ATHABASCA UNIVERSITY

EDUCATING UNDERGRADUATE NURSING STUDENTS ABROAD

BY

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The future of learning.

Approval of Thesis

The undersigned certify that they have read the thesis entitled

EDUCATING UNDERGRADUATE NURSING STUDENTS ABROAD

Submitted by

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In partial fulfillment of the requirements for the degree of

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Dedication

This thesis is dedicated in loving memory of my grandparents, Toshi and Casey Obara. Toshi and Casey were second generation Japanese-Canadian. Both were born in British Columbia, Canada. In 1942, amidst a storm of anti-Japanese sentiment, the Canadian government used the War Measures Act to label all Japanese-Canadians as enemy aliens and threats to national security. As teenagers, they and their families were forced from their homes into internment.

Near the turn of the century, they were interviewed and asked to reflect upon their internment for Gordon's (2004) book, *The Slocan: Portrait of a Valley*. My Grandfather said, "The war was a funny thing, what it did to people. I know it was a bad thing, but it worked out all right for us" (p. 190). My Grandmother agreed, "It was a good thing it happened in the end. We got opportunities we wouldn't have had, staying on Vancouver Island" (p. 190). Perhaps surprisingly, they preferred to make the most of the experience.

My grandparents' courage, warmth, and positivity undoubtedly shaped our family and the person I am today. I am a Registered Nurse and nurse educator, and a fourth generation Japanese-Canadian with a multi-cultural, Canadian family. Because of my family's history, I find myself passionately striving to bridge cross-cultural barriers.

Abstract

Many Canadian nursing programs are offering student opportunities to study abroad as a part of their undergraduate education. This qualitative, descriptive research aims to address a gap in the literature by describing Canadian nursing faculty members' perspectives on successful teaching methods used in study abroad programs. Five nursing faculty members affiliated with five institutions in Western Canada were interviewed. Two primary themes related to teaching abroad emerged from analysis: (1) pedagogical and theoretical underpinnings, and (2) teaching strategies and activities to facilitate students' learning. While this research focuses upon describing teaching methods for undergraduate nursing placements, it also includes teaching methods for interdisciplinary, community health promotion and service learning. Teaching abroad is multi-faceted, and occurs in a vast variety of contexts. Findings are to be assessed by the reader for transferability to specific programs.

Keywords: undergraduate nursing education, study abroad, international nursing placements, teaching methods, cultural competencies, global competencies, intercultural education, global health education

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List of Abbreviations

CASN – Canadian Association of Schools of Nursing

CNA – Canadian Nurses Association

HDI – Human Development Index

ICN – International Council of Nurses

RN – Registered Nurse

STTI – Sigma Theta Tau International

UN – United Nations

WNRCASN – Western North-Western Region Canadian Association of Schools of Nursing

EDUCATING UNDERGRADUATE NURSING STUDENTS ABROAD

Chapter 1 Introduction

The early history of nursing in Canada includes indigenous women playing essential roles as caregivers for their communities and early settlers, European nurse settlers, and Jesuit priests who were missionaries aiding the sick (Ross-Kerr & Grypma, 2014). In this way, global health and cross-cultural nursing has existed for centuries. Yet, it is suggested that the call for international service in nursing has never been greater than with contemporary globalization (Dalmida et al., 2016). Global migration and the globalization of health care since the late 20th century have generated a growing need for nurses to develop an ability to provide care for multicultural populations at home and abroad (Afriyie Asenso, Reimer-Kirkham, & Astle, 2013; Browne, Fetherston, & Medigovich, 2015; Carpenter & Garcia, 2012; Dalmida et al., 2016; Mill, Astle, Ogilvie, & Gastaldo, 2010; Kokko, 2011; Ulvund & Mordal, 2017; Wilson et al., 2016).

Nursing students are increasingly motivated to gain experience participating in global health, and nursing faculty members are being urged to advocate for opportunities to educate today's students so that their altruistic values extend beyond borders of developed nations (Zanchetta, Schwind, Aksenchuk, Gorospe, & Santiago, 2013). Academic institutions are seeking ways to prepare their students, meet employer demands, and contribute to an increasingly global society (Colleges and Institutes Canada, 2018). Universities Canada (2018) strongly promotes student mobility across borders to develop students' cross-cultural competencies and problem-solving skills.

Study abroad may be considered an emerging, signature pedagogy in undergraduate nursing education (Long et al., 2012). Nursing programs are increasingly

offering international clinical placement experiences (Burgess, Reimer-Kirkham, & Astle, 2014). A 2009 survey of 74 Canadian nursing programs found that 54% were offering an international clinical placement (Hoe Harwood, Reimer-Kirkham, Sawatzky, Terblanche, & Van Hofwegen). In this survey, Hoe Harwood and colleagues (2009) also found nursing faculty members strongly agreed that innovative clinical placements, such as international placements, are more effective than traditional placements in promoting student learning about community development, social determinants of health, social justice and equality, poverty, and culture and diversity.

Study abroad is most often viewed from a student-centered approach (Browne et al., 2015; Hartman, 2015). Student benefits of studying abroad are well documented in past literature reviews (Browne et al., 2015; Kokko, 2011; Riner, 2011). Nursing students have reported significant changes in their attitudes and behaviours, including an increased openness, awareness of personal strengths and weakness, coping, confidence, flexibility, creativity, responsibility, self-reliance, independence, and appreciation towards resources (Baernholdt, Drake, Maron, & Neymark, 2013; Kokko, 2011; Myhre, 2011; Tuckett & Crompton, 2014; Zanchetta et al., 2013). When students become acutely aware of what it is like in another culture, they may become more tolerant and accepting of others (Tuckett & Crompton, 2014). Nursing students have reported they were better prepared to provide care for patients from different cultural heritages and that these experiences impact future career paths and goals (Tuckett & Crompton, 2014; Ulvund & Mordal, 2017). There is convincing support for the use of international clinical placements to develop student nurses' cultural competence (Kokko, 2011).

There remains a significant need for research regarding stakeholder perspectives, including that of faculty members (Browne et al., 2015). There is an urgent call for research related to the evaluation of teaching and learning for diverse populations both at home and abroad, such as how to successfully integrate cultural and global competencies in nursing education (Chavez, Bender, Hardie, & Gastaldo, 2010; Jeffreys & Dogan, 2013; Riner, 2011; Ulvund & Mordal, 2017; Wilson et al., 2016). Nursing faculty members are seeking evidence-based teaching strategies to build students' cultural competence and confidence working with cultural diversity in nursing care (Kohlbry, 2016; Long, 2016). Research is required to identify best-practice teaching methods to support student learning (Ulvund & Mordal, 2017).

A lack of discussion and documentation about approaches to incorporating global health content into nursing curriculum has limited the ability to evaluate initiatives and contributions (Mill et al., 2010). The lack of educational standards is a concern because of the vulnerability of international communities (Burgess et al., 2014). As nurse educators and nursing scholars, faculty members should be developing, studying, and evaluating teaching methods for effectiveness in preparing students to meet the needs of diverse client populations and contribute to global health (Carpenter & Garcia, 2012). With a myriad of study abroad programs simultaneously occurring across the globe, it is crucial that nursing faculty members begin to define their role in global learning (McKinnon & Fealy, 2011). As the placement settings for nursing students broaden, so does the faculty members' responsibility to students, hosts, preceptors, and communities in which they practice (Chavez et al., 2010).

Significance of the Research

Since there is limited literature focusing upon the faculty members' perspective, a qualitative descriptive study may provide valuable, preliminary insight into faculty member's views on effective teaching methods. The research question guiding the study was, "How do nursing faculty members describe their teaching methods?" Literature about how study abroad programs are being successfully designed and carried out will contribute to a cohesive body of evidence regarding study abroad pedagogy for Canadian undergraduate nursing education.

Chapter 2 Literature Review

In this chapter, the researcher provides contextual background to the thesis research. The nursing metaparadigm, nursing ethics, nursing curricula, and teaching and learning theories are discussed in relation to study abroad. Information about types of study abroad programs, and an overview of the faculty members' role in study abroad programs is provided.

To ensure the inclusion of recent Canadian literature regarding study abroad programs in undergraduate nursing education, an intentional search of electronic databases in Athabasca University's online library was conducted during the thesis proposal development in October 2017. Databases searched included: Academic Search Complete, CINAHL Plus with Full Text, Education Research Complete, Health Source: Nursing/Academic Edition, and MEDLINE. The following Boolean phrase was entered into the search bar: "nursing AND Canada AND ('international placement' OR 'international internship' OR 'international education' OR 'study abroad' OR 'international exchange' OR 'academic exchange')."

This search was limited to scholarly, peer-reviewed journals, written in English, and published between 2012 and October 2017. Sources were included if they contained an international learning experience for Canadian undergraduate nursing students. In total, this researcher found seven scholarly articles from five journals. For a more detailed review on the literature retrieval process see Figure 1. The search was duplicated in March 2018 and no additional articles were located that met the search criteria.

Included articles were reviewed (see Appendix A). Articles were affiliated with 10 Canadian academic institutions. The articles related to student motivations, student

experiences, student learning, ethics, collaboration between international partners and contribution to social development.

Figure 1. Retrieval process for recent Canadian literature.

Total number of identified articles - 87

Databases searched - Academic Search Complete, CINAHL Plus with Full Text, Education Research Complete, Health Source: Nursing/Academic Edition, and MEDLINE

Number remaining following Title and Abstract Review - 30

Number of articles removed as duplicates - 21
Number of articles removed as unavailable - 2

Total number of articles included - 7
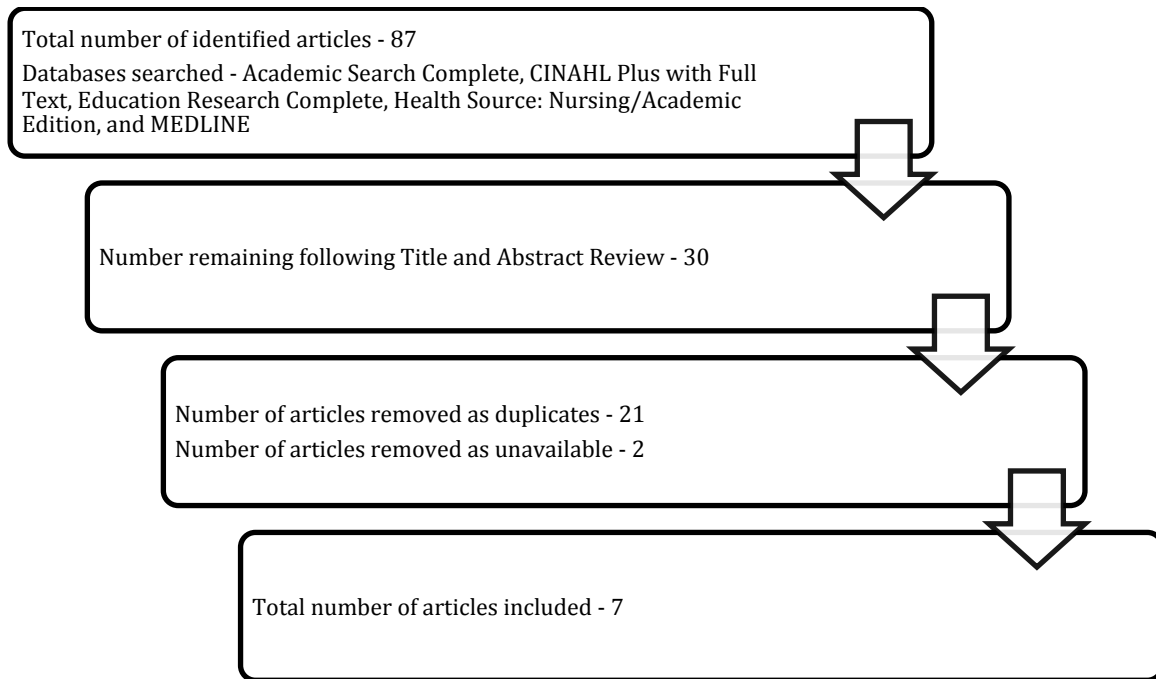
The Nursing Metaparadigm and Nursing Ethics

Within Canada, the provincial or territorial governments have granted responsibility to provincial or territorial nursing colleges or associations to self-regulate practice and protect the public (Canadian Nurses Association [CNA], 2017c). The CNA (2017a) provides a collective voice for Canadian Registered Nurses (RNs) and nurses licensed in extended roles such as Nurse Practitioners. The CNA describes the metaparadigm of nursing, which includes four central concepts: (1) the person, (2) the environment, (3) health, and (4) nursing (CNA, 2015). RNs provide their clients with holistic care and are attentive to their clients' environment, including the determinants of health (CNA, 2015). A biomedical model of health has become out-dated as this holistic model of health has emerged (Aronsson, 2016).

Nursing is considered both an art and a science, or rather, a caring science (Watson, 2009). A value-based approach has been adopted to sustain the integrity and dignity of the nursing profession as nurses could become torn between biomedical practices and values of human caring (Watson, 2009). Nursing requires different pedagogical approaches than science subjects such as chemistry or applied science subjects such as engineering (Long et al., 2012; Watson, 2009). Nursing science provides a foundation for nursing care, but RNs use knowledge from a variety of sciences and humanities (CNA, 2015).

Codes of ethics articulate professional nursing values such as social responsibility, which inform nursing education and curriculum (CNA, 2017b; Nicholas, Corless, Flumer, & Meedzan, 2012). The CNA (2017b) articulates professional values in the *Code of Ethics* to demonstrate a commitment to persons with health care needs. Seven core values of nursing ethics include: (1) providing safe, compassionate, competent and ethical care, (2) promoting health and well-being, (3) promoting and respecting informed decision-making, (4) preserving dignity, (5) maintaining privacy and confidentiality, (6) promoting justice, and (7) being accountable (CNA, 2015). Nurses utilize the *Code of Ethics* when working with individuals, families, groups, students, colleagues, health care professionals, populations, communities and society (CNA, 2015). Nursing faculty members engage in the moral development of students, for example, aiming to develop empathetic capacities to appreciate diversity and maintain dignity (Hartman, 2016).

