influence the research process (Clarke, 2009).

To ensure that my interpretation of participants' meaning-making was as authentic and trustworthy as possible (Houghton, Casey, Shaw & Murphy, 2013; Finlay, 2011), I first had to become aware of my own role, clarify my own standpoint (Khawaja & Morck, 2009), acknowledge limits of my knowledge, identify the source of my values and biases (Bolton, 2010; Dowling & Cooney, 2012; Pillow, 2003; Trainor & Graue 2014) and become aware of how my values might shape and influence the whole research process (Berger, 2013; Darawsheh, 2014; Finlay, 2002; Finlay & Ballinger, 2006; Reinharz, 1997; Van Stepele, 2014). I achieved this through a process of continuous reflection, or reflexivity. Reflection is a method of achieving insight by processing thoughts through a dynamic and deliberate sifting of conscious thinking and internal dialogue so that we learn from experience, develop self-awareness and improve our practice (Jasper, 2003); a process which leads to transformative change (Mezirow, 1990; Schon, 1983). The concept of reflection is often used interchangeably with reflexivity (Band-Winterstein, Doron & Naim, 2014) but I use the word reflexivity throughout this thesis, following IPA practice, in order to give a sense to the reader of the many layers of ongoing reflective activity (Smith et al., 2009) and strategic positionings (Bolton, 2010) that take place within an IPA study.

Reflexivity can be defined as a process of internal dialogue through which we question ourselves, interrogate and clarify our values and beliefs in order to develop personally through "diagnosing our situations, deliberating concerns and defining our own projects" (Archer, 2003, p.103). Practicing researcher reflexivity and maintaining a curious stance (Le Vasseur, 2003) underpins the phenomenological attitude referred to in section 3.2.1.a, and permits an open gaze to be projected towards the phenomenon under investigation. The use of reflexivity is particularly important for IPA studies. Grounded in hermeneutics (interpretation), the researcher has a dual role: I used the same sense making strategies as the participant, with whom there is a close and privileged interaction (Brocki & Wearden, 2006), but I was applying these systematically and consciously, using reflexivity to avoid risks of over-interpretation and taken-for-granted assumptions skewing the data.

By adopting a reflexive approach, turning a critical gaze inwards, and by consciously bringing up my thoughts to surface and scaffolding them on to a mental platform where I could gently open them up to critique, questioning, challenging and evaluation (Shaw, 2010), I was able to gain critical self-awareness of my own positionality and the limitations of my perspective (Brookfield, 2009). By making my perceptions, assumptions and value judgements conscious, I could sift, shift, assess and acknowledge their existence and potential influence on the research process. Reflexivity was woven continuously into the whole research process (Horsburgh, 2003), commencing at the very beginning when the research topic was being decided, to guiding how the research would be written.

An entry in my reflexive log early in the research process highlights my growing awareness of the importance of reflexive practice:

> 10th June 2014
>
> *As I began to start to write myself and my conceptual baggage into the text of this thesis, alongside that of the participants as fellow travelers, I am reminded of an African saying that was cited in an article I read: "When you are preparing for a journey, you own the journey. Once you've started the journey, the journey owns you" (Shope, 2006, p.165). And thus the importance of embarking on this journey of knowledge creation is honed through reflexive practice*.

By applying skills of reflexivity from the outset of the research process, I found that a spontaneous and instinctive practice evolved in my approach towards the participants as well as the data. Taking a reflexive approach to analyzing data according to IPA methods made me aware that I was not in a neutral place when reading the participants' raw transcripts – I was reading them through my own feminist lens and from my own standpoint, or point of view. Skills of researcher reflexivity therefore supported the quality and interpretive transparency of this study (Lopez & Willis, 2004; Shelton, Smith & Mort, 2014; Subedi 2006; Yardley, 2008), discussed further in section 3.10.

3.5.1 A postmodern feminist reflexivity

Reflexivity is considered a cornerstone of feminist methods (Bhavani; 1993, Probyn, 1993; Roschelle, Toro-Morn & Facio, 2010; Shope, 2006). By critically evaluating my own positionality, I could engage in a deeper data analysis as I continuously challenged my standpoint by constantly asking 'Is there more?' from what was visible on the surface. By applying a feminist reflexivity I could understand my role in relation to my participants' roles and acknowledge that we were all immersed in issues of power and gender relations within transnational medical and nursing education (Verdonk, 2015; Verdonk & Abama, 2013), which enabled us to inhabit a constellation of possible reflexive positions (Brannick & Coghlan, 2007; Pillow, 2003). Thinking reflexively, I could accept participants' views as valid and did not attempt to bend Bahraini female experience to fit neatly into my own perspectives. For example, in one of the participant interviews, Sara from the School of Nursing (SoN, Transcript C), informed me that she had willingly accepted her husband's wishes and conformed to local male Islamic religious guidance that instructed her not to wear a colourful headscarf, or hejab. She replaced her vividly coloured headscarves which she had always enjoyed wearing, with black ones. Black headscarves are deemed more modest as they are less likely to draw male attention to the wearer than attractive, colourful ones. I employed skills of reflexivity to genuinely engage with Sara about the concerns she expressed during our interview over the loss of her 'colours', the metaphoric meaning of which is threaded throughout this thesis. During the interview I was aware of my own emotions of empathy, and even pity, from a western female feminist viewpoint; but those emotions belonged to my lifeworld, not hers.

Reflexivity enabled me to place value on her knowledge, and not to compare or measure it with mine. However, a reflexive feminist thinking also highlighted to me that my participant does not operate in a vacuum; she too exercised power through her standpoint as she positioned me (Willemse, 2007) and decided how much of her intimate self she was going to share with me (Blaxter, Hughes & Tight, 2010; Nencel, 2005) as she contributed to the intersubjective construction of knowledge.

Although a postmodern feminist reflexivity cannot erase issues of power imbalances or inequality (Wasserfall, 1997), it does however create a space for the sharing of womens' experiences (Smith, 1990) that can drive the agenda for a feminist epistemology and subsequent social and political change. Through writing oneself into the text as good feminist practice (Nencel, 2014), and focusing on how positionality influences the use of methodologies such as IPA in knowledge production, the scope of feminist research can be extended. Employing reflexive analysis, I enjoyed an affective 'insider' connection (Collins, 2000; Shah, 2006; Tong, 2014) with the participants which resulted in a shared female empathy extending across our cultures (Hemmings, 2012).

At the end of the data collection stage of the research, when the final participant closed the door behind her, I reflected upon my own experiences of listening to the narratives of these young women, and was aware of a conscious shift in the depth of my own knowledge base. Below is an excerpt from my reflexive log on that evening:

> 26 October, 2014
>
> *This journey into the lives of these young medicine and nursing graduates has been so short but taught me so much. I now understand the meaning of postmodern feminism in practice, not just the theory. I have experienced it and lived it with 'my' participants. It brings women together from across the cultures, with many voices, and offers the possibility of driving change and making a difference. It is real. I feel privileged. I feel a sense of obligation towards them that from my findings in this research I will encourage change for their future, and for those who follow them. They deserve it. I am reminded of a title of an article I read about feminist research and connecting with participants: "I take them with me" (Band-Winterstein et al., 2014). By entering into these Bahraini womens' lifeworlds and exploring their experiences of transnational medical and nursing education, I am also discovering my own lifeworld along the way. I guess this is the essence of reflexive practice.*

3.6 Design Process

An IPA study uses a small sample size as it follows an idiographic method, focusing on the details of an individual's unique experiences (Reid et al., 2005b; Smith, 2004). A larger sample would not provide the same depth and richness of data, and working with a large group poses a risk that subtle but important meanings could be overlooked by the researcher (Collins & Nicolson, 2002). Cresswell (2013) recommends interviews with up to 10 people for an in-depth qualitative analysis, Smith et al., (2009) suggest between four to ten interviews for a professional doctorate study using IPA, and Boyd (2001) regards two to ten participants as adequate for saturation in a phenomenological study. However, saturation, defined here as reaching a point in data analysis where no new themes emerge (O'Reilly & Parker, 2012), is problematic in an IPA study. This is because there is an iterative process of analysis at work within the double hermeneutic circle, discussed earlier in 3.2.1.b, which could continuously interpret a participant's narrative in the light of the one which follows, and then again from insights gleaned from the one which follows after that (Smith, 2008), and so on. As the researcher has a central and subjective role in an IPA study, traditional criteria for evaluation such as statistical analyses and representative samples are not applicable (Touroni & Coyle, 2002; Yardley, 2000). It is therefore the researcher who decides the degree of saturation (Strauss & Corbin, 1998) at the point when whatever newness is uncovered does not add anything substantial to the emerging story, and when the aims of the study, as defined by the research questions, have been met (Charmaz, 2006).

The number of invited participants for this study was therefore determined according to accepted practice in qualitative methods for meaningful data collection (Boyd, 2001; Denzin & Lincoln, 2011; Finlay, & Ballinger, 2006; Groenewald, 2004), and in accordance with IPA's orientation (Smith et al., 2009) specifically.

3.7 The Participants

Participants were purposefully selected from a homogenous group (Smith & Osborn, 2003) of Bahraini female alumni from the School of Medicine and the School of Nursing who had graduated over the past two years. The table below indicates the total sample group of Bahraini female graduates from both Schools, over a two year period :

Programme	Bahraini female graduates Academic Year 2012/13	Bahraini female graduates Academic Year 2013/14
School of Medicine	20	26
School of Nursing	65	78

Table 3.1. Total number of Bahraini female graduates from the School of Medicine and School of Nursing for the period 2012 – 2014.

In order to avoid shallow study and to generate quality and richness through in-depth analysis, five Bahraini female graduates from each school were invited to participate in the research. Ten participants are deemed sufficient to produce a powerful and valuable level of data for interpretative analysis (Bentz & Shapiro, 1998; Smith et al., 2009), without the researcher being overwhelmed by the sheer volume of data generated. Inviting participants from both Schools rather than just from one School provided a sufficient number of cases in order to examine the similarities and differences in experiences from multiple perspectives, and which added to the trustworthiness of the findings as a form of triangulation of data (Elliott, Fischer & Rennie, 1999).

The criteria for participation were that the graduates were Bahraini females; had graduated from either the School of Medicine or the School of Nursing over the past two years; were over 21 years of age; had attended Arabic government secondary school; spoke English as a second language, and had experienced between four to six years of transnational medical or nursing education at the university. As all participants had studied for a minimum of four years in English at degree level, their ability to communicate fluently in English was not problematic. The above criteria ensured that although the sample was purposively selected from a homogenous group of either Medicine or Nursing graduates, there were commonalities as well as differences represented.

3.8 Data Collection

Data collection was conducted through two separate focus group meetings, one for the School of Medicine graduates and one for the School of Nursing graduates, followed by individual in-depth interviews.

A personalized invitation to participate in the research was initially emailed by a colleague to five randomly selected graduates on the alumni listings from each School.

The colleague then followed up the email invitation with a phone call to ask invitees to check their emails. Bahraini culture favours verbal interpersonal communication over the written word as the culturally accepted norm, discussed further below in section 3.10.1.a.

The participants already knew me due to my student-centred role within the university and I separated my researcher role from my professional role through the medium of reflexivity, previously discussed in section 3.5. To avoid the participants feeling a sense of obligation to participate because they knew me (Oliver, 2003), I placed a deadline for confirmation on the initial invitation to participate; the assumption was that anyone not wishing to participate did not have to be placed in the uncomfortable position of declining, they just did not have to respond. If there were not enough confirmations by the deadline, another invitation would be sent out to a different graduate, and so on, until the total number of ten participants, five from each School, was achieved.

When a participant confirmed, she was sent an information sheet (Appendix 1) and a consent form (Appendix 2) by email, with an invitation to attend an hour long audio-recorded focus group meeting on campus together with the four other graduates from her School. The participants were advised that following the focus group meeting they would be invited back to attend an audio-recorded individual interview of approximately one hour duration. Participant confidentiality was emphasized, and participants were assigned pseudonyms to protect their identity, with due sensitivity to cultural context being considered in assigning an Arabic pseudonym.

Below is the list of participant pseudonyms used in this study:

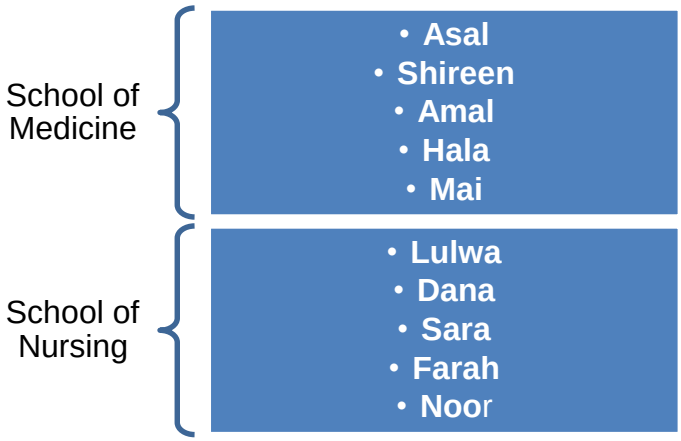

Table 3.2. List of participants' Arabic pseudonyms

3.8.1 The Focus Groups

Two separate focus group meetings were held, one for the School of Medicine graduates and one for the School of Nursing graduates. Five participants in each group are considered a satisfactory number for a focus group meeting (Kitzinger, 1995). There were two reasons for holding separate focus group meetings.

The first was that socialized power relations are said to favour the dominance of doctors in healthcare professions globally, indicating a subtle structure of medical hegemony (Burford et al., 2013; Cheng & Yang, 2015; Coombs & Ersser, 2004) which could possibly influence and intimidate the voices (Grebennikov & Shah, 2012) of the nursing participants in a joint focus group meeting, in particular as the medical graduates would be expected to communicate in English more confidently than the nursing graduates due to their professional training.

Secondly, participants from the School of Nursing were mostly sponsored by the Bahraini government to study nursing, as explained in the Introduction, and would normally come from less affluent socio-economic backgrounds than the privately funded medical students. A segmentation of focus groups would therefore provide a more comfortable environment for participants in order to encourage response and free expression (Kiener, Green, Ahuna & McCluskey, 2013; Krueger & Casey, 2009; Kvale, 1996).

The objective of the focus group meetings was to encourage interactive exploration of the participants' experiences of the phenomena of transnational medical and nursing education, with questions (n=10) (Appendix 3) aimed to stimulate and guide reflection. The participants in the focus groups knew each other previously from their university programme, as total class size by year did not exceed 120 students in either School. Some of the participants still saw each other frequently in their clinical practice, as there are only three key government hospitals in Bahrain. Working with participants who are acquainted can assist with issues of self-disclosure as the participants are already known to each other, they can relate to comments made by others, and can also confirm past shared experiences as valid (Krueger & Casey, 2009). Considered an excellent approach for feminist research (Wilkinson, 1998), the focus groups provided a collectivization of female experiences (Mies, 1983) which offered me insights into aspects of self; both mine and that of the participants. The focus group audio recordings were then transcribed and analysed according to the principles of IPA, explained below in 3.9.a.

3.8.1.a *Addressing Groupthink*

There was a possibility that as the participants of each School knew each other after having spent between four to six years studying together, 'groupthink' may have affected data collected. Groupthink refers to a pattern of thinking adopted by people when they are deeply bound as a member of a cohesive group (Janis, 1982). Although there is still debate whether groupthink is a myth (Fuller & Aldag, 1998), there was a possibility that participant responses might have been influenced according to what was expected of them as a group, according to collective norms.

I mitigated against possible groupthink by encouraging critically reflective dialogue through questioning techniques in the focus group meetings (De Groot, Endedijk, Jaarsma, van Beukelen & Simmons, 2013), which would challenge any potential groupthink. The participants were also encouraged to interact by asking each other questions, which served to build on comments and confirm, or disconfirm, feelings and experiences that had been shared (Linville, Lambert-Shute, Fruhauf & Piercy, 2003).

3.8.2 Individual Interviews

Interview questions were developed from the data analysis of the focus groups, which guided the one hour in-depth individual interview sessions (Doody & Noonan, 2013) held on campus. One School of Nursing participant could not attend her interview as her mother became seriously ill, but all the other participants (n=9) attended. I was aware that in-depth interviewing can be unpredictable, with twists and turns, but this style of interviewing is an essential and inductive part of the phenomenological research process (Smith et al., 2009). I drew on my professional training as a cognitive behavioural therapist for questioning techniques to check understanding and also to assess a participant's level of comfort during the interview session. By facilitating participants' reflections (Holloway & Wheeler, 2010), I hoped that the interview process would be a positive and beneficial experience for them.

It was not difficult for me to establish rapport with the participants as I was perceived by them to be an 'insider', discussed further below in section 3.11.1, and Bahrainis are very friendly as a culture. A sign that an interview was progressing well was when a participant would show me a photo on her phone of her husband or child, or share with me a secret wish or thought. Reflective notes were made after each interview and at regular intervals throughout the research process, which I often referred back to in order to confirm my interpretation of data.

My reflexive log recalls my thoughts after my first participant interview experience in this early stage of the research process:

> Sunday, 12 October 2014
>
> *Did my first interview with Mai (pseudonym), School of Medicine.*
>
> *It went well I think. The time went so fast. I enjoyed the connection. I think she enjoyed being listened to. I watched her body language and involved myself in what she was saying. I feel grateful that she shared so much with me, and so easily. I forgot about the recorder - I think she did too. I found that afterwards I needed to sit back, slow down and empty my mind when I listened to the audio recording. It became a different narrative when I was listening to it analytically afterwards and not engaged with it conversationally in the moment. I realize how much we miss, what's really going on, when we are talking with someone. I was surprised at the depth of data that had been generated. I picked up conflicting points in her narrative that I did not notice as she was speaking - and this is even before I start to transcribe. So this is where meaning comes from. I'm looking forward to the discovery.*

3.9 Data Analysis : Interpretative Phenomenological Analysis (IPA)

Complex data collected from the focus groups and interviews were contained within the rich narratives of the participants (Eatough & Smith, 2008) and were reduced by systematic and rigorous analysis (Reid et al., 2005) following the principles of IPA (Smith et al., 2009). I conducted the data analysis following an iterative and inductive process (Smith, 2004) of five steps: reading and re-reading of transcripts; initial noting and explanatory commenting on the transcripts; identification of clusters of emerging themes and searching for connections across themes; development of superordinate, or overarching, themes and finally the generation of a master table of themes. The steps in IPA data analysis are detailed below in 3.9.1., but firstly I explain below how I developed appropriate interview questions from the focus group data analysis.

3.9.a *Using IPA to develop interview questions from focus group data*

From an analysis of the focus group transcripts (n=2) using IPA, a master table of themes (n=4) was generated from which interview questions (n=6) were developed in order to seek rich data during individual interviews (n=9).

To ensure that the interview questions would elicit valuable in-depth data and were relevant to participants in both groups, an investigation of similarities and differences that existed between the two groups was made during the IPA step of developing superordinate themes. Participant quotations from the focus group transcripts were also included in the investigation to support similarities or differences within a superordinate theme. Table 3.3. overleaf provides an extract of this investigation of similarities and differences. Table 3.4. shows the final master table of themes derived from the focus group data as a result of IPA analysis, from which interview questions (Appendix 4) were formulated.

Superordinate Themes	Similarities	Differences	Supporting Quotes
1. The Transition	Coping with learning in English -Learning to become self-directed -Emotions : 'shock' (strange), shyness, anxiety, terrifying, exciting, scary, lost, stressed, worried, happy -Adapted after some time -First semester most difficult -First experience of studying with Arab males strange at first but then became friends and colleagues; important for future mindset- acknowledgement that mixed gender environment is conducive to future working life -Made good friends that lasted after graduation -Friends from within the university are important as they share a common experience -Built trust and loyalty within the cohort (eg not telling when classmates had alcohol in class) -Good facilities -Events & extra-curricular activities important to meet new friends and to develop a social life within the university as well as to balance academic rigour -A 'habitus' is developed on campus which includes an academic community as well as a social life; feeling of belongingness and being 'at home'; focus is on life within campus -Parents are satisfied that campus is safe and secure for daughters -Friendly staff -Meeting different people a positive experience	-Need to grow up (SoM) -Worries about English language skills (SoN) -Feeling of not being guided(SoM) -Feeling very supported (SoN) -Constant change unsettling eg schedules, lectures (SoM) -Non Arabs not aware of cultural taboos such as touching a female who is wearing hejab (SoN) -Alcohol and short dresses as taboo (SoN) -Medical students perceived as belonging to a different culture (SoN) -Frustration at not achieving high grades like in Arabic government school (SoM) -Self-conscious with male students in the class; need to focus on how she is sitting at first (SoN)	<u>SoN</u> "Being in RCSI was my dream; if I could I would come back!" "It was like I started a new life" "It was like something out of Bahrain" "There are restrictions but others don't know" <u>SoM</u> "Here you have to push yourself"
2. A Transnational Community of Practice	-Ability to act independently without local cultural norms being imposed (eg walks by the sea (SoN)) and interacting openly with males – a positive experience for future mindset. -Acknowledgement that a local university would be strict in relation to movement, dress and interaction between sexes according to cultural norms -Perceptions of shared sense of community: 'We' & 'I' used interchangeably -Pride in being a graduate of RCSI, perceived as prestigious, compared to a local university -Proud that other healthcare practitioners note the quality and respect the skills of RCSI Bahrain graduates -Feeling of being 'different' and better prepared than graduates from different universities -Positive exposure to other cultures, nationalities and belief systems; but do not change their own values -Strong sense of definition of professionalism in context -Ability to compare their own skills and knowledge favourably against others from different universities and in clinical practice (eg better history taking skills and communication skills (SoM); better patient care on the wards (SoN) -Excellent communication skills developed	-Sports important eg female basketball team (SoM) -New experiences of events such as Halloween (SoN) -'Secret' and special places found to meet friends (SoN) SoN= School of Nursing SoM= School of Medicine	<u>SoN</u> "The help we get from everyone and the community that creates" "For the others there is no backbone like that" (meaning support of the university) "The name is important. It's Irish." "RCSI means that we are equal"

Table 3.3. Extract from the analysis of similarities and differences between the SoM and SoN focus group data.

Master themes developed from the analysis of focus group transcripts

1. Transition to a western model medical and nursing university
2. Evolution of a transnational community of practice
3. Strategies of persistence
4. Negotiating Relationships

Table 3.4. Master Table of Themes (n=4) developed from the focus group data analysis

I will now address below the steps taken in IPA data analysis.

3.9.1 Steps in IPA data analysis

The analysis of both the focus group and individual interview transcript data are discussed below in detail, following the principles of the five steps of data analysis in IPA mentioned earlier in 3.9.

3.9.1.a *Step 1 : Reading and re-reading*

Data analysis using IPA starts with a clear focus on the participants' meaning-making of their experiences in context, and the commitment of the researcher to understand their points of view (Smith et al., 2009). This meant that the initial step of my analysis involved an immersion in the original data. I first listened to the audio recordings, after which I read and then re-read the transcript closely and slowly, line-by-line (Larkin et al., 2006), so I could enter the participant's world. As I read each transcript I imagined the voice of the participant, heard her in my head, the way she spoke, her smiles accenting her words, and occasionally her frustrations expressed in the tone of her voice. Juxtapositioning mental images with text (Barret & Barrington, 2005; Butler, 2015) assisted me with a more complete analysis and also ensured that the participant remained at the centre of my analysis. I was therefore acting upon the text as it in turn acted upon me. I interrogated myself continuously, asking myself what this meant to me, and checked against what it might mean for the participant, as I used myself to make sense of the participants (Smith et al., 2009).

It is for this reason that IPA methodology does not use qualitative data analysis software. The researcher needs to hear the participant's voice and carefully listen to all the subtle nuances of how she uses language – for example the participants often threw in odd Arabic words such as 'yanni', meaning 'I mean', when they were pausing between ideas, or 'inshallah', meaning God willing, when they expressed a wish. They knew I understood their use of such words and their meaning in context, and it would be nearly impossible for qualitative data software to make sense of such expressions. Manually analyzing data also allows an intimacy with the narrative to develop (Clarke, 2009) and for the researcher to open up dialogue with the text (Larkin et al., 2006). Although the intensive nature of engagement with participants and transcripts to achieve detailed analysis using IPA is particularly time-consuming (Smith, 2004), I found this to be a satisfying and rewarding part of the research process.

3.9.1.b *Step 2 : Initial noting and explanatory comments*

As IPA has an idiographic focus, when one case was completed I moved to the next as a 'fresh' case. I left a day or sometimes two between each transcription so I would not be influenced by what had appeared in the preceding transcript, as I was aware that I may unconsciously start to look for similarities in the following transcript. Noting on each transcript involved an examination of each line of text with exploratory comments made next to the text, similar to a free textual analysis. I conducted most of my analysis on the computer, using Word and Excel spreadsheets. I could print these off for reading and noting manually before adding comments on to the computer version. In this way I also maintained a clear 'audit trail', discussed in section 3.10, of each stage of interpretation so that my steps in data analysis could be tracked throughout the research process. To strengthen the coherence of my analysis, my primary supervisor received and commented upon each part of my analysis as it was completed.

My initial noting on the transcripts highlighted three different components of text: descriptive, linguistic and conceptual. I used normal font to highlight descriptive comments of what the participant said, including emotional responses, assumptions and figures of speech.

Linguistic comments were noted in italics and focused on specific use of language, including how the participant presented meaning, tone, pauses, the Arabic words that were interjected, and metaphors used. Participants frequently spoke in powerful metaphors as important signifiers of meaning (Cheshire, Kerswill, Fox & Torgersen, 2011; Goffman, 1959), for example Sara (SoN, Transcript C), frequently described her experiences in terms of her 'colours'.

