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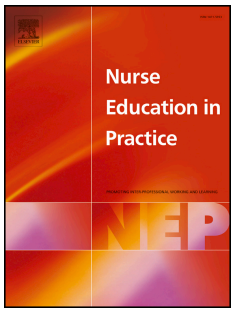

International clinical placement – experiences of nursing students´ cultural, personal and professional development; a qualitative study.

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International clinical placement – experiences of nursing students´ cultural, personal and professional development; a qualitative study.

Abstract

The purpose was to capture the experiences of cultural, personal and professional development during International Clinical Placement (ICP) among nursing students from three European countries.

The paper presents findings based on the analysis of 23 reflections written by students immediately after returning from their ICP. The design builds on a qualitative study using a phenomenological approach and meaning condensation inspired by Kirsti Malterud.

The analysis revealed four themes: Communication and barriers to be overcome, Culture as a serious business, Personal and professional achievements and Challenges and the importance of preceptorship.

The ICP impacted on the participants' personal as well as professional way of understanding themselves as students and future nurses. A profound difference was seen between the achieved learning outcomes of participants completing an ICP in a high- or low–income country, respectively. Language barriers, the local culture and different nursing cultures were often challenging and pushed participants out of their comfort zone. All participants developed their cultural understanding in accordance with the Papadopoulos, Tilki and Taylor Model for Developing Cultural Competency. Findings indicate that educational institutions should establish well-planned exchange opportunities that adopt a two-way reciprocal (Erasmus) exchange programmes and be aware of the value of an appointed preceptor in the host country.

Keywords: Nursing students, international clinical placement, preceptor, personal and professional development, qualitative research and cultural competence

Background

For decades, nursing students have participated in international clinical placements (ICP) in both high- and low-income countries to develop cultural competencies and to become professional and compassionate nurses in an increasingly globalised world (Kokko et al., 2011). A systematic review by Kokko et al (2011) identified that nursing students in ICP developed a preparedness for performing culturally competent nursing. Thus, participation in ICP promotes nursing students' cultural knowledge base and personal growth, which impacts on their practicing of the nursing profession.

Studies have found that ICP can have an important impact on personal and professional development and growth (Green, 2008; Greatex-White, 2008; Kelleher, 2013 and Halcomb et al., 2017). However, Browne et al. (2018) demonstrated that several universities had not considered professional or personal growth as a key aim of ICP.

Available literature on short-term exchange stays found that even two to four weeks of exchange to a low-income country impacted on nursing student's development of cultural awareness and cultural competencies (Ferranto, 2015; Foronda, 2012; Long, 2014; Philips, 2017; Richards et Doorenbos, 2016; Smith-Miller, 2010; Ulvund et Mordal, 2017). Furthermore, some of the studies suggested including debriefing activities after the exchange stay to facilitate further development of cultural competencies (Forsey, 2012; Gower et al., 2017; Ulvund et Mordal, 2017).

Few studies have used reflection as a research method. Greatrex-White (2007) included 26 diary accounts and concluded that five themes experiences during studies abroad were

emphasised significant: leaving behind, escape, foreigner, self-discovery, learning and taking risks. Hovland et Johannessen (2015) analysed 350 reflective journals written by 197 nursing students during their ICP in an African country between 2003 and 2011. They found that most students were overwhelmed personally and professionally and made judgements and comparisons of what they had learned in Norway and what they had experienced in the African country. They pointed out that preparing students for going abroad is extremely important. Maltby et al., (2016) analysed 45 journals from nursing students participating in a three-week study exchange and found that all nursing students developed cultural consciousness regardless of whether they went to a low-income country such as Bangladesh or to a high-income country such as the Netherlands.

This study builds on the findings of the researchers noted above by combining reflections on students' experiences before the stay, during the stay and after the stay. This study also adds to the discussion by including the support during the ICP through the preceptorship approach. The whole experience from the preparing the ICP to returning to their home country is important in the current diverse and multi-cultural clinical setting where being culturally competent can improve the quality of patient care as well as the nurse's employability, which can be achieved through the ICP. The objectives of this paper were to explore the experiences during ICPs of nursing students from three European countries. The nursing students participated in both long- and short-term ICPs and went to both high- and low-income countries.

The context of the exchange programme

It is possible for nursing students from Ireland, England and Denmark to go on an exchange stay as a part of their nursing education programme. All three participating countries are

established partners within the Erasmus bilateral agreements for exchange of students and staff.

Insert figure 1 The European Union and the Erasmus + Programme

Figure 1 offers a brief background to the founding of the European Union with focus on the Erasmus+ Programme, an educational programme developed by the European Union in 1999 to increase exchange possibilities for students and staff. The major aims of the Erasmus+ programme are to enhance employability, improve career prospects and foreign language competencies as well as promote intercultural awareness (European Commission, 2017).

An Erasmus+ exchange is arranged between partners with a bilateral agreement and the exchange has to last at least two months. An Erasmus + grant is offered if the exchange has been approved by the home institution. The Erasmus + agreements are reciprocal, which means that an almost similar number of nursing students travel between the institutions over a period of two years. Furthermore, all three participating institutions have mobility agreements with institutions outside Europe in African countries, the USA and Thailand, agreements without reciprocity.

