A Global Learning Experience: Narratives of European Immersive Clinical Nursing Exchanges

Sheila Cunningham, Middlesex University, United Kingdom

The European Conference on Education 2014
Official Conference Proceedings

Abstract
Placement learning accounting for 50% of the educational experience for pre-registration nursing students holds considerable benefits (Warne et al, 2010). Moreover a European exchange enhances development of cultural competence and international perspectives on practice. Critics of exchanges (Shieh, 2004) report students feel 'disintegration' and dependence problems. However, Button et al (2005) assert positive aspects: cultural difference, comparison of healthcare systems, care practices, personal development and critical perspectives. Middlesex university has long experience of students going on exchange (BSc European Nursing and Erasmus) and this is increasingly popular supporting Leuven's 20/2020 target to increase student mobility (Sweeney 2012).

Nursing education has evolved over the last decade but some European areas are still evolving to align with Bologna cycles. Nursing students then enter varied settings on European exchange. Adopting a bricolage approach (Kinchloe, 2001, 2008) students' reflective blogs, placement assessments and evaluative techniques were analysed revealing a professional journey which, at times, was both turbulant and enriching with evolving awareness of global health and care concepts. Individual student narratives vary sharing some themes but not a 'linear' development arguably a variation of W-curve of adjustment (Zeller & Mosier, 1993). Outgoing UK students report improved confidence, independence, expanding skills, reconceptualising 'essence' of care and communication. Incoming European students however report surprise at multidisciplinary relationships and interactions, ethnic diversity (London), expanded nursing roles and patents negotiating care. When asked 'what else' it appears unclear or simply a feeling at the end of 'being different' and a liminal state of developing or becoming.

Keywords: European placements, Professional transitions, Global perspectives on healthcare, Lifelong learning

Introduction

The Treaty of Rome signed by six nations in 1957 set in motion the economic and political integration of western Europe evolving to that state which although controversial has culminated in an integrated European market . The European Union (EU) currently comprises of 27 culturally different member states. Within this context whilst population health has improved in recent decades challenges remain from increasing diversity, ageing and socioeconomic changes across Europe. Inequalities in income, education, housing and employment have directly or indirectly affected public health (Mladovsky et al, 2009). Globalization has resulted in increased migration (voluntary to involuntary) ranging from refugees, asylum seekers, internally displaced persons and stateless persons (Pacquino, 2008) all of whom have multiple physical, psychological and sociocultural needs as a result. Furthermore globalization is increasingly dictating academic and professional requirements for graduates in knowledge and professional cross-cultural skills and attitudes without sacrificing quality and safety (Greatrex-White, 2008).

Nurses' knowledge and awareness of health needs is paramount to their professional role. Furthermore a responsive and reflexive approach to practice is required at a number of levels: individual nurse-patient encounters, macro-level organisational involvement and wider societal influences and interventions. The demographic changes in the UK and across Europe reinforce the need not only a global awareness of the issues but also of cultural and integrative approaches to care for competent practice. Whilst this is core to all nursing programmes in the main across Europe it is a requisite for qualification to practice in the UK (NMC, 2010). Greatrex-White (2008) argues whilst it is accepted that home institutions cultural training programmes and theoretical transcultural models can be effective in developing students' knowledge of other cultures the location within the classroom has limited impact for students of the caring professions.

Nursing like many professions, exhort lifelong learning to be responsive and effective in practice. Lifelong learners possess skills to flexibly respond to change, proactively develop their competencies and participate successfully in society (Redecker et al 2011). Opportunities such as European placement exchange provides this and narratives from student nurses engaging in this experiential process reflect these skills and qualities in a transformative way.

Learning Nursing

Learning in placement provides 50% of the educational experience for pre-registration nursing students. The benefit of this experiential learning is considerable (Warne et al, 2010), the dimension of an exchange enhances development of cultural competence and international perspectives in practice. Critics of exchanges (Shieh, 2004) report students feel 'disintegration' and problems with dependence. However, Button et al (2005) assert positive aspects: cultural difference, comparison of international healthcare systems, care practices, personal development and critical perspectives of experiences. Middlesex university recognises this from long experience of students going on exchange (Erasmus) and increasing interest by students for clinical placement in Europe which fortunately also supports Leuven's 20/2020 target to increase student mobility (Sweeney 2012).