Conceptual comments and my own thoughts were underlined, as a marker for further interrogation and investigation. Understanding conceptual comments required skills of reflexivity as ideas had to be sifted and refined so that the participant's world emerged into focus. I found that I often stopped during conceptual noting to ask myself questions. For example, when participants were describing various incidents that had taken place in the hospitals, I would often pause and ask myself what I would have done in a similar situation. Reflexivity was also regularly applied to ensure that any interpretations I made at this stage arose from the participants' words, and were not brought in from the outside.

Table 3.5 overleaf provides an example of my initial noting and commenting on an interview transcript. Notes and comments were made in a right hand column against the transcribed narrative. Possible themes as ideas and suggestions are noted at this stage in the middle column as the transcript is read, re-read and noted.

Transcript 1 (Mai) School of Medicine page 8	Possible theme	Initial noting/ comments
…guy are talking and so there must be something going on between us…It's just like… it's wrong .. no matter what the relationship is… it's like if you share an office with a male it's like oh you're sharing your office with a male?! … How is that possible? And things like that! (Laughs) So The Look is like people directly mark you as a semi-bad girl and different… I think … I don't want to say that they are closed minded… but I don't think that they have enough exposure …they are limited to a specific type of thinking and erm like I wish like I could take them all and put them as an audience when we are having our normal life to make it clear to them that it doesn't work that way… so they need to like understand that this is how it goes…Some actually want this… some want that… like some of the …we were four and me and my friend went back to our old school… but there were two others who stayed, so the girls there wanted to meet them and be friends with them because they wanted to meet the guy friends to understand how that works and how that type of world goes... but some wouldn't even want to talk to them because they were just like 'bad girls'…yeah so…	Relationships males/females: Cultural taboos Bad girls	<u>Cultural taboos</u> People think that if a male and female are communicating there must be a relationship between them -*She doesn't agree with this way of thinking and wonders about how they can think like this* <u>The Look marks you as a semi-bad girl</u> She thinks people who think like this are insular and limited in thinking *Feels that she wants to change this way of thinking* <u>How do cultural norms describe a good/bad girl?</u> <u>Ascribed female binary oppositions</u>

Table 3.5. Step 2 in IPA data analysis: An example of initial noting and commenting on a transcript indicating descriptive, linguistic and conceptual text.

3.9.1.c *Step 3 : Developing emergent themes and clustering into superordinate themes*

The next step in IPA is to develop emergent themes from the noted transcript to capture understanding, supported by extracts and quotations from the text, which become important anchors for findings. A mapping of connections, similarities, differences and patterns took place at this stage, and the analysis shifted from looking at the transcript as a whole to gradually narrowing it down into parts.

I always kept the hermeneutic circle in mind during the analysis, as explained in 3.2.1.b, so that discrete chunks continued to be interpreted in light of the whole, and vice versa, as meaning making was worked back and forth. Data were therefore explicated in this way (Smith, 2008), meaning that parts of the phenomenon of transnational medical and nursing education came under microscopic scrutiny as themes emerged, yet the whole context, and my research questions, were still in clear focus (Hycner, 1999).

To tease out emergent themes, the flow of narrative was broken up and rearranged into common parts or themes so that data could be captured. A synergy arose at this point between the participant's narrative and my own researcher's interpretation, and I felt myself being drawn into and becoming part of the data analysis process. Table 3.6 overleaf demonstrates how emergent themes were generated from the previous step of initial noting/commenting. Emergent themes were noted on the far left hand side of the transcript.

Emergent Theme	Transcript B (Dana) School of Nursing pages 6/7	Possible Theme	Initial noting/comments
Careers and social roles Facing up to challenges Actively looking for experience Fiancé supportive Another man would not understand Challenges in relationships	…now we have the ambition of um the females not like from outside not closed minds..so we have good examples in the university also of women who are housewives who have children and are very excellent at work…I want to have all that too! (laughs) I want to have a family I want to have a career… because I see people who are working with me in my hospital and who are from other universities they want to only work in a health centre so it is only morning shift and so it is easier…and um er there is no definition of no you should go to the place where you belong or where you can get more experience from… whenever I say to anybody from CHS that I want critical care it's like oh why critical care is not good for women especially for you… you are engaged you are about to marry .. …they think like that! Me : And what does your fiancé think about that? Dana : Well because he's from RCSI and he knew me before… he's a nurse…see! (shows me picture of her fiancé on her telephone)… so he totally understands and he encourages me to do what I want and to go for the most experience…for the place where I will gain more experience and er um I think if it is was another man he wouldn't be so understanding (laughs) even if I took a man who was ambitious but not a nurse I don't think he will understand… it's really hard to understand nursing … especially for females in our culture it's really hard.	Conflicting female roles Importance of significant others to succeed Cultural boundaries	There are examples in the university of women who have children and who have a successful career- She wants the same <u>Feminist thinking??</u> She wants experiences in challenging areas such as critical care The reaction is : *…'oh why …critical care is not good for women especially for you… you are engaged, you are about to marry …'* Fiance is a nursing graduate from RCSI so he understands and encourages "*…even if I took a man who was ambitious but not a nurse I don't think he will understand… it's really hard to understand nursing … especially for females in our culture it's really hard…"*

Table 3.6. Step 3 in IPA data analysis: An example of developing emergent themes

The emergent themes were then mapped into clusters. I did this by typing lists of possible themes, and moving them around in a process of abstraction to form similar groups of themes. The groups of themes, or clusters, were then consolidated and renamed under a superordinate theme in a 'creative' process (Smith et al., 2009, p.184). This process was repeated for each transcript, and involved a reiterative movement of to-ing and fro-ing from the cluster to the transcript text and back again to tweak out what the text was really saying beneath the typed words, and to reconfirm the appropriate clustering.

Table 3.7 below is an example of a cluster of emergent themes from Transcript 5 (Shireen, SoM) which was braided to form the superordinate theme of ''Becoming' a doctor or a nurse'.

'Becoming' a doctor or a nurse
Challenges: Bahraini males/relationships/work culture/role conflict
Rethinking stereotyped Bahraini male/female gender roles
Empowerment
Equality in the clinical environment: Belongingness
Multiple selves: We/I
Distinguishing a personal/professional self
Overcoming religious and cultural taboos to study and practice medicine/nursing
Setting Standards: from university to clinical practice
Forming a transnational community of medical & nursing practice

Table 3.7 : Clustering of themes under the superordinate theme of ''Becoming' a doctor or a nurse'.

3.9.1.d *Step 4 : Searching for connections across superordinate themes*

After all the transcripts were treated individually and superordinate themes developed for each case, I then systematically searched for patterns of similarities and differences across each group of participants (SoM and SoN) to establish relationships and features (Coffey, Holbrook & Atkinson, 1996), as demonstrated earlier in Table 3.3 for the focus group data analysis. I printed out the worked transcripts and lists of superordinate themes for each transcript on A3 sheets, spreading them around me and looking to see how a theme in one transcript might, or might not, appear in another transcript. The transcripts spoke to each other as a story of lifeworlds started to unfold, with rich description of the phenomena of TNE emerging as the data whispered to me (Bentz & Shapiro, 1998). Different levels of interpretation were possible (Smith, 2004) as I moved around the hermeutic circle, looking at a part, or a phrase, and its relationship with the whole and the whole to the part. Idiosyncracies in individual transcripts were revealed this way, and superordinate themes could be reframed accordingly.

Once superordinate themes (n=10) had been identified, relationships between them were scaffolded on to a table for each group of participants. Relevant quotes were included which evidenced the source of the superordinate theme. A comparison of superordinate themes across participants from both schools was made, in order to identify patterns and recurrences across the groups, shown in Table 3.8. I also undertook a process of searching for disconfirmed or negative cases (Yardley, 2008) which did not fit the patterns or themes I had identified in order to ensure that all data had been taken into account (Cresswell, 2013). This process also assured and confirmed in-depth engagement with the data.

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School of Nursing				
Superordinate				
Themes	*Emergent Themes*	*Noting*	*Explanatory comments*	*Quotes/Example*
	Coping with learning in English	Concerns over how to communicate	Family helped practice	
			Watching movies in English	
			Presessional English classes	
1			helpful	
The			Language support important from	
Transition			other sources	
	Emotions Experienced	Shock = strange, shyness		*Being in RCSI was my dream*
		anxiety, happiness		*If I could I would come back!*
				It was like I started a new life.
				It was like something out of Bahrain
	Adapting to a multi-culture environment	first encounters of studying with Arab males	Did not think it was 'bad'	
			Strange at first	
			Then made friends	
		non-Arabs do not understand	Touching of a female wearing hejab is	
	Culture 'shock'	local culture	taboo but non-Arabs are not aware	Medical students =
				another culture
		Exposed to difference:	drunk western girls asleep in the	
		in the 1st year	lecture hall (shock = funny, took photo)	*There are restrictions but*
				others don't know
		Female dress	skirts were short	
		Boths ides need to adapt		
	Importance of making friends	worried / happy /	Made good friends	
			Built trust and rapport with classmates	Husband was arrested due to
				political issues,
				friends supportive
	Environment/ Campus	Open, supportive, nice facilities, good events	Opportunities for recreation and mixed interactions/events eg	
2		Canteen important space	Halloween party	
A		Safe and secure multicultural	Friendly staff, good teachers	
Transnational		environment conducive to	Positive experience of	
Community		academic progress	meeting different people	
of Practice		Secret' and special places	Walking freely by the sea with friends	*The help we get from everybody*
		and spaces	Life developed inside the university	*and the community that creates*
	Perception of shared community			*For the others there is no*
		Sense of belonginess despite		*backbone for them like that*
		difference	Sense of 'home' and security;safe place	
		Loyalty	**We' and 'I' often used**	
	Branding'	First nursing	**interchangeably**	*The name is important*
		university in bahrain		*It's Irish*
				RCSI means that we are equal...
				I think that we are equal
	Professionalism in context	Other professionals in	Thoughts about doing a Masters	
		hospitals note the quality and	Wants to go back to work	
		skills of RCSI graduates	after daughter is older	
		Desire to continue professional	Wants to specialize	
		development	Wanted to be a doctor	
			Feeling of being 'different' from	
		Ambitions for self passed on	other nursing students from	*My daughter will have my colours*
		to daughter	different colleges	*and my dreams*
		RCSI graduates could tutor		
		RCSI students		

School of Medicine				
Superordinate				
Themes	*Emergent Themes*	*Noting*	*Explanatory comments*	*Quotes/Example*
	Coping with learning in English	Need to get used to everything in English		
			Adapted after a couple of months	
			Semester 2 better	
1		Need to be a self-directed		*Here you have to push yourself*
The		learner		Independent learning
Transition		Grades have to be earnt		strategies developed
	Emotions Experienced	Terrifying, exciting, scary, lost,	Need to grow up	
		anxious, stressed	Different from Arabic high school	
		constant change unsettling		
		Feeling of not being guided		
	Adapting to a multi-culture environment	New systems		
		New grading	Government school was easy to get	*It's like eating candy*
		changing schedules and lectures	high grades	
		online learning		
	Culture 'shock'	Perception of difference between students in two campuses		
		Strange to work with males at first	Had to get over it	
		New faces		
		Working with males important during the transition for establishing future mindset		
	Importance of making friends	Friendly place ; new friends	Friends from the university important	
		from day 1	They share same experience	
		Interact and make friends with males	Even from other universities	
		Lasting friendships after graduation		
	Environment/ Campus	Good facilities		
		Sports important	Female basketball team opportunity	
2		Developing a 'habitus' in the	Parents satisfied that campus is	
A		university to include academic as	safe	
Transnational		well as social life		
Community		Good extracurricular activities	No social life outside the university	
of Practice		Academic and social life balanced		
		Rich extra curricular activities		
	Perception of shared community			
		Many channels to make new friends		
		Graduate of a prestigious university -		
		not like a local university	**We' / 'I'**	
	Branding'	RCSI cultural exposure assists in a unique perspective of others		
		Lasting friendships formed to to the RCSI connection - even after graduation		
	Professionalism in context			
		Mixed gender environment conducive to future working life		
		Positive exposure to other cultures nationalities and belief systems		
		Feeling of being respected by other medical practioners due to being a graduate of RCSI	Taught from beginning	
		Positive communication skills		

Table 3.8 : Comparison of similarities (yellow) and differences (blue) of superordinate themes across participant groups of the School of Medicine (SoM) and School of Nursing (SoN).

A further table was compiled from these data which measured the recurrence of superordinate themes across cases and both groups. For a theme to be classified as recurrent and to enhance the quality of the research, it must be present in at least half or, if possible, all of the participants' data (Smith et al., 2009). All superordinate themes were checked for appropriate recurrence.

		School of Medicine					School of Nursing			
Super-Ordinate Theme	**Cluster of emergent themes**	Asal	Shireen	Mai	Amal	Hala	Lulwa	Farah	Sara	Dana
The Transition	Getting used to mixed gender classes	X		X				X	X	
Minding the Gap	Exposure to other cultures	X	X	X	X	X		X	X	
	Well prepared for challenges	X	X			X		X	X	
	English language an issue at first							X	X	
	Development of good communication	X				X		X	X	
	Skills and knowledge					X			X	
	Good professors are role models	X				X		X		
	Develops a shared community	X	X			X	X	X	X	
	Hard at first, then easier	X		X		X			X	
	Teaches acceptance of other viewpoints				X	X		X	X	
	Culture 'shock'				X	X				X

Table 3.9. Identifying recurring themes across cases

3.9.1.e *Step 5 : Developing a master table of themes*

Moving to the last step of IPA analysis, I was conscious that I had to maintain an idiographic focus on the participant's voice and yet at the same time consider claims for the whole group of participants. I re-read transcripts to confirm that quotations were grounded in participants' accounts and correctly reflected the meanings of the super-ordinate themes (Collins & Nicolson, 2002). In doing so, I was making sense of the participant making sense of herself, the double hermeneutic in IPA (Smith et al., 2009), referred to earlier on page 38.

Superordinate themes (n=10) and their clusters were then mapped on to an Excel sheet to confirm the case in which the theme occurred, and included quotations from the participants to support inclusion of the theme. It is recommended that illustrations from at least 3 or 4 participants for each theme should be provided to justify the theme's inclusion (Smith et al., 2009). Participants' quotes supporting one theme could also be applied to another theme, so I looked for connections of meanings around a superordinate theme in order to abstract a final table of master themes. This was achieved through a process of subsumption, which involved connecting together themes and quotations. For example, a quotation relating to the theme of 'Rethinking stereotyped Bahraini male/female gender roles' under the superordinate theme of 'Becoming a Doctor/Nurse' (Table 3.7) could also illustrate the theme of feeling different to other Bahraini females, and be placed under the superordinate theme of 'Being Different'.

I therefore knitted together a series of related superordinate themes to draw out a master theme of 'Sandstorms and Shifting Sands: The Path to Becoming', which would subsume both superordinate themes and all quotes. Table 3.10 demonstrates the process of subsumption by connecting superordinate themes (n=10), themes and quotations to define an overriding master theme. Table 3.11 depicts master themes (n=4) supported by clusters of themes and participant verbatim extracts. The final list of master themes, superordinate themes and clusters are presented in Table 3.12 and informs the structure of the research findings.

Super-ordinate themes	Themes	Asal	Shireen	Mai	Amal	Hala	Lulwa	Farah	Sara	Dana	Supporting Quotes/Notes
		Recurrence									
1. The Transition Minding the Gap	Getting used to mixed gender classes	X		X				X	X		"…I think I was OK to a certain degree before but I became more OK when I came to RCSI because it's not just one culture, it's like multiculture and there's a variety, and the different activities…you know?" (Mai)
	Exposure to other cultures	X	X	X	X	X		X	X		
	Culture 'shock'			X	X					X	
	Hard at first, then easier	X		X		X			X		
	Well prepared for challenges	X	X			X		X	X		"…the male female segregation thing…" (Shireen)
	English language an issue at first							X	X		
	Development of good communication skills/knowledge	X				X		X	X		
	Good professors are role models	X				X		X			Interaction with teachers, not the same in local university (Dana SoN)
	Teaches acceptance of other viewpoints				X	X		X	X		"…we have total freedom to talk to the tutors yeah the total freedom to express our opinions and er even if we're not going to express there are some people who are going to push us to express ourselves…and to show oursleves and show our opinions which eventually strengthens the confident in us…" (Dana SoN)
	Develops a shared community	X	X			X	X	X	X		Sense of belonging: 'We' "because we are like one hand…" (Lulwa): We = overcomes current political differences in villages (Sara SoN)
2. 'Becoming' a Doctor/Nurse	Challenges										
	With Bahraini males/relationships	X	X	X	X	X	X	X	X	X	"Oh you're not the first person to go into medicine… how come I don't see you… you don't give us time…" (Asal on what Bahraini males say about having a partner who is a doctor)
	Rethinking Bahraini male/female gender roles	X	X	X	X	X	X	X	X	X	…"they just think 'I don't want to marry a doctor because she's gonna work and be busy…not just about the work…they think she's going to be sutdying um she's going to be on call and things like that…so a lot of guys say like we don't want to marry doctors without actually knowing how it works." (Mai)
	Bahraini male perceptions Expectations										"If a person thinks that I should stay at home or like um have a job which is not time consuming just because I'm a female and have to take care of him…then that's how I think of it…it's wrong" (Mai) "…we are a team.." (Mai)
				X		X	X	X	X	X	"…when you think about it I wouldn't want to be with a person who doesn't appreciate like what I do". (Mai)
											"…I can't say now oh OK I'll just sit home and take care of the children and you go and work…just because you have enough money to support me…that's - I don't want to work for money…I want to work because I have potential…so yeah…in this population this will be interesting!" (Hala)
											"…guys are just intimidated though…" (Shireen)/ "…well my dad thinks I intimidate the male population"(laughing) (Hala)…"they are not ready for females or want to be successful" (Hala) "what they want is someone who's gonna come home and kinda conform and just say yes to whatever they say because it's easier for them to control and kinda lead the family that way…."(Hala)
											Perceptions that a female doctor will not be able to have a personal life and start a family, time consuming, no time to take care of children and busband, pressure, perceived as ambitious (Mai)
											"I was born for the same reason the boy was born so he will go to the work and I will go to the work…he will pay and I will pay…it's sharing…it should be like this…so I…yeah…I believe that life is sharing…RCSI teach me that." (Lulwa, SoN)
											"…Oh she's a doctor… um… she has standards…she wants to further pursue her education…" (Shireen)
	Empowerment		X			X	X	X		X	"Well…um…she's more out there…she's gonna be more work committed…um…I dunno…like she deals with and sees things in a different way…things like that…time…an average Bahraini male would prefer to have a woman who comes home and cooks for him…have time for him…which is fine…but I dunno…I don't want to…and this is me…I want to go somewhere." (Shireen)
											"Some of the men get threatened somehow…" (Amal) "I don't think they are allowed to be in my life…not allowed…absolutely not! It's clear I'm a dcotor…I have to deal with different patients that's the first rule…I do get to be very late in the hospital and come home the next day…to be on call…late night shifts…." (Amal)

Table 3.10. Connecting between superordinate themes (n=10), themes and quotations in a process of subsumption to define master themes.

MASTER TABLE OF THEMES

1 Minding the Gap	The Transition from Arabic High School to European Medical University	"…I think I was OK to a certain degree before but I became more OK when I came to RCSI because it's not just one culture, it's like multiculture and there's a variety, and the different activities…you know?" (Mai, SoM)
		Experiencing culture 'shock' eg. Non-Arab students are not aware of cultural taboos such as touching a female who is wearing hejab (SoN focus group)
		Emotional experience : shyness, anxiety, terrifying, exciting, scary, lost, stressed, worried, happy
		Adapting to the new environment and system : "It was like something out of Bahrain" (Focus Group SoN)
		First semester most difficult; frustration at not achieving high grades like in Arabic government school.
		English language difficulties: especially for the SoN students
		At first, SoN participants reported that the male students in class let the females do all the work "It was killing. We had to do all the work" but then they become good friends and trusted colleagues; a relationship which challenges local cultural norms of male/female interaction
		Developing a new kind of relationship with lecturers/professors; example of SoN participant who remains in contact with the Irish canteen manager who went back to Ireland"…we have total freedom to talk to the tutors yeah the total freedom to express our opinions and er even if we're not going to express there are some people who are going to push us to express ourselves…and to show oursleves and show our opinions which eventually strengthens the confident in us…" (Dana
		Essential for forming professionalism in the future
		Dana (SoN) before joining RCSI didn't used to wear 'clothes' - wore an abaya
		Farah SoN : Changed from a head abaya to a shoulder abaya.. Difficult for family to accept but it was university dress code.. She got used to it
		"…it wouldn't make sense for us to be studying medicine and then being the same people we used to be when we were in high school because it's different…" (Asal, SoM)
		"…I think I learned about other cultures and learnt how to deal with them…" (Mai, SoM)
	New shared spaces : A Transnational Habitus	They joined in sports, clubs and societies (both focus group participants)
		New experiences shared: for example Halloween
		Meeting new friends is important (both focus group participants)
		Parents are satisfied that campus is safe and secure for their daughters (both Focus Groups)
		Exposure to other cultures, nationalities and belief systems is positive and essential for preparation as future global healthcare practitioners (All participants)
		"I don't really think of it as an Irish culture like we're situated in Bahrain…: (Shireen, SOM) - however later contradiction :
		Contradiction: sees herself as more outgoing as a result of her education, especially last two years of internship, deals with people better, improved social skills "… it really helped in building my pesonal and social skills with people." (Shireen, SOM)
		Contradiction : if she had been to another univesrity she thinks she would not have wanted these things (Shireen)
		Contradiction : "Make the most of the environment as a whole not just study…" Shireen on giving advice to others
		"I don't think if you go to anywhere in Bahrain of perahps maybe anywhere in the region you won't find a university like we have…like gyms, and cultures and religion…and it's just you're living in Bahrain but it's like you're not really living in Bahrain…at RCSI…" (Mai)
		Hala on the environment: "…it's like you have a piece of Ireland in a different country…y'know what I mean? It's literally like it's ireland in a different country… you don't get that in other places…" (Hala)
	The Role of Significant Others	**Families**
		Lulwa (SoN) Father is proud of her achievements; mother is described as changing from being "a little bit closed before, she came from a closed family but now … she's fine…there's lots of change…"
		Dana (SoN) Mother and father are educated, ambitious, supportive.. Her parents tell her they are proud of her, she appreciates this.
		Amal's mother would like her to marry, but her career comes first
		"Like for example my family they are proud that I'm a doctor but other families they wouldn't let their daughters go into medicine because it's too much pressure and they want the 'stay at home' or 'be a mother' type for their daughter…" (Mai, SoM)
		Sara's father (SoN) eventually supported and defended his daughter against gossip "…he told that man that this boy in the hospital is like her study brother…"
		Hala's father taught her to be independent; he has 'westernised' ideas about being a female..
		Family is important - Amal (SoM)
		Teachers/Professors
		Role models; genuinely supportive and encouraging, positive impact; student-teacher relationships built that are not found in other local universities
		Students treated as mature and responsible (Dana, SoN)
		Other Doctors
		Support RCSI graduates and recognise their skills and knowledge (examples below)
		Doctors in hospitals affiliated to the university are proud to have new graduates work with them (Hala SoM)
		Friends
		Become a key factor in student success; a good support network of friends is essential (All students)

Table 3.11. Master Themes (n=4) supported by clusters of themes and participant verbatim extracts.

MASTER THEME 1	MASTER THEME 2	MASTER THEME 3	MASTER THEME 4
Minding the Gaps	**Treading Transnational Spaces**	**Sandstorms and Shifting Sands : The Path to Becoming**	**The Same yet Different: A New Standpoint**
• **The Transition : from Arabic High School to western medical university 'at home'** ○ Academic and Cultural Bridging : Epistemological and Ontological Issues ○ Challenging, Discomforting and Emotionally Charged ○ Redrawing boundaries and redefining relationships ○ Development of self-determination, self-efficacy and personal agency	• **A Transnational Community of Practice** ○ 'We' is a socialised 'Me': the construction of a collective consciousness ○ The shaping of a professional persona • **Challenges** ○ Navigating difference: cultural spaces and places ○ Global Expectations versus Local Realities	• **Embodied Agency** ○ Disembedding of local patriarchal norms: shifting the balance of power in gender relations ○ Hejab as a reinvented signifier • **The Look : Fracturing discursive patriarchal practice** ○ The articulation of coping strategies in context	• **Being different** ○ Change agents ○ Socialisation into a professional self • **A New Standpoint** ○ A new discursive positioning ○ The case for an Islamic feminist reflexivity

Table 3.12. Final table of master themes (n=4) with superordinate themes in bold and clusters of themes which inform the structure of the research findings.

3.10 Ensuring Quality and Trustworthiness

It is argued that assessment criteria applied to quantitative research such as validity, generalizability, reliability and objectivity cannot be applied to qualitative methodologies such as IPA (Cresswell, 2013; Smith et al., 2009; Yardley, 2008). The two research traditions represent very different paradigms reflecting various theoretical and methodological perspectives, fuelling ongoing debate regarding the most appropriate methods for the evaluation of qualitative research (Angen, 2000; Guba & Lincoln, 1989; Mason, 2012; Morse, 2015; Smith et al., 2009; Spencer Ritchie, Lewis, & Dillon, 2003; St. Pierre, 2006; Yardley, 2008).

Various frameworks for the assessment of quality in qualitative research have been proposed. A widely used criteria drawing parallels between quantitative and qualitative research terminology is that developed by Guba and Lincoln (1989), which redefined quantitative research concepts of validity, reliability and objectivity as credibility, transferability, dependability and confirmability respectively. However, the concept of confirmability can be problematic for some qualitative approaches such as IPA, in that it infers an analysis of data can be re-examined through a process which could verify and confirm findings. This contradicts the perspective of a methodology such as IPA, as the researcher's own acknowledged positioning, experience and process of sense making and interpretation actively contributes to the data (Smith et al., 2009) and is deliberately woven into the construction of knowledge.