In this study, the term ICP covers both short- and long-term exchanges. ICP thus covers long-term exchange of 10-12 weeks of clinical practice and short-term exchange of 3-4 weeks of observational practice. See Table 1 for details on educational standards, length of exchange, educational year, grant, home and host country.

Insert table 1 Educational standards, length of exchange, educational year, grant, home and host country

Denmark offers long-term Erasmus ICPs to a range of European countries and long-term ICPs to African countries. Short-term ICP is offered in Europe and worldwide. The UK offers long-term Erasmus ICPs to some European countries and short-term ICPs to some countries

in Africa and Asia. Ireland offers long-term Erasmus ICPs to a few European countries and has no short-term ICPs. The participants travel either on their own or in a group with other students. None of the participating countries offer faculty-led stays. For long-term ICPs, participants from all three EU countries have to meet specific practice learning outcomes at the end of their ICP. The exchange assessment meets the requirements of each home country's standard placement assessment criteria.

Aim

The current study commenced in September 2014 as a part of a larger multi method study, incorporating a pre- and post- survey and post- exchange reflections. The aim of the full study was to capture the impact of ICPs on students. It reviews their motives, expectations, actual experiences and the perceived outcomes personally and professionally, and on their employability and career opportunities.

Method

The qualitative part of the study is based on data in the form of written reflections by participants on their ICP experiences. In 2015, a pilot project was performed to validate both the quantitative questionnaires and qualitative reflections. In the qualitative part of the pilot study, the applicability of using reflections as a data source and subsequent method of analysis was verified. Five participants took part in the pilot study; these participants were not included in the current study.

Data collection

Data were collected from September 2015 to July 2017. Participants were asked to make written reflections on their experiences only guided by the instruction "Please complete a personal reflection about living and working in a different country".

The individual reflections identified participants' experiences, understanding and perspectives when returning home from the ICP before they were absorbed in their former daily routines. The written reflections had no word limit and were presented as a non-academic piece of work to be completed within four weeks after returning from the ICP.

Participants

Data were collected from 23 participants; 10 went on short-term ICPs and 13 participants went on long-term ICPs. Of the short-term ICPs, two stayed in Europe and nine outside Europe. Of the long-term ICPs, eleven participants stayed in Europe and one outside Europe. Of the 23 participants, 19 went to countries with a different native language than their own.

Insert table 2 Overview of gender, age, destination, duration of ICP and home country.

Analysis

Data were analysed using descriptive phenomenological and systematic text condensation in four steps inspired by Malterud (2012). The first process was initiated by the authors MBJ, DWL and DSN, using an inductive as well as an iterative approach to the data material.

Insert Figure 2 Systematic text condensation inspired by K. Malterud (2012)

First, all reflections were read and reread to get a general sense of the overall material and to identify preliminary themes. Secondly, the reflections were read meticulously and discussed to identify meaningful units. These were coded and related to the identified themes. Thirdly, the meaningful units were reduced to a decontextualized selection of meaning units, expressing them more directly and sorted as thematic code groups. Finally, the units were re-

conceptualised by synthesising the meaning units into descriptions and consistent statements regarding the participants' reflections on their experiences. The number after each citation refers to the number used to identify each participant. The analysis was then presented and discussed with the other authors in an online meeting.

Ethical considerations

Informed written consent was obtained from all participating nursing students. The participants were informed that they could withdraw from the study at any time without any consequences. A research assistant at the University of Worcester was a coordinator sending out invitations and reminders as well as receiving and anonymising participants' reflections. The ethics committees in England (FRKB060416) and Ireland (FRKB060416) approved the study protocol. Approval in Denmark was not necessary according to Danish law. All data were stored in Great Britain in accordance with the General Data Protection Regulation (GDPR).

Findings

The findings revealed that ICP had an impact on the participants´ personal as well as professional way of understanding themselves as nurses in a cultural context. Four main themes illustrated this: a) Communication and barriers to be overcome b) Culture as a serious business c) Personal and professional achievements d) Challenges and the importance of preceptorship.

Communication and barriers to be overcome

When studying in a foreign country, language barriers were described as a challenge in the beginning of the ICP and most students expressed their worries on how to establish a

professional communication and understanding: "*...I found it really hard with the language barrier in practice"* (12). Participants expressed uncertainty about the consequences of not being able to establish a therapeutic relationship with the patients and their relatives, and not being able to become part of inter-professional discussions or to establish relationships with staff:

"*.. I could not always understand what they were talking about or join the conversation. This also made it difficult to build good therapeutic relationships with some patients, as there was no real way you could ask them questions about themselves to build relations with them.… In these circumstances I felt quite helpless and it made me realise how important verbal communication is"* (16).