Nursing education and preparation has evolved over the last decade. Reforms to higher education in 1999 aimed to create a comparable education system and academic awards across Europe which was recognised and transferable throughout (European Commission, 2012). Commonly referred to as the Bologna Process (from the city in which it was signed) the European Higher Education Area (EHEA) articulated three cycles of higher education (bachelor, masters and doctoral level) and the transferable European credits scheme (ECTS). This alongside other European nursing organisations influenced the development and movement of nursing to degree level study which is now the dominant professional education route in the UK. Currently some European areas are still evolving to come into line with Bologna cycles. Clinical learning environments, healthcare provision and supervisory systems vary across Europe (Salminen et al, 2010) with some nurse education situated within hospital nursing schools and others in universities However this is evolving more towards university. This then presents the varied setting which exchange nursing students enter on clinical placement both outgoing to host countries and incoming to the UK.

Several attributes and experiences are anticipated to be developed or at least encountered during exchange not in the least cultural exposure. Several researchers have claimed that exploring and confirming one's own cultural values and prejudices are essential to increasing awareness and cultural sensitivity towards others (Lenninger and MacFarland, 2002). This however does need a form of preparation as awarenesses do not 'occur' instantaneously yet how does one prepare students for this alongside the complexities of culture and beliefs, uncertainty, adaptation and personal and professional growth? Greatrex- White (2007) argues that exchange supersedes more passive home environment preparation awareness building of cultural appreciation and building criticality of one's own culture and practices and the impact of this on other cultures and one could add develop some form of cultural competence. Cultural competence is described as a continuous process (Koskinen et al, 2012) more a 'process not an event' (Campinha-Bacote, 2002 p.181) or rather a state of becoming. It has long been recognised that study abroad yields benefits to nursing not in least with reference to wider society and the various harsh realities of life and living but also to develop critical awareness and clinical reasoning and the core essence of nursing (Cowan, 2007). Campinha-Bacote (2002) argues that there are multiple interrelated elements to cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural desire and finally cultural encounter. This final one is most relevant to this paper since the students by engaging with a six month exchange engage in an immersive cultural experience which enables nurses to directly engage with a variety or diverse populations and experience lifestyle, living and linguistic experiences and apply these to their professional practice.

This paper outlines a specific aspect of practice: nurse education and European exchanges. It explores incoming and outgoing (to the UK) students' experiences with the perspective of insights and effects from a European learning experience and cultural immersive experience. It originated with evaluation of students nurses immersive experiences and enabling more effective preparation for exchange. The key questions which were explored were: what are students perceptions of such experiences, to what extent has the experience influenced their view of nursing , health or themselves, do experiences differ between UK students going abroad and

European students coming to the UK and finally what 'else' is there to be learned from this experience?

Methodological approach

This was not a formal research project yet having been inspired by Kinchloe's (2001) influential work on eclectic educational research approaches (bricolage) it enabled a less formal 'research' approach and a means to tap tacit knowledge and understanding of experiences using tools at hand and constantly reimaging and interpreting various 'artefacts' or 'data' respecting the complexity and contradictions of the lived world. As Denzin and Lincoln (1999) amongst others argue authentic bricolage follows several complex naturalistic approaches also acting as an eclectic strategy to add 'rigor, breadth, complexity, richness, and depth to any inquiry' (p.6). In its more authentic sense it relies on methodological practices explicitly based on eclecticism, emergent design, flexibility and plurality (Rogers, 2012).

This was a small group of students. Twelve UK students and ten European nursing students from European countries. This evaluative data is form one year group and reflects a brief snapshot which is aimed to build up a more substantial understanding in subsequent years as exchanges expand.

Bricolage research, as conceptualized by Denzin and Lincoln (1999) and further theorized by Kincheloe (2001; 2004; 2008) and Berry (2006; 2011), can be considered a critical, multi-perspectival, multi-theoretical and multi-methodological approach to inquiry. For Kincheloe (2004), human knowledge construction does not lead to universal 'truths' nor can it be considered a linear or tidy process and that knowledge is temporal and culturally situated (Kincheloe, 2008). The 'tools' used here reflected the records of experiences students during the exchange period: online reflective blogs, practice refection accounts (placement learning), focus group and formal evaluation (using a nominal group technique lead by the students. Nominal Group Technique (NGT) requires direct participant involvement, in a way that is non-hierarchical, and where all participants have an equal voice and all responses to the posed question (elucidating positive and not positive experiences to this exchange period) have equal validity (Harvey and Holmes 2012, Perry and Linsley 2006).