Alternative criteria such as relevance, validity and reflexivity (Multerud, 2001) have been suggested, but many commentators agree that there is no universal model that can cover the whole breadth of qualitative methodologies, nor which can be neatly applied to all the different paradigmatic and epistemological bases within different disciplines (Cresswell, 2013; Denzin & Lincoln, 2011; Morse, 2015; Trainor & Graue, 2014). Rather than attempting to establish a set of rigid rules for assessment of qualitative research which could be contested (Rodham, Fox & Duran, 2013), Yardley (2008) proposed key principles on which criteria for quality and trustworthiness in qualitative research can be established. These principles do not depend on any particular theoretical lens, but provide a range of useful yet stringent standards for assessment of qualitative research. Developed by Yardley (2008) initially for assessment of research in qualitative psychology, and therefore apt for researchers undertaking IPA studies, the principles are: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance. Using Yardley's (2008) model as my own quality assurance framework, I will list each of her four guiding principles of quality and trustworthiness and justify how these principles have been met in my research.

3.10.1 Principles of quality and trustworthiness

3.10.1.a *Principle 1 : Sensitivity to Context*

My choice and rationale of IPA as a research methodology was made bearing in mind the need to demonstrate responsiveness to context, and which would also enable me to become close enough to the participants to gain rich and meaningful data. Constructing rapport with participants involved developing a relationship of trust (Green & Thorogood, 2004) which depended on being sensitive to the context of the research. This was particularly important, as 'Trust is the traditional magic key to building good field relations' (Ryen, 2004, p.234), and also shapes the data collected.

Sensitivity is also demonstrated through my awareness of current literature in the field, discussed in Chapter 2, which gave my study focus and also influenced the methods selected and data collected in the specific cultural context of the Middle East. For example, as mentioned in Chapter 3.8, the initial email invitation sent out by a colleague to a purposive sample of participants was followed up by a telephone call, rather than in writing, as an accepted cultural norm of interpersonal communication in Bahrain. Many Arab cultures, including Bahraini culture, follow oral traditions and prefer the spoken word as a form of contact and contract (Ahmed et al., 2010). Similarly, with the cultural context in mind, focus group meetings and interview schedules were carefully organized around prayer timings, which normally guide the organization of time and social activities in Bahrain. Interviews were held on the university campus which would be defined as an acceptable 'safe' place for participants, and would also discourage the need for a husband or other male relative to accompany the participant. Following Arabic traditions of respect, the first five minutes of a meeting were spent in courteous enquiries after the participant's family and their health, before leading into the interview.

3.10.1.b *Principle 2 : Commitment and Rigour*

Commitment is demonstrated in the level of attentiveness shown to the participants during data collection, and the care taken in strategizing, planning, directing, organizing and producing work to the highest standards according to accepted research practice, evidenced by the supervision process. This principle implies qualities of responsibility, honesty, accuracy and accountability by the researcher (Mason, 2012; Morse, 2015; Pring, 2000; Williams, 2009). Regular Skype meetings with my primary supervisor, critique of my work from peers and primary and secondary supervisors, as well as feedback from critical allies and friends (Hardiman & Dewing, 2014), provided me with the opportunity to demonstrate these qualities, as well as to enhance my skills of reflexivity as a researcher. Presenting my work (Maddison, 2015) at an international conference[5] also provided me with an opportunity to respond to critique which contributed to the thoroughness and completeness of the research, and enabled me to maintain a critical analytic perspective (Miles & Huberman, 1994).

Rigour is referred to by Yardley (2008) as thoroughness of the study. Morse (2015) confirms that continuous engagement and observation, peer review, clarification of researcher positionality and thick description is recommended to determine rigour. Closely following established IPA practice and guidelines in theory, method and research (Smith et al., 2009) ensured that rigour was applied according to accepted IPA practice at each stage of the research process. Examples of thoroughness undertaken in my work include systematically conducted interviews which achieved 'a conversation with a purpose' (Smith et al., 2009, p.57) so that relevant idiographic engagement and generation of data took place, as well as continuous revisiting of transcripts in an iterative process of mentally engaging with participants' words in what Smith (2007) describes as 'this cognitive space at home base' (p.6).

[5] ICHE 2015: XIII International Conference on Higher Education, London, U.K. May 2015

3.10.1.c *Principle 3 : Transparency and Coherence*

I organized my work so that my progress could be tracked and verified. Following Yin's (1989) suggestion, I filed my data in such a way, secured both electronically and in hard copy, so that an audit or paper 'trail' (Rolfe, 2006) of the analysis was created. A reader would therefore be able to identify that IPA principles had been adhered to, follow how I constructed my own particular and legitimate account, clearly view the evidence provided to support my findings (Rodham et al., 2013), and effectively understand the factors which influenced my interpretation of data. The inclusion of participants' verbatim extracts also assists the reader to follow the forging of the analysis, which, together with the declared positionality of the researcher, enhances the transparency of the research process (Brocki & Wearden, 2006).

Coherence lies in the development of a clear and powerful argument for my standpoint (Denzin, 2009; Yardley, 2008) within this thesis, based on the theoretical framework of postmodern feminism. Participants were involved and empowered as co-owners of the research, and were given the opportunity to comment on a summary of my findings which confirmed that my interpretation was a legitimate representation of their experiences (Rodham et al, 2013).

3.10.1.d *Principle 4 : Impact and Importance*

As discussed in the Literature Review, there is scant literature addressing the TNE experiences and positioning of local students in the Middle East (Miller-Idriss & Hanauer, 2011). My thesis is expected to fill existing knowledge gaps, move forward the discourse of TNE and improve professional practice in the field, as outlined previously in Chapter 3.1.

In summary, striving to meet Yardley's (2008) principles of trustworthiness and quality also cultivated my own competencies as a researcher undertaking IPA, defined by Smith et al., (2009) as "open-mindedness; flexibility; patience; empathy; and the willingness to enter into, and respond to, the participant's world" (p.55).

3.11 Ethical Considerations

Ethical behaviour in research protects the rights and interests of those involved and dictates that the research process is honest and fair (Morse, 2015). My research proposal was first submitted to my own university for ethical approval as I required access to university records and other organizational data. After obtaining my university's ethical approval (Appendix 5), I then sought and received ethical approval from my supervising university (Appendix 6).

Local cultural norms in relation to communicating with participants were respected and due sensitivity given (Yardley, 2008) to the Bahraini and Islamic context of my research environment. For example, I assigned appropriate 'neutral' Arabic pseudonyms to participants that would not have connotations of being linked to either the Sunni or Shi'a Muslim sect. I advised participants that they would be given another name to protect their identities, any identifying characteristics would be changed, and that all data would be securely held. Even though a participant would not necessarily know her pseudonym, I had a responsibility not to harm the rights of the participant by assigning her a pseudonym that she might find insulting, should she come to know. The participants' assigned pseudonyms are listed in Table 3.2.

Participants were fully informed about the project and what was expected of them, and it was clearly stated that they were free to withdraw from the study at any time without penalty. I reiterated these points at the focus group meetings and at the individual interviews. I explained the consent form to participants in clear, simple English at the focus group meeting, before they signed it, to ensure that there was no misunderstanding. This also gave participants the opportunity to ask questions. Confidentiality of participation was particularly emphasized. As mentioned in the Introduction, Bahrain is undergoing socio-political upheavals and civil unrest as a result of the Arab Spring uprisings in 2011, therefore assuring confidentiality was an important aspect of gaining the participants' trust so they would feel safe sharing personal information with me.

Participants signed consent for their gender and nationality to be used. The participants were advised that meetings would be audio recorded with their permission, that I would be using their verbatim extracts from the interviews in my project, and that I would be inviting them back to summarize my findings with them. Although it was thought unlikely that there would be any psychological risk to the participants, they were made aware that an independent counselling service would be available should they wish to avail of this, and that a translator would also be available should they find difficulties in being able to express themselves in English. All transcripts, working documents and printed tables were retained in a locked filing cabinet in a locked office. My work was kept on a secure computer, password protected and regularly backed up on a password protected external hard drive. Data were also held on an encrypted data stick. My audio recording device was kept in a locked drawer and was not kept with paper copies of the transcripts.

However, despite adopting the most stringent ethical procedures, I understood that challenges could surface at any time during the research process (Cohen, Manion & Morrison, 2011) as qualitative research cannot be considered value free; what is researched will always be filtered through the researcher's own positioning and values (Cresswell, 2007). A critical ethical consideration was therefore to define where I stood in relation to my research topic and the participants, whether I should place myself on the 'inside' or stay on safer ground on the 'outside', and how much of myself I would reveal in the process so that the reader would be able to comprehend the various influences at play in my work, but without detracting from the participants' voices and the data gathered (Fine et al., 2003). This ethical dilemma is explored below.

3.11.1 On being an Insider – on the Outside

It has been stated that an 'outsider' researcher role offers a degree of anonymity in the distance established between the researcher and the participants which may be more comfortable for the participants (Corbin Dwyer & Buckle, 2009; Couture, Zaidi & Maticka-Tyndale, 2012). Being positioned outside the research is considered by some as a safer approach to avoid the influence of any researcher personal bias on the research process (Rooney, 2005). However, this may also limit a researcher's ability to perceive salient examples and share understanding with participants within a particular culture and environment (Green & Thorogood, 2004).

A researcher who is on the 'inside' already belongs to or shares commonalities, interests or characteristics with the participant or group (Bonner & Tolhurst, 2002), which Rooney (2005) suggests can enhance trustworthiness and lead to a greater understanding of data generated. Effective investigation into certain areas may also depend on the researcher's prior knowledge of the cultural context of the participants as well as their language and the meanings embedded in the ways particular phrases or words are used. It may also be easier for an insider researcher to gain access to distinct or marginalized groups (Hayman, Wilkes, Jackson & Halcomb, 2012) and to establish rapport (O'Connor, 2004) with participants.

However, determining my own positionality along a binary of insider-outsider was less clear cut. Even though my selected methodology of IPA stands on the inside of the binary (Smith et al., 2009), my own position had to be clearly justified (Rodham et al., 2013). Working in the same institution where the participants studied and graduated from privileged me with insider knowledge about them as students and their learning environment, which defined me as an 'insider'. On the other hand, I did not share commonalities of cultural background, religion, nationality, experience nor language with the participants, and in that respect could be classified as an 'outsider'.

The female gender, however, was a strong connector between us. In the socio-cultural context of the patriarchal Arab world where gender segregation is a social norm, the gender of researcher and participant becomes an important characteristic (Ahmed et al., 2010). It would have been a cultural and religious taboo in an Islamic society such as Bahrain for a Bahraini female participant to be alone in a closed room for a period of time with a male researcher. It is therefore feasible to assume that I was able to gather data which could not have been collected by a male researcher (Dahlgren, 2005) in the same context. Being female placed me on the 'inside' as social distance was reduced (Gill & Maclean, 2002) and contributed positively towards the participants' rapport with me as a researcher (Finch, 1984) as there was an underlying and implicit assumption of shared experiences of what being a female is about.

As an 'insider' I was also aware of possible consequences to the participants of participating in this study in the context of a rigid, patriarchal society, as I was already 'in conversation with it' (Schon, 1983, p.151), and so could plan appropriate counselling support services to be made available to participants if required. My status as an 'insider' was confirmed by participants confiding and sharing in-depth and intimate information with me about their personal issues, such as the type of partner they would like to have, their perceptions of what Bahraini males think about them and their careers, sensitive challenges they face as female doctors and nurses in a patriarchal Arab society, and their hopes and dreams for the future. I have also gained in-depth insider knowledge of Bahraini society, its signifying customs and traditions, patriarchal culture and power bases, as well as its struggles and strengths, through both my professional role as well as my personal experience of having been, at one hazy far off point of time in my personal history, married to a Bahraini. Self-disclosure can be considered good feminist practice (Hesse-Biber, 2007) to encourage reciprocity between the researcher and participants, but I did not offer this particular snippet of personal information to the participants due to my professional role in the university which requires me to detach from my from personal life.

The participants were aware that I could understand basic Arabic and would know what they meant when they threw in an odd Arabic word or phrase here or there. However, there was the risk of assumption; of me assuming that I knew what they meant and of the participants assuming that I would know what they meant. To avoid such misconceptions, I often asked a question to clarify meaning, or requested a participant to further explain or confirm what she meant to ensure that my interpretation was correct. I constantly and consistently unpacked my own assumptions, using reflexivity in order to understand what the participants were really saying to me. I also kept in mind the importance of not using the west as a 'predetermined frame of reference' (Chowdhury, 2009, p.51), which facilitated the development of ethical ways of relating to both myself and the participants (Bolton, 2010; Cunliffe, 2009).

The participants often used certain English words with a meaning specific to the Bahraini cultural context which may have been confusing to an outsider. For example, in the focus group meeting, the nursing students spoke about the fact that they had to get used to wearing 'clothes' when they first started university. However, I knew from my insider position that what the participants meant was that they had to get used to wearing a nursing student's uniform of white trousers and a tunic top, referred to as 'clothes', rather than their normal long dresses covered by their traditional black 'abaya', described on page 13. As I knew what they meant by this expression, I did not have to stop their flow of narrative and ask them to explain, which would probably have interrupted the interview. In this way I was also able to access a greater level of detail in the data being collected (Blythe, Wilkes, Jackson & Halcomb, 2013).

Juggling the different possible positionings of a researcher at various stages during the research process can be complex (Subedi, 2006), and I found that my own position shifted at different stages (Allen, 2004; Hellawell, 2006). I was conscious that I had to maintain a 'psychological attitude' (Smith, 2008, p.49) towards my research, and that revealing my own personal information during an interview might risk skewing the dynamics (Ganga & Scott, 2006).

From a feminist perspective, Stuart (1993) points out that it is not possible to exclude oneself completely when engaging with participants as we position ourselves in a reciprocal relation to how we perceive others and the world around us (Bourdieu & Wacquant, 1992). I agree that the researcher's identity and positionality were major factors in developing my research as a co-constructed process (Cresswell, 2013), and I perceived my insider role as taking responsibility for the procedural as well as the moral and ethical dimensions of the research process (Rossman & Rallis, 2010), continuously drawing on my skills of researcher reflexivity, discussed earlier in Chapter 3.5.

I was aware that there might be ethical challenges that could arise during the research process that would require reflexive management (Blythe et al., 2013). Skills of reflexivity become paramount when 'In the field ethical dilemmas have to be resolved situationally, and often spontaneously' (Ryen, 2004, p.232), such as when the risk of emotional impact on the researcher and/or the participant arises due to unexpected and disturbing information being revealed (Dickson-Swift, James, Kippen & Liamputtong, 2008). I encountered such an occasion during Sara's (SoN) interview. Sara described a case of serious bullying in the hospital where she was training and explained how she suffered a miscarriage while she was on duty and was not allowed to sit down, rest or leave for medical attention by the ward supervisor, who was supposed to be her mentor/tutor. Such revelations pose an ethical dilemma of what action can or should be taken as the researcher then carries this information as 'guilty knowledge' (Williams, 2009, p.211). In Sara's case I had to take due care that boundaries and roles were not muddied, and I struggled to remain emotionally dispassionate as I was challenged not to slip into my own professional role as a counsellor and therapist, a common predicament for researchers facing such ethical challenges (Le Fevre & Sawyer, 2012). Reflective journaling became an effective self-debriefing and coping strategy to deal with any possible emotional fall-out after the interviews.

My skills of invoking professional detachment, or bracketing, through my training as a cognitive behavioural therapist also assisted me in avoiding compassion fatigue so that I could appropriately manage my own emotional response, although I support the view that researcher bracketing can never be totally achieved, as qualitative research is also a reflexive and moral practice (Rossman & Rallis, 2010), requiring the researcher to bracket 'in' rather than out (Le Fevre & Sawyer, 2012).

Hellawell (2006) usefully proposes that instead of thinking about insider and outsider research as fixed and separate categories, it could be more appropriate to talk about the extent of researcher 'insiderness' and 'outsiderness' at any particular point in the research process. I agree with Hellawell (2006) that the positionality of the researcher shifts during the research process which challenges a fixed insider-outsider binary (Kelly, 2014). Knowledge will always be situated and partial (Haraway, 1991) and therefore the trajectory between insiderness and outsiderness which I adopted at different points in this research process served to enrich the depth of analysis and shed light on the strengths, as well as the limitations, of this study (Multerud, 2001).

3.12 Strengths and Limitations of this study

Much of the research published to date using IPA as a qualitative methodology has been in the field of health psychology (Brocki & Wearden, 2006) and I found scant evidence of prior studies using IPA as a methodology to examine specific groups of student experiences in TNE. A strength of this study therefore is that it extends IPA as a methodology to focus on education. Undertaking an IPA study offered me a flexibility in approach which successfully engaged with new areas of research (Larkin & Griffiths, 2002; Reid et al., 2005b), driving forward the discourse of TNE to include issues of cultural context, gender and power relations in the Middle Eastern TNE context, examined through the theoretical lens of postmodern feminism.

However, the subjective nature of IPA as a methodology could also raise issues relating to its validity and reliability (Golsworthy & Coyle, 2001). This was addressed by appropriate contextualization, researcher reflexive practice, and by following accepted principles of quality and trustworthiness in qualitative methodologies, discussed in section 3.10.

Rich insights were revealed in this study based on in-depth interaction with participants, the voices of Bahraini female medical and nursing students clearly heard from the position of their own lifeworld (Gergen, 2010) and filtered through my own positioning within the research process. The psychological interest of the researcher required for an IPA study (Smith et al., 2009) may be considered by some to be a constraint (Baillie, Smith, Hewison & Mason, 2000; Green, Payne & Barnitt, 2004), but as my own professional background is grounded in psychology I perceived this as a strength of the study rather than a limitation.

Following IPA guidelines in data collection, I did not use a prescribed data collection method, which may be considered a limitation of the study but I adhered to accepted qualitative research practice, as discussed in 3.8, and held two separate focus group sessions and nine individual in-depth interviews. It is possible that data from only the focus groups or the interviews could have produced different outcomes (Flowers, Duncan & Knussen, 2003), but other IPA studies undertaken which used data from focus groups as well as interviews reported a synergy which added value to the analysis (Dunne & Quayle, 2001), and I found this to be the case. My data were obtained from a small group of homogenous participants, and a larger diverse group may have produced different findings. However, the small numbers involved in my IPA study facilitated a deep analysis of convergence and divergence, as demonstrated in Table 3.8, which would be challenging to conduct with a large group of participants.

It could also be argued that my findings only relate to a small group of female participants in a specific context and may not be generalizable to a wider population of both genders in other contexts and cultures. However, from an IPA perspective this is also one of the study's strengths, as detailed investigation into the impact of the phenomenon of TNE on the lifeworlds of individuals enables us to better understand students' situated positions as learners. Other groups of learners, such as Bahraini male graduates in medicine and nursing would undoubtedly have different stories to tell which would further enhance our knowledge on the topic.

A larger IPA study which included both genders would be able to compare male and female experiences and further illuminate student experiences of transnational medical and nursing education in the Middle East from a different perspective. Despite the small number of participants in my study, its methodology and findings could be usefully adopted to provide comparative insight into other groups, contexts, spaces and places impacted by the phenomenon of TNE.

3.13. Chapter Summary

In this Chapter I have explained the rationale and relevance of my research, outlined the methodology of IPA, explained my chosen theoretical framework of postmodern feminism, and described my study design and steps taken in the data analysis. The importance of reflexivity in IPA studies and postmodern feminist thought was also discussed, and ethical considerations reviewed, including my adherence to qualitative research principles of quality and trustworthiness. I concluded with an overview of the limitations and strengths of this study. The next Chapter will reveal my research findings.

Chapter 4 Discussion of Findings

4.1 Introduction

The focus of my investigation was to explore the unique lifeworlds and meaning-making processes (Smith et al., 2009) of Bahraini female graduates of an Irish transnational medical and nursing university in the context of the Kingdom of Bahrain, in order to understand their experiences of transnational medical and nursing education. The findings drawn from the data analysis specifically addressed my research questions, which are restated below:

- What are the perceptions and experiences of local Bahraini females who have attended the university as either a medical or nursing student? What was it like for them as a transnational student, occupying a particular standpoint (Harding, 1987) as a Bahraini female?
- How did the participants make sense of their experiences? Is medical and nursing transnational education in Bahrain a transformational cultural experience for this group of participants?
- By focusing in depth on participants' experiences and total being (Finlay & Ballinger, 2006), what can we learn about the strategies that participants developed in order to succeed in the 'global-local nexus' (Giddens, 1999) of transnational education?
- In what ways did the experiences of TNE provided by an Irish medical university in the situated context of the Kingdom of Bahrain impact the lifeworlds of the participants as they *became* medical and nursing professionals (Monrouxe et al., 2011)?
- Can any new conceptualisations for Bahraini female engagement within the discourse of transnational education in the Middle East be identified (Baker & Wiseman, 2009)?
- Exploring alternative paradigms of transnational education though listening to and interpreting student experience, can particular groups of students be empowered in specific local cultural contexts through the medium of their educational programme?

4.2 Drawing out the Implicit from the Explicit

Interpretative Phenomenological Analysis was employed as my research methodology. Data were collected from two focus group meetings, one held for School of Medicine (SoM) graduates, and another for School of Nursing (SoN) graduates. There were five participants in each group. Interview questions were developed from findings of the focus group data analysis, discussed below. Nine participants attended the individual interviews, five from the School of Medicine and four from the School of Nursing. Interview data were then analysed according to the principles of IPA. Verbatim extracts were used to support and strengthen the reliability of findings from both focus group and interview data. I will first present findings from the focus group data, and then address findings from the interview data analysis.

4.3 Findings from the focus groups

At the two focus group meetings of one hour duration each, graduates from the School of Medicine (SoM) and School of Nursing (SoN) reflected upon and discussed their experiences of transnational medical and nursing education, guided by my research questions (Appendix 3). Four master themes were developed from the IPA analysis of both focus group meetings (Diagram 4.1). These were: the transition to a western model medical and nursing university; the evolution of a transnational community of practice; strategies of persistence, and negotiating relationships.

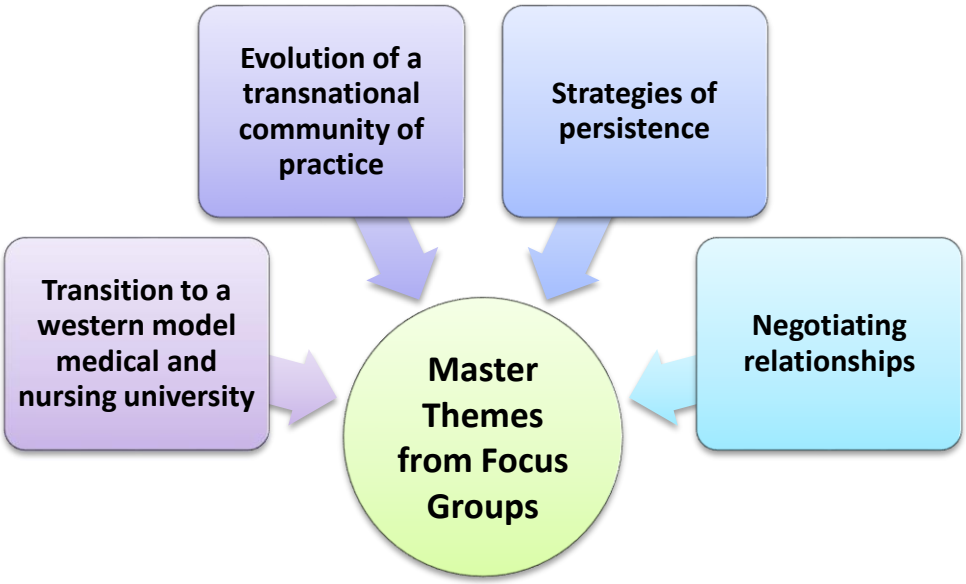

Diagram 4.1. Master Themes from Focus Groups data analysis

As highlighted earlier in Table 3.3, these themes were common to both groups of participants, although similarities and differences were noted in experiences between the groups which are explored below under each theme. I will conclude with a summary of findings from the focus groups before moving to explore master themes from the individual interview data analysis, and then developing findings in response to my research questions.

4.3.1 *Theme 1 : Transition to a western model medical and nursing university*

The many challenges confronted by new students encountering a university learning environment has already been explored in existing literature (Balduf, 2009; Kennet & Reed, 2009; McPhail, 2015; Tinto, 1998). Participants of both focus groups echoed the wide range of conflicting emotions experienced by many students when starting university, such as being anxious, terrified, lost, scared, stressed, worried, happy and excited. However, findings from the focus groups indicated that a western model of transnational medical and nursing education operating in the Middle East presented additional concerns for local female students that required cultural and academic bridging not yet discussed in the literature.

Talking about feelings and experiences when starting the university, participants agreed that negotiating and passing through a period of what they called 'The Transition' called for major adjustments both academically and personally during the first semester. The Transition represented a significant threshold to them which had to be crossed in order to start the lengthy process of *becoming* (Monrouxe et al., 2011) western qualified doctors and nurses in Bahrain, discussed later in the interview findings.

The School of Medicine (SoM) participants in particular were very much aware that they were entering a new and challenging period of their lives as medics-to-be:

> *"Well, it was rather terrifying, you know, the transition from high school to university and it wasn't just like any university… it was medical school… so we had to change from being teenagers to like young adults y'know, studying medicine, and everything had to change at that time."*
> Shereen, SoM, page 1, line 5.

> *"I was scared at first, a huge class, so many people, the transition is big because we used to be in classes in small numbers of people and then we have to be in a big lecture hall and the doctors used to give the lecture, but for me it was difficult not to have a book to read from, it was so difficult to study online and I did not cope well the first semester…I did not know what to do at first. I was kind of lost and scared …"*
> Amal, SoM, page 2, line 9.

The SoM participants viewed The Transition as a period in which they had to rapidly adapt to a new curriculum, which called for independent learning - the opposite of their previous socialization into Bahraini government high schools where a very formal, directed and didactic structured curriculum is followed (Hayes, Holden-Rachiotis, Kavanagh & Otoom, 2011).