The language barrier caused participants to feel left out – to be a stranger - and some participants became insecure about their role as a student nurse. This caused some of the participants to develop individual communication strategies such as focusing on how to communicate non-verbally:

"*It (the insecurity) made me aware of the importance of non-verbal communication in these situations. The use of non- verbal communication through gesturing and body language enabled me to effectively communicate with patients when there was a language barrier"* (15).

Most of the participants experienced it as a success when they established a relationship with a patient, sometimes against all odds: "*Although we could not talk with her because of a language barrier, I felt we established a connection with this woman, and this was one of the most rewarding parts of the ICP"* (13).

Some of the participants explained that they became more aware of their body language and that a smile or being present in the situation could open doors:

" …I realised actually how important presence is at times and a smile. …..this was a learning curve for me and taught me how I may think some actions or words are appropriate to help "(12).

Other participants described how they tried to work their way around the language barrier by learning phrases of the spoken language, which helped establish an initial contact to communicate respectfully with the patient: "*Eventually, the language barrier became less of a challenge the more Swahili I learned"* (17). Participants became aware that non-verbal communication is not a universal language but very much embedded in the local culture. This was especially identified by participants in low-income countries; students spending their ICP in high-income countries did not report this.

A number of participants reflected on how they would bring their own experience of not being able to communicate back into their own nursing practice at home. They intended to be extra supportive when meeting patients with problems understanding the language, because they themselves had felt the daunting experience of language barriers:

"*I will always remember how vulnerable I felt not being able to speak their language and will be more patient with patients in my care who do not have English as their first language"*(11) and

"I will remember how I felt in Tanzania and be patient and more understanding. I have learnt how important it is to be non-judgmental" (13).

Culture as a serious business

Overall, two perceptions of culture were part of the participants' reflections related to culture and how culture impacted on nursing. One perception observed differences; the other concerned the influence of culture on the practicing of nursing. A further distinction was

between the experience of participants going to low-income countries and those going to high-income countries.

The ten participants in low-income countries all described nursing and the role of nurses as being very different from the role in their own country. The care was less patient centred, as relatives were considered responsible for patients' personal needs such as hygiene and food. In addition, responsibilities in the wards were different as doctors were generally more in charge and nurses were expected to mainly clean the ward, change dressings, administer medicine and accompany doctors on ward rounds. Several of the participants expressed anger or indignation on behalf of the patients when they, from a European point of view, experienced patients with a need for care and felt that no local nurses offered such care. As expressed by a participant:

"*A complete lack of care for the patient! I mean, in Europe when we train to become nurses both in school and in practice, we are always taught that care and caring is the foundation for all nursing. If a nurse is not able to take care of a patient, she can´t provide high standard nursing*" (5).

Some participants explained that it made them sad and it almost made them feel guilty because the consequences for the patients were very severe. Other participants described how they felt emotionally uncomfortable in situations where they did not understand what was going on; for instance, two participants experienced a nurse in a difficult situation who did not offer the emotional care that the participant would expect. However, it was observed that the patient did not express any emotional distress as a patient in Europe might have done. Some participants further described they felt they had become more reflective in similar situations:

"*At first, I thought the nurses seemed uncaring and task-focused but after observing carefully I noticed how they showed their compassion in a subtle way. I reminded myself that this is a different culture and values and beliefs may not mirror my own*." (17).

Other participants demonstrated a level of ethnocentrism in their indignation caused by the lack of care and treatment of patients:

"I made a big poster of the symptoms and treatment of the disease. I discussed the poster at the morning doctors meeting, and I put it on the wall in the ICU and both the male and female medical wards. Hopefully, in the future patients who come in with Tetanus will be looked after a little better and the staff will have a bit more knowledge"(21).

Some of the participants became aware how the nurses, despite their few resources, made the best of it and several reflected that they became open-minded about care, realising "*that just because it is not done in the same way in Europe, it does not mean that it is wrong*" (13). The impact of the experience made most of the participants appreciate their own healthcare systems.

Within high-income countries, cultural differences made an impact on some of the participants. An example was that all hospital staff in their home country wore the same uniform, whereas staff at ICPs could freely choose the colour of their uniform; the colour did not reflect their professional positions. When returning home, one student reflected: "*At first this (wearing the same uniform) felt alien to me but now looking back I prefer this approach. It makes everyone equal in the team*" (15). This participant also reflected on how a handover to staff on the shift while having a cup of coffee was a very pleasant way to start a shift. Another participant further reflected that working in another country "*has made me realise how important it is to spend breaks with your colleagues and be able to have time to just have a conversation with them"* (16). Participants also pointed out that they were expected to work more autonomously in ICPs. How visiting and caring for patients independently, but still within their level of responsibility, was a daunting experience:

"*The fact that my preceptor and group leaders had this much trust in me to allow this was gratifying. I learnt so many invaluable skills working autonomously, and it has given me more confidence in my abilities as an independent nurse*" (15).

One participant was impressed by the level of respect shown to staff who, despite being very busy, were always were given time for their breaks. The nursing director explained to her: "*that this approach supported staff to work at their best"* (22). Others reflected on the big difference it made to be treated like a student, being given time to learn instead of being seen as just another "set of hands".