Analysis

This followed an inductive process to examine the whole experience to reach the ideas and feelings of those involved. Since it was students narratives or stories which convey the meanings shared elements emerged as 'themes' and students themselves offered 'themes in the evaluative NGT. Narrative analysis as fits 'bricolage' approach with the recognition that it is one understanding or interpretation of words and phrases from students. Each reflection and blog was read carefully identifying 'meaningful units' and loosely termed 'themes' elicited. This was independently reviewed by a peer and finally discussed with (UK) students for congruence and sense of the narratives they offered. Accounts were highly individual but it seems they were making sense of similar phenomena. The interpretation is subject to my own view of the students' experiences and my own position as lecturer and my own biases from professional experience, cultural and personal experiences in the world. During the whole analysis and interpretative process the blogs and reflections were interrogated,

the emotions and 'sense' students were making by asking What did they understand about study abroad? What sense or meaning are they giving to events/feelings/awareness's? What elements have changed for them and what is the process of change? It is noticeable that some 'structures' were in conflict with each other: feeling welcome yet feeling isolated. In this paper the notation or prefix 'UK' denotes quotes from UK nursing students and 'EU' for the European incoming students.

Professional journey

When asked to complete a final evaluate process using a nominal group technique the students readily took the opportunity to delve into each other's experiences to sort and discuss and then summarise them under what was positive and enriching about the exchange versus what was not and how this could be improved. The key results can be seen in table 1. Overwhelmingly the positive superseded the negative and on closer examination and a post evaluation focus group discussion revealed that the positive and negative were often two sides of the same phenomena (homesick and isolation yet making new relationships) revealing a temporal point in the exchange reflective of a transitioning of an at times turbulent journey towards positivity.

Table 1: UK Student summarised results of Nominal Group Technique evaluating exchange experiences (ranked and top 4 shown).

Positive/enriching aspects	**Negative/blocking aspects**
1. Seeing and learning new nursing ways and approaches 2. Experiencing a different culture (food, living, language) 3. Making new relationships 4. New travelling opportunities	1. Adapting and feeling isolated and homesick 2. Returning home 3. Expense 4. Confusing teaching environment

Students recorded their professional journey reporting at times, turbulent journeys and experiences reminiscent of the W-curve of adjustment (Zeller and Mosier, 1993) with exhilaration and periods of feeling low and isolated. This occurred both on going to the host country but also on return to the home country although it must be acknowledged this was only followed up with UK students. European students appeared to have issues with adapting and reflected this pattern but it is unknown if this persisted in the return to their home surroundings. This points to a longer term impact of an exchange experience and for some students the process of adapting revealed a transformation or realisation of skills and qualities they did not appreciate they had (or developed). These point towards a positive coping approach resonant where personal qualities of coping and resilience reported by McCann et al (2013) enable a management of negative effects of stress. In a profession as stressful as nursing is a valuable attribute particularly in the light of unpredictable futures and situations.

Themes which emerged from the student narratives vared. UK students report improved confidence and independence, expanding skills-base, reconceptualising 'essence' of care and dimensions of communication. The incoming European students reported increased independence, different multidisciplinary relationships, diversity of ethnicity (London), expanded role of nurses and surprise at patents negotiating care. These reflect the future skills of flexibility and learning to learn and reflection and new learning patterns for life wide and lifelong learning proposed by Redecker et al (2011) in preparing for the future. This evaluation strongly suggest emerging themes congruent with criteria (Mezirow, 2000; Cranton, 2006) for long-term transformational learning

Orientation and disorientation – experiencing transition

Moving to another country for such an immersive experience is bound to cause feelings of anxiety and anticipation. Literature on international exchanges is replete with models of student response to this which can be simply summarised as empowering and positive or devastatingly negative (culture shock) (Zhou et al, 2008; Button et al 2005). The narratives from UK students indicated a variety of reactions to going abroad including regret at choices and at not making the most of experiences. Emotions were highly prevalent in perceptions of the experiences which in one case was a barrier and permeated the entire period abroad. However on reading the reflective diary and clinical reflection the impression is very different. Each had different pattern making this a unique to them and thus difficult to predict. These students therefore did not reflect a 'homogenous group' and their experiences study does not follow a precise and predictable pattern reminiscent of the findings in other literature (Greatrex-White 2007 ; Keogh, Russell-Roberts, 2008; Warne et al 2010).

The European nurses' narratives showed similar orientation aspects to the city and also to the healthcare processes/organisation. For some, London is a massive difference to their home country especially those from Malta and Italy compared with that of Scandinavian countries and this made the experience all the more immense. This did result in some narratives of amazement at the diversity of the population but also of the speed and frenetic working of the city. Some students felt welcome and others isolated: '*Interesting part of my placement was culture meeting patients from so many different cultures and with different backgrounds amazing in London..*' (EU2). '*During the first week I felt a bit confused …. But after I started to work and to give meaning to my actions and know my environment everything appeared better*' (EU3). This transformation and making sense necessitated fitting in and moving to a positive perspective of the experience. None commented on feeling homesick in their reflections but did verbally acknowledge this. As each student experienced moving from one culture or environment to another the process was individual but there were similarities in their experiences. One UK student described as a period of disorientation and '*feeling unwelcome in the clinical area'* (UK1) and a sense of not being prepared by the home institution. '*I missed the rush of London – it was so quiet here we were I was not prepared for such quiet…*' (UK 8).