The SoM participants agreed that there was a need to 'grow up' quickly in medical school, and they were disappointed initially that they did not achieve high grades similar to what they had been receiving in high school:

> *"I started crying when I first got my results I was crying I was going to quit and everything! ... it was totally different from what we were used to in high school."*
> Asal, SoM, page 2, line 22.

In contrast, the School of Nursing (SoN) participants were more concerned with relating their affective responses during The Transition, in particular the culture 'shock' they experienced in the first semester. 'Shock' in the sense they used the word was not a negative construction, but it meant that everything was new and strange. As explained by Haneen (SoN):

> *"…when I first came here I was a bit shocked about the environment as we were before in a fully girls familiar environment and even if we go out its only Arabic guys who were there… but when we came here it was like something out of Bahrain…because y'know especially with the medicine students you see another culture and life that is very different from here so… it was shocking…yes, shocking…shocking strange I think…"*
> Page 1, line 10.

As outlined in the Introduction, the School of Nursing has predominantly Bahraini female students enrolled, the majority are sponsored by the Bahraini government and local hospitals, and mostly from villages of traditional Arabic families. The School of Medicine, however, has over 37 different nationalities enrolled, many from affluent backgrounds, which explains the initial culture 'shock' of SoN participants when exposed to multiple cultural differences and diverse nationalities for the first time.

In their initial year of study, and in particular during the first semester of The Transition, the participants described many ‘firsts’ they defined as ‘shocking’. These included being taught by a native English speaker and having to get used to an Irish accent; the strange dress code of short skirts worn by some international female students; the witnessing of smuggling of alcohol, a religious taboo, on to campus; seeing intoxicated international students; close encounters of a ghostly kind at a Halloween student event, and in particular studying in a mixed gender environment where they were confronted with a male gaze in the classroom for the first time in their lives. The experience of attending mixed gender classes prompted feelings of self-consciousness as participants reported that they had to ensure they sat modestly and speak quietly according to the Islamic tenet of female modesty which forbids co-educational spaces, socializing and physical contact with males, and includes avoiding direct eye contact between the genders (Badran, 1985). SoN participants were also exposed to ‘Other’ non-Arab males, and these encounters triggered the realization that that not all male students were aware of Islamic cultural taboos, such as touching a Muslim female who is wearing a ‘hejab’, the Islamic headscarf defined earlier on page 13, and which called for the participants to internally acclimatize themselves to the meaning of such differences (Pyvis & Chapman, 2005).

Both groups mentioned that attending classes in a huge lecture hall made them feel overwhelmed. Participants expressed concerns that there had been expectations and assumptions by western faculty that local Bahraini students arrived in the university as pre-formed, self-directed learners according to western educational norms, knowing how to think critically, solve problems and undertake certain tasks, such as practicing research skills – topics which do not appear on the Bahraini government school curriculum as local pedagogical practice encourages obedience rather than debate, compliance rather than challenge, and memorization and recall rather than critical analysis (United National Report, 2007).

Although all participants had previously been educated in Arabic as their first language at high school, difference between the groups manifested itself in the participants' discussions of their initial anxieties about learning in English. The SoM participants met a higher English language entry requirement for admission than that required for participants in the SoN, and several SoM participants had received private English language tutoring when they were in school, so overall they found immersion in a totally English language learning environment less traumatic than students in the SoN. The SoN participants, however, all reported perceiving their English language level as an initial barrier to their academic progress, aptly expressed by Sara (SoN):

> *"…my language was so so so bad (laughs) and so how could I study in English? That was a big problem for me. I knew English, I learnt my English from movies…from my friends…from my eldest brother, he taught me a lot… but how I thought how would I make friends using English…*"
> Page1, line 21.

Learning new vocabularly as well as institutional and medical terminology could therefore be considered as part of a normalizing process (Jaye, Egan & Parker, 2006; Leese, 2010) required in this context in order to cross The Transition period. It is also an important signifier of power relations in the discourse of transnational medicine and nursing education which highlights an aspect of the hidden curriculum where English language is positioned as the *lingua franca* of science (Kane, 2014) and therefore an essential requirement in becoming a global healthcare practitioner. The Transition was perceived by all participants as marking the beginning of their acculturation process to the norms, values and ethos of the European host institution as well as their future profession. However, adapting to a new learning environment, constructing new meanings (Fosnot, 2005) and relations of being within the very different social and physical world of a western medical university was not an easy process:

> "…*the transition was the hardest part*" (Asal, SoM, page 2, line 1).

As a concept, The Transition provided participants with a portal (Meyer, Land & Davis, 2006), a liminal space which was filled with both doubt and certainty in a binary flux, which dissolved existing boundaries of the mind and physical place, and opened up new possibilities of becoming (Tsang, 2011). Passing through The Transition was therefore a catalyst for the opening up of new dimensions of a Bahraini female self, and marked the beginning of a transformational process of becoming socialized (Berger, 2004; Meyer & Land, 2003; Monrouxe et al., 2011) into roles of global healthcare professionals as 'woman doctors' (Butler, 1988) and nurses. A reframing process was therefore undertaken by the participants during their Transition experiences as they negotiated difference and new social dynamics, such as the mixed gender classroom.

4.3.2 *Theme 2 : Evolution of a Transnational Community of Practice*

The focus group findings revealed that during The Transition the participants started to form a specific learning community, not just within each School but across the university and between both Schools, which I define as a Transnational Community of Practice (TCP). Wenger's (1998) concept of a community of practice, discussed earlier in the Literature Review, can be usefully applied and situated (Lave & Wenger, 1991) as a framework through which we can understand how the participants constructed their own unique community within this particular transnational learning environment.

The SoN focus group transcript extract below demonstrates the operationalization of the concept of the participants' TCP, as well as highlighting the emerging spirit of collegiality between the students of both schools:

Lulwa : "*I had a boyfriend from the medical school…(giggles) he was a medical student…we are still chatting together since the old days five years' ago*…"

Dana : "*They* [male medical students] *speak with us, all of us, get along with us…RCSI made this…RCSI means that we are equal…I think that we are equal.*"

Sara : "*Yes, because we are graduating from the same university*."

Dana : "*The university brings us together…I didn't have many friends from the School of Medicine but they are nice…the same…we graduated from the same college…and we are friends…*"

Sara : "*Just a few days ago I met one of the medical graduates…she chatted a lot with us… and I took her number…even in our generation of nursing or medicine we are all friendly…very friendly*…"

Farah : "*Yeah we will work in the same wards…it's like…one hospital with many RCSI graduates*…"

(SoN Focus Group transcript, page 8, line 10).

From the focus group discussions, it appeared that the complexity of the social relationships forming this specific TCP within a discourse of Arab Islamic culture created a platform conducive to transformative learning (Jaffee, 2007; Mezirow, 1991; Taylor, 2007), defined earlier in Chapter 2.3. My findings also revealed that it was not only a TCP that participants were constructing in their early days at university, they were also creating a new habitus for themselves as transnational Bahraini female medicine and nursing students. Bourdieu (1984) refers to the concept of habitus as the lifestyle, practices, norms and values, structures and expectations that provide orientation for social groups, and which is constructed through and internalized by individuals. A habitus provides a shared benchmark for embodied practice and guides navigation of social relations through different fields (Gargano, 2009), as well as instilling a sense of connection and belongingness in individuals.

Mai (SoM) sums up her feelings about the habitus that was created on campus, and gives the following advice to new students:

> *"Be yourself, and try as much as you can to enjoy and learn…like really learn not just study wise but life wise as I don't think if you go to anywhere in Bahrain or perhaps maybe anywhere in the region you won't find a university like we have…like gyms, and cultures and religions…and it's just you're living in Bahrain but it's like you're not really living in Bahrain."* Mai, SoM, page 7, line 14.

There is an argument that belongingness, fusion and familiarity within cohorts can prevent students' intellectual growth as they remain stagnant in a comfort zone (Maher, 2005) but I did not find any evidence of this in my findings, highlighting that such studies are probably specific to context and cannot be generalized to all students in all places at all times. I found to the contrary, that participants in my study progressed well academically and developed personally and professionally through their TCP interactions. This could be explained from the perspective that the Arab world is considered to be a collectivist society (Abu Saad, 1998; Hoefstede, 2001). A collectivist society focuses on the group or community in which an individual is positioned, rather than on the individual him or herself. Socialised into the collectivist society of Bahrain, the participants already possessed intrinsic knowledge of the norms and values of a collectivist social orientation, which were then applied to their new TCP. This resulted in a dynamic, collective and cohesive community spirit which fostered belongingness and supported their personal and professional development.

The participants expressed their sense of a collective community when they spoke using 'we' rather than 'I' when narrating their experiences, and similar patterns in both groups were noticed. During the focus group meeting, the SoN participants used 'I' 194 times, and the SoM spoke as 'I' 197 times. 'We' was used 105 times by SoN participants, and 131 times by SoM participants. Although the splitting of 'I' and 'we' may be considered a dilemma in the construction of self (Renegar & Sowards, 2009), all the participants had graduated over a year ago and had already become doctors and nurses, yet still referred to 'we'. A coherent explanation of this finding would therefore be that through their experiences of being embedded and embodied within their TCP, the participants organized around their shared knowledge and memories of their professional formation as doctors and nurses, which instilled a sense of common enterprise and identity (Wenger, 1998). The significance of 'we' was further explored during individual interviews and findings are reported in section 4.4.2. below.

The university campus became a new habitus for participants, both a physical place as well as an ideological space, around which they constructed their TCP. This experience was particularly significant for the Bahraini female participants. As explained in the Introduction, Bahraini females live in a protected male dominated environment following Arab Islamic traditions. Although all the participants lived at home during their studies, often transported to and from the university by fathers or brothers, they began to shift their sense of belongingness from their home to that of the more vibrant university campus. There was a strong focus on campus life, and extra-curricular student events, social gatherings and sports clubs were deemed an important part of their student experience; something previously unknown to them in their Arabic high schools. Bahraini parents trusted the western university structure and ethos, and were confident that whilst at the university their daughters' reputations would remain untarnished, as evidenced by the participants being allowed to stay out late on campus.

> "*My parents were fine with that because it was the university…I spent all my day and night here... in the university.*"
> Lulwa, SoN, page 10, line 27.

Campus was therefore perceived to provide a comfortable, safe and secure space which became a surrogate home, around which the participants constructed their habitus:

> "*We used to do everything here…change and take a bath… everything*!"
> Dana, SoN, page 10, line 20.

> "…*outside of medical school I didn't have a social life but what I had was the university.*"
> Asal, SoM, page 5, line 35.

Constructing their TCP not only served to increase student engagement (Kuh, 2007; Maher, 2005; Tinto, Goodsell & Russo, 1993), but also marked a separation from an identity grounded as a dutiful dependent daughter in Islamic society towards that of a 'transnationalized' independent university student.

Participants acknowledged that a local Arab university would be much stricter in regulating their behaviours on campus, and would follow rigid Arab Islamic cultural norms regarding mixed gender interactions. The participants from the SoN in particular noted that they appreciated unchaperoned walks by the sea shore next to the university.

Campus could therefore be viewed as a global contact zone (Gargano, 2009), a place where traditional boundaries could be contested, stretched and re-defined :

> "*We are in an Irish university so we have students from all over the world…so we get to deal with people who don't have the same background, the same culture, the same religion…and I think that will affect how we are as doctors because we would have to deal with people from different cultures and backgrounds and not just the people that we are used to dealing with…so I think RCSI…RCSI culture helps in that*…"
> May, SoM, page 8, line 43.

> "*The facilities here, the location, the help we get from everybody and the community that creates…I think the fact that we are close to teachers makes us also even more close to each other and creates a very healthy and friendly environment…yes, especially as I met my husband here!* "
> Dana, SoN, page 3, line 16.

The 'shocking' experiences of The Transition started to fade after the first semester, and participants began opening up to different ways of seeing and being. The example provided by a SoN participant of being initially 'shocked' when seeing international students smuggle forbidden alcohol into the lecture hall became diluted to :

> "*Alcohol is fine, but not in class in the morning!*"
> Sarah, SoN, page 8, line 17.

A strong sense of loyalty and collegiality evolved as participants forged friendships with international classmates (Williams & Johnson, 2011) that superseded allegiance to their religious values:

> "*We know our colleagues they used to bring alcohol in water bottles on to campus and they are drinking wine and everything like whisky in front of us in class…but we didn't spoil it…"*
> Haneen, SoN, page 8, line 8.

The university's brand name and its 'Irishness' were important signifiers for the participants, through which they compared themselves favourably to graduates from a local university. They reported that this perception was confirmed by other doctors and healthcare workers in the hospitals:

> *"…even in our work I mean in our working environment…it is better we are from RCSI…our skills, our knowledge…in my hospital they were taking RCSI students and this is what I noticed…that they would take other college nurses to the clinics, but RCSI nurses would go straight to the wards…so there would be more work and it is because we are more confident*."
> Haneen, SoN, page 4, line 14.

> "…*when they come to compare between us and other interns, the other interns they don't take a proper history, they are not organized properly…they don't go through the proper procedure of presenting the complaint, medical, surgical, they don't know like…how to …*"
> Asal, SoM, page 8, line 25.

"…this is not only me but like the doctors themselves saying we deal with the issue way better than other graduates, and I'm not saying they don't know their stuff, they do… But I mean we can communicate better, we talk to parents, we talk to patients, for them it's just like well they know their stuff, but they just…don't know… don't know how to…they can't communicate."

Amal, SoN, page 8, line 1.

All participants reported a sense of pride upon graduating from the university, perceived as an elite institution of medical and nursing education in Bahrain:

"*Maybe because it is different and the first nursing university in Bahrain…it's like a private school and not a government school and it's Irish so I can say I'm from the RCSI…it's the name…to say I am from the RCSI*…"
Farah, SoN, page 4, line 10.

"*Well it's a prestigious university, not just like some local university where you got your medical degree from, it's a very tough university to get in to and it's a very tough university to graduate from*."
Hala, SoM, page 11, line 17.

However, constructing a TCP did not occur uncontested in a vortex and participants were often confronted with new challenges which called for the development of particular strategies of persistence to be developed in context.

4.3.3 *Theme 3 : Strategies of Persistence*

Participants of both groups articulated a keen sense of ambition and a drive to succeed, despite the challenges of The Transition and occasional academic failure:

> "*Well I had failed modules so my friends all graduated before me but because I had to stay in year 3 and graduate after them so I stayed but I found new friends and this was good for me*."
> Dana, SoN, page 2, line 29.

> "*Sometimes we had 7 lectures in one day…no human brain could retain information for 7 hours and just like you sit there and try to retain the information it's too much*…"
> Shereen, SoM, page 4, line 2.

Negative incidents on the hospital wards were reported by both groups. SoN participants in particular reported harassment and bullying by other Bahraini nurses on the wards who had not graduated from this university.

> "*My supervisor made me cry in front of patients on the ward…but they told me I have to work under stress…so I have to deal with it…with the problem*."
> Sara, SoN, page 4, line 42.

Sara (SoN) is not alone. Her experience underlines findings that negativity, criticism and bullying by staff on hospital wards is a major barrier to the career progression of graduate nurses, not just in Bahraini culture but in many other parts of the world (Baumberger-Henry, 2012; Freeling & Parker, 2015; Kanitsake & Currie, 2008; Randle, 2003).

Participants developed skills in critical reflection, rationally approaching and justifying such negative experiences. Dana (SoN) justifies rudeness towards her by a ward supervisor as jealousy, and was of the opinion that other Bahraini nurses perceived the university nursing graduates as threats to their jobs:

> "*She* [the supervisor] *was jealous because we graduated from RCSI with a BSc …and they* [other Bahraini nurses on the ward] *didn't…and if they give us whatever they know we will come one day and take their jobs and become their boss…so that's why they treat us like that*."
> Dana, SoN, page 5, line 8.

Through critical reflection, participants gained confidence and personal insight, reporting that they enjoyed encounters which challenged their values. For example, a SoM participant recounted how a western professor asked her about the purpose of praying and enquired how she knew that that she was actually praying to a higher order. Instead of taking this as a slur on her religion, she considered the question to be a positive challenge to her culture and personal beliefs, which resulted in reinforcing her values as she defended her position. In another case, Amal (SoM) reacted when she overheard a doctor explaining to medical students from the local university how to break bad news to a patient by emphasizing that it was 'God's will'. Her personal religious beliefs as a Muslim female and professional values as a woman doctor (Butler, 1988) were clearly separated at this stage as she challenged the doctor's statement, and did not attempt to mesh her own personal and professional values. Her professional self had shifted beyond the boundaries of local cultural practices and traditions:

> "*The doctor was like you always have to tell the patient that you know like according to our culture that this is God's will and this is meant to happen so just keep praying to God …but in RCSI we never took this route. You can never bring religion and beliefs into medicine…that's not the safe way to practice it because not every patient that you are gonna have to deal with like believes in God, or has the same set of beliefs that you deal with*…"
> Amal, SoM, page 9, line 11.

Amal demonstrated that her sense-making was a continuous and dynamic process, and that meaning making within a discourse of medicine and medical education both shapes and is shaped by the social context in which it is delivered (Hill et al., 2015; Kilminister et al., 2007).

In this Arab Islamic context, all the participants reported that they were subjected to a specific gaze imposed on them by others during their clinical practice in local hospitals. This gaze was referred to by the participants as 'The Look' and signified their difference to other Bahraini females, judging them through the patriarchal lens of Arab Islamic society. For example, Shereen (SoM) related how The Look alighted upon her when she interacted with male colleagues in the hospital, deemed as conduct unbecoming for Bahraini females who are required to safeguard their reputation and modesty by avoiding unnecessary communication with males (Badran, 2009).

Shereen (SoM) reacted against this patriarchal gaze, as she believed The Look asked:

> "…"*why is she doing that, talking to a male"…I don't know, like, this is not the way it should be. We are adults. We have to care for patients, we have to treat patients, we're not gonna think we are male or female, we are all a team*."
> Shereen, SoM, page 7, line 43.

By the time they entered their clinical training in the third year of their studies, the SoM participants were clearly questioning their own gendered socialization into Bahraini society. They started to challenge the patriarchal norms inherent in both Arab society and medicine (Barbaria, Abedin & Nunez-Smith, 2009; Hill et al., 2015), and developed coping strategies through which they could rationalize and ignore The Look, investigated further during the individual interviews. All participants reported gaining increased confidence in their skills, knowledge, abilities and competencies throughout their programmes of study, and in particular mentioned the important role played by international faculty in encouraging their independence, motivation and ambition.

4.3.4 *Theme 4 : Negotiating relationships*

As they progressed in their academic programmes, the participants began to see themselves and others around them in new ways, resulting in a shift in the dynamics of existing relationships. This process began during the Transition when the participants first had to work with males in the classroom:

> "*I remember the first project in RCSI when I had to work with a male it was like good, but awkward I have to say, but then I just got used to it, you know what I mean, but still it was strange at first*."
> Mai, SoM, page 7 line 51.

However, initial tensions gradually melted after the first semester and eventually led to the development of close-knit collegial relationships with male classmates:

> "*It was like we were helping each other…and in clinical they* [male classmates] *were really supportive and really, really good*."
> Haneen, SoN, page 5, line 47.

SoM participants reflected on how other students from the local medical university were expected to reproduce traditional segregated cultural norms in their learning environment. She expressed views that did not agree with this local perspective:

> "*Here at the university most of the groups have to actually have mixed teams, mixed genders, because this is how you are going to work in the hospital, you are not going to have a hospital with only males or females, but for them* [students from the local university] *they have a kind of like separated environment which I don't think is healthy*."
> Hala, SoM, page 7, line 15.

Friends played a very important support role, in particular the friendships formed during university and which continued after graduation. Participants explained that university

friends understood the rigours of their programme, and could share common experiences. For example, when Sara's (SoN) husband was arrested by the security police during a period of violent civil unrest in Bahrain in 2011, her university friends offered her solid support :

> "*I was having so many problems when my husband was taken but my university friends stayed with me all the time, they even came to my home and stayed with me."*
> Sara, SoN, page 2, line 9.

Sara (SoN) was the exception to the other participants as she was not working, and stayed home looking after her daughter. She had an arranged marriage at 21, when she was in her third year of her nursing studies. Sara's husband was supportive of her studies, but after marriage he imposed a strict dress code on her. He did not allow her to wear brightly coloured clothes; she could only wear dark colours under a black abaya and a black hejab. She was therefore no longer permitted to display the colourful headscarves she loved to wear to university before her marriage, and through which she expressed her vivacious personality. During the focus group session and the individual interview which followed, she often alluded to her life through the metaphor of colour, saying that her husband :

> "*took the colour from all my life…he took the colours!"*
> Page 6, line 25.

Restricting women's movement, behaviour and even dress code is deemed an entitlement of a male within Arab Islamic society in order to safeguard family honour and female chastity (Sandekian, Weddington, Birnbaum & Keen, 2015). However, despite being deprived of her 'colours', Sara evidenced agency in brokering her relationship with her husband. She did not let go of her metaphoric 'colours', representing her dreams and ambitions, stirred through her educational experience.

Unlike the other participants, Sara was not currently able to embody or live through her 'colours' and follow her ambitions, but she employed a strategy of resistance by metaphorically passing on her 'colours' to her daughter. Even though her husband, in what could be described as the ultimate patriarchal bargain (Kandiyoti, 1988), took away her vibrant colours through which she experienced life, he gave her a daughter in return who put the colour back into Sara's life and to whom she could pass on her colours :

> "*But he gave me lots of colours with my daughter…especially as she looks like me…so she can wear my colours…I will give her my colours…My colour is for my daughter."*
> Sara, SoN, page 6, line 26.

Sara outwardly appeared to accept a traditional female positioning in a patriarchal Arab society, even to the point where she agreed to raise the issue of her wearing 'colours' to a local religious leader for a final decision on whether or not it would be permissible for her as a Muslim female to wear bright clothes. The religious leader agreed with Sara's husband that it is immodest for a Bahraini female to draw attention to herself by wearing colourful clothes. Sara complied with the imposed dress code and wears her black abaya and black hejab when out of the house. However, her black abaya-clad self, which externally projected a submissive female Arab Islamic identity, in reality masked her resistance to local patriarchal norms as she continued to wear her colourful clothes hidden underneath her abaya, as she showed me:

> "*I wear black and white on the outside…and sometimes I wear yellow, purple, flashy pink only at home but not outside…but see …now I am wearing yellow underneath!"*
> Sara, SoN, page 6, line 26.

Sara (SoN) therefore performed her expected gender role (Goffman, 1959) and followed the script of local socio-cultural gender norms, yet contested her positioning in a patriarchal lifeworld by hiding her private 'backstage' area of herself, her colours, underneath her abaya.

Family relationships were both a source of support and stress for other participants. For the SoN students, many families were reluctant to let their daughters enter nursing education and were very protective. A reason for this was that nursing is a new career option for females in Bahrain, but is stigmatized as a choice of profession by many local families as it is work previously undertaken by poorly paid expatriate nurses from India or the Philippines. There is a local lack of understanding of the profession, and a major concern for parents was that their daughters would also have to interact with males at university and touch male patients, a particular cultural taboo. Other worries were that their daughters would have to work shifts and stay out late at night; this was also an issue because of the police check-points set up around the island due to local civil unrest, and parents were worried about their daughters' security.

Dress code was an often cited challenge within relationships; mothers wished their daughters to retain the traditional abaya, but this is not permitted to be worn in the university nor in the hospitals as it restricts movement and is not practical nor safe in a clinical environment. Such concerns were allayed however, when fathers visited the university and became familiar with the requirements of their daughter's academic programme and saw the culturally acceptable nursing uniform of a smart long white tunic and trousers. Participants reported that their fathers were influential in changing the opinion of mothers, who then encouraged daughters to take advantage of the educational opportunities they never had. SoN participants confirmed that their families were extremely proud when they graduated, as they were all the first nurses in their families to qualify from a western university in Bahrain.

Importantly, the participants managed to change their families' perceptions about the nursing profession:

> "*Even my cousins, they ask me things about medicines they have been given…we have changed their minds…and they don't think about me working with male patients now like before*."
> Luwla, SoN, page 11, line 39.

> "*Yes they thought that nurses before don't have the medical knowledge that's needed, but now my family they believe that nurses are knowledgeable… and so we changed things and thoughts for our family."*
> Dana SoN, page 11, line 43.

A deeper level of trust resulted between the participants and their families as boundaries surrounding cultural norms, described by the SoN participants as a 'red line', continued to be reshaped but still respected:

> "*They know that there is a red line…we are surrounded by a circle…everyone has their own circle and we don't let anyone to be alone in our circle with us…so they trusted us."*
> Farah, SoN, page 7, line 5.

Participants from the SoM faced slightly different challenges. They spoke of the immense stress they found themselves under due to the demands of their rigorous academic programme, which was not understood by their families who expected them to conform to the cultural norms of being a Bahraini female and staying at home spending time with the family (Al Lamky, 2007).

Shereen (SoM) quoted what her mother regularly said to her, and her own response:

> "…"*You're not supposed to be out at this time, you're supposed to be at home and you're a girl"… but I say, "mum I'm not having fun, I'm not going to a club or anything, I'm just sitting in the library studying"…"*
> Shereen, SoM, page 6, line 40.

However, by their final year of their medicine programme six years' later, SoM participants reported that families had become much more supportive, especially during examination times, in marked contrast to the earlier years:

> "*Before that no one understood and we kept getting complaints you know like "you don't sit with us… we don't see you…we're your family…we're supposed to see you…even if you're doing medicine it's not the end of the world"*."
> Reem, page 6, line 23.

Literature indicates that such a tension between traditional cultural values and modernity may produce negative results for females in the Arab world (Whiteoak, Crawford & Mapstone, 2006), however I did not find this to be so. Early socialization into a collectivist patriarchal society followed by immersion in the individualistic learning environment (Hildson & Rozario, 2006) of transnational nursing and medical education did not result in confusion or conflict for the participants, nor were they 'trapped' between two cultures (Haw, 2011). Focus group findings revealed that participants synthezised their experiences (Marginson, 2104) and adapted existing cultural practices into different forms (Lee & Koro-Ljungberg, 2007; Rizvi, 2005) from which new conceptualisations emerged, explored in the next Chapter.