This reflection sums up many of the experiences from ICP:

"I also believe that, as a result of my ICP, I feel that I have learnt more about different cultures and how to be more understanding and respectful (to patients) during their treatment" (19).

Personal and professional achievements

Nearly all reflections contained narratives on personal and/or professional growth and going abroad was described as a life-changing experience. Furthermore, most participants described how they had experienced being pushed out of their comfort zone, teaching them to adapt to new conditions both inside and outside the healthcare system:

"Being able to practice effectively as a student nurse when pushed out of my comfort zone shows my ability to adapt to new situations. This is a positive thing that I can take with me into my future career (15).

There were some differences between completing an ICP in a high- or a low-income country when looking at personal and professional growth. The necessity of adapting to protocols in other countries developed the participants' understanding of and respect for other ways of providing treatment and care. At the same time, a number of participants going to low-

income countries saw patients die of simple infections, which made students feel they should fight for better treatment. Such experiences made participants humble and appreciative of the health care system in their own country:

"*The whole experience made me realise where I need to develop both personally and professionally to enhance my future career. I feel that Tanzania was the beginning of this. It made me appreciate the NHS more than I already did, including everything that's so widely available and how patients really are at the centre of everything we do as health care professionals"(12).*

A large number of participants mentioned that the ICP had supported their confidence in being a nurse student. The challenges that they had faced increased the participants' self-reliance and resilience in their everyday life, both as persons and as nursing students:

"I embarked on this experience knowing there would be many challenges I would face on the way both personally and professionally. Overcoming these challenges over the past months has improved my confidence both on and off the ward and I feel that after completing this ICP, I have developed both as a nurse and as a person" (14).

Almost all participants experienced professional growth. Several participants going to high-income countries mentioned that becoming a member of a team of healthcare professionals was essential for their learning outcome, developing independence as well as their ability to work on their own initiative:

"I felt this greatly this interdisciplinary communication was vital for effective care and personal development and this was evident in each nurse's care in the ward – in the way they managed time, quality of care and passion for their job" (19).

Professional growth was experienced as an improvement of nursing skills such as clinical skills and time management skills. Moreover, skills were improved in decision-making, professional judgment, communication and observation. The professionalism they developed

during the ICP gave the participants a direction for their future job as qualified nurses: *This has been one of the best experiences I have had so far in my life. It has taught me so much about myself, about nursing and about the direction I want my career to go" (22).*

The acquired knowledge was also experienced as transferable. Some participants described how their newly acquired skills could improve the healthcare systems in their own home countries. Some of the participants were surprised when they experienced how things could be done differently, which motivated the participants to become more aware of and eager to change their healthcare system at home:

"I have had to overcome challenges with language barriers and understanding how a different health care system works, and I have adapted my practice to this. In the future this will also improve my leadership and management skills as I have seen how well a team works and I have thought about how these structures can be translated into different working environments" (16).

Challenges and the importance of preceptorship

Some of the participants going to low-income countries described how they felt sad and distressed, because they had the feeling that they were not expected at the wards: "*We didn't receive a very warm welcome and were left for an hour or two sitting there clueless with a baby next to us in a bowl*" (12). However, as soon as the participants established contact with the staff, they were all very friendly. The nurses were responsive to the participants' wishes and they were allowed to stay at different wards: "*I chose to train in several wards; the labour ward, the medical ward, the children's ward and the renal ward*" (5).

It was difficult for some participants to witness serious incidents for instance seeing a young man die of tetanus. Overwhelmed by the lack of intervention, one student made and posted a poster about how this disease should be treated. Other participants were more reflective

realising that they themselves were changed by their experiences. A participant described how holding a very sick woman's hand was the only help she could provide. It seems that participants' expectations to how they could work with patients before the ICP could not be met in the way participants expected. However, opportunities arose for other and simpler ways of e.g. helping patients. Several participants reached similar conclusions as this:

"However, I must say, my trip to Kenya changed me, although I didn't change anything down there. That is the thing; you always think you are going to make a difference, but it is the other way around; Kenya made me different "(5).

It was important to participants to be welcomed and invited to become a part of the clinical setting. Some participants received a warm welcome and were treated as an equal as well as a valued member of the team. They were included in discussions and worktime social events such as the lunch break. Inclusion was seen to have an impact on improvement of patient care. One participant said:

" It (feeling included)….*helped me to improve patient care as people have different ideas and can discuss together what would be best for a patient*" (16).

Many of the participants going to high-income countries experienced working in formalised interdisciplinary teams, which gave them the opportunity to become a part of the discussion of patient situations and make decisions on the further treatment and care: *"I felt that this interdisciplinary communication was vital for effective care and personal development …"* (19). This experience seemed to be reserved for participants completing a structured and well-organised ICP in a European country.

Finally, several participants were very aware that they had an appointed preceptor helping them to reflect to understand the complexity of the situation and to achieve their learning outcomes. Several participants stated that having an appointed preceptor supported their self-confidence and willingness to learn in new circumstances:

"*The fact that my preceptor and group leaders had this much trust in me to allow this was gratifying. I learnt so many invaluable skills working autonomously, and it has given me more confidence in my ability to work as an independent nurse"* (15).