Many Western academic institutions have study abroad destinations in lower-income countries where students work with marginalized populations, as this is viewed as a way to promote the students' transcultural and global awareness (Kulbok, Glick,

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Mitchell, & Greiner, 2012; Mkandawire-Valhmu & Doering, 2012). Ethical critiques of such international clinical placements include (1) unsustainable care for people who otherwise have no option for health care and (2) a risk of replicating colonialist practices (Levi, 2009; Racine & Perron, 2012). Nursing faculty members and students may perpetuate colonial ideals when using Western models of health, education, and knowledge production (Racine & Perron, 2011). While students may have a sincere desire to make a difference, there is potential for their actions to be construed as paternalistic by faculty members (Burgess et al., 2014). Burgess and colleagues (2014) suggest additional, pre-departure education may be required to shift students' thinking from a "stereotypical perspective of the neediness of low income countries" and students' belief that they can fix it (p. 3).

Research regarding the impact of study abroad programs for nursing students on host communities in low-income countries is scarce (Burgess et al., 2014). From an ethical standpoint, it is critical to ensure shared objectives and goals with partnering health professionals and community recipients (Dalmida, 2016; Zanchetta et al., 2013). A social justice, critical feminist, or post-colonial lens are frameworks for both achieving health care equity and avoiding potential perpetuation of exploitive relationships (Dalmida et al., 2016; Mkandawire-Valhmu & Doering, 2012; Racine & Perron, 2012; Zanchetta et al., 2013). Social justice involves seeking to "achieve equity and equality for society and the [nursing] profession" (International Council of Nurses [ICN], 2015). A critical feminist may view colonialism and neo-colonialism as "oppressive and hegemonic systems that continue to marginalize Third World peoples today" (Mkandawire-Valhmu & Doering, 2012, p. 86). A post-colonial lens assumes a critical

perspective of power, economics, politics, religion, and culture, and how these elements work together to affect colonial hegemony by Western colonizers (Purdue University, 2017).

Nursing Curricula

The Canadian Association of Schools of Nursing (CASN) developed the *National Nursing Education Framework* for Canadian undergraduate nursing program standards and quality assurance (CASN, 2015). Canadian undergraduate nursing programs meet accreditation standards to provide a broad knowledge base in nursing and generalist preparation (CASN, 2015). Essential components of program implementation include "1.8 knowledge of primary health care in relation to health disparities, vulnerable populations, and the determinants of health," and "1.9 knowledge of social justice, population health, environment and global health issues" (CASN, 2015, pp. 10-11). Such components provide blueprints for a socially responsible and socially critical curriculum that is concerned with social justice on the global scale.

The inclusion of global health as a fundamental piece of the undergraduate nursing curriculum is a recent development over the past decade. According to Chavez, and colleagues (2010), the fundamentals of global health were absent from the majority of Canadian undergraduate programs. There appears to be an increase in global health education evidenced by the most recent edition of Potter, Perry, Stockert, and Hall's *Canadian Fundamentals of Nursing* textbook, which added global health to its chapter on culture and diversity in recent years (Astle, Barton, Johnson, & Mill, 2014).

With the Truth and Reconciliation Commission of Canada's (2015) *Calls to Action*, nursing programs are currently being challenged to incorporate indigenous

knowledge and learning, and to reduce health disparities between aboriginal and non-aboriginal populations (Lane & Petrovic, 2018). Lane and Petrovic (2018) argue that nursing faculty members need to consider their thinking in relation to (1) colonialism of aboriginal peoples, (2) how aboriginals perceive their world and learn, and (3) understanding intercultural miscommunication both at home and abroad.

There is a potential overlap between internationalization and indigenization. Canadian nursing students have worked with Indigenous People while abroad (Kent-Wilkinson, Starr, Dumanski, Fleck, LeFebvre, & Child, 2010). Both internationalization and indigenization of curricula include elements of cross-cultural understanding and honouring diversity. However, the indigenization of curricula requires an acknowledgement of the relational history in Canada between non-aboriginal and aboriginal people that led to oppression and disadvantage (Lane & Petrovic, 2018).

Teaching and Learning Theory

Nursing education historically placed little importance on the practice of how to teach, as professors and instructors were honoured for their content knowledge of the subject matter (Melrose, Park & Perry, 2015). A shift has occurred as nurse educators are now encouraged to develop an understanding of, and skills at, educational processes (Melrose et al., 2015). According to Fisher (2016), the heart of the nurse educators' role has become the scholarship of teaching and learning. Schwind, Zanchetta, Aksenchuk, and Gorospe (2013) emulate this, stating, "As educators of future nurses, we strive to prepare knowledgeable, reflective, skilful and compassionate novice nurses, who are able to provide culturally competent care" (p. 714). This section discusses teaching and learning theories related to study abroad, including experiential learning theory,

transformative learning theory, cultural and global competency development.

Experiential Learning Theory

Experiential learning pre-existed the formal education system in the form of apprenticeships, work/study programs, and field projects (Kolb, 1984). This traditional method for education has received renewed interest in adult education since the 1980s (Kolb, 1984). Experiential leaning is also a model for how learning occurs (Lee, Porch, Shaw, & Williams, 2012). David Kolb (1984) described experiential learning as a cyclical process whereby humans have concrete experience, followed by reflective observation, abstract conceptualization, and then active experimentation.

The focus of experiential learning theory is the human experience and the subsequent construction of knowledge (Kolb & Kolb, 2005). Not all experiences will lead to learning. Certain experiences may be ignored, habitual, or seamless for the individual learner, not appearing to require rational inquiry (Kolb, 1984). In spite of this, highly effective educators are believed to facilitate student learning abroad by designing experiential activities that lead learners around the learning cycle, drawing students' attention to salient issues during an experience (Passarelli & Kolb, 2012).

The clinical setting is a learning environment in a healthcare institution or community setting that offers rich opportunities for experiential learning (Gubrud, 2016; Mueller, 2016). Students are supervised to apply essential skills and dispositions such as interpersonal relationship building, an understanding of illness and injury, and development of psychomotor clinical abilities (Long et al., 2012). The clinical environment is a complex social setting, and requires intentional teaching approaches that differ from classroom-based education (Gubrud, 2016; Long et al., 2012; Melrose et al.,

2015).

Many researchers and educators have recognized the value of experiential learning in nursing, which coincides with a rise in global immersion activities in the past decade (Burgess, Reimer-Kirkham, & Astle, 2014; Glickman, Olsen, & Rowthorn, 2015; Long, 2016). Experiential learning theory has been widely utilized with both intercultural and global learning opportunities (Baernholdt et al., 2013; Carpenter & Garcia, 2012; Lee et al., 2012; Martins de Oliveira & Tuohy, 2015; McKinnon & Fealy, 2011; Nicholas et al., 2012; Zanchetta et al., 2013). For example, Berg (2016) described American students meeting young children in Guatemala and learning about the impact of malnutrition upon the immune system, making the children vulnerable to potentially fatal illness. When an international nurse called attention to such problems and implications, the students began to realize the seriousness of the issue and potential impact of their community health teaching. It is believed that this sense of salience can enrich nursing students' understanding of the health disparities between populations both at home and abroad (Nicholas et al., 2012). As a result of this sense-making process, students adopt new ways of thinking, acting, and relating to the world (Passarelli & Kolb, 2012).

Transformative Learning Theory

Jack Mezirow was an adult educator who founded the idea of transformation theory, and he remains a main source in defining the concept of transformative learning in nursing education (Afriyie Asenso et al., 2013; Curtin, Martins, Schwartz-Barcott, DiMaria, & Ogando, 2013; Hanson, 2010; Jackson, Power, Sherwood & Geia, 2013; Nairn, Chambers, Thompson, McGarry, & Chambers, 2012; Riner, 2011). He held that the intent of adult education was allowing students to become liberated, socially

responsible, and autonomous (Mezirow, 2000). Since its inception, the concept of transformational learning has inspired a significant body of research and theory development, becoming one of the most generative ideas for both practitioners and researchers in adult education (Melrose, Park, & Perry, 2013; Mezirow, 2000; Taylor, 2000).

Mezirow (2000) defined transformative learning as,

the process by which we transform our taken-for-granted frames of

reference (meaning perspectives, habits of mind, mind-sets) to make them

more inclusive, discriminative, open, emotionally capable of change, and

reflective so that they may generate beliefs and opinions that will prove

more true or justified to guide action. (p. 8)

Transformative learning includes 10 phases towards personal meaning perspective transformation (Mezirow, 2000). These 10 phases include:

1. a distorting dilemma, 2. self-examination with feelings of fear, anger,

guilt, or shame, 3. a critical assessment of assumptions, 4. recognition that

one's discontent and the process of transformation are shared, 5.

exploration of options for new roles, relationships, and actions, 6. planning

a course of action, 7. acquiring knowledge and skills for implementing

one's plans, 8. provisional trying of new roles, 9. building competence and

self-confidence in new roles and relationships, 10. a reintegration into

one's life on the basis of conditions dictated by one's new perspective.

(Mezirow, 2000, p. 22)

Transformative learning occurs intentionally or unintentionally, and can be self-directed or facilitated by educators (Mezirow, 2000; Phillipi, 2010).

International environments are believed to be rich with possibilities for meaningful and transformative learning (Afriyie Asenso et al., 2013; Hanson, 2010; Melrose et al., 2015; Passarelli & Kolb, 2012; Zanchetta et al., 2013). Transformational experiences may be key to improving global health by building nurses' cultural competence and confidence in working with ethnic and cultural diversity (Glass et al., 2015). By living and working in an unfamiliar culture, students are challenged to make sense of the novelty and ambiguity with which they are regularly confronted (Passarelli & Kolb, 2012). Nurse educators may further facilitate transformational learning by challenging learners in clinical experiences, then promoting critical thinking and critical reflection (Melrose, et al., 2015; Nairn et al., 2012).

It has been argued that in order to achieve the knowledge, skill and competencies of global citizenship, the profession of nursing requires a philosophical change towards embracing reflexivity and commitment to personal growth (Glass, Cochran, & Davidson, 2015). Afriyie Asenso and colleagues (2013) suggest that nursing faculty members frame international learning experience with a critical global citizenship lens and utilize strategies to facilitate transformative learning. Transformative teaching methods included providing experiences to work with clients in low-resource settings, utilizing reflection to understand concepts such as marginalization, and utilizing peer mentorship and learning (Afriyie Asenso et al., 2013).

Cultural Competency Development

There is no single guideline for culturally competent care that can be generalized

to all cultures (Douglas, et al., 2014). However, the ICN endorsed the following guidelines for the practice of culturally competent nursing care: (1) knowledge of cultures, (2) education and training in culturally competent care, (3) critical reflection, (4) cross-cultural communication, (5) culturally competent practice, (6) cultural competence in health care systems and organizations, (7) patient advocacy and empowerment, (8) multicultural workforce, (9) cross-cultural leadership, and (10) evidence-based practice and research (Douglas, et al., 2014). These guidelines are not a minimum standard for care, but rather an example of how culturally competent care can be implemented (Douglas, et al., 2014).

Campinha-Bacote's (2002) model of cultural competency is often applied within healthcare (Carpenter & Garcia, 2012; Kulbok et al., 2012; McKinnon & Fealy, 2011 Ulvund & Mordal, 2017). Cultural competence is defined as,

> the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client… . This process involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. (Campinha-Bacote, 2002, p. 181)

The development of cultural competency is a journey of transformative process (Campinha-Bacote, 2002; Glickman et al., 2015). Research regarding cultural competency development has been ongoing for decades, and provides convincing support for inclusion of cultural competency development within nursing curricula (Schwind et al., 2013).

Cultural competency development is one of the most commonly cited goals of study abroad programs (Baernholdt et al. 2013; Kulbok et al., 2012; Martins de Oliveira & Tuohy, 2015). Students have described cultural competency development as a widening worldview through experiences that challenged preconceptions and stereotypes of culture (Kohlbry, 2016). Students can come to understand realities of clients' experiences and may learn what it's like to be the non-dominant culture (Martins de Oliviera & Tuohy, 2015; Mkandawire-Valhmu & Doering, 2012; Tuckett & Crompton, 2014). Nursing students may move from a theoretical knowledge of culture towards an ability to deliver culturally competent care when they significantly broaden cultural awareness and personal open-mindedness, and intercultural communication (Browne et al., 2015; Chavez et al., 2010; Long et al., 2012). Various factors related to the cultural encounter are believed to affect cultural competency development. Student challenges while abroad, such as language barriers, are perhaps a pre-condition to significant student learning (Myhre, 2011). Michigan State University College of Nursing suggested that American students benefit considerably more from longer term encounters, immersions that enable students to develop language skills, and programs in a less-developed country (Currier, Omar, Talarczyk, & Diaz Guerrero, 2000).

Theoretical frameworks for teaching and evaluating cultural competence exist within in nursing. Examples are Jefferys, Bertone, Douglas, Li, and Newman's (2007) *Cultural Competence and Confidence* model and Jeffreys and Dogan's (2013) *Cultural Competence Clinical Evaluation Tool*. However, as previously mentioned, nurse educators continue to search for evidence-based teaching strategies to build cultural competence and confidence working with cultural diversity in nursing care (Kohlbry,

2016; Long, 2016).

Global Learning

International placements guided by a cultural competence alone may be considered a surface-level approach that is incompatible with global health and post-colonial perspectives (Chavez et al., 2010). It is suggested that students should be learning about health care models and global health issues in addition to cultural competencies (Kulbok et al., 2012). A global perspective recognizes globalization and evolving factors that are affecting nursing and healthcare outcomes around the world (Kulbok et al., 2012).

Wilson et al. (2016) complied a list of global health competencies for undergraduate nurses. These include understanding (1) the global burden of disease, (2) health implications of migration, travel, and displacement, (3) social and environmental determinants of health, (4) globalization of health and the health care system, (5) healthcare in low-resource settings, and (6) health as a human right and development resource. In addition to this list, Wilson and colleagues (2016) proposed the inclusion of an understanding of political and historical factors influencing health, and competencies related to dealing with war, disasters, pandemics, and terrorism. However, challenges have been identified with the integration of such global competencies into nursing curricula, including the levelling of competencies, overcrowding within the nursing curriculum, relevance of global health to nursing education (Wilson et al., 2016).

Global citizenship is a related concept developed in the 21st century during the push to internationalize education in response to globalization (Mill, et al., 2010). It involves the idea of interconnectedness and social responsibility at the local, national, and

global level (Mill et al., 2010). A critique of global citizenship is that it may be an illusive goal or unrealistic expectation (Woolf, 2010). It may be considered a privilege enjoyed by those students who can afford to participate (Woolf, 2010).