4.3.5 Summary of focus group findings

In conclusion, participants from both focus groups mentioned that their experiences made them feel 'different' from other Bahraini female students who attended the local university. Hala (SoM) reflected on her years of study:

> "*It has made us who we are. We are different because of who we are. We are doctors*."
> page 11, line 48.

There was no evidence from the focus group findings that the participants had been transformed into an imagined 'western' model learner as a result of their educational experience (Doherty & Singh, 2005). In fact, the participants demonstrated strong insight into their own subjectivities, identities, and positioning in the world.

> "*I can say that I have grown…I can see things differently, not just from one point of view. I can see why they are saying that…not necessarily that I believe in it, but I respect it."*
> Amal, SoM, page 12, line 4.

Graduating from a transnational university of medical and nursing education gave them a different perspective on life:

> "*You can see people from everywhere, from Ireland from Scotland from Bahrain… now if we will see our careers we will not see things as a Bahraini lady will see herself…no…Bahraini ladies most of them will think ah yeah I will just be there and I will raise my kids and y'know that's it that's enough…but RCSI gave us the thought that you have to be more iconic to improve…you are a woman but yes you have your life yes but you have…you can do a lot of things."*
> Sara, SoN, page 9, line 33.

From the analysis of the focus group meetings it was clear that through their lived experiences of transnational medical and nursing education, participants became empowered to shift the boundaries of their existing socio-cultural framework and create a space which was neither western nor eastern in character. Findings highlighted the contradictory experiences of transnational medical and nursing education which impacted the participants' lifeworlds, and generated many areas for further exploration during the individual interview sessions in order for me to gain deeper insight and answer my research questions.

4.4 Findings from the individual interviews

As a result of the findings reported from the focus group data analysis, interview questions (n=6) were prepared (Appendix 4) for individual in-depth interview sessions of approximately one hour duration each. Nine interviews were conducted, five participants were from the School of Medicine (SoM) and four from the School of Nursing (SoN). Participant interview questions were developed around the four master themes from the focus group data analysis: transition to a western model medical and nursing university; evolution of a transnational community of practice; strategies of persistence, and negotiating relationships. The objective of the individual in-depth interviews was to drill deeper into participants' meaning-making of their experiences within the discourse of transnational medical and nursing education in order to fully answer my research questions.

From the analysis of interview data, four further master themes were identified. These master themes revealed a sequencing of experiences common to both groups of participants which had to be traversed in order to 'become' western educated doctors and nurses graduated from an Irish medical university in the Middle East. The master themes arising from the individual interview data analysis were: Minding the Gaps; Treading Transnational Spaces; Sandstorms and Shifting Sands: The Path to Becoming, and The Same yet Different: A New Standpoint.

The master themes are depicted in Diagram 4.2 below and mark key stages of meaning-making in the participants' personal and professional transformation which encapsulated both epistemological and ontological dimensions (Kegan, 1994). This was not a linear experience of change (Berger, 2014), and individual similarities as well as differences surfaced during the journey.

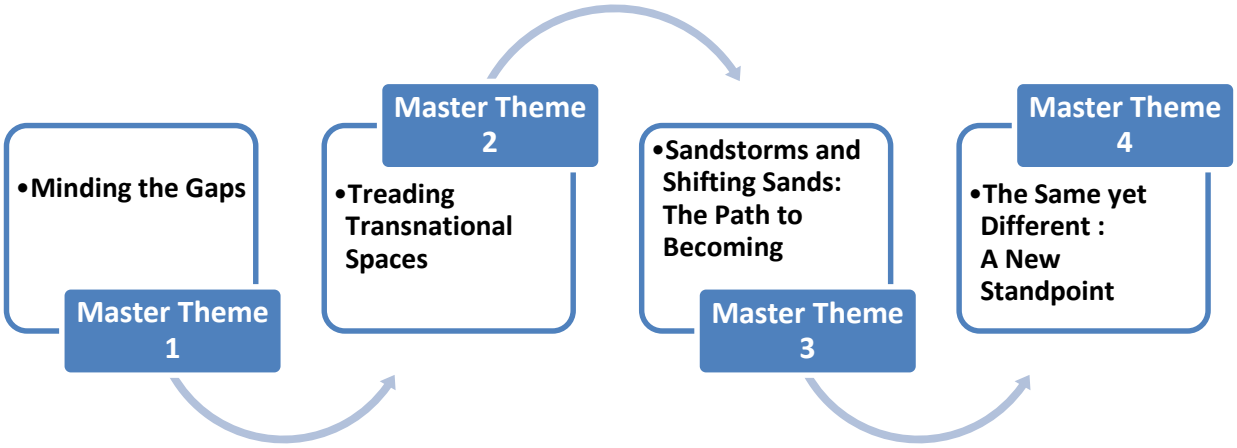

Diagram 4.2. The path to 'Becoming' a Bahraini female western qualified doctor or nurse in Bahrain

The findings within each theme will now be explored.

4.4.1 Theme 1: Minding the Gaps

The findings from the focus groups, discussed earlier, highlighted the participants' early experiences during The Transition period as they adjusted from an Arabic government high school to a western model university. These experiences were explored further during the in-depth interviews. All participants reiterated during the individual interviews that The Transition took place in the first semester of their studies (McPhail, 2015; Meleis et al., 2000), when winds of change stirred up breezes of future possibilities. Participants struggled over gaps between their past and future selves, which required them to construct both cultural and academic bridges between the particular characteristics of western and Middle Eastern (Hayes et al., 2011) educational environments.

I use the word ‘gap’ here as a useful metaphor to describe the aperture between the known and the unknown, the chasm between certainty and uncertainty, and the fracturing of connectivity to safe ground as unstable terrain confronted participants entering The Transition period.

Diagram 4.3 below depicts the superordinate theme and clusters of themes under the master theme of Minding the Gaps, introduced earlier in Table 3.12 on page 71, the findings of which will now be discussed.

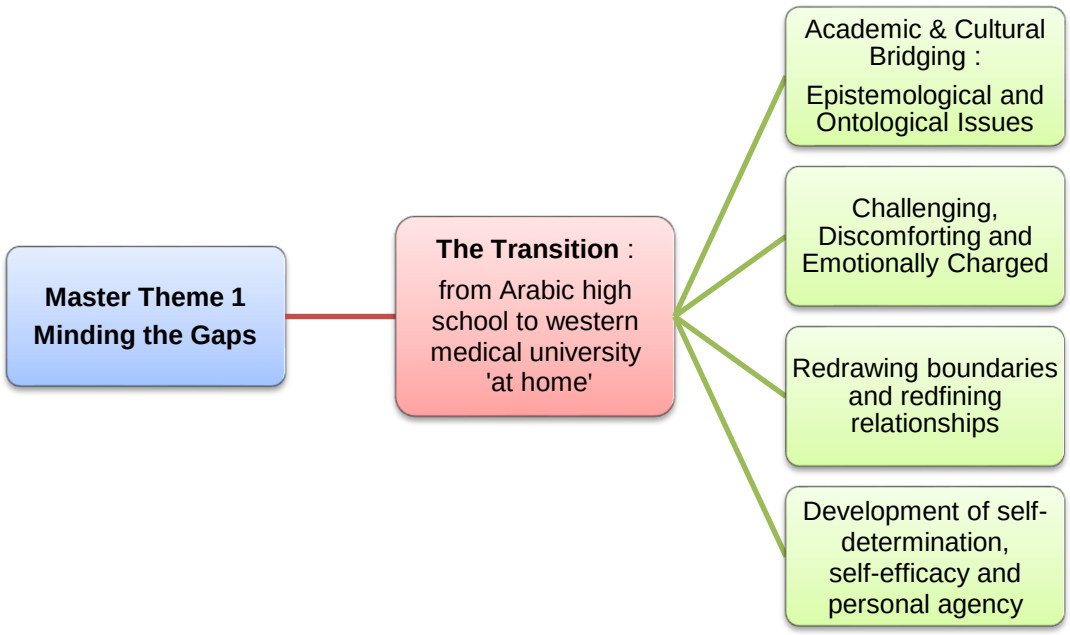

Diagram 4.3. Superordinate theme and clusters identified under Master Theme 1: Minding the Gaps

4.4.1.a The Transition : from Arabic high school to western medical university ‘at home’

The Transition from Arabic government school to an Irish medical university in their own backyard highlighted the complexities of the differences involved when the participants moved from one learning environment to another (Lindley, McCall & Abu-Arab, 2012), involving social, academic and personal challenges or ‘gaps’ which required addressing early in their academic career (Trotter & Roberts, 2006).

Drawing on findings from the focus groupswe and individual interview data analysis, the learning environments of a Bahraini government high school and a western medical university in Bahrain were established and compared in the table below:

Bahraini government high school	Western medical university
Didactic, structured learning	Reflective, active learning
Individual effort, segregated schooling	Teamwork, mixed gender groups
Learning in Arabic	Learning in English
Rote learning, dependent on teachers	Critical thinking, independent learning
Limited intercultural exposure	Wide intercultural exposure
Externally regulated and motivated (through families, teachers, religious leaders, authority figures such as fathers)	Internally regulated and motivated (through self-efficacy, self-determination and personal agency)
Fixed mindset – in the moment	Growth mindset – forward thinking
Strong family influence/ collectivistic focus	Looser family influence/ individualistic focus
Arab Islamic values and norms inform, drive and maintain embedded traditional beliefs and behaviours; cultural and religious conformity	Western culture pervades; encouragement of personal development and change; cultural and religious diversity

Table 4.1. Summary of comparison in learning environments of an Arabic government school and a western medical university as experienced by the participants

From the above table, it can be seen that upon entering the university participants were exposed to a very different pedagogy from their previous schooling. There was a shift in focus from individual achievement to working in mixed gender teams as participants were immersed in the ethos and language of a western university culture. They were expected to independently and critically reflect, something which has not been encouraged in the Bahraini school curriculum due to the current political climate in the Middle East.

During their earlier schooling in the Arabic education system, participants had been directed by their families and teachers, with behaviour regulated through adherence to cultural norms and religious traditions. Starting university however, participants suddenly found themselves separated from what was previously sure and known in their lifeworlds. They had to adjust to discomfort as they navigated a sea of difference and became self-reliant, which required developing skills of self-efficacy, self-determination and personal agency, defined and discussed below in 4.4.1.a(iv), in order to succeed. They had to loosen their ties to fixed points of reference of their identities, such as their families and their dress code, and extend their mindsets to encompass new ways of thinking and doing.

Participants were required to think through the gaps, remake meanings and redraw their previous boundaries or 'red lines', discussed in the focus group findings, as they forged the capacity to cope and persist (Barnett, 2005) in their new world. It is not surprising then, that all the participants defined The Transition period as the greatest hurdle to overcome during their studies at medical university, in particular as it involved confronting and making sense of both epistemological and ontological challenges, which many other students in their cohort were not adequately prepared for:

> "*At the end of the year lots of people kept on dropping out…dropped out because they weren't up to medicine…they weren't ready. If it's what you want then you have to work hard for it…there were a lot of obstacles that we faced in RCSI…lots of hardships."*
> Asal, SoM, page7, line 27.

Participants had to come to terms with unknown, uncomfortable and unquantified expectations in their new learning environment which were at times incongruous with their previous ways of knowing and being (Meleis et al., 2000), referred to by Mann and Huffman (2005) as the process of difference, deconstruction and decentering, encountered during a transition phase.

4.4.1.a(i) *Academic and Cultural Bridging : Epistemological and Ontological Issues*

The gaps of difference presented by The Transition during participants' acculturation to a western medical university from an Arabic government school can be summarized in a synchronous two-step bridging process comprising both academic and cultural components, set out in the table below:

Academic Bridging	Cultural Bridging
Overcoming English language challenges	Overcoming culture 'shock'
Adapting to new ways of learning and knowing	Adapting to new ways of being
Developing self-determination and self-efficacy as a learner	Developing skills of reflexivity and personal agency
Redefining relationships in the classroom: -Faculty members as role models -Male classmates as peers and colleagues	Redefining social relationships : -Reconciling Arab Islamic values with difference -Reshaping gendered boundaries
Moving in new spaces : Campus as a transnational habitus	Moving in new places: Cognitive and conceptual stretching

Table 4.2 Academic and cultural gaps bridged by the participants during The Transition period

Academic and cultural bridging required participants to adapt to new ways of learning and being. Their experiences raised epistemological issues of how they constructed this knowledge, as well as ontological issues of how their educational experiences impacted their sense of being in the world. These findings will now be discussed.

Issues of learning in English and acculturation to the university's western norms and values were reported as wide but necessary gaps to be filled as participants took their first tentative steps towards their socialization as future doctors and nurses:

> *"It's going to be hard for them* [new students] *at the beginning from going from there to here…and…not just the language barrier… entire cultural differences, and it's going to be like a cultural shock for them – it is – regardless of however open minded they are…it's doing to be different."* Hala, SoM, page 8, line 1.

Familiarizing themselves with strange medical terminology in English was an added burden for the participants and problematic in the first few months, but the discomfort was tolerated whilst gaining new insights and understandings. Participants accepted that they had to learn to express themselves in English (Jayne et al., 2006; Marginson, 2014) in order to successfully inhabit their future professional persona. Although this could be perceived to be hegemonic in nature, perhaps representing the colonizing tendencies of western universities in their strategies of internationalization, discussed earlier in the Literature Review (Altbach, 2007; Blum & Ullman, 2012; Knight, 2004; Tate, 2012), I argue that the use of a common language facilitates international exchanges of collaboration across cultures (Harden, 2006) and opens up greater opportunities for students' future medical and nursing specialisations, as well as extending the possibility of communicating with a greater number of patients world-wide.

Although several participants reported difficulties in adapting to using English at the beginning of their studies and often had to translate lecture slides from English into Arabic in order to grasp meanings and concepts, they did not see this as a tactic for mere survival (Rizvi, 2010) but rather a necessary task to be accomplished within the hidden curriculum (Lesser et al., 2010) of medical and nursing education in order to achieve their goal of graduating as an internationally qualified doctor or nurse. Indeed, by graduation, participants' English language and intercultural communication skills had become extremely refined:

> *"Because of RCSI my language really improved, and even in the good qualities of my skills, my communication skills with my patients and even with other staff."*
> Farah, SoN, page 5, line 8.

4.4.1.a(ii) *Challenging, Discomforting and Emotionally Charged*

At an early stage in The Transition, participants began to develop awareness of their own changing subjectivity and started to recontextualise their previous assumptions (Haw, 2011; Marginson, 2014) into their new environment. There was a sense expressed that things, including themselves, would never be the same again:

> *"It wouldn't make sense for us to be studying medicine and then being the same people we used to be when we were in high school because it's different…"*
> Asal, SoM, page 2, line 18.

Asal clearly indicated her expectations and readiness for a transformational experience (Berger, 2004) at medical university, and greeted The Transition with positive anticipation, whereas others, in particular the participants from the School of Nursing coming from traditional villages, were slightly more hesitant:

> *"Maybe I was shy at the beginning, I wasn't asking, but you have to ask, the teachers have to know you…you have to make your own stamp so the others will know you."*
> Sara, SoN, page 6, line 16.

> *"Before, I didn't accept the idea that I'm going to see male patients but then it became very normal because you're a nurse, and when you are being a nurse you have this feeling like this is only a patient…before we didn't know or think that if we were nurses we would have this feeling or this thinking…we just thought we don't want to see…we were so shy."*
> Dana, SoN, page 5, line 13.

As the participants were required to synthesize different elements of the various cultures surrounding them, a greater level of support was sought by some participants in order to bridge the gaps and to facilitate and sustain a transformative learning experience (King, 2004; Williams & Johnson, 2011). This directed me to consider the importance of the constant interplay of cognition and emotions (Salzman & Fusi, 2010) experienced by young Bahraini female medical and nursing students as they moulded their niche in the world of international medicine and nursing. Learning to become a doctor or a nurse is defined as an emotionally charged activity (Artino & Naismith, 2015), yet paradoxically medical education in particular typically detaches emotions and subjectivity. Instead, values such as independence, autonomy and the neutral clinical gaze necessary to practice science and medicine (Coulehan, 2005) are stressed, but which are also criticized as being steeped in embedded masculine and patriarchal traits (Bleakley, 2013; Hill et al., 2015) that do not consider emotions as worthy of attention. The role of emotion in education and its meaning for medical and nursing students (Manley, 2013) in various cultures has previously been overlooked in medical education, and yet profoundly influences the processing of knowledge, development of competencies and skills, and academic progress in context (Artino, La Rochelle & Durining, 2010; Chew, Zain & Hassan, 2015; Manley, 2013; McConnell 2012; Shapiro, 2011).

Culture is also embodied and signified through a particular dress code which reinforces a sense of identity (Dube, 2002). During The Transition, participants were required to adapt their normal Islamic dress code of an abaya and a hejab, worn since puberty, to what is appropriate in a western university and a clinical setting. Role models in the form of Bahraini female nursing faculty were a useful reference point in navigating this particular gap, and adjustments in dress code were made gradually so families too would not be upset at the change in their daughters' appearance. Participants reported that it was often difficult for traditional families to see a shift in their dress code but came to accept that this was the university's requirement, and which did not disrespect local culture.

For example, Farah (SoN) started to wear her abaya over her shoulders instead of wearing it over her head as she had done since she was 8 years' old:

> *"It was a bit difficult and a big thing to change. But now I go to work like this also."*
> Farah, SoN, page 4, line 14.

These small but culturally significant steps should not be underestimated by transnational educators, and the process of adapting local dress codes during The Transition prepared participants for the future when they would have to wear their uniform when training in the hospitals.

At this stage of The Transition, the university exerted a powerful influence in the early socialization of the participants into the professional persona of doctors and nurses (Entwistle, 2000), beginning with changing how they represented themselves through dress. This experience contributed to their growing autonomy which went beyond academic engagement and flowed into other aspects of their lifeworlds:

> *"I adapted my life around my hejab…it doesn't stop me doing anything… I went bunjee jumping and sky diving… I will go inshalla* [God willing] *diving with my hejab also!"*
> Lulwa, SoN, page 3, line 38.

4.4.1.a(iii) *Redrawing boundaries and redefining relationships*

During The Transition period, there were three particularly important groups of relationships that participants had to reassess and redefine. These were family relationships, relationships with faculty, and relationships with both Bahraini and non-Bahraini males in the classroom.

Family relationships

Participants reported that their families were proud and supportive, despite initial anxieties about their daughters entering medicine and nursing. However, by the end of their studies, participants reported that their families perceived them as female Bahraini pioneers in medicine and nursing:

> *'My family is proud that I'm a doctor but other families they wouldn't let their daughters go into medicine because it's too much pressure and they want the 'stay at home' or 'be a mother' type for their daughter."*
> Mai, SoM, page 2, line 12.

At the same time, the participants were conscious of their duties to their families according to their female role in Arab Islamic culture, outlined in the Introduction:

> *"We care about family…which comes first…you have to carry responsibility."*
> Amal, SoM, page 2, line 18.

This sometimes caused guilt issues for participants when they had to distance themselves from their families to study, and they found themselves drawn towards others who shared similar experiences. Medical school ethnographies highlight that students may become withdrawn from their family environment and other friends on the outside due to the deep acculturation process that is experienced (Sinclair, 2007), and this was indeed the case with this particular group of participants. As they progressed in their new transnational learning environment, this positioning sometimes caused internal conflict as participants had to wrench themselves away from cultural expectations and embrace a new sense of self as a medical or nursing student. However, such ambiguities opened up new hybrid possibilities of being, comprising aspects of both continuity and change (Enns, 2010), as participants came to understand their changed sense of self:

> *"I'm traditional and untraditional equally."* Amal, SoM, page 2, line 22.

Between this balancing of 'traditional and untraditional' I identified a creative space through which participants could redraw cultural boundaries and construct new cultural conceptualisations. For example, the innovative concept of a 'study brother' developed by SoN participants justified them studying alongside male classmates. As participants studied and interacted in public with male classmates and colleagues, contrary to Islamic doctrine, their modesty and chastity was often questioned. SoN participants in particular were the target of malicious gossip from neighbours in their villages. Sara (SoN) recounted the occasion when she was spotted by a male neighbour in a hospital during clinical training with a male classmate. The neighbour reported Sara's conduct as unbecoming of a Muslim female to her father, and there was grave concern that her reputation was ruined, reducing the likelihood of making a good marriage (Behiery, 2013).

However, Sara convinced her father that the male she was interacting with in the hospital was in fact a 'study brother', therefore permitted in Islam. Her father came to perceive his daughter's behaviour in a favourable new light, eventually supporting and defending her against local gossip:

> "…*he* [Sara's father] *told that man* [the gossip] *that this boy in the hospital is like her study brother."*
> Sara, SoN, page3, line33.

Participants demonstrated how they became empowered to redefine such previously taboo social relationships:

> *"RCSI can change the outside…one of my classmates was from a closed* [traditional] *family and her father was not allowing her to wear clothes* [i.e. she had to cover her dress with an abaya]*…but in the end her friend who was a boy in class used to come to her house with his family and they had a gathering together, she kept talking, so they got used to it, that's good."*
> Lulwa, SoN, page 3, line 6.

Relationships with faculty

All participants agreed that both Arab and western faculty were important role models in their educational experience (Dornan, Pearson, Carson, Helmich & Bundy, 2015; Sohail & Shaikh, 2004). Participants confided that they could build relationships with their lecturers in the university that would not have been possible if they had been attending a local university and were pleased to be treated as independent, mature and responsible individuals by faculty, a change from being previously directed and dependent learners in Arabic high school, as noted in Table 4.1.

I found that the positive influence of faculty played a large role in the participants' construction of normative professional values and behaviours (Hoffman, 2014; Jaye et al., 2006), and supported their growing autonomous motivation (Cotton & Wilson, 2006; Reeve, Deci & Ryan, 2004).

> *"In our university we have total freedom to talk to the tutors…to express our opinions and even if we're not going to express, there are tutors who are going to push us to express ourselves…and to show our opinions which eventually strengthens our confidence…and even if we just step out and see the batch of students from the first year and the fourth year, you can see how people are gradually developing because of that freedom to express their opinions…I think we were treated as mature which also had a very good impact on us…we were here to do our own research, to think critically, to know how we were going to approach our research in the future…the encouragement here that everybody is giving us whether you were excellent or not…we realized that hey, you are different."*
>
> Dana, SoN, page 2, line 2.

"They challenged us to be the best…the professors we have here are really good and they've been in many countries, worked in many places, and they have good experience…so that kind of shows…it makes me want to become like them one day... and one day I do hope to become a professor, like our professors, having this experience, inshallah [God willing] *nothing stops me… as mentioned, I have big ambitions!"*
Asal, SoM, page 7, line 16.

Faculty also played a large part in supporting, encouraging and motivating participants to successfully bridge the gaps of The Transition:

"All of our tutors were telling us you have to have this change"
Dana, SoN, page 4, line 27.

Relationships with Bahraini and non-Bahraini males in the classroom

The participants made friends with both males and females of different nationalities, and suggested that international friendships and introductions to cultural diversity should be welcomed and promoted (Williams & Johnson, 2011) as an early part of the transnational experience. Their definition of male classmates changed from initially being the 'other' as taboo, to becoming 'study brothers' and part of the 'we', discussed further below in 4.4.2. Over time, studying and working alongside males as colleagues and friends became normalized. However, this newly conceptualised relationship of males as trusted colleagues and good friends in Islamic society posed problems and frustrations for the participants in the local clinical environment. The participants' behaviour was often scrutinized and questioned by Bahraini hospital staff, as described by Hala overleaf.

> *"One time I went to apply for leave in the administration of the hospital and my* [male] *friend was with me. He's an RCSI graduate too and he's always with me because we're in the same group. So he was with me and they* [administration staff] *said "oh so you're doing to take a different leave from him? Aren't you supposed to go together?" And I was like, why? They said, "aren't you guys married?" I was like, we only work in the same department…and we're not getting married! The idea is always there."*
> Hala, SoM, page 3, line 7.

I found no evidence that participants were either dominated or homogenized by their educational experience (Djerasimovic, 2014). Although letting go of previous mindsets and assumptions (Kegan, 1994) in order to bridge gaps and move ahead was culturally and academically challenging and initially uncomfortable to participants, I did not find that they perceived being on the edge of understanding to be a painful experience (Berger, 2004).

4.4.1.a(iv) ***Development of self-determination, self-efficacy and personal agency***

Self-determination was a strategy of persistence evident in both groups of participants, and is considered an important factor in student success (Beachboard, Beachboard & Adkison, 2011; Ryan & Deci, 2000; Tinto, 1994; Wenger, 1998). Self-determination as a theory of motivation posits that in order for students to succeed, certain needs have to be met. These are autonomy, competence and relatedness (Deci & Ryan, 2000; Milyavskaya & Koestner, 2011). Findings from the focus group data indicated that the university provided an appropriate environment, or habitus, which met the participants' needs for the fostering of self-determination, and which promoted independence, personal and professional development, and belongingness.

Self-determination was evidenced in the expressed ambition of participants:

> *"I would like to have a scholarship for a Masters…but even if I didn't I would first join critical care or paediatrics and then do my masters and teach…and then do my PhD…wherever it takes me…I don't want to stop!"*
> Dana, SoN, page 6, line 4.

> *"My ambition is out of Bahrain so I hope that one day I will be able to have my specialization out of Bahrain. Eventually I do feel that I will come back…one day I would like to have my family and settle down in my country and everything, but the process of getting there involves me moving around…travelling outside, doing my specialization."*
> Asal, SoM, page 6, line 32.