Discussion

Our findings revealed that there were differences in the achieved learning outcomes between students participating in ICPs in low- or high-income countries, respectively.

The participants who completed their ICP in low-income countries noted that they had improved their communication, collaboration and networking skills. Participants in in high-income countries, mostly Erasmus+ supported programmes, additionally improved clinical skills, time management skills, as well as skills in decision-making and judgements. This are in accordance with requirements in the educational standards and legislative orders for nursing education in the three participating countries. In agreement with our findings, the level at which participants in ICP in low-income countries achieved their formal learning outcomes can be discussed. It was obvious that learning conditions in a low-income country might be more challenging and thus learning outcomes might be more difficult to achieve compared with a high-income country.

It was an important finding that all the participants felt that they had developed personally by being challenged, being the foreigner and the one who had to decode the nursing culture, the local culture and the language. This concurs with findings in several studies (Greatex-White, 2008; Keogh and Russel-Roberts, 2009; Halcomb, 2017; Long, 2014; Phillips et al, 2017) reporting that studies abroad facilitate participants´ personal and professional growth. It is apparent that the participants have been self-directed in their learning process and this may have enhanced future employability, language skills and career prospect for several of the participants (European Higher Education Area, 2015).

Participants in the current study became aware that being pushed out of their comfort zone and managing the distress of being in an unknown and uncomfortable situation improved self-awareness and confidence. This deep impact on personal development through the ICP can support participants in the transition from being a student to becoming a registered nurse (Lee, 2004).

Although, as highlighted by Morgan (2019), some participants may experience disjuncture and liminality connected to upsetting experiences during the ICP, being with others and being accepted are enablers for a successful learning process. This is in accordance with the findings in our study. Being accepted helped the participants to become a valued member of the team and supported them in achieving their learning outcomes. The participants did not talk about self-empowerment or self-esteem; instead, they used words like ‘resilience’ and ‘confidence’ when talking about how to manage future challenges as a student or a nurse. Their study revealed that some participants felt left out of the professional team because of language barriers, leading to a feeling of being a stranger. Maltby et al. (2016) described how students experienced language barriers causing them to feel like *“a stranger in a strange land”*. The language barriers described by Maltby et al. (20216) were considered a challenge prior to the ICP by participants and continued to be a barrier throughout the ICP. However, our study found that language barriers were less important and several of the participants developed new ways to communicate with patients and health professionals. This was supported by Tuckett & Crompton (2014) and Myhre (2011). Morgan (2019) described this skill as important to nursing students' learning process, impacting on their approach to other professionals, patients and relatives.

We found that participants observed cultural difference during their ICP. Some of the participants reflected at both micro and macro level in the same way as elaborated by Browne (2015). From a sociological perspective, participants observed differences at micro level in

performing nursing skills or in the understanding of the core of nursing and caring. At macro level, participants observed the differences in the organisational structure and in health care delivery.

This study further indicated that participants experienced different nursing cultures regardless of being a low- or high-income country. This was interpreted by the participants as changes in their role, taking on new tasks and observing the different hierarchies in the health care systems of the ICPs. However, in high-income countries structural differences in the host nursing culture emphasized an interdisciplinary approach and created new ideas and understanding of equality among health professionals. The support provided through an appointed preceptor during the ICP in high-income countries, enabled participants to achieve their learning outcomes. This was also reported by Morgan (2019), who identified that 'being with others', here understood as the preceptor/interdisciplinary team, influenced the participants´ active sense-making by taking responsibility for learning and reflective activities such as critical reflection and confirming understandings. Similarly, Myhre (2011) also found that nursing students who completed a well-planned exchange supported by a preceptor experienced added value. This can also develop into two-way exchange programmes with evaluations and sustainable partnerships as noted by Kulbok et al (2012).

One of the main findings in much of the literature as well as by Kokko et al (2011) is the students´ preparedness for performing culturally competent nursing. Browne et al. (2018) elaborated on this demonstrating that ICP enhanced personal and professional development by enabling students to reflect on their own personal growth and developed clinical skills (Browne et al., 2018). Our findings concur with the Model for Developing Cultural Competence by Papadopoulos, Tiki and Taylor (2006) presented in figure 3. It became apparent that the participants´ ability to reflect varied and that they reached different stages of the process of gaining cultural competencies.

Insert figure 3 The Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence

Related to the Model for Developing Cultural Competence, all participants, to some degree, became culturally aware, realising their own strengths and weaknesses in a new cultural setting. However, it also became apparent how a few students, completing their ICP in low-income countries, expressed ethnocentrism for instance when instructing on the correct method of treating tetanus, forgetting what was possible in the actual circumstances. Such a lack of even first stage cultural awareness was also found by Hovland and Johannessen (2015). They pointed to the huge difference between both economic circumstances as well as cultural differences, how behavioural norms and values differ and how such disparities can be difficult for participants to decipher, which was also the case for our participants. This issue supports the need for pre-ICP preparations, specifically when completing an ICP in a country, which is culturally very different from the participant's own.