Critical global citizenship views problems of inequality and injustice as part of complex systems and structures, including power relations, personal attitudes and assumptions, cultures and relationships (Andreotti, 2006). Rather than doing *for* the other, there is a responsibility and accountability *towards* the other (Andreotti, 2006). Critical global citizenship education may provide a framework for social justice in the Canadian and international context as students engage in deeply analyzing socio-political, economic, and historical perspectives (Burgess et al., 2014). Critical global citizenship has been utilized as a lens for framing international placements for Canadian nursing students (Afriyie Asenso et al., 2013). To enhance global citizenship, nursing faculty members engage in discourse with their students about health inequities and social justice (Afriyie Asenso et al., 2013).

Study Abroad Programs

Study abroad programs greatly vary in terms of context. Placements may occur in hospitals, clinics, public health programs, schools, or churches (Dalmida et al., 2016). Some placements emphasize service-learning partnerships with communities other than, or in addition to academic institutions (Dalmida et al., 2016; McKinnon & Fealy, 2011).

Afriyie Asenso et al. (2013) provided an example when a group of Canadian undergraduate nursing students travelled to Zambia for a three-weeks. In the semester prior to departure, the students attended weekly seminars on how to interact with Zambian people to promote culturally sensitive health care, and types of diseases they

may encounter. Course themes included cultural self-awareness, sociocultural influences on health and disease, health determinants and health promotion, and global health disparities. While abroad, students had various learning activities at the mission hospital, an outpatient AIDS clinic, and traveling health unit. Teaching strategies used included guest lectures by local experts, reflective journaling, and interviewing a local person to learn about the culture.

Academic Exchange

International learning activities may include collaborating with host faculty members and nursing students, for example in a clinical skills lab (Martins de Oliveira & Tuohy, 2015). Baernholdt et al. (2013) provide an example of a two-way reciprocal exchange between nursing programs in Denmark and the United States. Faculty members ensured that course content was matched across the schools and academic requirements were fulfilled (Baernholdt et al., 2013). Teaching strategies included online reading, assignments, and clinical hours in a medical-surgical placement (Baernholdt et al., 2013).

Sherriff et al. (2012) described undergraduate and graduate nursing student exchanges between Canadian and European universities as part of the *Canadian-European Initiative for Health Promotion Advances Learning* project. This project included collaboration between 15 higher education institutions in Canada and 15 universities in Europe (Sherriff et al., 2012). These students reportedly increased their personal knowledge base regarding different approaches to health promotion in international contexts (Sherriff et al., 2012).

While one-way movement of students from their home country to host country have existed for many years, such two-way reciprocal exchange of students is rare

(Baernholdt et al., 2013; Kulbok et al., 2012). There is a call for more two-way educational exchanges, especially with countries of a lower ranking on the United Nations (UN) Human Development Index (Kulbok et al., 2012).

Service Learning

Global service learning is a form of experiential learning that is focused on community service and civic engagement (McKinnon & Fealy, 2011). Students may work on community projects with public health nurses or organizations (Berg, 2016). In return, they can learn new context-relevant knowledge and abilities including social responsibility, cultural competence, and global awareness (McKinnon & Fealy, 2011; Mueller, 2016).

Sigma Theta Tau International ([STTI], 2016) is an international honor society of nursing with a mission to advance world health and celebrate nursing excellence in scholarship, leadership, and service. Dalmida and colleagues (2016) analyzed service involvement survey of 500 STTI chapters, and made recommendations on local and global service and service learning. The STTI International Service Learning Task Force recommends that service learning should include explicit academic learning objectives that are integrated into the academic curriculum, preparation for community work, and deliberate reflection (Dalmida et al., 2016).

Role of Nursing Faculty Members in Study Abroad

Nursing faculty members may be engaged in study abroad programs during the pre-departure phase, immersion, or as a part of debriefing and reintegration upon student return (Chavez et al., 2010; National League of Nursing, 2008; Riner, 2011). Three integral roles of faculty members when teaching abroad were identified in the literature.

These include collaborating with host communities, integrating study abroad programs with nursing curricula, and facilitating learning.

Collaborating with Host Communities

Nurse educators have been using creative and innovative strategies to collaborate with nurse colleagues and communities abroad to provide students with global learning opportunities (Kulbok et al., 2012). Faculty members must collaborate with students and community stakeholders to ensure students are well equipped to practice ethically (Dalmida, 2016; Hartman, 2015; Underwood, Gleeson, Konnert, Wong, & Valerio, 2016; Zanchetta et al., 2013). Leffers and Mitchell (2010) developed the *Conceptual Model for Partnership and Sustainability in Global Health*. This framework provides guidance for global health nursing practice and ascertains that engagement and partnership must precede placement planning and intervention to ensure sustainability. Underwood et al. (2016) used this model to elicit partner perspectives for Canadian students in the Dominican Republic, and ascertain that this model may provide a theoretical base for research and global health nursing service.

Integrating International Placements with Nursing Curricula

Clinical components may be met in a variety of settings, including the international community (Memmott et al., 2010). In this case, instructors should have a clear set of objectives to ensure intentional learning (Maginnis et al., 2015). According to Wilson and colleagues (2016), research is needed from the faculty members' perspective to determine a consensus of essential competencies, and how to successfully integrate these into nursing curricula. This includes international recommendations and standards for curriculum development (Wilson et al., 2016). Conversely, it has also been suggested

that international placements could benefit form the use core principles such as compassion, curiosity, courage, collaboration, creativity, capacity building, and competence to ensure consistency while allowing for individual programs to maintain unique program content and focus (McKinnon & Fealy, 2011).

Facilitating Student Learning

Nursing faculty members have been described as "catalysts" to ensure optimal student learning (Hoe Harwood et al., 2009, p.11). There are many ways that faculty members may maximize student learning. For example, nursing faculty members design student experiences to meet course objectives, and clearly communicate to students about the connection between course assignments and real life (Shannon, 2013). Prior to departure, faculty members prepare students for the international placement experience (Chavez et al., 2010). This involves advanced, country-specific knowledge and assisting learners to comprehend what will likely experience, as well as teaching them about the cultural context and health care system they will be entering (Riner, 2011; Shannon, 2013).

While abroad, the responsibility of faculty members may include overseeing travel logistics and helping students to understand cultural dynamics such as health care beliefs (Carpenter & Garcia, 2012). Nursing faculty members may be presented with challenges that may be turned into learning opportunities (Kokko, 2011). For example, there may be cultural differences with nursing practices and in encounters with nursing staff. This provides students with an opportunity to see, and learn different ways of nursing and to reflect upon their experiences (Kokko, 2011). During the immersion, nursing faculty members can encourage student engagement and active participation, as

this enables students to develop life-long learning skills to work amidst cultural, social, and economic change (Adegbola, 2013; Martins de Oliveira & Tuohy, 2015).

Teaching strategies to develop cultural competence in the international setting may include role modeling, reflective activities, and group discussion (Carpenter & Garcia, 2012; Kokko, 2011). Deliberate student reflection is being utilized in international education (Afriyie Asenso et al., 2013; Burgess et al., 2017; Schwind et al., 2013; Zanchetta et al., 2013). Faculty members may provide venues for student reflection, helping students to consider personal bias and integrate concepts from nursing curriculum (Shannon, 2013). However, it has been suggested that further research is needed to investigate best practice methods in supporting student reflection so that international experiences lead to learning (Ulvund & Mordal, 2017).

Mkandawire-Valhmu and Doering (2012) utilized reflective practice to facilitate orientation to the experience and host country, promote emotional health, and evaluate student learning when nursing students are abroad. Zanchetta and colleagues (2013) reported that Canadian nursing students benefitted from reflecting on personal values and beliefs and global health inequities in Brazil while engaged in an international educational experience, and that reflection allowed students to maintain their own identity amidst change. Schwind and colleagues (2013) described the *Narrative Reflective Process* for reflection as a data-gathering tool. Canadian nursing students were asked to reflect in four ways. First, they were asked to think back to their experience in Brazil, and write three memorable stories from their experience. Second, they were asked to imagine a memory box and choose three meaningful items and then to put them into the box and write a story about each item. Third, they were asked to draw a metaphor that best

represented their view of the experience. Last, the students were asked to construct a creative writing piece based on a reflection from their stories, metaphors and drawings. Reflective practice has also been used after international placements for continued learning and evaluation of learning after the international setting (Baernholdt et al., 2013; Carpenter & Garcia, 2012; Chavez et al., 2010; Martins de Oliviera & Tuohy, 2015; Smith & Curry, 2011). Martins de Olivia and Tuohy (2015) utilized a model of structured reflection upon return to the home country to frame, describe, and reflect upon student experience while abroad.

Summary of the Literature

Canadian institutions are offering international placements for undergraduate nursing students. Experiential learning and transformative learning are theories that have been utilized to describe how students learn from opportunities to study abroad. Much of the literature appears to be supportive of study abroad programs when they are based on ethical principles, and include collaborative partnerships with host partners and communities. Faculty members have a significant role in collaborating with the host communities, finding ways to integrate experiences with nursing curricula and facilitating learning. A common teaching method appears to be encouraging learning through reflective practice.

Chapter 3 Theoretical Framework

Research Paradigm

Qualitative Inquiry

While quantitative research is important for information about prevalence, causation or association, qualitative research is a tool used to examine how people interpret the world, and the reasons why phenomena happen (Gooberman-Hill, 2012). Qualitative inquiry is best suited for the what, why, and how, questions about human behaviour, motives, views and barriers (Neergaard, Olesen, Andersen, & Sondergaard, 2009). Qualitative research methods assist the researcher to understand or explain phenomena from the data (Richards & Morse, 2013). In this way, qualitative methods are essential for comprehensive health research and evidence-informed practice (Sandelowski & Leeman, 2012).

Interpretivism

Qualitative research is based upon the assumption that human beings may consciously discover and access lived experience, and that the researcher may bear witness to another person's account of subjective experience (Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016). The central purpose of interpretivism is to understand phenomena (Glesne, 2016). The researcher assesses others' interpretations of a social phenomenon, including actions and intentions (Glesne, 2016). A common ontological belief associated with interpretivism is that reality is socially constructed, complex, and always changing (Glesne, 2016).

A preliminary consideration when designing qualitative research is to identify the researcher's personal and theoretical stance (Creswell, 2013). Qualitative researchers

consider the effect of their presuppositions, assumptions and biases in their research (Willis et al., 2016). It is important that the researcher considers the impact of their background and social position and is reflexive (Chafe, 2017; Willis et al., 2016). Gilgun (2008) ascertains that "researchers are reflexive when they examine and take into account the multiple influences they have on research processes and how research processes affect them and the persons and situations they research" (p. 184).

Qualitative Description Methodology

As health professionals, nurse researchers have a duty to produce practical research with actionable findings (Sandelowski & Leeman, 2012). Qualitative description is a pragmatic and naturalistic methodology aimed at understanding a phenomenon in "its natural state" (Neergaard et al., 2009; Sandelowski, 2000, p. 237). Qualitative description offers a description of events by summarizing the events in the everyday words of those events (Neergaard et al., 2009; Sandelowski, 2000; Sandelowski, 2010). This requires accuracy in the capturing and presenting the sequence and meanings that the participants attributed to an event (Sandelowski, 2000).

Description requires a contextual interpretation, as it is the context that gives meaning to the facts and phenomena (Sandelowski, 2000). As such, description is dependent upon the researcher's inclinations, sensitivities, perceptions, and sensibilities (Sandelowski, 2000). The researcher plays a pivotal role in interpretation and configuration of the data (Sandelowski & Leeman, 2012).

The Researcher's Stance

The researcher worked as a RN in pediatric acute care before transitioning into nursing education in 2014. Since then, the researcher has been employed as a nursing faculty member and a clinical nursing instructor in pediatric, acute care, long-term care, and international settings. The researcher's interest in this topic was driven by a professional opportunity to volunteer as a nursing instructor for College of the Rockies' 2016 nursing field school in rural Kenya, and a desire to learn more about how to successfully teach cross-cultural competencies.

The researcher's knowledge and past experiences working as a nurse and faculty member influenced the development of this research project. The researcher's presuppositions and assumptions about this research include: (1) that the perspective of faculty members is valuable and important as faculty members are in a position to influence the quality of cultural and global learning, (2) that it is possible to describe how faculty members influence cultural competency development and global learning, (3) that there is uncertainty about whether faculty members are aware of best practice when teaching abroad, and (4) that understanding effective teaching methods may improve the quality of nursing education.

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Conceptual Framework

</div>

A conceptual framework refers to the main ideas and theories that inform one's research (Glesne, 2016). Main ideas and theories that informed this research include the researcher's aforementioned presuppositions, the apparent gap in study abroad literature about the nursing faculty perspective and effective teaching methods, as well as the researcher's understanding of the related literature. A visual conceptual framework was

developed to situate the thesis research and inquiry questions (see Figure 2; Glesne, 2016).

Figure 2. Conceptual framework.

Educating Undergraduate Nursing Students Abroad: Conceptual Framework
Stephanie Obara, RN, BSN, BSc, Athabasca University MN Student

Researcher Assumptions
- The perspective of faculty is valuable and important as faculty are in a position to influence the quality of cultural and global learning
- It is possible to describe how faculty influence cultural competency development and global learning
- There is uncertainty about whether faculty are aware of best practice when teaching abroad
- Understanding effective teaching methods and sharing strategies may improve the quality of nursing education

What does the literature say about teaching undergraduate nursing students abroad?

The integral role of nursing faculty includes:

Integrating International Placements with Nursing Curricula

- Assuming a global health perspective
- Identifying and creating mutually beneficial learning experiences
- Learning about health care context within the host country and developing an awareness of cultural values and beliefs

- Identifying learning objectives
- Selecting and utilizing a philosophical framework (ex. social justice or post-colonial lens)
- Defining and communicating a connection between student assignments and learning

- Supporting students and encouraging participation
- Role modeling professional behaviours
- Calling attention to salient cultural and global health issues
- Promoting deliberate and critical self-reflection
- Challenging ethnocentric, biased, or value-laden perspectives
- Providing student feedback and evaluation

Collaborating with Host Communities

Facilitating Student Learning

Gaps in the literature:

1. Most of the research on study abroad programs focused upon student perspectives and experience, so there is a need for research regarding stakeholders, including that of faculty (Browne, Fetherston, & Medigovich 2015).