> *"You know our nursing study is too hard…we have to study or we're in the hospital or we're working on assignments so all our days are kept busy…no time for husbands or babies…so for me, my main goal is to continue my degree and only then I will get engaged, after university."*
> Farah, SoN, page 2, line 8.

Asal (SoM) aptly summarized how her medical education drives her ambition and fuels her responsibility towards her country as a Bahraini doctor:

> *"I'm still young in terms of my career…I'm the lowest…an intern…so I still have to get exposed to more cases* [overseas] *and then come back with a specialty that not a lot of doctors have here in Bahrain…so I do see myself as one day doing something, trying to change something…having my own centre."*
> Asal, SoM, page 7, line 15.

For Sara (SoN), who was currently staying at home looking after her daughter, there was still a sense of ambition:

> *"I see myself in the future that I have a good situation in a hospital, working hard...and a big house with my husband and my daughter and I hope a son also, and then that will be enough for me! Not like this, sitting at home raising my daughter…I want to work, I don't like to sit at home eating and watching TV, this life isn't for me!"*
> Sara, SoN, page 6, line 1.

The participants attributed their ambition to how they had been shaped as doctors and nurses by the university:

> *"Maybe I'm more outgoing now…from being in RCSI I can sit with a group of people even if I don't know them…like just sit with them…I've got to know people…I wasn't that outgoing in school but in RCSI, especially the final two years, were important to help me deal with all kinds of people…it really helped in building my personal and social skills with people. I really want to go to a western country…either Europe or the States because I just want that kind of training…everyone thinks the States is the golden place for residencies… when you travel and you get to meet new people and then you learn to adapt to a different country it really builds you as a person."*
> Shireen, SoM, page 5, line 1.

> *"The most ambitious, very ambitious, are from RCSI."*
> Dana, SoN, page 6, line 18.

> *"We went through a tough six year programme and we were kind of shaped this way".*
> Hala, SoM, page 2, line 10.

Passing through the portal of The Transition was a defining threshold moment for the participants (Berger, 2004; Meyer et al., 2006) as it opened up new and unrealized possibilities of a Bahraini female self who could retain traditional values, yet add new dimensions to herself. Becoming self-determined therefore led to a perspective transformation for the participants (Taylor, 2007) as they used their experiences, beliefs and values to construct new insights and understandings of their capabilities and future selves. Participants mentioned that motivational support (Deci & Ryan, 2008) sourced from within the university environment was critical to their success at this stage. The result was increased confidence in their abilities, fostered through their educational programmes, which empowered them with a sense of control, or self-efficacy (Bandura, 1997), over their social and academic environment. Self-efficacy was necessary for the participants' academic progress as well as personal development:

> *"There are challenges and they might be difficult…but if they* [other female Bahraini students] *keep in their mind that it's very difficult and we will never be able to get over it they won't…believe that you can beat it and you will be able to pass it…I think confidence is a big issue and it can make a difference… confidence can change things."*
> Amal, SoM, page 5, line32

Dana (SoN) demonstrates this growing sense of control as cultural boundaries were stretched but equilibrium maintained:

> *"We were so shy, even about touching patients without gloves, I felt it was unacceptable but later on I learnt that it's OK and it's sometimes harmful to the patient's feelings if you're going to take vital signs with gloves…of course you have to balance between nursing, religion and everything."*
> Dana, SoN, page 5, line 19.

During The Transition participants began to exercise their personal agency; learning to act independently and make their own choices and decisions (Milyavaskaya & Koestner, 2011; Scott, 2003). Taking individual responsibility outside the accepted cultural norms of a collectivist and patriarchal Arab Islamic social system where males usually make all the decisions was a major leap for the participants. However, all participants reflected positively on the value of their exposure to cultural difference during their educational experiences, and believed it was essential preparation as future global healthcare practitioners:

> *"…I think I learnt about other cultures and learnt how to deal with them."*
> Mai, SoM, page 5, line 1.

> *"Because I saw other religions and cultures at university, now when I go to work I work differently…my hospital has many different cultures and religions so it's like RCSI prepared me for this situation."*
> Farah, SoN, page 4, line 18.

There is a suggestion that the closer the cultural match between students and university, the easier it would be for students to adapt and progress (Leong & Ward, 2000; Li & Gasser, 2005), however I found that despite Bahrain and Ireland being at opposing poles of the cultural spectrum (Hofstede, 1983), the participants were all able to successfully pass through the Transition and mind the gaps. The participants' exposure to cross-cultural environments prepared them to engage globally and also influenced their informal learning (Fink, 2013; Harnza, 2012; Valiente, 2008). Their academic success therefore was not found to be bound by either their own culture, or that of the university (Li & Gasser, 2005).

These findings do not ascribe to the notion discussed in the Literature Review that transnational students are passive consumers in a global market (Altbach, 2004; Becker, 2009; Blum & Ullman, 2012; Donn & Al Manthri, 2010; Harvey, 2010; Kauppinen, 2012; Knight, 2006; Naidoo, 2003; Welch, 2011), as the participants in this study asserted, operationalized and evidenced new aspects of self in order to succeed. The Transition therefore marked the budding of personal transformation (Mezirow, 2000) and the nascent blossoming of the professional socialization of transnationally educated doctors and nurses who constructed bridges to cross the gaps as they encountered them.

4.4.2 Theme 2 : Treading Transnational Spaces

While establishing their transnational habitus within a western model university in the Middle East and forming their unique Transnational Community of Practice (TCP), defined in 4.3.2, the participants enjoyed exploring new European territory in their backyard. They engaged with university activities, made new friendships that would endure after graduation, even met future spouses on campus, and were exposed to cultural diversity which was positively received, as discussed above in Theme 1. The participants' transnational habitus provided an essential safe space (Maher, 2005), a necessary 'network of peers' (Tinto et al., 1993, p.18), which propelled them forward and provided them with opportunities for the development of self-determination (Brooks & Young, 2011; Houser & Frymier, 2009; Wigfield & Eccles, 2002) which transcended into their professional lives after graduation.

Inducted into the ethos of the discipline of medicine and nursing (Hill et al., 2015; Ginsburg & Lingard, 2011), participants continued their journeys towards becoming global healthcare practitioners in an Arab Islamic socio-cultural context within a learning environment infused with Irish flavour.

> *"It's like you have a piece of Ireland in a different country…you don't get that in other places*."
> Hala, SoM, page 8, line 8.

Diagram 4.4 below introduces the superordinate themes and clusters of themes under the master theme of Treading Transnational Spaces, the findings of which will now be discussed.

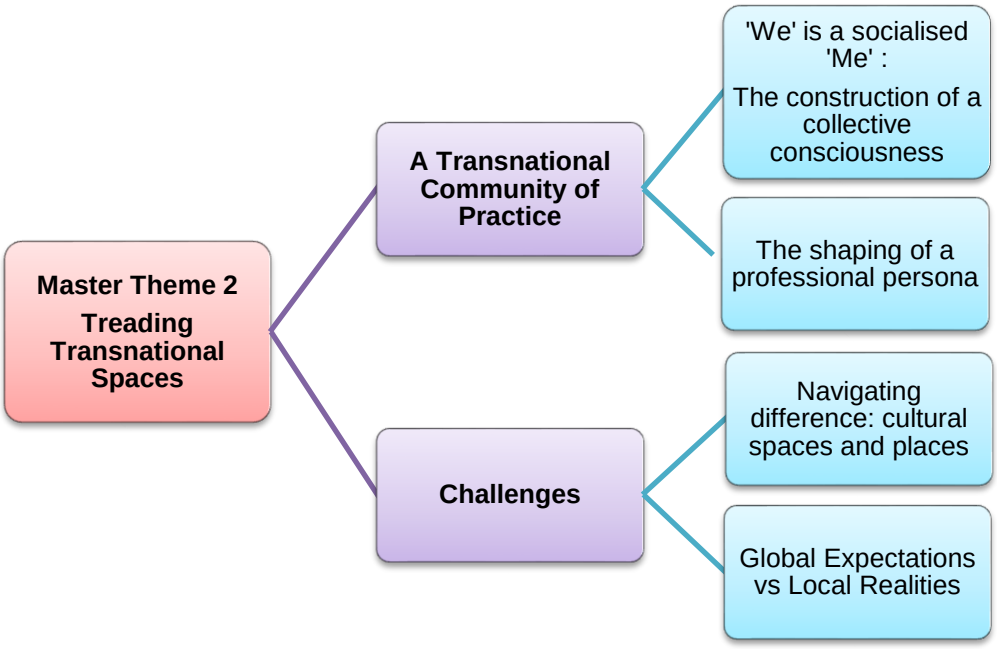

Diagram 4. 4. Superordinate themes and clusters of themes identified under Master Theme 2: Treading Transnational Spaces

4.4.2.a A Transnational Community of Practice

Crossing The Transition, participants entered the flux of transnational space (Schneider, 2013), where fields of influences (Gargano, 2009) and power relations provided a global stage on which they could learn to articulate their future roles as doctors (Becker, Geer, Hughes & Strauss, 1961) and nurses. During this phase of transformation, participants came to perceive the world in a new way (Haw, 2011; Pugh, 2002) that would impact the formation of their professional identity (Gibbs, 2015). This finding highlights the critical role of TNE in the forging of new situated identities around the world (Lange, 2004). The culture of the university was palpable to participants at this stage.

Participants were not only pushing the boundaries of accepted traditional definitions and reshaping their positions as Bahraini females in Arab Islamic society, but they were also experiencing the formation of their professional identity, imbibed with gendered aspects of the culture of medicine (Barbaria, Abedin, Berg & Nunez-Smith, 2012; Hill et al., 2015) and nursing. This was another cultural process that participants had to negotiate, and which called for the development of tacit institutional knowledge and disciplinary understanding (Hafferty, 1998; Paul, Ewen & Jones, 2014).

Supported by their Transnational Community of Practice (TCP), a collective identity emerged from the participants' common experiences of their professional socialization. This collective identity was expressed frequently through their use of the word 'we', which emerged during the data analysis of the focus groups and was explored further during the individual interviews. The 'we' was inclusive, and defined by participants as the positioning of themselves as part of a specific group (Marginson, 2014): Bahraini female medicine and nursing students studying at an Irish transnational medical university. The 'we' was a connection and a stated sense of belongingness amongst all participants, yet did not homogenize. Individuality of participants remained evident, apparent in terms of choices made and ambitions confided to me. 'We' was described as being nested in relatedness, an essential element of self-determination (Deci & Ryan, 2008) discussed on page 123, and manifested through the participants' TCP. Participants from both schools spoke of thinking and acting for the collective good of the group, understanding each others' perspectives, providing mutual support, and forming a bond which overcame differences between villages, genders and religious sects.

> *'The 'we' thing… it's a group thing.'*
> Hala, SoM, page 1, line 9.

> *'…by the last year, we* [all nursing students] *are altogether sisters and brothers…each one will protect the other one…so we become one hand together.'*
> Sara, SoN, page 1, line 10.

Their TCP enhanced the participants' self-efficacy (Baumeister, DeWall, Ciarocco & Twenge, 2005; Freeman, Anderman & Jensen, 2007; Kuh, 2007; Zimmerman 2008), but sometimes resulted in blurring boundaries between the self who belonged to 'we' and the self who was 'I':

> *"Sometimes the I and the We are the same I think".*
> Lulwa, SoN, page 1, line 14.

Such a comment is not really surprising, as the socialization of doctors and nurses commences the moment they step into university, and encourages the formation of solidarity, commitment and professional allegiance within the discipline (Kaiser, 2002; Mathewson, 2014). However, this did not adequately explain the participants' experiences of socialization into 'we' in this particular context and called for deeper analysis. I employed Mead's (1934) theory of the formation of self to deconstruct the 'we' used by participants, and to clarify the process of professional socialization of Bahraini female transnational medical and nursing students.

'We' is a socialized Me

I found that through their interactions and exchanges of practices and experiences (Perkins, 2009) within their TCP, the participants reaffirmed and reinforced a process of professional socialization into a self as a doctor or nurse. This joint enterprise, mutual engagement and shared repertoire are necessary characteristics, as defined by Wenger (1998), for a successful shared community of practice.

The participants' TCP reflected the expectations of what was required of them as western educated doctors and nurses in the Middle East. In this sense, the TCP took on the role of what Mead (1934) called the 'generalized other'. The notion of the generalised other is a social formation which represents particular desirable behaviours, expectations, values, actions and cognitions, which are internalized by an individual as a member of the generalised other.

From the standpoint of the generalised other, participants could therefore view themselves as part of a shared social system, clarify their relationship with the generalised other, and achieve self-consciousness as a doctor or nurse. A participant's 'self' could therefore be said to split between the socialized 'me' arising from the perspective of their TCP as a 'generalized other' which continuously formed their professional self (Hall, 1996) in relationship to the behaviours that constituted their TCP, and the active 'I' which empowered and drove their ambition and choices, directing participants towards the future. By expressing themselves as 'we', I interpreted the participants' meaning of this, according to Mead's (1934) theory of the formation of self, in fact to be the socialized 'me'. I therefore suggest that the participants' socialized 'me' is the collective consciousness established within their TCP, expressed by the participants as 'we'. This finding is supported by all participants who described their primary self upon graduation as either a doctor or a nurse, and then as a Bahraini, Muslim, and lastly female.

Expressing the 'I' allowed the participants to stretch existing socio-cultural boundaries, such as social interactions with males, whereas the 'me' performed the socialized part of the self, positioned as a female in Arab society, and which used religion as its framework to establish those 'red lines' that participants would not cross:

> *"Drinking* [alcohol] *is like a big 'No' …it's like eating pork, it's the same thing…but hejab is something that you wear as a conviction that it's OK…it's time to cover up completely and it's just like go for it…religious wise I practice my religion…on my own…I don't need someone to tell me what to do and I don't need them to tell me that this is wrong or this is right or let's all do this or all do that…no…I chose."*
> Hala, SoM, page 6, line 28.

The ‘I’ and the ‘me’ function as a regulatory system (Kennedy & Tuckman, 2013) to balance a professional self, but which also serves to open up a vista of possibilities for self-determination in context. I did not find any evidence of conflict between the participants’ socialized ‘me’ and the evolution of ‘I’ (Lee & Koro-Ljunberg, 2007). For example, Asal (SoM) expressed her agency in ‘I’ by choosing not to wear hejab, however the socialization of ‘me’ is evident:

> *“It’s forbidden to drink alcohol and I respect that and I understand from a religious point of view why it’s forbidden for us to drink alcohol…when it comes to hejab, I would like to* [wear it] *one day, but it’s not forced upon me that one day I have to wear hejab. It’s my choice at the end of the day.”*
> Asal, SoM, page 5, line 25.

Mai (SoM) demonstrates how the primary self as a doctor takes precedent over her other selves:

> *“I is me altogether…I guess it depends on the situation…I mean if you put me in a situation then I would refer to myself as I am in that particular situation…like sometimes I need to be the basketball player, and then other times I just need to be myself as the girl or the sister and I guess that the ‘I’ of being a human being pops to the top and then we have to accept the fact that we are doctors and that we have other stuff going on.”*
> Mai, SoM, page 1, line 23.

4.4.2.b Challenges

Part of the ‘stuff’ referred to by Mai (SoM) were the challenges that confronted the participants as western educated Bahraini females in the local hospital environment. The clinical setting became a site where tensions were acted out (Kane, 2014) between the participants who reflected a western model of medical and nursing education, and local practices in Bahraini hospitals.

Participants from both Schools reported that they were exposed to unethical behaviours and emotional stress in the hospitals, an unfortunate aspect of the hidden curriculum in medical education around the world (Hafferty & Franks, 1994; Pederson, 2010).

> *"I see consultants now and they are a bit arrogant – some of them – and they treat patients like they're saying who is the doctor, me or you, but it's not how I see myself…I would want to talk to those people* [patients] *as if it was me in their place."*
> Mai, SoM, page 6, line 20.

> *"Some of the Senior House Officers should know what work we are allowed to do and what work we are not allowed to do…like I'm in paediatrics and one of my fellow interns was assigned to transfer a critical baby from the hospital to another hospital in an ambulance …and the baby had low oxygen levels…it's not an intern's job, it's a specialized job. There's a lot of interpersonal tension and things like that…at this stage I can't take on more responsibility…I just want to do what I'm assigned to do…don't give me something that I'm not ready for."*
> Shireen, SoM, page 4, line 8.

The participants also expressed their disappointment when they realized that other staff who worked in the local hospitals did not meet the high professional expectations they had set for themselves, and that local cultural attitudes prevailed in the clinical setting:

> *"I thought that KHUH* [a local hospital] *was going to be different because it's half westernized…but no, they still have these* [traditional-minded] *people…whole transformation is needed."*
> Hala, SoM, page 3, line 26.

Self-efficacy developed through their university experience helped attenuate such stress, and participants spoke of such situations as challenging but not threatening, suggesting that their resilience and coping strategies (Bandura, 1997; Koenig et al., 2013) were well structured at this stage and could perhaps be considered predictors of success of a career in medicine (Burford et al., 2013; Kirch, Gusic, & Ast, 2015).

Participants were required to be competent to work in both the Arabic and western medical systems. This proved to be an empowering experience for the participants as they positioned themselves as western educated doctors and nurses within the local Bahraini healthcare system:

> *"You learn to go up to the patient to actually talk to the patient…people who you've never met before in your whole life, and even though it's only medical talk, you've been trained to do this, and it breaks down boundaries with other people…you have the power to do that…you are more encouraged to do that, you are more open minded."*
> Shireen, SoM, page 1, line 26.

Although participants spoke of their frustrations due to the differences between actual local clinical practice they encountered and their expectations arising from the western education they had received, I did not find that their emerging professional persona was a source of stress, contrary to what has been reported in the literature (Madhyastha, Latha & Kamath, 2014). There is also an argument that a collective consciousness within a particular social group, such as the participants' TCP, can only maintain solidarity and influence within the boundaries of that particular group (Pirc, 2014). However, I found that individual participants were able to influence change in the clinical setting beyond the cohesive setting of their TCP, which was positively received externally in the wider local medical and nursing environment.

For example, Dana (SoN) mentioned a diplomatic strategy she used when she noticed that local nursing practice could be improved:

> *"In my hospital I try sometimes to read research…when I think something is wrong…I don't say hey what you are doing is wrong…I can't do that…I don't do that but I just suggest 'let's read this'…and we read lectures about new nursing procedures which they* [other nurses] *start to follow."*
> Dana, SoN, page 4, line 20.

By this stage of their professional 'becoming', participants had succeeded in strategically navigating the windswept vista of transnational spaces.

4.4.3 Theme 3 : Sandstorms and Shifting Sands : The path to Becoming

A sandstorm is a slow yet strong movement of sand blown by the wind which permanently changes the undulating curves of the desert as it subtlely shifts the shape of the landscape during its passage. Such transformative winds of change engulfed the participants during the next stage of the dynamic process of 'becoming' as they were immersed in the complex process of acquiring a professional persona (Jha, McLean, Gibbs & Sandars, 2014; Tsang, 2010). Participants became at home in both an Irish academic setting and a Bahraini clinical environment constructed around Arab Islamic norms. They demonstrated resilience and a meshing of knowledge, enactment and being (Dall'Alba & Barnacle, 2007; Jayne et al., 2006), through the articulation of a different way of knowing connected to Middle Eastern cultural norms and values yet positioned within a very different western agenda (Kane, 2014; Ho, Yu, Hirsh, Huang & Yang, 2011) of medical and nursing education.

Diagram 4.5 overleaf introduces the superordinate themes and clusters of themes under this master theme of Sandstorms and Shifting Sands: The Path to Becoming; the findings of which will now be discussed.

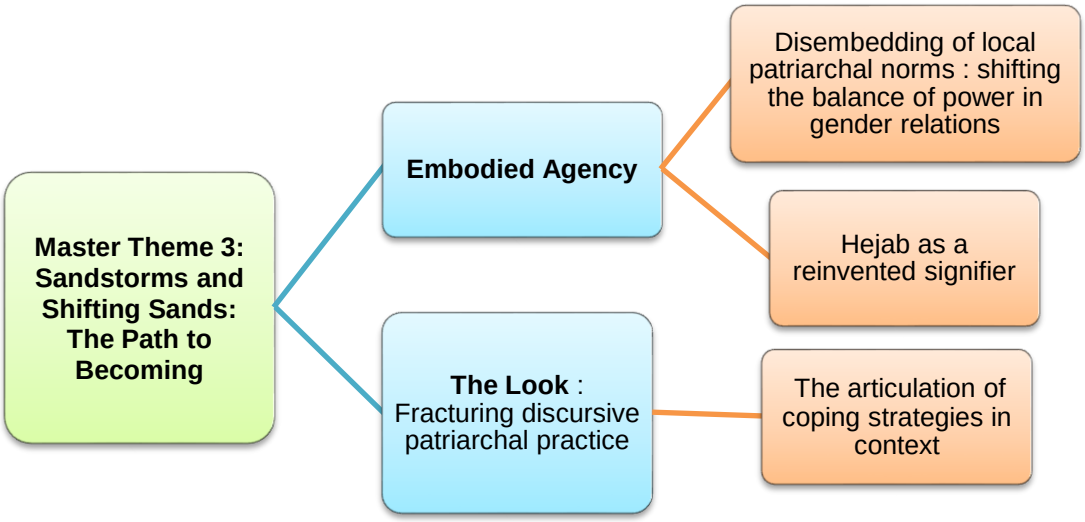

Diagram 4.5. Superordinate themes and clusters of themes identified under Master Theme 3 : Sandstorms and Shifting Sands: The Path to Becoming

4.4.3.a Embodied Agency

There has been little research into the role of the inhabited female body in medical and nursing education (Dall'Alba, 2009; Grosz, 1995; Lawler, 2006) and I found that the participants' gender was tightly bound to their way of knowing. It became apparent from the analysis of the interview data that the participants were not subordinated, passive nor powerless stereotyped Middle Eastern women (Hutchings, Metcalfe & Cooper, 2010; Keddie, 2002). Islam and religious norms could not be held as a unique signifier of the positioning of the participants, nor could their experiences be reduced to the framework of an Islamic identity (Valassopoulos, 2010). Forces of globalization such as those driving the internationalization strategies of many western universities, discussed earlier in the Introduction and Literature Review, are thought to be a key factor for female empowerment in Islamic societies (Moghadam, 2010) and I found that the university played a major role in this as the participants entered traditionally male dominated spaces of medicine (Barbaria et al., 2012) in a male dominated society.

4.4.3.a(i) *Disembedding of local patriarchal norms : shifting the balance of power in gender relations*

A power shift was evident in the traditional Arab Islamic patriarchal structure of Bahraini society as the participants dared to shape the sphere of gender relations in their lifeworlds, and challenged existing socio-cultural norms as they set their own standards for what they expected of their future partners. All participants had a lot to say on this subject:

> *"I can't say now oh OK I'll just sit at home and take care of the children and you* [Bahraini male partner] *go and work…just because you have enough money to support me…I don't want to work for money, I want to work because I have potential…in this population this will be interesting!"* Hala, SoM, page 2, line 37.

> *"It's not easy to find someone to understand my shift…I know most of them* [Bahraini males] *won't…they will want me to finish my duty at 2pm and then come back and do work in the home and cook and look after my child and so on…I will not accept though to stay at home…I will not look at a man if he is thinking like this…I will not stay!"* Farah, SoN, page 2, line 26.

> *"They* [Bahraini males] *say 'oh you are a female and you are a doctor…how are you going to manage a personal life and start a family?' They think that being a female doctor especially this side of the world is something that is going to be very time consuming and you're not going to have time to have a personal life and take care of your kids or husband…A lot of guys they stereotype the girls and it's like "I don't want to marry a doctor because she's going to work and be busy" without actually knowing how it works…I wouldn't want to be with a person who doesn't appreciate what I do. If a person thinks that I should stay at home or have a job which is not time consuming just because I'm female and have to take care of him…it's wrong…I think what we should have is like the same time I spend taking care of him is the same time he will spend taking care of me and we are a team…so I wouldn't want to be with someone who doesn't appreciate me in the first place whether I'm a doctor or not."*
> Mai, SoM, page 2, line 6.

"Guys are just intimidated though…a man wants to approach you and the first thing he thinks is 'Oh. She's a doctor. She deals and sees things in a different way.' An average Bahraini male would prefer to have a woman who comes home and cooks for him…have time for him…but I don't want to…and this is me… I just want someone who is understanding…I think that's what we all want…I mean someone who is compatible to take the same path as you."
Shireen, SoM, page 2, line 12.

"I was born for the same reason a boy was born so he will go out to work and I will go to work…he will pay and I will be…it's sharing…it should be like this…I believe that life is sharing…RCSI taught me that…I don't want to stay with someone who is closed minded or who's like he doesn't know anything."
Lulwa, SoN, page 2, line 12.

"Some of the men get threatened somehow…and some of them object to the shifts…oh she's doing a late shift…coming home the next day…what about the children? Y'know, these types exist! I don't think they are allowed to be in my life…absolutely not! It's clear I'm a doctor…I have to deal with different patients that's the first rule. I do get to be very late in the hospital and come home the next day, I'm on call, late night …and if they are threatened by a doctor then I say don't get married to a doctor…there are different professions, my career comes first."
Amal, SoM, page 4, line 41.

Two of the participants had married male classmates. Dana's (SoN) fiancé is one of the few graduate Bahraini male nurses from RCSI and he understood the cultural and social challenges they both face in an Arab Islamic society:

> *"He encourages me to do what I want and to go for the most experience…for the place where I will gain more experience and I think if it was another man he wouldn't be so understanding…even if I took a man who was ambitious but not a nurse I don't think he will understand…it's really hard to understand nursing…especially for females in our culture it's really hard."*
> Dana, SoN, page 3, line 18.

Shireen (SoM) agreed:

> *"Ideally I think I would marry a doctor but we don't know if that's going to happen! In my book he would be more understanding…we would build our career together, similar values, share common interests…it makes a difference when you go back home and tell your partner about a patient you saw that day or crack a medical joke."*
> Page 5, line 17.