Most participants increased their cultural knowledge aligned with comprehension at the second stage of the Model for Developing Cultural Competence, examining their own personal and or professional values and beliefs.

This development was further obtained when participants started to compare, for instance nursing behaviour and its reflection on structural differences as well as social inequality. Participants complained about lack of empathy towards patients, which is in line with Gower et al (2017), who pointed to students stressing a perceived lack of nursing contributions by staff in their ICP. On the other hand, some participants reflected on this as something not being expected by patients, or they became aware of how staff actually did care in subtle ways and within the available framework in the particular setting moving towards stage three in the model.

Reaching the third stage of cultural sensitivity implies equal partnership involving trust, acceptance and how professionals view people in their care (Papadopoulos et al, 2006). Some participants, especially those going to low-income countries, compared the care they observed with that observed at home. They often rejected this approach at first as inferior care, which did not develop further cultural sensitivity. According to Morgan (2019), this is a situation where a preceptor could facilitate a development process. On the other hand, some participants were able to individually question and reflect on what was behind the actions of the nurses – actions they initially perceived as non-acceptable. Thus, they reached a respectful understanding based on reflective insight into the circumstances that shaped the nursing care, thus developing the cultural sensitivity of participants as found by Gower et al (2017).

Cultural competency, as in the fourth step of the model, was not reached through a 3-12 week-ICP by all if any of the participants in our study. An ICP is an important starting point, an eye opener in the process of becoming culturally competent. Overall, it could be claimed that all the participants to some degree, increased their cultural awareness, knowledge and sensitivity, but it is also important to remember that obtaining cultural competency is an ongoing process. This study, in agreement with Ulvund & Modal (2017), found that this is a process that could and should be enhanced by preparing for and debriefing after the ICP. In this way the aim of the Erasmus programme of enhanced intercultural awareness could be achieved (figure 1).

Limitations

A number of limitations to this study should be considered. A total of 23 participants handed in written reflections, which equals a response rate of 25%.

Furthermore, the participants came from three EU countries but with an unequal representation as 16 participants came from the United Kingdom, two from Ireland and five from Denmark.

The data set consisted of students' written reflections and it was thus not possible to further explore the participants' experiences.

Conclusion

We found that ICP had an impact on all participants´ personal as well as professional way of understanding themselves as nursing students and future nurses. The study also found that there is a profound difference between the achieved learning outcomes of participants completing an ICP in a high- or low-income country, respectively.

Language barriers, the local culture as well as a different nursing cultures often challenged the participants and pushed them out of their comfort zone. In high-income countries, a well-planned Erasmus exchange with an appointed preceptor was vital in helping the participants to overcome the difficulties and to make sense of the nursing and cultural experiences. In low-income countries, the lack of a preceptor arrangement was a challenge for the participants.

The findings indicate that all participants advanced in different stages on their way to becoming a culturally competent nurse, which is in line with the framework of Papadopoulos´s model for developing cultural competence. None of the participants reached the fourth stage of the model of being culturally competent during the ICP. Becoming culturally competent is an ongoing process which needs to be supported also when the student returns from the ICP.

Finally, the findings of this study provide recommendations for educational institutions to establish well-planned ICPs that adopt a two-way reciprocal ICP, and last but not least to be aware of the value of an appointed preceptor in the host country. These recommendations can be reached through the Erasmus+ programme.

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Table 1. Educational standards, length of exchange, educational year, grant, home and host country

Home country	Educational standards and ministerial order	Length of exchange and educational year	Host countries	Erasmus grant
DK	Cultural immersion Observational practice	3 weeks 3rd year students	Worldwide	No
DK	Documentation of achieved clinical learning outcomes /oral or written exams Clinical practice	10-12 weeks 2nd year students	European and Nordic countries and African Countries	Yes if it is to a Nordic and an European country
UK	Cultural immersion Observational practice	4 weeks 3rd year students	Thailand Tanzania	No
UK	Documentation of achieved clinical learning outcomes Clinical practice	10-12 weeks 3rd year students	Denmark Norway Ireland	Yes
Ireland	Documentation of achieved clinical learning outcomes Clinical practice	10-12 weeks 3rd year students	UK DK Finland	Yes

Table 2. Gender, age, destination, number of weeks and home country

ID. Code	Gender	Age	Destination	number of weeks	Home country
1	F	26	Cypress	10	DK
2	F	24	USA	3	DK
3	F	24	UK	3	DK
4	F	24	Turkey	3	DK
5	F	21	Kenya	10	DK
6	F	21	Finland	12	Ireland
7	F	47	UK	12	Ireland
8	F	22	Ireland	12	UK
9	F	26	Ireland	12	UK
10	F	21	Norway	12	UK
11	F	26	Thailand	4	UK
12	F	24	Tanzania	4	UK
13	F	25	Tanzania	4	UK
14	F	22	Denmark	12	UK
15	F	29	Norway	12	UK
16	F	21	Norway	12	UK
17	F	44	Tanzania	4	UK
18	F	26	Tanzania	4	UK

19	F	25	Denmark	12	UK
20	F	43	Tanzania	4	UK
21	F	24	Tanzania	4	UK
22	F	21	Ireland	12	UK
23	F	25	Norway	12	UK

Figure 1: The European Union and the Erasmus+ Programme

DK, UK and Ireland became a member of the European Community in 1973. It is an economical and a political union between several European countries. The number of countries has increased since then.