Teaching and learning theory:

➢ Experiential Learning

➢ Transformative Learning

➢ Cultural Competency Development

➢ Global Learning

Research Question: How do nursing faculty describe their teaching methods?

Research Method: *Qualitative description* is a form of qualitative inquiry that offers description of events by summarizing the events within the everyday words of those events (Neergaard et al., 2009; Sandelowski, 2000).

Domain of Inquiry

The scope, or domain of inquiry includes the areas to be researched, as well as the limits of the research topic (Richards & Morse, 2013). Definitions of the topic, core concepts, and theories may delimit the area of inquiry, and may need to be reconsidered throughout the research process (Richards & Morse, 2013). The following are definitions of key terms and concepts.

Definitions

1. *Nursing faculty members* are "teaching and administrative staff and those members of the administration having academic rank in an educational institution" (Merriam-Webster, 2018).

2. *Undergraduate nursing students* are individuals who are enrolled in a recognized Canadian Bachelor of Nursing program (CASN, 2017).

3. *Pedagogy* is the method and practice of teaching a theoretical concept or academic subject (Oxford University Press, 2017). This term is sometimes used synonymously with andragogy, which specifically focuses on the education of adults (Selman, Cooke, Selman, & Dampier, 1998).

4. *Teaching methods* are techniques or tools used to induce student learning (Gentile, 2016). Teachers may learn and employ a variety of teaching methods (Gentile, 2016). Teaching methods and teaching strategies were used interchangeably in this study.

5. *Learning,* defined by Jarvis (2006), is a

   process whereby the whole person – body (genetic, physical and biological) and mind (knowledge, skills, attitudes, values, emotions, beliefs and senses): experiences a social situation, the perceived content of which is then transformed cognitively, emotively or practically (or through any combination) and integrated into the person's individual biography resulting in a changed (or more experienced) person. (p. 13)

6. ***Experiential learning*** is a cyclical learning process whereby students have concrete experience, followed by reflective observation, abstract conceptualization, and then active experimentation (Kolb, 1984).

7. ***Transformative learning*** is a process of transforming the students' taken-for-granted frames of reference and making them more inclusive, discriminative, open, emotionally capable of change, and reflective so that they can generate beliefs and opinions that are more true or justified to guide nursing action (Mezirow, 2000).

8. ***Service learning***, as defined by Bringle and Hatcher (2000), is a,

    course-based, credit bearing educational experience in which students: (1) participate in an organized service activity that meets identified community needs; and (2) reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility. This is in contrast to co-curricular and extracurricular service, from which learning may occur, but for which there is no formal evaluation and documentation of academic learning. (p.112)

9. ***Global citizenship*** is a responsibility to engage in local, national, and international communities to act upon social injustice and inequity (Oxfam, 1997, as cited in Astle et al., 2014).

10. ***Social justice*** is upheld when nurses promote the public good, safeguarding human rights, equity and fairness (CNA, 2017b). ICN (2015) values social

justice, specifically, "Achieving equity and equality for society and the profession".

11. ***Health*** is a state of physical, mental, spiritual, and social well being (World Health Organization, 2006).

Summary of the Theoretical Framework

The researcher used a qualitative and interpretive research paradigm to guide this research study. A qualitative description methodology was selected to describe the faculty members' perspectives. A conceptual framework was developed to situate the thesis research and inquiry questions. The domain of inquiry and key concepts were defined over the course of this research.

Chapter 4 Research Design

Ethical Considerations and Consent

Research ethics board approval was obtained by from the Athabasca University Research Ethics Board prior to contacting potential participants and beginning data collection (see Appendix C). The researcher adhered to professional ethical guidelines, including Canadian Nurses Association (2017b) *Code of Ethics*, and College of Registered Nurses of British Columbia (2017) *Standard 4: Ethical Practice*. The *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics* was completed (see Appendix D).

An information and consent form was emailed to potential participants (see Appendix E). It was explained that the researcher does not intend to use institution or faculty member names, but may report upon the faculty members' interview within the socio-political context of the foreign country where an understanding of context is deemed necessary for adequate description of events. Participants either returned a signed copy of the consent form, or explicitly provided verbal consent as the researcher reviewed the form at the time of the interview.

Sampling and Recruitment

Sampling and recruitment of faculty member participants occurred by two methods. Nursing faculty members known to be involved in undergraduate study abroad programs, for example though publications and conference presentations, were directly emailed with an invitation to participate. If there was evidence of a recent study abroad program at a particular college or university, but faculty members were not identifiable or contact information was not publically known, then the Deans at those institutions were

emailed to request faculty members' contact information. In these cases, that institutions' Research Ethics Office was also contacted to ensure approval prior to emailing faculty members with an invitation to participate.

The initial goal was to have faculty members participate from at least three different institutions in Western Canada. Time constraints of thesis research and the time and coordination required engaging in the institutional ethics processes were considerations in limiting the number of participants. However, after interviewing faculty members from three different institutions, the researcher continued seeking additional faculty members for an adequate quality and saturation of data. In total, there were five faculty members interviewed from five different institutions in Western Canada. These were all nursing faculty members with experience teaching undergraduate nursing students abroad between 2015 and 2017.

Institutions in Western Canada were chosen due to proximity and the fact that these institutions are part of the Western North-Western Region Canadian Association of Schools of Nursing (WNRCASN), which unites nursing faculty members in an annual nursing education conference to address the concerns of nursing educators. Having different locations in Western Canada was thought to allow for variation of curriculum and a broader insight. Institutions where the researcher was either employed, or a student were excluded to eliminate any risks to the integrity of the study due hierarchical power imbalance between the researcher and participant.

Data Collection

Interviews are a primary method utilized to uncover another person's consciousness of their lived experience through self-reflection (Willis et al., 2016).

Participants, after consenting to participate, engaged in recorded phone interviews with the researcher. The interviews lasted between 30-70 minutes each and were held during January or February 2018. Interviews were semi-structured, guided by a list of open-ended questions (see Appendix F).

Questions were informed by the researcher's past experience teaching, as well as related literature (Hoe Harwood et al., 2009; Melrose et al., 2015; O'Neal, Meizlish, & Kaplan, 2007). The questions focused upon how faculty members describe pedagogical approaches being implemented, and faculty members were encouraged to speak freely about the topic. Examples of interview questions include, "What teaching methods, techniques or tools did you use?" and "In your opinion, what factors facilitated student learning in the international setting?" The goal was to generate rich, descriptive data that was a collection of nursing faculty members' perspectives on teaching methods that they utilized while participating an in international teaching experience. The particular focus was teaching methods that they found to be effective.

The researcher created verbatim transcripts, and participants were offered the option of receiving a copy of a transcript of their interview by email for informant validation to ensure credibility. Informant validation is a strategy used to enhance integrity of a qualitative descriptive technique and involves checking with the participants to ensure that participants find the researcher's description of events to be accurate (Neergard et al., 2009). Three participants requested and received a copy of the transcripts, and one made adjustments. These adjustments were minor, grammatical changes.

Data were stored on a password-protected computer or locked cabinet. To maintain confidentiality, pseudonyms (false names) were applied to the institutions, participants and locations. Only the researcher and thesis supervisor had access to the raw data. Consent forms and data are to be destroyed (electronically shredded) five years after completion of the study according to Athabasca University Research Ethics Board policy.

Data Analysis

In qualitative descriptive methodology, a researcher may move beyond individual interviews to cluster common ideas from multiple individuals and re-present a range of responses (Neergaard et al., 2009; Willis et al., 2016). Data from each interview were hand-coded line by line. Codes evolved as the researcher noticed similar responses such as ideas, phrases or experiences. An example of an initial code was "reflection." Coding lead to identification of commonalities and development of thematic sentences. The code "reflection" evolved to a descriptive sub-theme, "balancing the challenge with support," which led to an overarching theme of "teaching strategies and activities to facilitate student learning." Overarching thematic sentences are intended to describe and summarize key ideas while preserving the complexity of the phenomena under study (Sandelowski & Leeman, 2012).

Once emerging themes were developed and described, they were examined using the conceptual framework and a return to literature on the topic. Findings are written in a language similar to the participant's own language. For this study, this means that results are given in a language used amongst nursing faculty members, and most easily interpreted by nursing faculty members reading the thesis. Accessibility and transferability of findings are enhanced by writing in this language, and by framing

findings using common values, expectations and norms of the nursing discipline (Sandelowski & Leeman, 2012).

Ensuring Rigour

It is important for the researcher to strive for neutrality (Sandelowski & Leeman, 2012). Neutrality acknowledges that qualitative research methods and findings are linked to the researcher's philosophical position, experiences, and perspectives (Noble & Smith, 2016). While the goal was be to remain close to the data, there is no such thing as a view from nowhere; that is, each researcher is uniquely positioned in interpretation and telling the story (Haraway, 1991 as cited in Sandelowski, 2010). The aim was to be to be open-minded, yet mindful of preconceptions and theoretical understandings throughout the research process (Sandelowski, 2010).

Bracketing is a technique for holding the researcher's suppositions and theories, allowing the researcher to focus upon another's experience (Willis et al., 2016). An approach for bracketing is to have another person interview the researcher (and record that interview) using the same questions before initiating the study. This helps the researcher uncover their views of the phenomenon under study prior to data collection and analysis (Cohen et al., 2000, as cited in Willis et al., 2016). The researcher completed this advanced interview as suggested with personal experience as a nurse educator in a recent study abroad program. This process did help to reveal preconceived ideas, thoughts and opinions about teaching in a study abroad program. This self-knowledge was helpful as the researcher attempted to bracket during data collection and analysis.

The researcher maintained a methodological journal for recording descriptive and analytic notes, and key decision-points made during the research process (Glesne, 2016).

The researcher also wrote about challenges faced as a novice researcher, and reflected upon potential biases, in a separate reflective journal. Questions to periodically guide the researcher's reflexivity included, "What surprises you?" "What intrigues you?" and "What disturbs you" (Glesne, 2016, p. 78). Such questions helped the researcher to track assumptions, personal interests, positions, tensions, stereotypes, and prejudices (Glesne, 2016).

Prior to the interview, the researcher provided a personal introduction and introduction to the intent of the research study. This included the researcher's experience as a clinical instructor for Canadian undergraduate nursing students and limited experience as a faculty member abroad with Canadian undergraduate nursing students. Such knowledge may have affected the language used by participants, and may have led to a unique, shared understanding between the researcher and participants. The researcher's past experience may have enabled the researcher to interpret information and experiences in a more accurate and meaningful way.

Summary of the Research Design

Upon approval from Athabasca University Research Ethics Board, potential participants were invited to participate in the research study. Potential participants were limited to nursing faculty members from Western Canada with experience teaching undergraduate nursing students abroad between 2015 and 2017. In total, five faculty members associated with five institutions in Western Canada were interviewed. Semi-structured, recorded telephone interviews were the primary method of data collection. Participants were provided an opportunity to review verbatim transcripts to ensure accuracy. Data was securely stored on a password-protected computer and in a locked

cabinet. The names of participants, their employing institutions, and the names or location of their international partners were removed to ensure the participant's right to confidentiality. Data were hand-coded and then sub-themes and overarching themes emerged. Steps were taken to ensure rigor and reflexivity, including through bracketing of the researcher's suppositions and theories, a reflective journal, and a methodological journal.

Chapter 5 Findings

This study is an exploration of how nursing faculty describe their teaching methods. The research question guiding the study was, "How do nursing faculty members describe their teaching methods?" Rather than provide best practice guidelines, this study is intended to share the faculty perspective, and provide a better understanding of the teaching processes and successful teaching strategies. In this chapter, the researcher will present demographic findings of the program characteristics, and provide a detailed description of the two overarching themes and their respective sub-themes.

Demographics

Five nursing faculty members from different institutions in Western Canada participated in the semi-structured, recorded and transcribed telephone interviews. Faculty members had experiences teaching nursing students in seven different international countries between 2015 and 2017. Some faculty members had additional previous experiences teaching abroad, but for the purposes of this study, they were asked to reflect upon their teaching methods during the 2015 to 2017 timeframe.

International nursing placements were associated with required community health nursing, acute care, or final preceptorship nursing courses. Students were in their second, third, or fourth and final year of their nursing programs. One faculty member shared teaching methods used in an interdisciplinary study abroad program which nursing students take as an elective. All study abroad programs were attached to an undergraduate level course.

As previously mentioned, there is a call for more two-way educational exchanges between countries with a higher and lower ranking on the United Nations (UN)

development index (Kulbok et al., 2012). The UN *Human Development Index* (HDI)

"was created to emphasize that people and their capabilities should be ultimate criteria for

assessing the development of a country, not economic growth alone" (UN Development

Programme, 2017). The HDI measures citizens' life expectancy, years of schooling, and

standard of living (UN Development Programme, 2017).

One of the international placements involved a two-way, reciprocal exchange of

students, and this country had a very high HDI (similar to Canada). The remaining six

international placements involved one-way movement of students from Canada to the

host country. These six countries had a lower HDI than Canada (see Table 1). A faculty

member reported that one-way movement of student to a host country occurred due to

barriers such as financial inequity and the challenge of international students being able

to obtain Canadian visas.

Table 1

UN Human Development Index for Included International Countries

Human Development Index	n
Very High	1
High	2
Medium	2
Low	2

Student groups ranged in size from one to ten students per faculty member.

Duration of the immersion abroad ranged from two to ten weeks. The majority of faculty

members interviewed traveled abroad with the students. When faculty members did not

travel abroad with the students, the students were preceptored with an international nurse

in association with the local teaching hospital and nursing school. All faculty members

reported that they were in close contact with students while they were abroad, either in person or through the use of technology.

Themes

This section consists of a presentation and explanation of overarching themes and sub-themes that emerged from the data as the researcher noticed similar responses such as ideas, phrases or experiences. Overarching themes include: (1) pedagogical and theoretical underpinnings and (2) specific teaching strategies and activities to facilitate students' learning. While these two themes are presented separately, there are connections among concepts. As one faculty member noted, the course concepts, theory and teaching approaches were "woven together" and "difficult to untangle." Layering a variety of different learning experiences was described as a strategy whereby the faculty member is "creating a web of learning."