Hala (SoM) echoed the sentiments of all the participants regarding the negotiation of gender boundaries with Bahraini males, indicating an empowered self:

> *"I don't like to be told what to do by a man…just because he's a man and you should follow a man or whatever…I mean I'm good at what I do and you're good at what you do and that's great. We can both work together instead of you commanding me what to do because you're at a higher kind of hierarchy just because you're a man…I think that's the kind of idea here…in the Middle East mainly…well my dad thinks I intimidate the male population…maybe because I'm kind of different and difference is scary…they are not ready for females who want to be successful and who's ready to do whatever it takes to reach higher positions in society…what they want is someone who is going to come and kind of conform and just say yes to whatever they say because it's easier for them to control and lead the family that way. So that's not good, that is not good."*
> Hala, SoM, page 2, line 13.

The exception was Sara (SoN) who, through the metaphor of her 'colours', expressed the ambition she had acquired through her nursing education, but remained more deeply socialized into traditional patriarchal Arab Islamic society than the other participants:

> *"My husband now cares for me, even if I wear a different colour hejab he is looking after me so nobody can talk about me."*
> Sara, SoN, page 5, line 30.

The traditional Islamic concept of marriage, discussed in the Introduction, was also redefined by the participants. For example, Farah (SoN) refused an offer of marriage because it would interfere with her studies, which was a big statement in this particular culture where arranged marriages are still the norm in traditional villages (Badran, 2009):

> *"RCSI changes our way of thinking, like of getting married…actually when I was in the university I refused an offer to get married, refusing to be engaged even, because I'm thinking that engagement will affect my studies…and I'm looking forward to having my degree first…then I will get engaged or married later…RCSI affects our choices…maybe if I choose this person to marry now I would not chose him after graduation…my choices will change…it's like I know what I want more than before."*
> Farah, SoN, page 1, line 24.

There are suggestions that in general female physicians are more likely to remain unmarried and base career choices around their family needs (Reed & Buddeberg-Fischer 2001). The participants in this context also reflected on their professional responsibilities and commitment towards a future family:

> *"The females who are coming out from RCSI don't only think like OK we should do whatever is good for our families…have only morning shifts and don't study any more, just to work and to get money and maybe later stay at home…for females who have graduated from RCSI we have ambition, not like those females from outside, who have closed minds…"*
> Dana, SoN, page 3, line 1.

4.4.3.a(ii) *Hejab as a reinvented signifier*

Through their empowered selves, participants gave new meaning to cultural symbols such as their hejab (headscarf). Their hejab was not a symbol of patriarchal oppression (Badran, 1985; Hamzeh & Oliver, 2009**;** Khiabany & Williamson, 2008; Ruby, 2006), nor an opposition to western ideology (Al Karawi & Bahar, 2014), nor a strategy for obtaining their rights (Hildson & Rozario, 2006) but a sign of their growing personal agency expressed through their Islamic religious faith (Moghadam, 1994). All but one of the participants wore hejab at the time of the interviews, and all stated it was a matter of their personal choice, not enforced compliance with an Islamic dress code. For this group of participants, their religion became separated from their professional self (Kashima and Loh, 2006) as they constructed their own particular discourses of empowerment and authority in context (Dube, 2002).

Mai (SoM) did not wear hejab until after her graduation, and reflected on how it makes her feel:

> *"Wearing hejab makes me happy that I'm doing something for my religion and I'm comfortable with who I am…it's not like I was pressured into it or anything. It's just like I'm the same person, I just added something that would make me feel good and it's not about anyone else or trying to please anyone else… it's just that something got added to my look".*
> Mai, SoM, page 6, line 41.

The participants claimed control of their own dress code on their own terms. However, despite wearing the hejab, which marked them the same as other Bahraini females working in the hospitals, they all believed their educational experiences made them feel different. They became the subjects of a particular gaze, described as 'The Look' in the focus group meetings, which I explored further through analysis of the individual interview data.

4.4.3.b The Look : Fracturing discursive patriarchal practice

The Look was described as surrounding participants continuously in the hospitals, bestowed on them by both males and females, junior as well as senior staff, and it marked them as different. The Look can be defined as informed by patriarchal social-cultural norms, a form of social imposition on the embodied female Bahraini, involving intangible power relations (Booth, 2010). The Look was a gaze which judged and directed the participants towards a patriarchal line of vision which expected conformity, but which it did not find forthcoming. The participants' performativity (Butler, 2010) as western educated doctors and nurses drew The Look as they did not lower their own gaze in front of males when eye contact was made (Hamzeh & Oliver, 2009) nor did they refrain from shaking hands or making physical contact with males. They did not maintain a segregated space when working and socializing (Badran, 1985), nor did they speak speaking quietly so as not to draw attention to themselves.

The Look projected a disapproving stare upon mixed gender interactions in the clinical environment and critically scrutinized the way the participants confidently walked, talked and socialised with their male colleagues.

The Look was suspicious and queried:

> *"'…'what is she doing?' Like by association just because I'm walking with him* [a male colleague] *they think I'm in a relationship with this guy."*
> Asal, SoM, page 3, line 40.

> *"They think "what are you doing? You are Bahraini … you are not from America…Bahrainis don't do this stuff"… when we shake hands or say give me a high five or something like this when we are chatting…they will give us that look like we should be ashamed...and like we are not representing Bahraini females...we are not like Bahraini females...."*
> Lulwa, SoN, page 2, line 29.

> *"…they're thinking 'Ohhh How can her parents let her do this? That's what I think they're thinking because here they always blame the parents when the children do something wrong."*
> Hala, SoM, page 3, line 23.

4.4.3.b(i) *The articulation of coping strategies in context*

At first, participants reported that being the subject of The Look in the hospitals was hurtful, but they developed their own coping strategies to rationalize and ignore it. These strategies were grounded in their own self-confidence and abilities, and an acknowledgement that others who have not had transnational educational experiences would not be able to relate and understand the participants' positioning in Bahraini society:

"It's not comfortable but we don't have to care about people as long as we know we are not doing anything wrong… people gossip."
Dana, SoN, page 3, line 37.

"They judge me against their own perceptions of what I should be like in our society, but for us, in RCSI, we have to act with the other gender… people who come from just a female school …they wouldn't understand."
Asal, SoM, page 5, line 35.

"The Look is like people directly mark you as a semi-bad girl and different… don't want to say that they are closed minded…but I don't think that they have enough exposure…they are limited to a specific type of thinking."
Mai, SoM, page 4, line 6.

"…I will just ignore the look because from my point of view I know what I am doing and nobody can affect me…it's like I don't even look at them looking…"
Farah, SoN page 3, line 12.

"I think to myself, 'You have nothing else to do with your lives other than stare at people, I mean don't you have work?' It's the idea, you can't change that, it needs a lot of work, I mean whole transformation is needed."
Hala, SoM, page 3, line 30.

Sara (SoN) was the exception to how The Look was perceived by participants. Although admitting The Look was a real experience and directed towards unmarried females, she did not challenge it but justified it through her own more traditional viewpoint and mentioned that, following local cultural norms, one day she too may even give The Look:

"In our religion we can't stay alone in a corner with a boy… we need to take care about this. Now I'm married they don't look so much but if you're not married they will look… Perhaps I will look too if I see a girl and a boy close together!"
Sara, SoN, page 3, line 39.

The Look was therefore a discursive practice (Foucault, 1972), a process through which dominant patriarchal relations were propagated in a Bahraini clinical environment, to be absorbed by individual subjects as reality, but which was ultimately rejected and deflected by all the participants, except Sara (SoN). The Look was a component of the hidden curriculum of transnational medical and nursing education and medical values (Ewen & Jones, 2014; Karnieli-Miller, Vu, Hotlman, Clyman & 2010) in a local Arab Islamic context.

Through their encounters with The Look, the participants had to address their difference compared to other Bahraini females, which served to reinforce their sense of a professional self (Allan, 2003). The participants did not conform to the script of The Look, and did not adjust their everyday interactions, behaviours and appearances (Goffman, 1959) to conform with what was expected of them by givers of The Look. Rather, The Look was challenged and fractured by the participants through the practice of their own performances, informed and inspired by their university experiences, as they knitted a professional identity that had to stitch together complex and situated gender issues in the Arab world of medicine and nursing.

4.4.4. Theme 4 : The Same yet Different : A New Standpoint

By the end of their transnational medical and nursing education experiences, participants had undergone a noticeable shift in their meaning perspectives (Mezirow, 2012) and were positioned as leaders and change agents (Crisp & Chen, 2014) of the future in Bahraini society. Their experiences marked them as different from other Bahraini females, introduced a new standpoint into Bahraini society, and marked the emergence of an Islamic feminist reflexivity in context.

Diagram 4.6 overleaf introduces the superordinate themes and cluster of themes under this master theme of The Same yet Different: A new Standpoint; the findings of which will now be discussed.

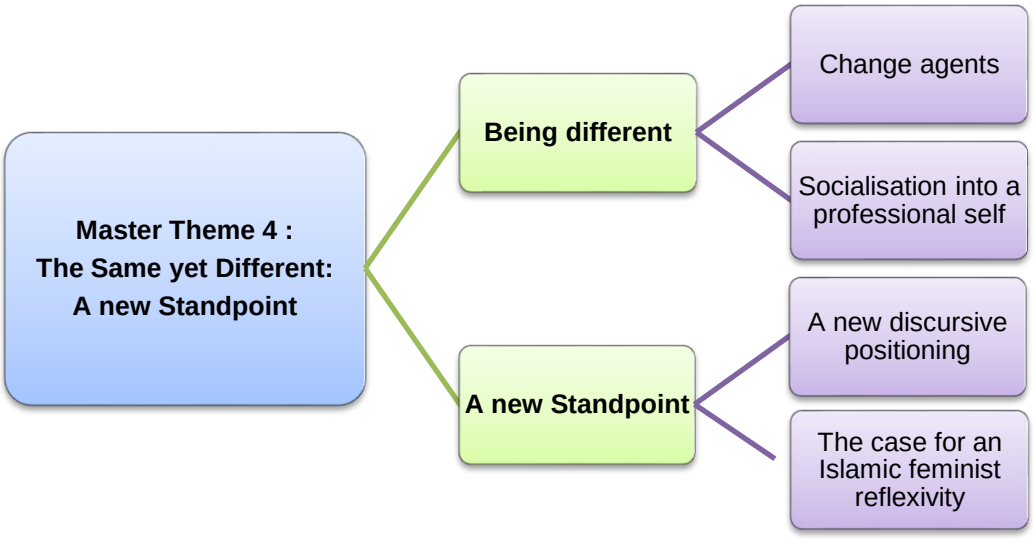

Diagram 4.6. Superordinate themes and clusters of themes identified under Master Theme 4 : The Same yet Different: A new Standpoint.

4.4.4.a Being different

In the final stage of their transformational educational experience, the participants acknowledged the dimensions of their difference compared to other Bahraini females:

> *"I feel different because my pattern of thoughts is different… not because of being Bahraini…but how I can keep an open mind…I can accept different points of view… and that's what the university taught us."*
> Amal, SoM, page 1, line 28.

> *"I am different…so different…I don't want the things these ladies* [Bahraini females] *want…they are simple, when it comes to marriage she will accept any guy who has any job and is happy with simple pocket money and I am not…they are not open minded…they think it's simple but it's not…they will stay in the house and they will want to have children and I'm not like that."*
> Lulwa, SoN, page 2, line 7.

"In general I think we now have strong personalities and I think the way we look at the outside is different from the way they [other Bahraini females] *look."*
Hala, SoM, page 2, line 1.

"I have a more open minded perspective to life and this society…but maybe not socially because y'know medicine takes a lot of your time so I wouldn't be so social as other women are in this society…but perhaps you could say I value education more…I'm more hard working, dedicate more of my time to my studies."
Shireen, SoM, page 1, line 21.

4.4.4.a(i) *Change Agents*

Participants expressed confidence that they could influence change regarding how Bahraini society perceives the mixing of genders in a clinical environment:

"It's difficult sometimes for society to accept this but I think gradually they will accept." Farah, SoN, page 3, line 29.

The participants had already influenced the behaviours of other medical students from a local Arab medical university, who had started to talk together in mixed gender groups in the hospitals:

"maybe because we're doing it… I think it's a breakthrough…it's a good thing."
Hala, SoM, Page 4, line 1.

Participants were of the opinion that they were pioneers of social change, and further cultural shifts would transpire as the university graduates a growing number of transnationally educated doctors and nurses:

"*I think in the coming years this* [interaction of genders] *will be normal because Bahrain is changing and society is changing and the numbers of graduate nurses will now go into Salmaniya* [local hospital] *and get mixed with others…in the coming years I think it will be normal because communities change…and we are at the beginning of the change."* Dana, SoN, page 4, line 4.

By graduation, all participants shared common characteristics of ambition, confidence, and personal agency (Renegar & Sowards, 2009). There was a strong belief in their capacity to drive change in their society through their professional personas (Blanch, Hall, Roter & Frankel, 2008):

> *"What I notice about RCSI graduates is that they always aim for more…they push for more…they want to go somewhere, like they're always up for that change."* Shireen, SoM, page 5, line 30.

> "*Now RCSI has been teaching for 10 years* [in Bahrain] *and so many students came here and graduated…so too many families changed…RCSI can change the outside."* Lulwa, SoN, page 3, line 1.

> *"I think we can make differences in KHUH* [local hospital] *or any other hospital we end up in just because we have that strong background…"*
> Mai, SoM, page 8 line 20.

Participants voiced strong opinions on gender equality and power structures in Islamic society, highlighting the importance of the role of difference, gender and culture in transformative learning (Taylor, 2007):

> *"When it comes to the work environment men should empower women…we should all have the same rights…we all do the same job…we deserve the same positions if we're willing to put in the effort."*
> Shireen, SoM, page 3, line 26.

> *"I think their* [Bahraini] *perspective in the population here, especially with females, is that females are either at home taking care of children, and females usually follow…which is not how I think to be honest…I am different…I don't like to be told what to do by a man…just because he's a man and that's done to you OK and you should follow a man or whatever. I think especially in the hospital it's fine if we* [male and female students] *sit together and discuss stuff…we're not crossing any boundaries or anything."*
> Hala, SoM, page 2, line 13.

However, this self-confidence sometimes provoked negative reactions from other Bahraini females, which Lulwa (SoN) defined as jealousy:

> *"They are jealous. They are wearing their abaya and they can't do anything and we can do simply everything…they can't do this stuff because they are wearing an abaya…they are closed minded…they can't change…because they don't have RCSI! Some of them are not even allowed to watch TV in the villages because some of the series are haram* [taboo], *they will say kissing and touching is haram, it's not allowed…so don't watch…but I don't think like that."*
> Lulwa, SoN, page 4, line 16.

Dana (SoM) mentioned how participants had become empowered to transform The Look, discussed above in 4.4.3.b, from a negative into a positive gaze, once the looker becomes convinced that the participants' confidence is actually warranted:

> *"Later on they usually discover that you are confident because you are doing the right thing…you are not confident because of nothing…they thought like you are arrogant or something…but then we get The Look in a good way!"*
> Dana SoN page 6 line 23.

4.4.4.a(ii) *Socialisation into a professional self*

Participants demonstrated that the process of becoming (Monrouxe et al., 2011) a transnationally educated doctor or nurse in Bahrain involved a brokering of complex cultural forces that were fundamental for the socialization, or development, into a uniquely situated professional identity (Haida, 2003). A sense of belonging was essential to this process (Zarshenas et al., 2013), and the participants' internalizing of their habitus through their transnational community of practice (TCP) empowered them to construct a new cultural field (Bourdieu, 1993) of transnationally informed professional practice.

Participants included into their professional self what they considered to be positive additions from their western education, and stretched the boundaries of what they believed could be loosened in their Middle Eastern cultural norms.

> *"I didn't change my values actually, I just put good points to it…so what's the good thing and what's the bad thing of doing this…so I always found out a good way of doing things."*
> Lulwa, SoN, page 3, line 23.

> *"We set the boundaries within ourselves because we know the limits so we follow that …and everyone follows as well…I mean no one is going to cross my boundaries if I don't cross boundaries with them…It's like mutual respect."*
> Hala, SoM, page 4, line 7.

Lulwa (SoN) noted that her boundaries, or 'red lines' have shifted:

> *"We are not like Bahraini females…I don't care what they* [other Bahraini females outside the university] *think of me because I know I am good and I am…I have my red lines …and I think they changed."*
> Lulwa, SoN, page 2, line 35.

Both groups of participants developed a dynamic interdisciplinary and interprofessional approach over their years of study in the university, specific to the Bahraini context, which fostered not only their own transformational experience (Sutz, Green, McAllister & Eley, 2015) but seeped into the clinical areas where they worked and also marked the wider social horizon of Bahrain, heralding change. Furthermore, I found no evidence of the medical hegemony which is said to exist over the nursing profession (Coombs & Ersser, 2004) and there were no data to indicate that the SoM participants viewed their fellow graduates from the SoN as nurses who just follow doctors' orders (Weinburg, Miner & Rivlin, 2009). I did find, however, a collegiality of interdisciplinary collaboration that was fostered through the participants' transnational educational experience.

4.4.4.b A New Standpoint

As a result of their transnational experience, I found that participants' religious values based on the tenets of Islam did not change, although exposure to cultural diversity in the TNE context resulted in increased insight into their own difference as a cosmopolitan (Rizvi, 2005) rather than as an authentic, or traditional, Bahraini female. Participants retained Islam as their frame of reference, but meanings changed in an ontological process as participants experienced a shift in their being in the world and their sense of relatedness to that world (Baumgartner, 2003; Lange, 2004).

4.4.4.b(i) *A new discursive positioning*

Interview data analysis revealed a distinct and particular Bahraini locational feminism (Enns, 2010), a unique way of experiencing the world, which was mapped on to an Islamic framework. Participants nourished a self which was primarily a doctor or nurse, and exercised personal agency in retaining an Islamic lifestyle yet receiving a western education. They contested claims of dominant patriarchal knowledge (Bleakley, 2013; Bohan, 2002), such as those exercised through The Look, and reformulated local gender norms and practices (Lazar, 2007). The participants' situated knowledge (Haraway, 1991) in the context of the Middle East proved to be fertile terrain for developing a feminist understanding of a Bahraini female standpoint or positioning (Harding, 2004), and opened up new ways of perceiving the participants' worlds as they reconceptualised socio-cultural relations, reframed their experiences and redefined ways of knowing as a result of their transnational medicine and nursing education.

As a particular standpoint is achieved through a collective identity (Harding, 2004), I posit that an Irish transnational medical and nursing educational experience in Bahrain has supported a new discursive positioning in this context.

4.4.4.b(ii) *The case for an Islamic feminist reflexivity in context*

Islamic feminism may appear to be an oxymoron, and has been hotly debated (Badran, 2009; McDonald, 2008; Valassopoulos, 2010), but the participants' empowerment and transformation through their TNE experiences as global healthcare practitioners, and the consequent social changes that were put into motion, supports this feminism. In the context of Bahrain, I found that adherence to Islam was not incompatible with a feminist perspective and opened up new spaces for an Arab Islamic female agency (van Doorn-Harder, 2005), as demonstrated by the participants. By claiming their agency as western educated doctors and nurses in the Middle East, the participants were able to override embedded Arab Islamic patriarchal norms yet proactively assert their professional identity through the framework of their religion (Hildson & Rozario, 2006; Pandya, 2012). The participants' transnational collective practice (Mohanty, 2003) represented the basis of feminist principles (Chowdhury, 2009) of working towards gender equality, expanding opportunity and empowering choice, as they reconceptualised their identities through both western and Islamic discourse (McGinty, 2007).

From a postmodern feminist perspective, discussed earlier in 3.4, this is a new conceptualization of TNE as it presents the subject of an Arab Islamic feminism (Tayyab, 2006) operationalized through the participants' learning experiences and extended into the public space (Fenster & Hamdan-Saliba, 2012) of the hospital as well as into the private spheres of individual lives. It also explained the strong collective bond that continues to exist between all the participants.

Chapter 5 Contribution, Impact and Conclusion

This study has explored the experiences and meaning-making processes (Smith et al., 2009) of a group of Bahraini female medical and nursing students (n=10) who graduated from an Irish model of medical and nursing education in the Arab Islamic context of the Middle East. In order to answer my research questions and understand the impact of the phenomenon of transnational medical and nursing education on this particular group of students, I employed Interpretative Phenomenological Analysis as a qualitative methodology (Ho, Lin, Lingard & Ginsburg, 2012) and postmodern feminism as a theoretical framework in order to explore the rich complexities of the participants' situated experiences in their becoming global healthcare practitioners 'at home' in the Middle East. The findings answered my research questions set out in Chapter 3.1.1, and have provided a body of knowledge into how the phenomenon of transnational medical and nursing education has manifested itself in the Middle East, and how it was experienced by a group of Bahraini female medicine and nursing students.

5.1 Contribution to knowledge

As highlighted in Chapter 2, existing literature has not yet fully addressed the impact of western models of transnational medical and nursing education on the gendered socio-cultural context of local students (Taylor, 2007) in the Middle East. My research has therefore moved forward the discourse of TNE by revealing that, for this particular group of Middle Eastern female students, transnational medical and nursing education was not only transformational in character (Christie, Carey, Robertson &, Grainger, 2015; Marlowe, Appleton, Chinnery & Van Stratum, 2014; Mezirow, 2009) for the individuals involved, but also influenced lifeworlds beyond the lecture hall (Madge, Raghuram & Noxolo 2009), infiltrated wider communities to drive socio-cultural change, and became infused into local clinical practice in Bahrain.

This study is useful for those engaging with local students in a TNE context as it illustrates the importance of appreciating the challenges confronted by specific groups of students, in particular female students inhabiting patriarchal societies, such as in the Middle East. It also illuminates how this particular group of participants identified and developed strategies for self-determination as they negotiated gusts of transformative change within the global-local nexus (Giddens, 1999) of TNE. My research demonstrated that gendered ways of knowing and the tensions of differing cultural contexts are invisible components of a hidden curriculum of transnational medical and nursing education which shape student personal, academic and professional achievement. Analysing Bahraini female medical and nursing student experiences through the theoretical lens of postmodern feminism enabled me to draw out and interpret deeper dimensions of their gendered performances as they became professionally socialized as western educated Bahraini female doctors and nurses in an Arab Islamic society; a new conceptualization of TNE in the Middle East.

My research findings presented the subject of an empowered Arab Islamic feminist reflexivity (Tayyab, 2006), operationalized through the participants' TNE learning experiences (Tate, 2012) of their medicine and nursing programmes, supported by their particular Transnational Community of Practice (TCP), and which extended into public, political and patriarchal space (Fenster & Hamdan-Saliba, 2012). Upon graduation, all participants had become empowered to fracture the patriarchal Look, bestowed on them as embodied western educated nurses and doctors by wider Arab Islamic society in Bahrain, and which signified their difference in comparison with other Bahraini females within a patriarchal discourse. Participants influenced change in their communities as well as in their clinical environments, and shifted cultural and gendered boundaries in a demonstration of critical praxis (Kagan, Smith, Cowling & Chinn, 2010) through informed and committed actions (O'Reilly, 2014), which reflected their primary self - a professional persona (Blanch, Hall, Roter & Frankel, 2008) as a doctor or nurse.

From my analysis of the participants' meaning-making of their TNE experiences, I concluded that the impact of Irish transnational medical and nursing education in Bahrain supported a new discursive positioning for the participants which was grounded in a specific Islamic feminist reflexivity.

However, it is important to note that the participants' newly acquired agency (Renegar & Sowards, 2009) as a result of their educational experiences did not detract from their cultural self (Haw, 2011), grounded in the belief system and values of Islam. Through their construction of a unique habitus (Bourdieu, 1993), the participants formed a transnational community of practice (TCP) which tightly bound them personally and professionally. This bond continued after graduation and surpassed divides of participants' backgrounds, ethnicity and religious sects. Within their TCP, participants shared and made meaning from their experiences which also influenced their practices (Lave & Wenger, 1991), and which informed a collective hybrid identity expressed through a uniquely situated Bahraini female standpoint (Harding, 2004; Haraway,1991). This standpoint empowered the participants to imbibe symbolic representations of Islam with new meaning; for example, the participants wore their hejab not in submission to Arab patriarchal society, but as a metaphor for their hybrid identity (Al-Karawi & Bahar, 2014). This hybrid identity, emerging from their TNE experiences, was not Middle Eastern and not western, but occupied a third cosmopolitan space (Howie & Bagnall, 2013; Rizvi, 2005) in which they could situate themselves and move fluidly and comfortably backwards and forwards across very different socio-cultural fields (Bourdieu, 1993).

I have used metaphor in this research to address the neglected issues of complexity involved in women's learning and professional practice (Dall'Alba, 2009; Hill et al., 2015; Khine & Hayes, 2010) within a TNE context in the Middle East; for example, Sara's (SoN) 'colours' describing her experiences. I call for new metaphors to be operationalized in the context of transnational medical and nursing education in the Middle East that can move beyond the realm of western cultural norms and an individualist focus, and which will advance our knowledge and understanding of this phenomenon.

Given the current worldwide shortage of doctors and nurses (Alawi & Alkazim, 2012; Blythe & Baumann, 2008; WHO, 2013), the fact that growing numbers of females are entering healthcare professions (Kilminster et al., 2007), and that medical and nursing education has to shape healthcare leaders of the future who can compete globally (Haida, 2003; Koehn & Swick, 2006; Nguyen, 2010) and who are equipped through their education to navigate and move comfortably between culturally and ethnically diverse societies (Crisp & Chen, 2014; Gibbs & McLean, 2011; Gribble & Ziguras 2003; Seeleman et al., 2009), my research findings raise important implications for practice, discussed below.

5.2 Impact and Implications

My research highlights that scaffolding TNE into different cultural contexts is complex, and has consequences not always anticipated by the host country, local students, or the university providing the transnational experience. The impact and implications of my research findings are discussed below.