When signing the Maastricht Treaty in 1993, the collaboration was further strengthened and the European Union was established

In 1999 the ministers of Education of 29 countries agreed on a common vision of a European Higher Education Area agreement on the Bologna process

Among several other key elements in the Bologna process: European Higher Education Institutions (HEIs) would be able to cooperate and exchange students/staff on the basis of trust and confidence and also base on transparency and quality;

http://www.ehea.info/media.ehea.info/file/2015_Yerevan/71/1/Bologna_Process_Revisited_Future_of_the_EHEA_Final_613711.pdf

One of the programmes is **Erasmus+**, which supports education, training, youth and sport in Europe. The latest programme period is from 2014- 2020
Organisations can send or receive students, and staff to or from participating countries. Staff can teach or train abroad, whereas students and doctoral candidates can do a traineeship or part of their studies abroad.

Erasmus + Programme Guide
https://ec.europa.eu/programmes/erasmus-plus/resources/programme-guide_en
Key Action 1: Learning Mobility of Individuals page 29- 88
As regards students, trainees, apprentices and young people, the mobility activities supported under this Key Action are meant to produce the following outcomes:

- improved learning performance;
- enhanced employability and improved career prospects;
- increased sense of initiative and entrepreneurship;
- increased self-empowerment and self-esteem;
- improved foreign language competences;
- enhanced intercultural awareness;
- more active participation in society;
- better awareness of the European project and the EU values;
- increased motivation for taking part in future (formal/non-formal) education or training after the mobility period abroad.

Conditions
Grant support if the traineeship has a duration of more than 2 months
A signed bilateral agreement between the sending and host institution
Exchange as a part of the curriculum and no prolonging of the study
Reciprocal exchange agreements
ECTS (European Credit Transfer System). A system used to transfer credit between further education programmes in Europe

Figure 2 Systematic text condensation inspired by K. Malterud (2012)