The sense of loneliness and detachment was made worse by contact from home or when punctuated by visits home. Ruddock Turner (2007) found that some students' transition was characterised by uncertainty and disappointment however here the

common thread was the means and extent to which they embraced this uncertainty and disorientation and adjusted as part of a process of adapting to the reality demands of a new and different culture. Lyons (2002) proposes this process of reflection and construction of meaning is thought to be linked to the elaboration of one's sense of self-identity (and culture) and highly emotive arguing also that this process may to contribute to transformation of meaning perspectives or frames of reference (Lyons, 2002).

Personal growth through challenging experiences

Students did reveal experiences in unfamiliar situations which stretched their abilities and knowledge. Moving beyond the comfort zone to unfamiliar situations and clinical areas opened up awarenesses and new possibilities and challenges and ultimately, learning. Students recognised the difference yet also the comfort in performing fairly well established skills which they offered in situations to aid 'joining in' which not only exercised them but also enabled new ways to use and develop them. '*The trust the staff have put in me has been a bit of a shock compared to the UK* ' (UK 1) . ' *If you are an exchange student there is less pressure on you to actually get involved when on placement, my advice would be to jump right in and experience all you can.*' (UK12). For some students this was frustrating and they acknowledged their limited experience base and perhaps highlights their limited ability to see the 'bigger picture' of services and care provision '*Many of the patients clearly have mental health problems that was the most challenging part it seems to me that not a lot is done about this . It seems almost that this part is ignored since they are not hurting anyone'* (EU1). As students they are still on their professional journey and exchanges can enhance the limited experience base and impact on how much is learned or connected to prior knowledge. For many they moved beyond their current zone of functioning scaffolding their learning, reflecting and being in socially supportive spaces enabled a sense of what they were about (metacognition) ultimately towards self-efficacy and a new state of 'becoming' reflective of social constructivist processes.

Culture immersion: Self-conscious, awareness and knowledge and learning and adjusting

Living in the host culture allowed a new perspective on their own culture and lifestyle to surface. Much literature focusses on learning new cultures and absorbing differences (Koskinen & Tossavainen, 2004; Callister and Cox, 2006). Wilson-Covington (2001 in Cowan 2007) argue that the nursing profession and values are predominantly determined by western systems and knowledge is at times ethnocentric (Vydelingum, 2006). Narayanasamy and White (2005) highlight that nursing education in the UK exposes students to adapt to and internalize one particular culture and its values and beliefs, that of the majority. Kozub (2013) argues that toprovide culturally competent (or any competent) care students need the ability to reflect on their own beliefs, values and perspectives and develop the ability to understand the perspectives of the other (patient or family). This is not a remote learning task but one ingrained in practice involving emotional and cognitive connections and thus actively learned in direct experiences with patients. The exchange offered therefore to experience crossing a new culture which makes one examine one's own culture and how people are products of that culture (Greatrex-White,2007) which was evident at

times '*Nursing is different, strange really patient contact is most important - being with patients but there it was laid back – monitoring was done remotely blood pressure you know . I need to build rapport make contact with patients*' (UK1). Although the students clearly did not acknowledge limited views or bias and the extent of 'awareness' or culture revelations remains unknown.

Ruddock and Turner (2007) found that students reflecting on their experiences especially with peers from their own culture, and having time out from the host culture, helped put things into perspective, which facilitated adjustment to cultural differences maintaining an open attitude enabled them to compare differences in health care, education and nursing. This was the aim of the blogs and remote support processes. '*Interesting part of my placement was culture meeting patients form so many different cultures and with different backgrounds*' (EU2). '*What caught my attention is that London is very multicultural and therefore there are patients coming from all over the world with different cultures, ethnicity and beliefs I really admired the way the nurses and healthcare staff used to go along with such a wide diversity of patients whilst always maintaining a high standard of professionalism…*' (EU6). Transcultural theorists identify self-awareness as an integral step in the development of culturally congruent care (Kozub, 2013). In considering Leninger and MacFarlane's (2002) explanation of ethnocentrism is a universally held principle but one that is harmful to nursing practice. Furthermore they argue for the value of breadth of experiences and increased self-awareness for nurses to recognise personal bias to free them to move beyond simply acknowledging cultural beliefs, values and biases into the emotional and cognitive realms of culture to use it consciously to integrate cultural competence into professional practice.