Table 2

Overarching Themes and Subthemes

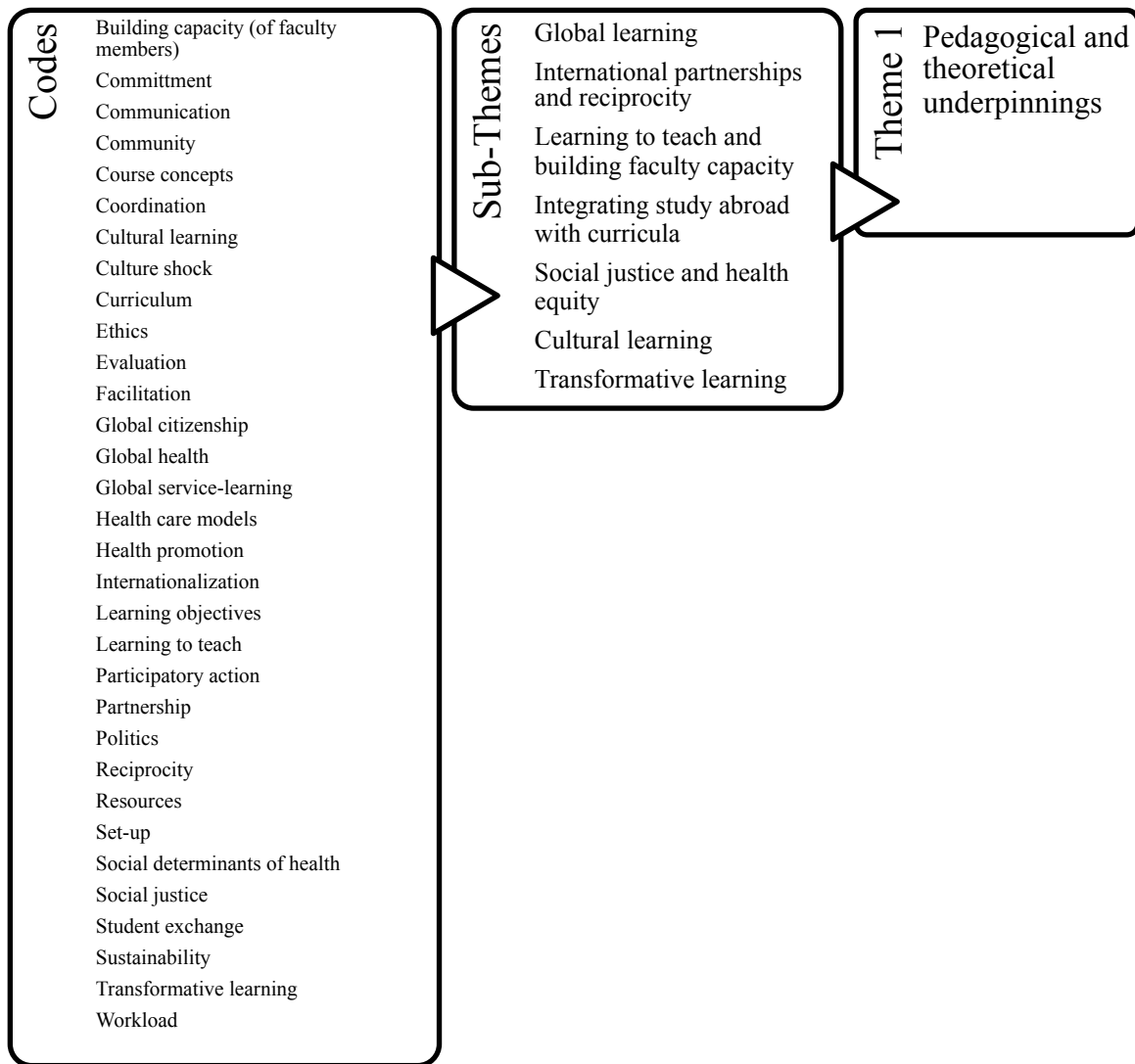| Overarching Theme	Subthemes
Theme 1: Pedagogical and theoretical underpinnings	• Global learning • International partnerships and reciprocity • Learning to teach and building faculty capacity • Integrating study abroad with curricula • Social justice and equity • Cultural learning • Transformative learning
Theme 2: Strategies and activities to facilitate students' learning	• Preparing students pre-departure • Facilitating community engagement and health promotion learning • Facilitating nursing-specific learning and development • Balancing the challenge with student support

Theme 1: Pedagogical and Theoretical Underpinnings

The first theme was pedagogical and theoretical underpinnings. Within the first theme, there were several subthemes. Subthemes included: global learning, international partnerships and reciprocity, learning to teach and building faculty capacity, integrating study abroad with curricula, social justice and health equity, cultural learning, and transformative learning. For more details on the coding and thematic development process, see Figure 3.

Global learning. Goals for global learning included thinking critically about global health issues, considering how ethical principles would be applied in the international context, understanding the role of a professional nurse from a global perspective, sharing their Canadian perspective with hosts, and becoming global citizens. Global was found to be a preferable term to international as *global* suggests concern about others in one's own city, province and country, as well as others abroad. Global citizenship involved concerns about health equity and taking responsibility for others who have less, such as those in low-income countries. Global citizenship was considered both an approach to teaching and a goal for student learning.

One faculty member utilized guidelines from the Canadian Coalition for Global Health Research (CCGHR) that focused on how to work internationally and Eric Hartman's *Fair Trade Learning* as a global service-learning framework. Using the *Fair Trade Learning* framework entailed working on a community-identified priority, having a course-based study-abroad program, engaging students in self-reflection, and finding ways to give back to the community students are visiting.

Figure 3. Coding and thematic development process for Theme 1.

Codes	Sub-Themes	Theme 1
Building capacity (of faculty members) Committment Communication Community Course concepts Coordination Cultural learning Culture shock Curriculum Ethics Evaluation Facilitation Global citizenship Global health Global service-learning Health care models Health promotion Internationalization Learning objectives Learning to teach Participatory action Partnership Politics Reciprocity Resources Set-up Social determinants of health Social justice Student exchange Sustainability Transformative learning Workload	Global learning International partnerships and reciprocity Learning to teach and building faculty capacity Integrating study abroad with curricula Social justice and health equity Cultural learning Transformative learning	Pedagogical and theoretical underpinnings

International partnerships and reciprocity. Making contacts and having ongoing connections in the international country was a critical element of teaching abroad. Some of the international placement opportunities were found to exist because of faculty members' contacts in the host countries. Passionate and committed faculty members were described as "key persons" or "faculty champions" for the program as they keep the relationships going. Sustainable programs depended upon faculty members' commitment to maintaining partnerships over the course of many years. Partnership was

perceived to affect the student experience. For example, it is important to collaborate with the partnering institution in planning and arranging for the placement. A well pre-planned placement may help students feel that they are set up for success.

It was important for faculty members to have good rapport and trust with the international community, including the country's health services or community agencies, and universities, and to nurture those relationships with reciprocity. A participant recommended,

> I think it's really important in that first year you're going that you listen to
> your partners, take the time to really let them know you want to hear how
> they approach things and what would be meaningful. You start with 'what
> do we address while we're there?' and 'how do we act in homes?' and that
> just goes deeper into 'how do we honor the local expertise?' Always
> focused in on, it's about them and building them, and having them lead
> and guide.

Students were encouraged to work with, rather than do for, as a more participatory way of thinking that is aligned with community development while honoring local experiences and priorities. For example, when a faculty member found that students were thinking about caring *for* a community, she then tried to shift their thinking to working *with* the community.

An example of reciprocity is when students looked to the international partner to identify issues that they wanted to know more about. When staff requested information about triage, and students developed a presentation based upon what the staff thought was needed. A faculty member stated, "We have really come to realize that we couldn't do a

strong international placement without that relationship of trust and a sense of reciprocity that's two ways. That's been core." A faculty member reported,

> They [the host partners] very much look forward to the reciprocal
>
> learning. We are very very clear that we are leaning so much from them,
>
> and that we are happy to reciprocate. They will often say, 'how would you
>
> do this in Canada?'

A sign of a strong relationship was when the host placements were really happy to see the students and wanted to have them come.

One faculty member used the aforementioned Leffers and Mitchell's *Conceptual Model for Partnership and Sustainability in Global Health* as a theoretical framework for partnership. The *Canadian Community as Partner Model* was also utilized. This model is described in the *Canadian Community as Partner* textbook, which aims to prepare nursing students for effective community practice within diverse Canadian settings (Wolters Kluwer, 2018). The idea of working with the community as a partner was guided by population health, and founded upon social justice and equity.

At times, the Canadian community and host community were considered partners. A faculty member described partnering a Canadian elementary school with an elementary school abroad. Students engaged in health promotion with children, and this was an opportunity for the children to learn about what life was like in the other country and share games.

Learning to teach and building faculty capacity. Participants were asked how they learned to teach in a foreign context. Faculty members were most often self-motivated and prepared themselves to teach abroad by traveling, reading literature,

applying their graduate education, and attending international conferences. Learning to teach abroad also occurred on the job and through trial and error. As one faculty member described, "it's been a journey on my own."

One faculty member reported being mentored into their role by another faculty member with previous experience teaching in the particular international setting. Building capacity among faculty members through mentorship was considered a benefit to sustaining a program. A perceived barrier was a lack of time to prepare for a program and another issue is that monetary benefits may not be included in the workload of the mentor and mentee faculty members.

The majority of faculty members discussed the importance of spending time in the host country prior to having students there. Having lived in the host country was beneficial for faculty members as it led to making contacts and developing an understanding the culture and environment prior to arriving with students. Lengthy site visits (before students travelled to the country) with governing bodies in the host country ensured that the nursing placement was aligned with the country's nursing practice. Past experience in a setting on the part of the faculty member was helpful for understanding "what the students would face and what might need to be adapted from the way we might supervise students here [in Canada]."

An understanding of teaching and learning principles, and a teaching philosophy was considered to be just as important in the international setting as it is in the Canadian setting. While faculty members needed to adjust the way they teach for the nursing and faculty partners in the host country, faculty could stay "authentic" to their personal teaching philosophy and way of teaching. Flexibility

was also considered a necessary attribute for learning to teach abroad. For example, being able to adapt assignments, and work amidst inconsistent internet and computer crashes. Clinical courses were considered more challenging to teach as the faculty members needs to be knowledgeable about the clinical course, as well as the international setting in order to safely supervise students.

Integrating study abroad with curricula. A faculty member reported that it is important to see where the courses fit in relation to the curriculum and how the learning activities "dove tail" with course concepts. Faculty members reported that their study abroad programs fit with a community health, acute care course, a final preceptorship, or an inter-disciplinary health promotion community development course. One international placement included both an acute care and community experience with a goal of students understanding the health care system. The inter-disciplinary health promotion community development course was a fourth year undergraduate level course preceded by a pre-departure preparation course and facilitated by two faculty members, including one nursing faculty and one fine-arts faculty member.

Nursing students in clinical placements typically had the same learning goals and evaluation criteria as the students concurrently on clinical rotation in Canada. Community placements abroad were similar to community placements in Canada as students were working with organizations sometimes in middle or low-income areas, rather than in a traditional public health setting. In the final preceptorship experience, the objective was for students to "integrate their theory, knowledge and practice skill so that they are ready to become a registered nurse upon return" and "increasing confidence with working independently, regardless of the setting."

Yet, there were notable differences from concurrent clinical rotations in Canada. The students were expected to spend extra time pre-departure with pre-briefing and orientation. Since students were immersed in another culture abroad, the faculty members sometimes had additional learning objectives for the students, such as understanding global citizenship, comparing differences between countries, or overcoming language barriers.

Social justice and health equity. All faculty members emphasized the importance of social justice. Social justice was associated with various other theories, including: health equity, global citizenship, population health, participatory action, community partnership, and cultural safety. A faculty member stated, "social justice and health equity and global citizenship have been a part of my whole approach to research, teaching, and administration." Social justice and equity was considered a framework for population health, and related to community partnership.

According to a faculty member, there were "many more similarities than differences in nursing practice" between countries. Yet, it was important for students to consider that Canada is a "have" country with more resources. While abroad, faculty members encouraged students to understand their privilege. An instructor described,

> [The students] do use up a lot of resources. They are very very privileged. When they understand that a twelve-dollar mosquito net is way beyond the means of most people in [the host country], it gives them a new understanding of equity and social justice, and privilege. They start to see their own lives in a very different way.

Another example of learning about global health inequity in a community placement was students realizing that there were high cavity rates because of a lack of fluoride in the water and unaffordability of basic dental hygiene such as toothbrushes and toothpastes.

Cultural learning. It was anticipated that students would need to adjust to a new cultural context. Teaching students about the cultural context of the country was a part of pre-departure preparation. Gender based differences, and language barriers are examples of this. While abroad, students noticed differences in culture. For example, a faculty member described students seeing indigenous culture abroad stating,

> Aboriginal people getting on the bus… but they didn't have any shoes on and they sat on the floor of the bus. A mom and her kids would sit on the floor of the bus just because that's where they sat, they didn't sit on chairs, so that cultural difference was very interesting to see.

A role of faculty members was to challenge ethnocentrism. A faculty member said,

> One of the things we talk about is the arrogance of going in with your own Western perspective and not being open to other approaches to the ethical issues that they would run into, to the practical issues that they'd run into, all those kinds of things that would be unfamiliar to students. Trying to make sure they would be as open as possible and available for new ways of thinking about the world and their role in it.

One faculty member suggested that the length of the immersion was critical in being able to "get to know the culture to be effective in whatever role they are hoping to accomplish". This faculty member recommended immersions longer than two weeks.

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Culture shock was considered an important theory in relation to study abroad. Students may not anticipate being homesick prior to departure, yet they were likely to experience and go through the stages of culture shock during the immersion. A faculty member with experience teaching undergraduate nursing students in multiple countries reported that this occurs regardless of the country. Culture shock occurred as students became bothered, for example, not knowing their way around a city, finding it stressful to arrange food and transportation, or having a challenge finding a phone card or accessing the internet. With culture shock, students were unnerved and needed to adjust their attitudes according to their personal expectations. A participant reported that learning to live in another country could provide as much learning as the time spent in health care.

Some students experienced significant culture shock within health care settings as well. In a final preceptorship in a low HDI country, a participant stated,

> [Students] see more people die in a day than most of them have ever seen in their nursing education here [in Canada]. Because that's just the way life is there… Even though you tell them it's going to happen, they don't always understand what that's going to be like. So they do need, sometimes, extra support. You know lots of times they're doing CPR on infants and children. They've practiced for it, but they've never had to actually do it… The realities of life in another part of the world just kind of smacks them in the face and they're not always expecting that.