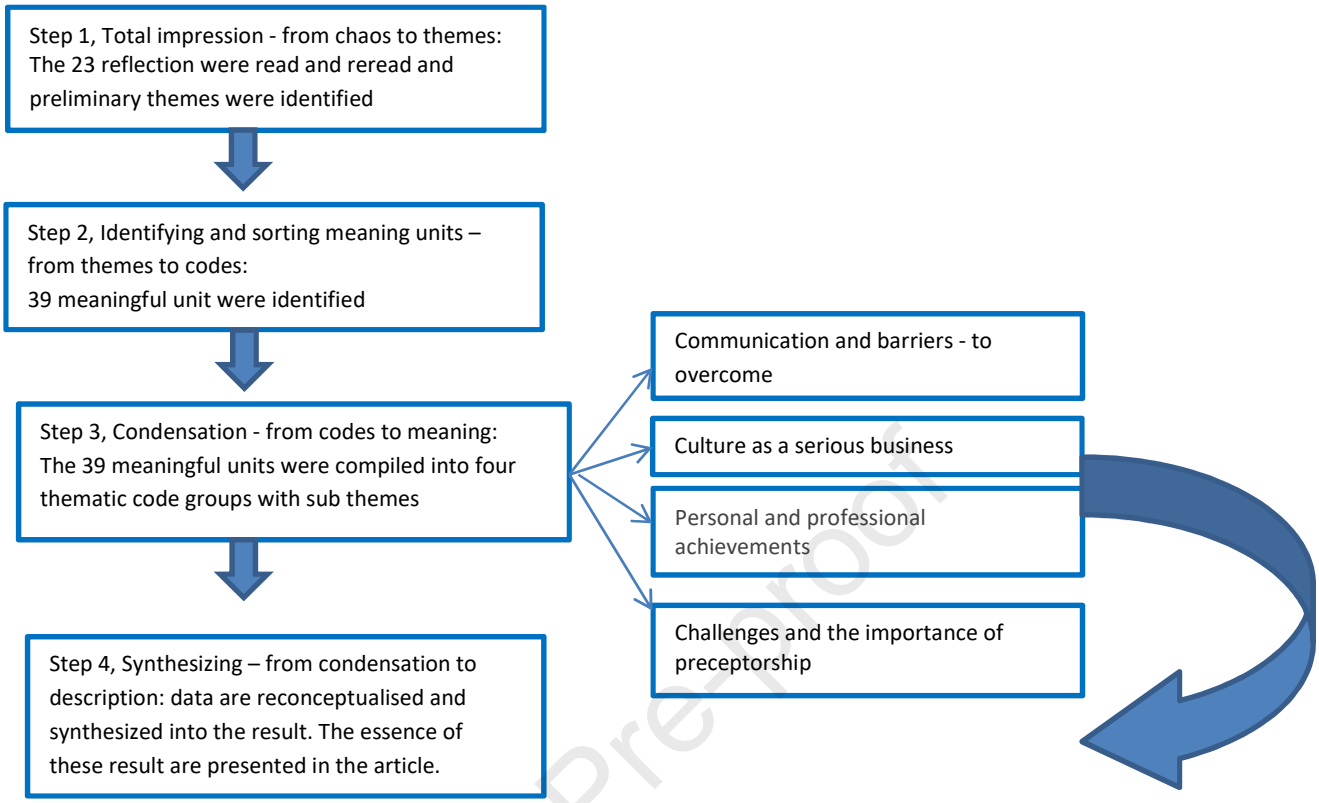
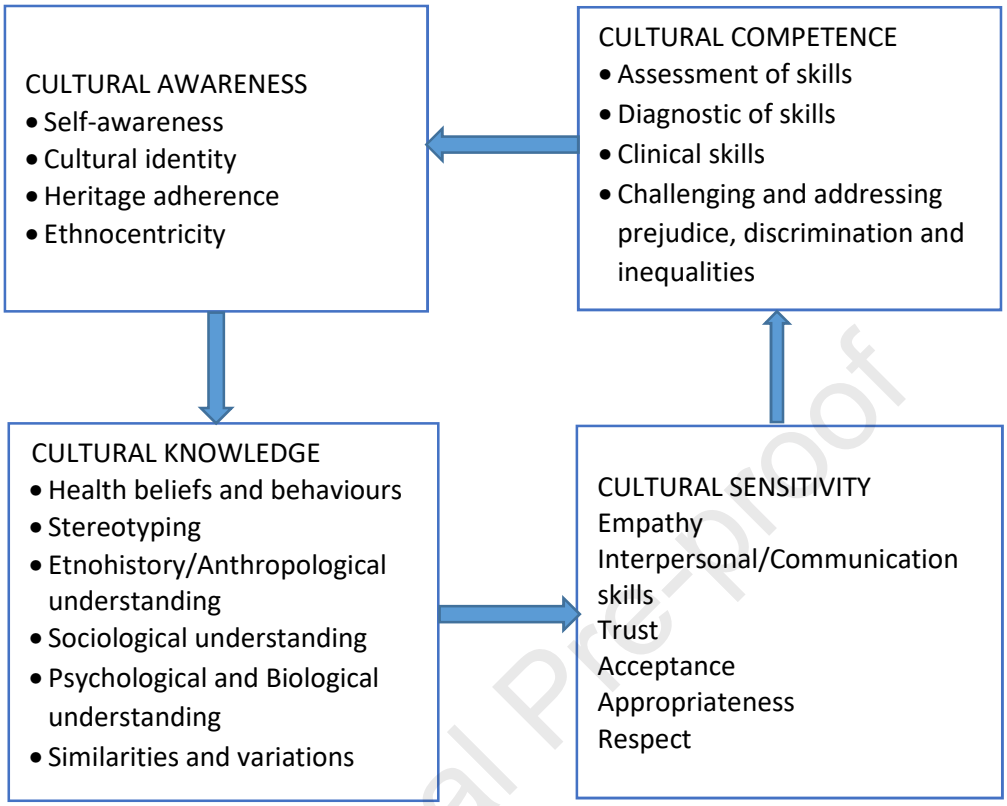


Figure 3: The Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence



Papadopoulos (2003) defines cultural competence as:

"… the capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviours and needs… cultural competence is the synthesis of a lot of knowledge and skills which we acquire during our personal and professional lives and to which we are constantly adding…

Highlights

- Professional understanding of themselves as nursing students and future nurses
- The participants were pushed out of their comfort zone
- All participants advanced on their way to become a culturally competent
- This study suggests recommendations two-way reciprocal Erasmus exchange programmes
- Appointment of a preceptor was highly valuable for students.

Keywords: Nursing students, international clinical placement, preceptor, qualitative research, personal and professional development, cultural competence

International clinical placement – experiences of nursing students´ cultural, personal and professional development; a qualitative study.

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Conflict of interest

No conflicts of interests.

Ethical approval

The programme was commissioned and approved by UCL, Department of Nursing.

Author declaration

[Instructions: Please check all applicable boxes and provide additional information as requested.]

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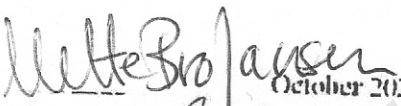
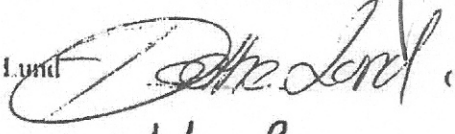
1.	Mette Bro Jansen		October 2020
2.	Dorthe Winter Lund		October 2020
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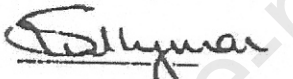
4.	Sue Lillyman		October 2020
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