5.2.a Impact for TNE strategy and policy

Merely delivering the TNE product and graduating western qualified Bahraini doctors and nurses is only half the story (Keay, May & O'Mahony, 2014); the other half requires an investigation of student voices in order to gain a full picture of how TNE impacts different lifeworlds in diverse cultural contexts. This raises ethical implications for universities providing programmes of TNE as its influence unfurls into being lived and embodied, within individuals and across societies, and implies a responsibility for TNE providers to understand how the provision of TNE impacts local societies; something which seems to have been conveniently ignored in the literature to date (Alam, Alam, Chowdhury & Steiner, 2013; Altbach, 2007; Hill, Cheong, Leong & Fernandez-Chung, 2014), and which calls for new approaches to benchmark best practice in TNE.

My research findings point out that universities providing TNE have to develop customized, cohesive and supportive learning environments that are not 'lost' in translation across borders and which are compatible with the socio-cultural, linguistic and prior local educational experiences (Altbach, 2007, Leask, 2009; Lindley et al., 2013) of students.

An analogy in the business world springs to mind here of the banking sector's 'Know Your Customer' (KYC) rule which underpins enhanced due diligence (Joint Money Laundering Steering Group, 2014) in the banking industry. Under the KYC rule, banking analysts seek information on individuals or groups of customers, corroborate data, and construct an understanding of expected customer behaviours in order to better track customer activities and needs, adapt services, and intervene rapidly to respond to the customer when required. As mentioned in my Introduction to this thesis, TNE models continue to expand globally (Alam et al., 2013) and western universities in particular offer an increasing variety of different disciplines (Lawton & Katsomitros, 2012) to a greater diversity of student bodies, such as professional education in medicine and nursing (Crisp & Chen, 2014), which implies that universities operating transnationally must become more culturally adept in order to 'Know Your Student' and understand the possible impact of TNE on the lifeworlds of local groups of learners (Ulusoy et al., 2011).

This is not only important for an institution to be able to compete globally for students, but also supports student success as students can be provided with appropriate support mechanisms (Johnstone, Kanitsake & Currie, 2008) during various stages of their 'becoming'. Universities are therefore required to develop TNE best practice frameworks on which to map student success 'signatures' (Maddison, 2015), discussed earlier in Chapter 1.4, which are customized to the TNE context of operations.

5.2.b Impact for Pedagogy : Building bridges

My research highlights the importance of The Transition period during the first semester student experience of transnational medicine and nursing education. Students embarking on The Transition have to be provided with the tools and mechanisms within a particular cultural and gendered learning environment to develop their self-determination, leading to their empowerment as part of a transformative learning experience. Those involved in TNE practice have to develop a culturally appropriate, responsive and transformational pedagogy (Kim & Slapac, 2015) with epistemological and ontological gaps and challenges identified in context as soon as possible, so that students who hover at the precipice of the edge of knowing (Berger, 2004) can be guided to firmer ground (Kim, 2012).

In this respect, it is important for educators in the TNE field to acknowledge that letting go of previous mindsets and taken-for-granted assumptions can be uncomfortable for students, but tapping into their previous educational experience and supporting their situated knowledge through the creation of a robust and culturally appropriate framework can enhance their learning (Gay, 2010) and sustain a transformative educational encounter (King, 2004). This points to the importance of facilitating students' skills in critical reflection (Hanson, Harms & Plamondon, 2011; Marlowe et al., 2014; Stutz et al., 2015) during The Transition so that they gain a deeper insight and understanding of their transformative learning experiences as key stakeholders in the TNE process (Patel & Lynch, 2013). As outlined earlier in the Introduction, Bahraini schooling does not teach skills such as critical and reflective thinking, intercultural communications and cross-cultural psychology, which are necessary transnational competencies for future doctors and nurses operating in a global arena (Koehn & Swick, 2006), and which transnational medical and nursing education in Bahrain has to urgently address. It is envisaged that developing students' skills such as critical reflection and self-awareness (Hanson et al., 2011) would also lead to a deeper understanding of motivations, power relationships, ethical issues and impact (Baxter-Magolda, 1992) in a local context that would support students' personal and academic achievements, and ultimately flow into their professional practice.

The female participants in my research were required to imagine themselves in different ways informed by global discourse (Burns, 2008), and building inner resources was essential for their resilience (Bruin, Meppelink & Bogels, 2014) in a transnational medical and nursing context. The participants' Transnational Community of Practice provided a source of strong support, but participants would also have benefitted from female leadership programmes which included mentoring and role models (Johansson, Rojlar Eriksson & Frisk, 2008) to bolster their self-determination and to motivate their efforts in building a strong foundation for gender equity in the Middle Eastern clinical environment.

5.2.c Impact for Faculty

As examined by this thesis, 'becoming' a western educated Bahraini female doctor or nurse (Zarshenas et al., 2013) in the Middle East is more than just about an individual developing appropriate competencies and skillsets at particular stages of their 'becoming'. My research has shown that it is an emotionally and cognitively charged activity as a result of complex negotiations continuously taking place in a learner's situated socio-cultural context (Burns, 2008; Gargano, 2008) as students undergo a lengthy process of socialization into professional norms and values. I have drawn attention to the importance of western faculty as role models for students in the Middle Eastern TNE context, with the implication that universities offering TNE programmes of medicine and nursing education should take the necessary steps to ensure that faculty, both expatriate and local, is effectively prepared (Gopal, 2011) and appropriately inducted into a transnational learning environment (Gay, 2010; King, 2004; Leask, 2004). This issue is further addressed in Recommendations, below.

5.2.d Impact for Professional Practice

As a result of the participants' transformational and empowering learning experiences, new conceptualisations for Bahraini female engagement within the discourse of transnational education in the Middle East were identified as a particular Bahraini female standpoint bubbled to the surface.

The impact of this research has led to an understanding of how the meaning-making of Bahraini female medical and nursing graduates was a continuous and dynamic process throughout the stages of the participants' journey of becoming western educated doctors and nurses in the Middle East. Through the medium of their educational programme, participants were able to positively impact professional clinical practice in Bahrain, and also influence wider social-cultural spheres of Bahraini society. From this knowledge, TNE professional practice in Bahrain can develop a better structure of support for this specific group of students in order to enhance their engagement, integration, persistence and success.

5.3 Conclusion

Synergizing the global-local nexus in transnational medical and nursing education in the Middle East

From my research it is evident that rethinking policy and developing practice within a transnational medical and nursing education environment requires a robust assessment of certain global-local factors which have previously received little scrutiny in specific contexts. These include gender issues, power relations and belief systems embedded in Arab Islamic patriarchal societies hosting western institutions of transnational medical and nursing education, and a consideration of the educational experiences of female students within a constricting local socio-cultural and political environment (Ahmed, 2010; Dube, 2002; Khawaja & Morck, 2009).

A focus on the synergies of values (Hofstede, 1983) of both the global institutional culture and those of the local individual learner, as well as further in-depth analysis of the hybrid socio-cultural spaces (Blum & Ullman, 2012; Zimmerman, 2014) created by TNE in specific countries and contexts, will further advance the discourse and professional practices involved in the delivery of transnational medical and nursing education. It is also important to draw the attention of those involved in TNE to how "particular phenomena in particular contexts" (Smith et al., 2009, p.49) impact those experiencing the phenomena.

Providing an in-depth and contextualised examination of participants' accounts can facilitate the reader to assess transferability of TNE to other similar contexts. By focusing in depth on the experiences of Bahraini medical and nursing graduates in particular, we can learn about the strategies developed by participants in order to succeed in a transnational medical and nursing university in a specific cultural context, and consider how pedagogical practices can be innovated for the benefit of students in this context.

This thesis posits that transnational medical and nursing education creates new discursive spaces and shapes new meanings for Bahraini female medical and nursing students as it blows winds of change into the tiny Kingdom of Bahrain in the Middle East. Through my research, transnational medical and nursing education has shown itself to be 'a powerful tool to enhance social emancipation' (Navarro 2006, p.15) in the Middle East as it encounters, contests, and influences local patriarchal socio-cultural practices and gender dynamics. Through the experiences of Bahraini female medical and nursing students who were empowered within their uniquely constructed Transnational Community of Practice, Irish transnational medical and nursing education has transformed local identities (Lave & Wenger, 1991; Mezirow, 2009) and gender relations, and opened up an exciting vista of possibilities and opportunities where new forms of relationships, roles, and professional medical and nursing practices take shape under the shimmering desert sun of the Middle East.

5.4 Recommendations

From my research findings, I propose the following recommendations for TNE strategy and policy, pedagogy, faculty and professional practice :

5.4.a Recommendations for TNE Strategy and Policy

Rather than mapping what is practiced as the norm according to head campus policies into local contexts, in what was referred to in Chapter 2 as a form of hegemonic western 'best practice' approach (Patel & Lynch, 2013), this thesis has drawn attention to the importance of recognising the cultural differences in a TNE context that have to be considered within TNE policy in order to develop enriching, successful and empowering platforms for student success (Yang, 2006). In order to widen global participation in programmes offered by International Branch Campuses (IBCs), it is recommended that transnational institutions of medical and nursing education develop a best practice approach which encompasses new conceptualisations of the socio-cultural factors that shape teaching and learning from both a student and faculty perspective. This recommendation is extended to providers of other TNE programmes in different disciplines and geographic locations, and calls for institutions of TNE to gain a deeper understanding and appreciation of the ontological and epistemological gaps that require identification and bridging in the transnational classroom, as referred to in Chapter 4.2.

It is further recommended that the impact of transnational education on local student populations, and the ethical challenges and institutional responsibilities involved, raised in 5.2.a. above, are fully explored as part of a feasibility study when considering establishment of an IBC. For example, as the Kingdom of Bahrain pursues its national strategy to develop the Kingdom as a regional hub of healthcare, the impact of transnational medical and nursing education has personal, public and political consequences for Bahraini females, as discussed in this thesis, which need to be recognized and strategically addressed at both an institutional and government level.

5.4.b Recommendations for TNE Pedagogy

As the participants in this study sifted educational practices through local culture and made new meanings, it is recommended that further research be directed to how pedagogical practice in transnational education can be adapted to other specific contexts in order to drive the discourse of TNE forward.

Attention is drawn to the cross-cultural dimensions that have to be incorporated into a localization of curriculum, including language. In order to ensure that transnational programmes of nursing and medical education are meaningful and appropriate in an overseas context, aspects of the formal curriculum will need to be identified for localization. For example, in the case of transnational medical and nursing education, different diseases would have a higher or lower prevalence in certain geographical areas, and medical and nursing students would be required to possess the appropriate knowledge of such diseases presenting in a local clinical environment.

As highlighted in this thesis, the role of emotions in healthcare education is under-researched, which, considered together with the phenomenon of the feminisation of medicine referred to in Chapter 2.3, calls for further study into the value systems involved in the education and professional formation of future transnationally educated doctors and nurses. The bridging of ontological and epistemological gaps in TNE, referred to in Chapter 4.2, suggests that the development of critical thinking skills required of a doctor or nurse relies on both the cognitive and affective domains (Hughes, 2008). Further research is therefore recommended to understand the role of affective constructs such as motivation and attitude at different stages of 'becoming' a doctor or nurse in different contexts. In this study, participants reported an affective response to their new transnational learning environment early in the transition stage. It is recommended that pedagogical tools which encourage proactive sense making opportunities are introduced early into the curriculum of medical and nursing students in a transnational context, for example, simulation exercises with manikins and props, which allow students to learn in a controlled environment and which provide greater opportunities for self-discovery and reflection. Simulation could assist in supporting students in new and unfamiliar situations (Olson, 2014), including intercultural communications, as it allows for repeated exposure and acclimatization to difference.

This thesis has illustrated that there are different ways to knit a professional identity; it would be useful to compare Bahraini female medical and nursing student experiences and stages of 'becoming' to other groups of students in similar programmes in different cultural contexts, and to know whether such students also create a shared repertoire through the construction of a transnational community of practice (TCP), supporting a transformative learning experience. This may lead to an interesting and valuable extension of Wenger's concept of a community of practice applied to diverse international learning environments. It is also recommended that alternative perspectives are researched as a basis for better supporting, encouraging and understanding women's knowledge construction in different cultures, and identifying situated standpoints around the globe which can positively impact female learning and be replicated in other contexts.

5.4.c Recommendations for TNE Faculty

Although the Global Alliance for Transnational Education (GATE) was established in 1995 to monitor quality in transnational teaching, there has been little research in this field (O'Mahony, 2014; Gribble & Ziguras, 2003). As participants in this study cited the quality of international lecturers as critical to their transformative learning experience, further exploration is recommended into the preparation of faculty for transnational teaching assignments, and the impact on faculty of a transnational teaching experience (Paige & Goode, 2009; Smith, 2010). Educators are therefore required to develop cultural sensitivity and awareness of challenges that local students may encounter at each stage of the process of 'becoming' doctors and nurses in a transnational learning environment. It is recommended that overseas faculty are facilitated to understand the ways that local socio-cultural norms influence learning, and for all faculty to comprehend student response to learning in a transnational context. This could be achieved through an in-depth orientation to the context of teaching and learning, so that faculty understands the purpose of their offshore delivery, and appreciates their collective responsibility to support students throughout their professional socialization in context.

5.4.d Recommendations for Professional Practice

It is recommended that challenges for professional practice in TNE are addressed in greater depth, in different contexts, taking into account issues of gender, emotions, religion and power relations, which could constrain local professional practice. The provision of TNE into different cultures is not just about delivering a high quality programme - guiding principles could be developed as 'best practice' in TNE which take into account these considerations, and from which the discourse of TNE could be further moved forward. This study focused on one particular group of students; it is recommended that further investigation is made into the experiences of other groups, for example Bahraini male medical and nursing students.

In this thesis I have developed the conceptualization of a Transnational Community of Practice (TCP) for medical and nursing students in Bahrain; it is recommended that further research is undertaken into how faculty members involved in TNE can construct their own TCP in response to this phenomenon. A form of TNE peer support could also be developed by the sharing of teaching and learning experiences in diverse cultural contexts, which contributes to faculty professional development. Moving onwards, it is also suggested that further research could focus on how a faculty transnational community of practice would impact student experience in an international branch campus (IBC). Such a research focus calls for consideration of the development of new models of faculty induction and training, both for faculty sent overseas to teach in a TNE environment, and local faculty employed in an IBC, which would contribute to best practice in the field of transnational education. For example, a period of exchange of faculty between campuses on teaching or research assignments, which would provide an opportunity for professional development, the sharing of knowledge and acculturation into an overseas teaching and learning environment, or perhaps the co-teaching of student groups between campuses through video-conferencing in order to understand different approaches to learning in context.

This thesis has focused on the impact of transnational medical and nursing education on a small group of students in a specific context - just one of the many facets of the phenomenon of transnational education calling for further investigation, as evidenced by the Literature Review of this study. A key recommendation arising from this thesis is that in order to further extend the exploration of the phenomenon of transnational education and develop new professional practice in different situated contexts, the lens of leadership in institutions of TNE has to focus on and respond to local student voices of experience in order to address the complex ontological and epistemological issues woven into the TNE phenomenon, as highlighted by the findings of this thesis.

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Appendix 1 : Participant Information Sheet

Participant Information Sheet

13th June, 2014

Title of Study: Transnational Medical and Nursing Education: An exploration of its impact on Bahraini females

Invitation

You are being invited to participate in a research study.
Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask if you would like more information or if there is anything that you do not understand. You do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

Purpose

The purpose of this research study is to understand how the experiences of transnational medical and nursing education in Bahrain has impacted the lives of Bahraini female medicine and nursing graduates. *Transnational education means that students study in a country different to the one where the university providing the degree is based.*

By gaining insight and developing knowledge about how you have perceived your experiences, and how your engagement with transnational education has influenced your personal and professional lives, we hope to improve professional practice in order to enhance the transnational medical and nursing experience in Bahrain for similar groups of students in the future.

Rationale for Your Participation

You have been selected to take part in this project because you are a recent Bahraini female graduate of either the School of Medicine or the School of Nursing & Midwifery so you have experienced transnational education. You have also completed secondary schooling at a Bahraini government school learning in Arabic, you are aged over 21, and English is your second language. You have studied in English at university level for at least four years and you can express yourself competently in English. You will not require translation of English into Arabic, however this can be provided if you require clarification. A total of 10 Bahraini female graduates will be participating in the study; 5 from the School of Medicine and 5 from the School of Nursing.

Do I have to take part?
NO. Your participation is totally voluntary and even if you begin participation, you are free to withdraw at any time without explanation or penalty. If you choose not to participate, no data related to you will be used or reported in the research study.

What will happen if I take part?
If you choose to take part, you will initially participate in a focus group meeting of one hour with the other four graduates from your School. You will be given plenty of notice about the meeting. The meeting will be held in a suitable private place on campus, after normal working hours of the university. I will be facilitating the focus group meeting. With everyone's permission, this meeting will be audio recorded. We will be discussing your thoughts and feelings about your experiences during the years when you were a student at RCSI Bahrain, and how you feel these experiences have influenced your current life.

Please note that my role as researcher for this study is not connected to my professional role as Head of Student Development & Wellbeing at the university.

Shortly afterwards, you will then be invited to attend an individual, in-depth semi-structured audio recorded interview of one hour with me, on campus. You are under no obligation to attend the interview. You may suggest a preferred date and time which is suitable for you after university office hours.

Refreshments will be provided to you at both the focus group meeting and individual interview.

All the information you share will be managed in confidence and anonymised. Your real name will not be used in the research. During the research study, I will be supervised by Professor Morag Gray and she will have access to anonymised data.

All data will be gathered prior to the end of November, 2014, after which time your participation in the study will end and no further data will be gathered.

You will be invited to a meeting with other participants at the end of the research where you will be presented with findings from the research study.

Risks
We hope that you find your participation in this project to be an interesting and rewarding experience. It is not anticipated that you will experience any risks, harm or expenses from participation in this study. However, should you experience any discomfort as a result of your participation, please inform me immediately (contact information below). A counselling service will be made available to you on a confidential basis.

Benefits
The main benefits of participating in this study will be an opportunity to contribute knowledge and share your experiences of transnational education so that improved practices can be developed within transnational medical and nursing education in Bahrain.

What if I have a problem/complaint?
If you are unhappy, or if there is a problem, please feel free to let me know immediately on +973 17 351 450, extn 2170. If you remain unhappy or have a complaint which you feel you cannot come to me with then you should contact the Research Governance Officer at ethics@liverpool.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher involved, and the details of the complaint you wish to make.
.

Will my participation be kept confidential?
Yes. Any data you provide will be anonymous and no personal information will be given to a third party. Codes will be used for participant audio files. Anonymous data generated from participants in this study will be stored for five years on an audio recording device locked in a drawer in the researcher's secured office, after which it will be destroyed. Transcripts will not be kept with the audio recordings. Your personal name will not be used. The research study will identify the participants as Bahraini and female. All other participant data will be made unidentifiable, which means that not only are names removed, but potentially identifying characteristics will also be stripped from any data. All electronic files will be kept on a secure and password protected computer with a back-up on a securely stored and password protected external hard drive for five years.

What will happen to the results of the study?
The results of the study will be interpreted and compiled within a thesis document and presented to the University of Liverpool for the award of Doctorate of Higher Education.

What if I stop taking part?
You may withdraw anytime without explanation. Your data up to the period of withdrawal may be used, if you are happy for this to be done. Otherwise you may request that your data are destroyed and no further use is made of them. Your wishes will be respected.

Who can I contact if I have further questions?
You have the right to ask further questions and you will be provided with details on where to find further appropriate information.

- **My contact details are:**
  Wendy Maddison, Principal Investigator | wmaddison@rcsi-mub.com |
  Telephone : +973 17 351 450 extn 2170

Please keep/print a copy of the Participant Information Sheet for your reference.
Please contact me with any question or concerns you may have.

If you wish, you may also contact my Thesis Supervisor, Prof. Morag Gray, at morag.gray@my.ohecampus.com

Wendy Maddison
Researcher

Appendix 2 : Participant Consent Form

UNIVERSITY OF LIVERPOOL

Committee on Research Ethics

PARTICIPANT CONSENT FORM

Title of Research Project: Transnational Medical and Nursing Education : An Exploration of its Impact on Bahraini Females

Researcher: Wendy Maddison

Please initial box :

1. I confirm that I have read and have understood the information sheet dated June, 2014 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions or participate in the focus group session or interviews, I am free to decline at any time and my data will not be used. ☐

3. I understand that, under the Data Protection Act of the United Kingdom, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish. ☐

4. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. I give my permission for the researcher to use the term 'Bahraini female' to describe me. I also understand that the role of Wendy Maddison as Researcher is separate from her professional role in the university. ☐

5. I understand and agree that my participation will be audio recorded at a focus group meeting of one hour duration, and then an individual interview of one hour duration on the university campus. I am aware of and consent to your use of these recordings for the purpose of transcribing and Interpretation for the study.

6. I agree to take part in the above study. ☐

Participant Name	Date	Signature
Name of Person taking consent	Date	Signature
Wendy Maddison, Researcher	Date	Signature

Appendix 3 : Focus Group Questions

1- Please reflect back on your experiences of learning over the past 5 or 6 years at this university. What were your initial thoughts and feelings when you first started the university?

2- I would like you to think about things you really enjoyed during your studies, and things you did not enjoy in your experience at RCSI. Can you tell me about them?

3- How do you think your experience with this university has been different compared to medical/nursing students from other universities here in Bahrain?

4- What role did your family and friends play while you were studying?

5- As Bahraini females, do you think your family's expectations were any different for you than if you had been a male medical student here?

6- How did you get on with students from the other School here (Nursing/Medicine)?

7- Were there any times you can recall at the university when you felt your culture and religious beliefs were challenged by what you saw or heard?

- If so, how did that make you feel?

8- What do you feel was the most important thing that happened to you personally during your university experience?

9- Could you tell me about how you think this particular university influenced your sense of who you are today?

10- How do think other people see you now as a graduate of RCSI?

Appendix 4 : Individual Interview Questions

1. In the focus group meetings, everyone often referred to 'we' and then sometimes 'I' : What does the 'we' mean to you; and what does the 'I' mean to you?

2. The feeling of being different from other Bahraini females was often expressed; could you describe if you think you are different from them?

3. A participant mentioned that sometimes you are given 'The Look'. Have you experienced The Look? What does The Look mean to you?

4. Cultural norms were discussed at our focus group meeting, such as alcohol, hejab, touching, attitudes towards being out late at night as a female. Did being in a multicultural community at RCSI change your way of thinking about your culture, religion, Bahraini society in general?

5. What opportunities do you see for yourself in the future?
    - Would these opportunities have been different if you had attended another university?

6. Finally, what advice would you give to younger Bahraini females following in your footsteps?

Appendix 5 : RCSI Bahrain Ethical Approval

RCSI

RCSI Bahrain
Royal College of Surgeons in Ireland
Medical University of Bahrain
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8th May 2014

Wendy Maddison
P.O. Box 15503
Adliya
Kingdom of Bahrain

Re: Transnational Medical & Nursing Education: An exploration of its impact on Bahraini females

Dear Wendy

Thank you for submitting the above research proposal, which was considered by members of the RCSI Research Ethics Committee on 7th May 2014.

We would like to inform you that the team found no major ethical issues or methodological problems that would hinder the conduct of this project. We are hence pleased to approve the above application.

Please note that this approval is subject to the following conditions:

1. We expect that the project will begin within 6 months of the date of this approval.
2. Approval from the Research Ethics Committee does not automatically imply that the researcher is granted access to data, medical records or biological samples from MoH healthcare facilities. Researchers must seek permission and follow procedures as dictated by the concerned departments.
3. Any significant change, which occurs in connection with this study and/or which may alter its ethical consideration must be reported immediately to the Research Ethics Committee
4. This approval is valid for up to 1 year from the date of approval. If the study extends beyond this date, a progress report must be sent to the Research Ethics Committee to renew the approval.
5. The Research Ethics Committee must be informed when the research has been completed and a copy of the final research must be submitted for our records

We wish you all the best in this study.

Yours faithfully

J Barber.

PP Dr Fawzi Ameen
Chairperson

Appendix 6 : University of Liverpool Ethical Approval

Dear Wendy

I am pleased to inform you that the EdD. Virtual Programme Research Ethics Committee (VPREC) has approved your application for ethical approval for your study. Details and conditions of the approval can be found below.

Sub-Committee:	EdD. Virtual Programme Research Ethics Committee (VPREC)
Review type:	Expedited
PI:	
School:	Lifelong Learning
Title:	
First Reviewer:	Dr. Ewan Dow
Second Reviewer:	Dr. Baaska Anderson
Other members of the Committee	Prof. Morag Gray (Observer role)
Date of Approval:	16th June 2014

The application was APPROVED subject to the following conditions:

Conditions

1	Mandatory	M: All serious adverse events must be reported to the VPREC within 24 hours of their occurrence, via the EdD Thesis Primary Supervisor.

This approval applies for the duration of the research. If it is proposed to extend the duration of the study as specified in the application form, the Sub-Committee should be notified. If it is proposed to make an amendment to the research, you should notify the Sub-Committee by following the Notice of Amendment procedure outlined at http://www.liv.ac.uk/media/livacuk/researchethics/notice%20of%20amendment.doc.

Where your research includes elements that are not conducted in the UK, approval to proceed is further conditional upon a thorough risk assessment of the site and local permission to carry out the research, including, where such a body exists, local research ethics committee approval. No documentation of local permission is required (a) if the researcher will simply be asking organizations to distribute research invitations on the researcher's behalf, or (b) if the researcher is using only public means to identify/contact participants. When medical, educational, or business records are analysed or used to identify potential research participants, the site needs to explicitly approve access to data for research purposes (even if the researcher normally has access to that data to perform his or her job).

Please note that the approval to proceed depends also on research proposal approval.

Kind regards,

Morag Gray

Chair, EdD. VPREC