Faculty strategies for supporting students through culture shock included pre-departure preparation, frequent communication, reflection, peer support, group discussion, and

debriefing. These strategies are discussed further in the second overarching theme, teaching strategies and activities to facilitate learning.

Transformative learning. In a community setting, transformative learning theory was applied as the *Three-by-Three Student Learning Model* (Australian Catholic University, 2015). This is a transformative learning resource based upon the work of transformative learning theorists Jack Mezirow and Patricia Cranton. In the time periods before, during and after the international experience, this model focuses upon (1) discipline specific knowledge, (2) community engagement learning, and (3) student wellbeing.

Clayton and Ash's *DEAL Model*, which stands for "describe, examine, articulate learning" was another model utilized for critical reflection. The faculty member stated, "it's this deep immersion experience, plus self-reflection… that really leads to possibly, transformative learning." This faculty member described students' perceptions being "shaken" while abroad, for example, when they saw deep poverty or found that local interests were not being honoured. The faculty member intentionally tried to facilitate transformative learning, "trying to build in or use teaching approaches that might be disorienting and give them that disorienting dilemma with that critical reflection and then discourse is part of a teaching approach that I use."

Student transformation was used to describe the outcome of study abroad. A faculty member stated, "I think they all found it quite a transformative experience to do that practicum. They said things like, 'it changed my life,' 'it was extremely rewarding,' so I don't think any student regretted doing that practicum."
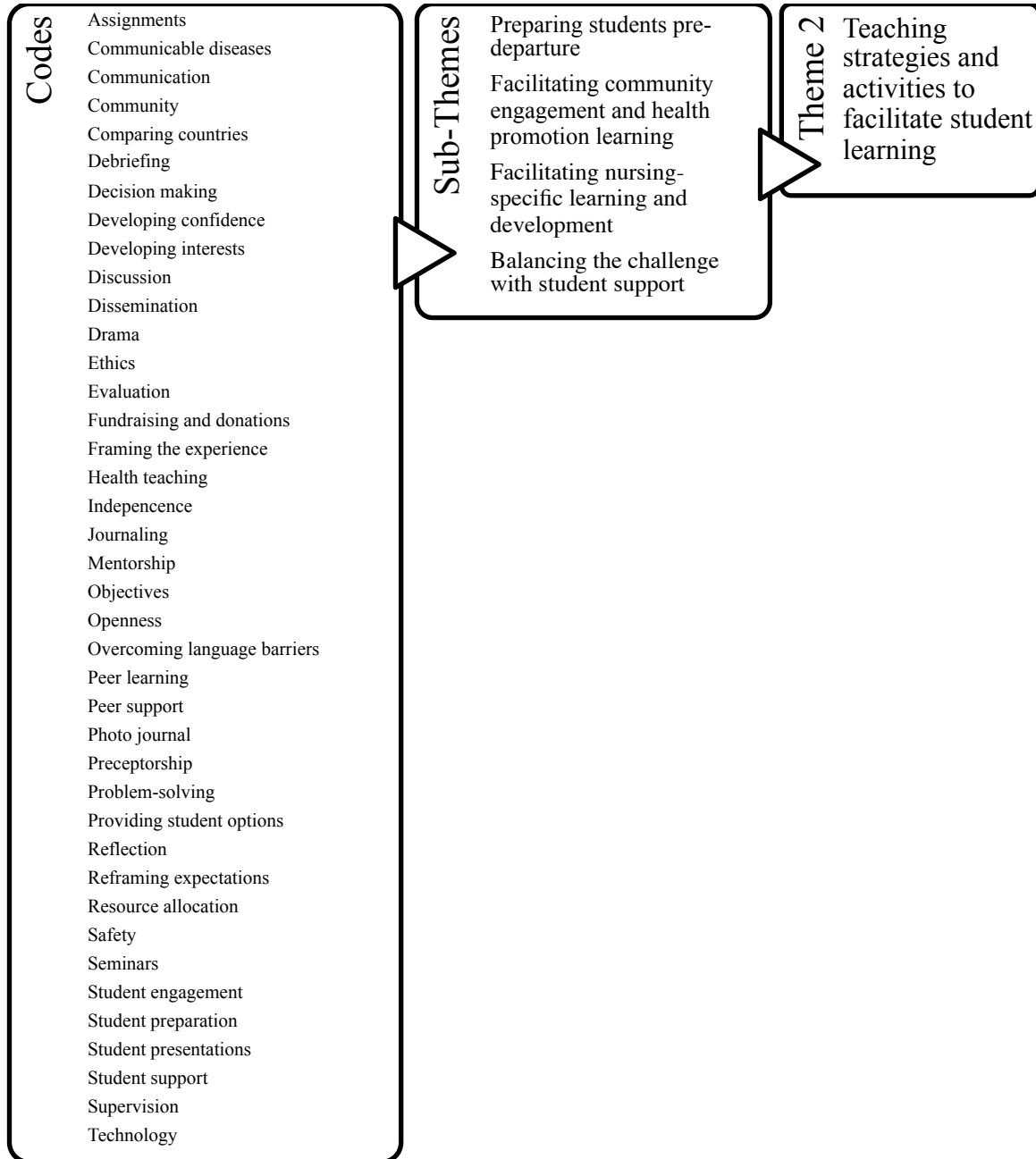
Theme 2: Teaching Strategies and Activities to Facilitate Students' Learning

The second theme was teaching strategies and activities to facilitate student learning. Within the second theme, there were also several subthemes. Subthemes include: preparing students pre-departure, facilitating community engagement and health promotion learning, facilitating nursing-specific learning and development, and balancing the challenge with student support. For more details on the coding and thematic development process, see Figure 4.

Pre-departure preparation. These international experiences were anticipated to be a challenge or culture shock for students. A prior understanding of the international context was considered important so that faculty members could find ways to prepare students for their immersion experience prior to departure. Having a faculty member who is knowledgeable about the circumstances, such as accommodation, food availability and health risks was also perceived to facilitate student learning.

All faculty members offered pre-departure preparation of students so that they had a sense of the context they would be going in to. One faculty member said, this is "hands down, the most important piece… students overwhelmingly appreciated the pre-departure seminars because they did feel more prepared to live and work in a new context." However, the activities and number of student hours spend in pre-departure preparation varied greatly. For example, one faculty member expected students to attend full-day Saturday meetings, whereas another reported a weekend meeting in addition to a full preparatory three-month course with assignments, presentations and an exam.

Figure 4. Coding and thematic development process for Theme 2.

Codes	Sub-Themes	Theme 2
Assignments Communicable diseases Communication Community Comparing countries Debriefing Decision making Developing confidence Developing interests Discussion Dissemination Drama Ethics Evaluation Fundraising and donations Framing the experience Health teaching Indepencence Journaling Mentorship Objectives Openness Overcoming language barriers Peer learning Peer support Photo journal Preceptorship Problem-solving Providing student options Reflection Reframing expectations Resource allocation Safety Seminars Student engagement Student preparation Student presentations Student support Supervision Technology	Preparing students pre-departure Facilitating community engagement and health promotion learning Facilitating nursing-specific learning and development Balancing the challenge with student support	Teaching strategies and activities to facilitate student learning

Information sessions provided students and their families with a sense of what studying abroad would be like. Once students had applied and been selected to participate in the program, faculty members facilitated pre-briefing which involved logistics, such as paperwork, arranging to see a travel nurse for immunizations, and scheduling. One

faculty member set up Skype video conferencing between the students and the host country partners who would be greeting the group upon arrival. This was aimed to make the students and the families feel more comfortable about who was looking after things.

Orientation involved describing expectations of students while they are abroad, course concepts, and familiarization with the setting. This included circumstances of where they were going to be, such as what they would notice when they arrived, information about the city or area and the accommodations, availability of food, how to obtain a phone card, or access the internet, various health risks they may face, and what it would be like on a typical day with the partner organization. Students were taught about cultural norms and taboos, and the context of nursing.

Preparatory labs were sometimes offered to practice communication skills and psychomotor nursing skills to use in the different cultural context. With an understanding of culture and the resources available, faculty members were able to prepare students using simulation, assisting the students to adjust their nursing skills and tasks. For example, by knowing in advance that there would not be using pre-packaged supply trays, students practiced gathering appropriate supplies and maintaining asepsis. Certain skills, such as inserting a foley catheter, is gender based in some countries, so a female student would not be able to catheterize a male and vice versa. If there were no automated blood pressure machines in the host country, students practiced their manual blood pressure measurement. Adjusting to practice in a different setting involved engaging students in critical thinking around the resources available, and the step-by-step process of procedures.

Facilitating community engagement and health promotion learning. Some faculty members facilitated student engagement with their local, Canadian communities before, during, and after the international experience. Prior to traveling abroad, students sometimes sought donations or fundraised for things that would be welcome by hosts, including gloves, hand sanitizer, mosquito nets, or stethoscopes to take in their suitcases. As previously mentioned, sometimes there were Canadian partners involved in international partnerships and community learning, such as elementary schools.

While abroad, a faculty member utilized open blogs to provide an online space for students to share their day-to-day experience with photos. The faculty member approved the blog posts so that there would not be anything that may upset the partnership with the host country. Upon return, students were sometimes expected to engage with their local Canadian community to disseminate their learning by doing an interview with a newspaper or television station, or by creating a public performance. This was considered a strategy for having students pay back the community for supporting them, and to acknowledge the privilege of being able to study abroad.

During the immersion, faculty members facilitated student engagement with the host community in various ways. This included working with community agencies and members to do a community health assessments, identifying community-identified needs, then "looking at" issues such as influenza prevention and teen pregnancy, honouring local expertise and having the host community guide solutions that carry on after students leave. Students were sometimes "pushed" by the faculty members to examine and reflect upon strengths of a community, building upon principles of social determinants of health and resiliency.

Two faculty members reported facilitating student involvement in health promotion activities at schools while abroad. In the interdisciplinary health promotion community development course, undergraduate students from various disciplines were taught using fine arts and *Theatre for Change*. Theatre for Change is a framework for participatory action to promote health, where students engage in health teaching, bridging language barriers with theatre techniques. For instance, in working towards teaching school children about HIV and malaria, the undergraduate students would work with a group of school children to create a performance about the topic using drama, dance, movement, or singing performances. The undergraduate students travelled to more than a dozen schools in the area and met with children, as well as community leaders and the public. With students from multiple disciplines, this was considered a valuable way for students to learn about working with others who can contribute a different skill set, developing more "well-rounded students."

Facilitating nursing-specific learning and development. Nursing-specific knowledge development sometimes began during pre-departure preparation. As previously mentioned, students were taught about resource allocation, cross-cultural communication, communicable diseases, and continued to develop psychomotor nursing skills. Providing opportunities for students to have experiences in areas of interest was considered a way to promote student autonomy and facilitate learning. For example, if a student had taken elective courses in maternity and pediatrics or critical care in Canada, they found opportunities (where possible) to spend more time in that clinical area while abroad.

When compared to the traditional Canadian clinical setting, the role of nursing faculty members tended to be more involved and intense when supervising nursing students on international placements. Faculty members reported more time spent at the clinical sites, checking in and following up on student decision-making, guiding students to consider diagnostics and lab values, and teaching them to conduct holistic assessments. Faculty members helped students navigate cross-cultural differences and challenges. For example, when there seemed to be insufficient amounts of pain medication, the faculty member discussed different approaches to treating conditions, teaching students to consider alternatives.

Faculty members also reported much more supervision of students' relationships with preceptors. In some cases, safety consideration and the realities of nursing in the host country meant that students had a different kind of relationship with their preceptors than may be expected. In an international setting, a nursing unit may have two nurses and 80-100 patients with daily staff changes. From a safety and logistical standpoint, it was preferred to have student shifts in daylight hours midweek, which also meant that students did not follow a single preceptor.

A role of the faculty member was to encourage students to work on problem-solving abilities and have confidence in their nursing abilities, and to teach students to access their own resources such as finding someone if they needed assistance. At times, faculty members found it important to challenge students' interpretation of their experiences with preceptors. A faculty member said,

> Sometimes they [the students] think that people are deliberately causing
>
> them [the students] problems so that they will have difficulty with their

nursing practice, but that's not necessarily the case. They're thinking

about it in a very student-centered experience, whereas they need to

engage in more of a relationship-centered experience so that they can

understand other peoples' perspectives.

One faculty member described her role as, "always having to be an advocate for the

student as well as the cultural context." Faculty members also adjusted their evaluation

practices in cases where the students worked with multiple preceptors, meeting with

different preceptors to receive feedback and then being the one to provide the clinical

evaluation for students.

One to two hour post-conference seminars sometimes occurred after the

clinical shifts. These were a way for students to share knowledge and experiences

with peers, ask questions, debrief about challenges, work on assignments, and

prepare for their next shift. Pre-encounter gathering of client data was a strategy

to structure the students' learning.

Some students were encouraged to maintain a comprehensive "field

binder" which included information about the culture they were visiting including

their history, their politics, and use of traditional medicine. The binder also

included students' observations about course concepts, such as primary health

care, social determinants of health, and cultural learning. The binder had learning

activities, personal journaling, and documented growth. Students were encouraged

to document their cultural learning while abroad.

Students often had assignments related to their experiences in the clinical setting.

One such assignment was a presentation to someone at the hospital, either family

members or staff members, regarding an issue that the staff identified. An example was creating a poster on sickle cell anemia. The assignment included consulting with the staff and charge nurse to identify an issue, designing the presentation to meet the needs of the target audience, and arranging a time when the staff could attend the presentation.

Balancing the challenge with student support. Faculty members shared many examples of how they both challenged and supported students. When asked about their role as a faculty member when the students were abroad, a faculty member said,

My role is to prepare them, and then to provide support, and to challenge them as much as possible. I mean they are challenged by the environment so I continue that challenge by getting them to think about their experiences and interpret them in different way.

Close communication between the faculty member and students was considered a way to reduce culture shock, promote emotional health, and facilitate learning. Faculty report they were in closer contact with their students than they would otherwise be in the traditional Canadian setting to provide support.

Some faculty members scheduled time to meet with students privately. These were opportunities to talk about the students' experiences and assignments, and provide midterm and final evaluations. It was also an opportunity to ask how the student was feeling mentally and physically. Faculty members tended to report that they were more involved in the students' health. For example, "making sure that they have mosquito repellent, that they are not drinking the water, that they are practicing food safe approaches," talking about common physical complaints, and being informed when students were unwell.

Faculty members sometimes encouraged students to identify similarities and differences between health care and the role of nurses. For example, students may compare and contrast public versus private health care systems, social or environmental policy, communicable diseases, morbidity and mortality rates, or scope of nursing practice. While abroad, some students were assigned to create a PowerPoint presentation about nursing in Canada. According to one faculty member, international nurses were interested in answers to questions like, "What's it like in Canada to be a nurse? How much do nurses make? What's their education? Is it the same or different than us?" Rather than determining who is "right" and who is "wrong," the goal was to share the Canadian perspective and consider some things that other countries do that the students may want to change in Canada.

Some faculty members offered weekly informal seminars over dinner so that students could speak about challenges and faculty could be aware of issues before they became problematic. An activity would be for students to "go around and talk about the challenges they'd faced that week, or the positive things. So they each had time to talk… students would often have similar challenges." This was considered an opportunity for peer learning and peer support as students worked through difficult situations.

An example provided was when students heard locals complaining about and slandering Aboriginals. Students were not sure that it would be culturally appropriate to speak up and advocate for respect for this population. The faculty member engaged students in discussion about how to make sure they are respectful because they are guests, what they thought about how to handle it, what

should students do, if anything, and when would be the time or the place to say something.

Another example was when students prepared health teaching and when the students arrived, it did not work out as planned, as it was not the right time or place to do the teaching. The faculty member used the event to shift students thinking towards flexibility, talking through global health principles and working with the community. A faculty member described group discussion and reflection as, "[students] coming to think they thought they knew how it was all going to unfold, and realizing that it was going to happen in a different way and how they handled that in a culturally attuned way."

Often students were expected to regularly journal about their experiences while they were abroad. This is a way to keep track of the day-to-day routines, things students noticed that were different, and ethical issues that they were unsure of how to handle, what they have learned, and how they engaged and communicated. Journals sometimes had guiding questions or frameworks. As previously described, Clayton and Ash's *DEAL Model*, was utilized to have students describe, examine, articulate learning for critical reflection. These journals were sometimes handed in to faculty, and in some instances faculty responded providing feedback and comments.

Two faculty members described photography assignments. One faculty member described a "photo voice project." Prior to departure, students were asked to come up with a question to explore while abroad. While abroad, they took photographs and were asked to answer their own question, by describing what they learned. Another faculty

member described a "photo reflection" where students chose a photo to capture a course concept and then provided a written reflection to be shared with the group.

Peer learning and mentorship was a teaching strategy described by faculty members. In one instance, a past student with previous experience in the study abroad program was invited back in a peer-mentor role. This was also a way of fostering leadership abilities in students who are looking to invest in fellow students.

At the end of the program, some faculty members facilitated debriefing as a way to prepare students for returning home. A faculty member encouraged students to consider how their experience may be framed as an advantage for a potential employer in the development of problem solving abilities, or communication strategies for working with young children or language barriers.

Summary of the Findings

Interviews with faculty members provided demographic information about some of the recent study abroad programs from Western Canada. Two overarching themes emerged from the interviews were: (1) pedagogical and theoretical underpinnings and (2) teaching strategies and activities to facilitate students' learning. Although these were presented separately, there are connections between these themes. Subthemes for the theme pedagogical and theoretical underpinnings included global learning, international partnerships and reciprocity, learning to teach and building faculty capacity, integrating study abroad with curricula, social justice and health equity, cultural learning, and transformative learning. Subthemes for the theme teaching strategies and activities to facilitate students' learning included preparing students pre-departure, facilitating

community engagement and health promotion learning, facilitating nursing-specific learning and development, and balancing the challenge with student support.

Nursing faculty members were found to play an integral role in the development and sustainability of study abroad programs. They found ethical ways to integrate the course concepts while creating and facilitating intentional learning opportunities for students. Nursing faculty members are in a position to advocate for student learning as well as the cultural context as they supervise students' engagement with global partners and communities. To deepen students' learning, faculty members engage students in meaningful conversations and critical reflection about their experiences. A variety of effective teaching methods, strategies and activities were described.

Chapter 6 Discussion

Discussion of Findings in Relation to the Conceptual Framework

This chapter features a discussion of the findings in relation to the conceptual framework posed earlier in the thesis. In particular, revisiting the researcher's presuppositions and assumptions, as well as the integral role of faculty members enacted through collaborating with host communities, integrating international placements with nursing curricula, and facilitating student learning.

Revisiting the Researcher's Presuppositions and Assumptions

The researcher's presuppositions included that the perspective of faculty members is valuable and important as faculty members are in a position to influence the quality of cultural and global learning, and that it would be possible to describe how faculty members influence cultural competency development and global learning. The research described the significant role that nursing faculty members have in the creation, implementation, and continuation of these programs. This study was also able to describe teaching strategies and activities that nursing faculty members perceive to be successful in influence the cultural and global learning.

Another one of the researcher's assumptions was that there is uncertainty about whether faculty members are aware of best practice when teaching abroad. It became apparent that faculty members are finding a variety of ways to successfully teach abroad. There is no single, right way to teach and the approaches depend in part upon the course, context, and teaching philosophy of the faculty member.

Finally, the researcher assumed that understanding effective teaching methods may improve the quality of nursing education. The findings may provide helpful ideas for

faculty members as they plan international programs, and learning activities. Findings

may also be informative for faculty members who are interested beginning to teach

abroad or help prepare faculty members as they transition into their role.

The Integral Role of Nursing Faculty Members

A key take away learning from this thesis is that nursing faculty members, defined

earlier as the "teaching and administrative staff and those members of the administration

having academic rank in an educational institution" (Merriam-Webster, 2018), are

broadly integral to the success of study abroad programs. While it was clear from the

findings that they deliberately selected certain teaching strategies that supported optimum

student learning, there were many other actions that faculty member performed that

facilitated achievement. Faculty members were involved heavily in ensuring learners

were well prepared for the logistics and realities of the learning experience and helped

students debrief following the placement. While in host countries, faculty members not

only focused their energies on teaching about nursing competencies, they also checked on

the students to ensure their personal health and well-being. For example, faculty took

steps to prepare students for culture shock, to help students deal with this while abroad,

and they assisted learners with the effects of culture shock once they returned home. This

may well be beyond the scope of a nursing faculty member's roles and responsibilities

when teaching in a traditional context.

Collaboration with host communities. Collaboration between the nursing

faculty members and host members was essential to success of the international

placements. Nursing faculty reported it was important for them to have past experience

living in the host country, or to have a lengthy visit at the host site to develop the

partnership prior to the students coming to the site. Faculty members who were successful found ways to adjust their teaching methods to meet the needs of the international and cultural context, which often involved collaboration with the hosts. The approach used by Canadian faculty members was to work with the realities of the host community and to engage in a respectful and mutually beneficial process. Faculty members were very sensitive that they (and the learners) were guests in the placement countries and that they needed to proceed with some caution and reverence by acknowledging the existing strengths in the host context and building on these.

This collaborative mentality was pervasive in all aspects of the successful placements. Collaboration occurred between the faculty members and students and other academic institutions, hospitals, public health or non-profit agencies, schools, and communities. The tone of collaboration pervaded all the actions and interactions no matter what partner group of agency the students and faculty were involved with during a placement.

In some instances, a special type of collaborative relationship was clinical preceptorship. That is, a nurse from the host country was the primary contact for a particular student, supervising that student's work in an agency. The Canadian nursing faculty member had a very important role to play in this relationship (but a different relationship than existed if the faculty member was the primary supervisor for the student). In the cases where the students were supervised by a preceptor from the host nation, the Canadian faculty member had to skilfully collaborate with both the student and the preceptor individually and with the student and preceptor team. This triad added extra complexity to the relationship and called on even greater sensitivity on the part of

the nursing faculty member. Nursing faculty closely supervised the students'

relationships with nursing preceptors, acting as advocates for both the students' learning

while simultaneously navigating the cultural context.

The host community was a partner in the successful placements. Returning to the

literature, Underwood, Gleeson, Konnert, Wong and Valerio (2016) emphasize that,

"collaboration in international nursing student placements requires equitable partnerships

between global partners to address areas of shared importance, such as equity and justice

in health promotion" (p. 351). To successfully collaborate there is a need for faculty to be

skilled in assessing what these areas of shared importance are and how they can entwine

with the host community in a partnership to best address these shared foci. Nursing

faculty hone their assessment, negotiation and communication skills to make such

partnerships possible and successful.

Finally, in relation to successful collaborative relationships the focus should be

long-term. Faculty emphasized that is not appropriate or helpful to consider these

linkages as only for the duration of the time the students are actually in the host country

in a learning situation. The collaboration should be conceptualized from the outset as

ongoing, beginning before the students arrive, and ideally maintained for many years

after the placement ends. This ongoing relationship, triggered by the initial placement

activity, has the potential to help the "global nursing profession as it faces significant

challenges that require the action of effective and aware leaders," with the professional

development of global nurse leaders who are situated to address Canadian and global

issues such as nursing shortages and technology advancement (Garner, Metcalfe, &

Hallyburton, 2009, p. 102).

Integrating international placements with nursing curricula. Another overarching finding for discussion is the fit between international placements and the Canadian nursing curricula in various nursing programs. Nursing faculty members in the study reported that international placements fit with community, acute care, and final preceptorship clinical rotations that were part of the curricula in their particular program of study. In these cases, the students had the same course learning outcomes as students on concurrent rotations or clinical placements in the Canadian setting.

The internationally placed students tended to have additional (rather than different) learning objectives when compared to students on concurrent clinical rotations in Canada. Essentially, this means that the students completing their clinical placements in study-abound programs were not disadvantaged in terms of achieving the required competencies, and they may have even achieved additional learning that those who completed clinical placements in Canada did not have to opportunity to achieve. As Memmott, Coverston, Heise, Williams, Maughan, Skohil, and Palmer (2010) point out, "An understanding of global health and the development of cultural competence are important outcomes of today's baccalaureate nursing programs. Thoughtfully designed international experiences can provide excellent opportunities to achieve those outcomes" (p. 298).

Some subject areas such as social justice for example, may have been even more easily and completely revealed during an international clinical placement. Study abroad students may have been exposed to an authentic experience with global nursing and health issues that might not have been achievable to the same extent in urban Canada. As Strickland, Adamson, McInally, Tiittanen, and Metcalfe (2013) conclude, learners need

to be exposed to cultural diversity in undergraduate nursing education in order to develop

an international perspective and a sense of global citizenship. These learning outcomes

may be part of the curricula for both international and Canadian nursing placements but

may be achieved more fully in the study-abroad context.

A main difference for faculty members who are staffing clinical placements

internationally rather then in Canada is a greater time commitment for faculty members

(and students) in adequately preparing for the experience and extra time needed for

adjustment, interaction and debriefing when they are actually immersed in the

international setting. Further, extra time and energy is required from faculty and students

in dealing with the overarching cultural contexts and challenges faced when studying

abroad such as a difference in resources, practice, and culture shock.

An unanticipated finding was the reality of an elective, interdisciplinary health

promotion course. This course presents a valued opportunity for interdisciplinary

collaboration and peer learning. Mooney, Timmins, Byrne, and Corroon (2011) point out

that the World Health Organization has been advising that health curricula embrace

health promotion rather than focusing only on illness and disease. They note that

programs that educate health professionals need content related to principals of health for

all and health becoming part of the fabric of health care delivery. International

placements and courses may well be an important avenue to address these learning

outcomes in an effective manner.

Facilitating student learning. Faculty members assigned to international

placements are more involved with, and in closer contact, with students than they would

otherwise be on concurrent clinical rotations in Canada. Faculty members need to attend

to practical matters such as organizing the pre-trip meetings and ensuring logistics are in place. Each learner may have special needs and considerations that are affected by the placement realities and these in part become concerns of the faculty members. When on site, the faculty members have some responsibility for the safety and well being of the learners (in addition to addressing the learning outcomes for the placement). This may result in a more involved relationship between a student and faculty member, in part from the frequency of contact necessary pre, during and post placement. The relationship may also become different from a usual faculty member student relationship as the two become travelling companions in a sense and are immersed in a potentially stressful situation together where they need to work through challenges and support one another. All of these elements represent potential learning experiences for the students (and likely for faculty members as well).

Nursing faculty members set the stage for transformative learning, engaging students in critical reflection while abroad. Doerr (2015) concludes that such transformation is an outcome of study-abroad programs writing that students learn to do by doing and become reflective learners because of their exposure to experiences in other countries and reflecting on these. Returning to Mezirow's (1978a) transformational learning theory, he says that learning that goes beyond the acquisition of content and that it begins with a disorienting dilemma that causes learners to rethink long held beliefs eventually leading them to reflection and critical analysis with transformation being the outcomes. This seems to be what happened with the students in this study (and perhaps also with the faculty members working with them). They were confronted by real life experiences that helped move them to thinking more openly and inclusively.

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To achieve the most effective transformative learning experience, nursing faculty reported they needed to find a balance between challenging learners and pushing them to independence with close communication and support. Finding the balance is a challenge and faulty may have to reflect on their attempts to achieve this and make alterations to their actions and interactions. It is a learning process for faculty members as well as for students. Peer learning and mentorship was an important outcome of the study worthy of additional discussion. The opportunity to participate as a group of learners abroad magnified opportunity for peer learning and mentorship experiences among learners. Students embarked on this challenging situation into the relative unknown, as a group with both similar and different learning needs and goals. There was evidence in the findings that they came to rely on one another to survive and thrive in this foreign learning context. In this way the transformative learning occurred at both an individual and group level.

Implications of the Research

This study provided a description of Canadian faculty members' perspectives on teaching methods in study abroad programs for undergraduate nursing students. It focused upon how international placements for nursing students are being successfully designed and carried out, including pedagogical and theoretical underpinnings, and teaching strategies and activities to facilitate students' learning. These findings may be helpful as faculty members plan cultural competency development and global learning. Administrators and leaders of nursing faculties my find the study helpful in reviewing some of the potential benefits and areas of caution related to this learning approach. The study may also be of interest to students who are considering being involved as

participants in study-abroad programs. The research will contribute to a cohesive body of evidence regarding the role of faculty members and study abroad pedagogy for undergraduate nursing students.

Study Limitations

An anticipated limitation is the transferability of findings amongst nursing faculty working in different curriculums and international contexts. With a small sample from Western Canada, many Canadian study abroad programs were not included in the data collection. Further research will be required for a more comprehensive description of Canadian faculty perspectives. These findings may not be replicable or generalizable, yet they may be transferable to others who find the information relevant to their own situation. Readers can determine independently the value of this study for their context.

Areas for Future Research

Experiential and Transformative Learning of Faculty Members

It appeared that many nursing faculty members taught themselves to teach in the international context, and that teaching abroad required an adjustment of teaching practice. According to Garner, and colleagues (2009), "Many nurse educators have international health care experience. These educators often return to teaching duties enriched, motivated, and inspired by what they witnessed. Many feel a responsibility to mentor and pass this learning forward" (p. 103). An area for further consideration may be the professional development of nursing faculty as they learn to teach while immersed in another culture and country. Research focused upon experiential and transformative learning of faculty members may provide insight into how to best prepare and support

faculty members as they transition into their role, and how nursing faculty members become enriched, motivated, and inspired to continue work in global health.

Internationalization and Indigenization of Curricula

Interculturalization has become a focus in post-secondary education, and serves as a foundation for both indigenizing and internationalizing curricula (Trobe, 2018). This study provided evidence of Canadian nursing students working with Indigenous People abroad. Further research is required regarding the relationship between internationalization, and indigenization of curricula.

Ensuring Sustainability

An unanticipated finding in this study was that many faculty members expressed concern about the sustainability of study abroad placements. Perceived barriers to the continuation of these programs included funding, workload, and support from leadership. Further research in this area may assist in determining how to successfully support the continuation of these programs. This reaffirms previous findings by Hoe Harwood et al.'s (2009) Canadian survey of innovation in clinical placements that recommended further research regarding factors that may facilitate successful partnerships given labour-intensive demands.

Chapter 7 Conclusion

This researcher provided a glimpse into nursing faculty members' perspective on teaching undergraduate nursing students abroad and effective teaching methods. International placements for nursing students were attached to undergraduate courses in community health, acute care, final preceptorship, or interdisciplinary health promotion. It is clear that passionate and driven individual nursing faculty members have played an integral role in the creation, development, and sustainability of these programs. Nursing faculty are using global citizenship and social justice and equity as foundational principles in partnering with academic institutions, hospitals, agencies, schools, and communities to provide study abroad opportunities. Nursing faculty members are facilitating and supervising placements in the community with health promotion activities, or in clinical settings alongside international nurses, where the learning is discipline-specific. Nursing faculty closely supervise the students' relationships with nursing preceptors, acting as advocates for both the students' learning and the cultural context. Transformative learning about culture, global health, and community engagement appears to be occurring with international immersion. Faculty members have described various reflective strategies to facilitate transformative learning, such as journaling, group discussion, and photo reflection. Faculty members balance the challenge of studying abroad with close communication and support. Areas for future research include a focus upon experiential and transformative learning for nursing faculty, the overlap between the internationalization and indigenization of nursing curricula, and how to address faculty member concerns regarding sustainability of these international placements.

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    Empowering learning. *Nurse Education Today, 33*(7), 757-764.

    doi:10.1016/j.nedt.2013.04.019

Appendix A

Table 3

Recent Canadian Literature Regarding Study Abroad

Author(s) & Date	Article Title	Canadian Institution(s)	Aim	Findings
Afriyie Asenso, Reimer-Kirkham, & Astle, 2013	*In Real Time: Exploring Nursing Students' Learning During an International Placement*	Trinity Western University, B.C.	To explore how nursing students learn during the international experience in Zambia, specifically, (1) what perceptions do students bring to the international placement, and how do these influence their learning, and (2) which components of the international placement do students associate with personal and professional growth?	Three major themes emerged, (1) expectations shaped students' learning, (2) engagement facilitated learning, and (3) critical reflection enhanced learning.
Burgess, Reimer-Kirkham, & Astle, 2014	*Motivation and International Clinical Placements: Shifting Nursing Students to a Global Citizenship Perspective*	Trinity Western University, B.C.	To understand what motivates nursing students to choose take part in an international clinical experience in a low-income country.	Students appeared to have a sincere desire to make a difference, but the majority of students approached the placement in a way that could be considered paternalistic rather than reflective of social justice values. Students may require additional education preparation prior to these experiences. A global citizenship framework could be helpful to shift student perspectives towards greater critical inquiry of global issues.
Racine & Perron, 2012	*Unmasking the Predicament of Cultural Voyeurism: A Postcolonial Analysis of International Nursing Placements*	University of Saskatchewan, S.K. & University of Ottawa, O.N.	To explore the risk of replicating colonialist practices in study abroad placements	Western nurse educators should develop culturally safe and ethically sound programs. This may be done by (1) applying Bakhtin's concepts of dialogism and unfinalizability into nursing practice, and (2) addressing issues of racialization in nursing to implement critical social consciousness and reflexivity, creating a foundation for cultural safety and the development of skill, attitude and knowledge in study abroad.

Schwind, Zanchetta, Aksenchuk, & Gorospe, 2013	*Nursing Students' International Clinical Placement Experience: An Arts-Informed Narrative Inquiry*	Ryerson University, O.N. & Humber College, O.N.	To learn how students experienced their placement in a Brazilian community using the Narrative Reflective Process.	Narrative threads included (1) increased self-awareness and knowing of personal assets, talents, strengths and potentials, as well as enhanced awareness of global health, and (2) their spiritual and philosophical values were affirmed and expanded, impacting the direction and the depth of their nursing practice.
Sherriff et al., 2012	*Transatlantic Student Exchange Between Canada and Europe: Experiences From the CEIHPAL Project*	University of Victoria, B.C., University of Toronto, O.N., & University of Alberta, A.B.	To examine key learning experiences related to the Canadian-European Initiative for Health Promotion Advanced Learning project's student mobility component.	Themes emerged including: (1) overall experiences of transatlantic mobility, (2) benefits of transatlantic mobility, and (3) project challenges for student mobility.
Underwood, Gleeson, Konnert, Wong, & Valerio, 2016.	*Global Health Partner Perspectives: Utilizing a Conceptual Model to Strengthen Collaboration with Host Partners for International Nursing Student Placements*	Mount Royal University, A.B, University of Calgary, A.B, & Alberta Health Services, A.B.	To use Leffers and Mitchell's Conceptual Model for Partnership and Sustainability in Global Health to gain perspectives of the global host partners' perspective regarding effective collaboration for a placement in the Dominican Republic.	Four major themes emerged: (1) the unique role of the cultural broker, (2) relational collaboration in a collective society, (3) reciprocal approaches that honour local expertise, and (4) contextual socioeconomic and cultural factors that influence partnerships.
Zanchetta, Schwind, Aksenchuk, Gorospe, & Santiago, 2013.	*An International Internship on Social Development Led by Canadian Nursing Students: Empowering Learning*	Ryerson University, O.N., Humber College, O.N., & University Health Network, O.N.	Purpose was (1) to identify how student-interns contrasted Canadian and Brazilian cultural and social realities within a primary health care context from a social development perspective, (2) to examine how philosophical underpinnings guided students in acknowledging inequalities, (3) to participate in the debate regarding the contribution of Canadian nursing students to the global movement for social development.	Two main themes emerged from a student-led knowledge dissemination project on health promotion for social development with professionals and communities in Brazil: (1) Associations for evolution: personal transformation that resulted in establishing new connections, and (2) Dichotomizing realities: Seeing the two sides of each situation and acknowledging the unexpected reciprocity between global and urban health.

Appendix B

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (AUREB) has reviewed and approved the research project noted below. The AUREB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) and Athabasca University Policy and Procedures.

Ethics File No.: **22814**

Principal Investigator:
Mrs. Stephanie Obara, Graduate Student
Faculty of Health Disciplines\Master of Health Studies

Supervisor:
Dr. Beth Perry (Supervisor)

Project Title:
Educating Undergraduate Nursing Students in International Service Learning Programs

Effective Date: January 15, 2018   **Expiry Date**:   January 14, 2019

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date:** January 15, 2018

Donna Clare, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718

Appendix C

Figure 5. Tri-Council Policy Statement 2: CORE Certificate.

Appendix D

LETTER OF INFORMATION / INFORMED CONSENT FORM
Educating Undergraduate Nursing Students in International Service Learning Programs

[Date]

Principal Investigator (Researcher):
Stephanie Obara, RN, BSN, BSc
MN Student, Faculty of Health Disciplines
Athabasca University
Sobara1@athabasca.edu
1 (604) 809-0276

Supervisor:
Beth Perry, RN, PhD
Professor, Faculty of Health Disciplines
Athabasca University
Bethp@athabascau.ca
1 (866) 804-7721

You are invited to take part in a research project entitled 'Educating Undergraduate Nursing Students in International Service Learning Programs'.

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you. Please contact the principal investigator, Stephanie Obara if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction
My name is Stephanie Obara and I am a Master of Nursing student at Athabasca University. As a requirement to complete my degree, I am conducting a research project about the nurse educators' perspective in educating nursing students abroad. I am conducting this project under the supervision of Dr. Beth Perry.

Why are you being asked to take part in this research project?
You are being invited to participate in this project because you are a nurse educator who taught undergraduate nursing students in an international service learning program in 2015 - 2017.

What is the purpose of this research project?
The purpose of this research will be to identify teaching methods that Canadian nurse educators are utilizing to teach undergraduate nursing students in international service learning programs. A qualitative descriptive study about the faculty perspective will greatly contribute to a cohesive body of evidence in regard to study abroad programs and program design.

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What will you be asked to do?
- A recorded telephone interview will take place. The interview is expected to take 30-60 minutes and will be arranged at a time convenient to your schedule during February 2018. The researcher will keep notes of interview observations and create transcripts.
- A copy of pertinent materials such as associated documents may be requested for a greater understanding of context and learning activities.
- Follow-up correspondence will occur by email. During this time, there will be an opportunity for you to review the transcript for accuracy.

What are the risks and benefits?
There are no known risks associated with this research study. If you feel uncomfortable with any of the interview questions you may opt not to answer the question or withdraw. Participants will receive a $20 gift card for a bookstore following the interview as a token of appreciation for their time. The results may provide information and strategies for teaching practice in international service learning programs.

Do you have to take part in this project?
As stated earlier in this letter, involvement in this project is entirely voluntary. Participants may end an interview partway through by simply notifying the researcher, or decide not to participate after the interview by emailing the researcher. Participants have until the data analysis process to request that their data (interviews, transcripts, and/or pertinent materials) not be included in the project.

How will your privacy and confidentiality be protected?
The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure. All information will be held confidential, except where legislation or a professional code of conduct requires that it be reported. In an effort to maintain confidentiality, the researcher does not intend to use institution or faculty names.

How will my anonymity be protected?
Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance. There is a limit to anonymity as the names of institutions and faculty may be identifiable by the description of an experience and/or location. For example, there may be only one institution with a specific program in a certain country, and it may be necessary to include the sociopolitical context of the foreign country when describing teaching practices. A reasonable effort will be made to ensure your anonymity; you will not be identified in publications without your explicit permission.

How will the data collected be stored?
- Consent forms will be printed and kept in a locked cabinet.
- Data will be stored separately, on a password protected computer, and pseudonyms (false names) will be applied to institution and participant prior to data analysis.
- Consent forms and data will be destroyed or deleted five years after completion of the study.
- Only the researcher, thesis supervisor, committee, and examiner will have access to consent forms and data from the research project and report.

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Who will receive the results of the research project?
The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research paper will be publicly available. Interested participants will be emailed a copy of the completed thesis research.

Who can you contact for more information or to indicate your interest in participating in the research project?
Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the principal investigator) by e-mailing Sobara1@athabasca.edu or my supervisor by e-mailing Bethp@athabascau.ca. If you are ready to participate in this project, please complete and sign the attached Consent Form and return it by email to Sobara1@athabasca.edu before February 20, 2018.

Thank you.

Stephanie Obara

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

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Informed Consent - Your signature on this form means that:
- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research project is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point would be destroyed.
- You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the project at your request until data analysis begins.

	YES	NO
I agree to be audio-recorded	○	○
I allow data collected from me to be archived in Athabasca University Library's Digital Thesis and Project Room	○	○
I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript.	○	○
I would like to request a copy of the completed thesis research by email.	○	○

Your signature confirms:
- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

_____   _____
Signature of Participant   Date

_____   (_____) _____ - _____
Email of Participant   Phone Number of Participant

Principal Investigator's Signature: I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks and that he or she has freely chosen to participate.

_____   _____
Signature of Principal Investigator   Date

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Appendix E

Semi-Structured Interview Questions

Overarching Research Question:

How do nursing faculty describe their teaching methods in study abroad programs?

List of Semi-Structured Interview Questions

All questions will relate to the faculty's experience teaching undergraduate nursing students in international placements.

Background Questions

1. Is the international placement attached to a clinical course (i.e. community health or preceptorship)? If so, may I request a copy of the course outline and/or syllabus?

2. Is there a particular philosophical framework that is used (i.e. social justice, post-colonial, or feminist lens)?

3. Did the students travel with an instructor? If so, what was the ratio between faculty and nursing students?

    a. Do you travel with the students?

    b. How does one learn to teach students in a foreign context?

4. What are your goals for student learning while abroad?

Questions Regarding Teaching Methods/Enactment of Goals

1. How would you describe your role as faculty when the students are abroad?

2. What teaching methods, techniques or tools do you use?

    a. How do these methods contribute to your goals for students?

      b. Were there particular instructional/teaching strategies that you found helpful?

      c. How do you take into account different learning styles?

3. In your opinion, what other factors facilitate student learning in an international setting?

4. Did the students work alongside a nurse in the partner agency? If so, how would you describe the relationship between the nurse(s) and student?

5. What is your approach to evaluating and assessing students?

      a. How do these assessments contribute to student learning?

Conclusion

1. Are students typically meeting predetermined learning objectives?

2. Is there anything else about your experience that you think it would be helpful for other faculty to know?

(Adapted from Hoe Harwood et al., 2009; Melrose et al., 2015; O'Neal, Meizlish, & Kaplan, 2007)