Important others and supportive networks

Saliminen et al (2010) argue that whilst clinical environments and supervisory systems are central to nursing students learning this poses challenges where the educational culture varies from university to hospital based education systems and yet Suikkala, et al (2008) argue that in some areas (notably Finland) pedagogical conditions offered by wards and supervisor skills have improved consistently over the last 10 years. This still creates a challenge for students entering a new system and navigating the process of supervision or mentorship. Though more issues were found with mentors in UK organisations compared with European (according to blogs/reflections). '*I had so many opportunities there was always something to do ... feeling more involved*' (UK 5). '*The ward was too busy for me to learn anything…they said they don't have time to teach students'* (EU1). This may also be a reflection of the nature of the clinical area or simply reflective of the early transition period either way, it was isolating and is an important consideration for developing such experiences.

In the context of nurse education and practice professional socialization impacts on students ability to identify dominant values, skills and attitudes and 'becoming' the professional. Mackintosh (2006) suggests that this can also result in a loss of idealism about care and furthermore that the local context drives their transformation to 'fit' the local needs and culture this may also have a detrimental effect on students learning and ultimately patient care. Greatrex- White (2007) suggests that a study abroad has the potential to act as a catalyst to 'awaken' the limiting nature of their

socialisation process and emerge with a new awareness of not only self and culture but also of approaches to practice. This taken for granted or passive acceptance which is submerged is raised to consciousness then learning takes place engendering deeper rather than surface approaches to learning (Greasely & Ashworth, 2007).

Multidisciplinary working was a key issue with some of the European students highlighting the different exposure and pattern of healthcare provision. This was most prevalent with the Italian and Maltese nurses in particular but not an issue identified by Scandinavian students. '*Communication between doctors and nurses is better. This might be the fact that there is more trust between healthcare professional's moreover this can guide decision making in health care plans*' (EU5). '*Nurses and doctors gather around at the beginning of the day when I was working in theatres and have a group discussion regarding the schedule of operations and how they should prepare for each and every patient accordingly*' (EU6) . The work of nurses was at times confusing to EU students – some work was considered 'domestic' and thus not appropriate yet is part of everyday care here such as giving out meals and making beds when there were also extremely senior independant practitioner nurses further confusing them on role boundaries. '*Some domestical work is also expected to be done by the nurse this is done by carers in Malta so nurses can focus on important tasks…*' (EU5). '*I worked with specialist nurses that interview patients and discuss where best to direct the patient with diseases .... the nurses here had more responsibility and value..*' (EU3). It must be noted that some students were in year 2 or 3 and thus at differing levels of nursing preparation so some awarenesses are due to the prior exposure however this does not detract from the impact of the immersive exchange period and the awarenesses which emerged.

Discussion and Conclusion

Underpinning all the accounts and narratives are the sense of collegiality and connectedness to the locations and professionals they encountered. The awareness of this was variable and the process it seems, continues after returning. From the UK students perspective changes continue to emerge up to several months on return. One could argue a deeper transformation process which began during the exchange continues reveals a key attribute to lifelong learning and life wide learning reflected in the central paradigm of learning and being reflexive and responsive for the future proposed by Redecker (2009) .

The original questions posed focussed on what are students perceptions of such experiences which has been presented here as varied individual and certainly overall transformative. The views of nursing emerge as varied to from incredulity to awe though what the impact would be on qualified practitioners more established in a sense of professional self would be interesting. The experiences are different from the UK versus the EU students yet individual narratives all point to transition and some form of personal and professional learning. For the year 3 students they are on the cusp of professional qualification and the responsibilities and uncertainties this brings. Experiences and this other type of transition then are influenced by role models and mentors, regardless of country (Kaihlanen et al 2013). This period of 'liminiality' also points to a complex picture of understanding how students make sense of the exchange. Literature indicates that at this point students' perceive an insecurity and anxiety level manifesting in knowledge, skills and practice

deficiencies. The additional stress of an immersive cultural experience may in fact illustrate skills of resilience or ability to overcome this but could also add to the anxiety experienced. Alongside developmental and intellectual development one could also argue socio-cultural and societal context adaptions are also happening. Furthermore it is argued that resilience a process of coping and adapting to adversity that can be learned (MacAllister & McKinnon, 2009) and opportunities such as this contribute.

A final question which was posed initially was what 'else' is there to be learned from this experience? This is rather difficult to discern since the various facets of the exchange experience are all interrelated and yet individual. There does appear to be a question of the 'who' elects to go on exchange and are they open to such transformative experiences and how could the benefits and insights gained be harnessed and utilised for students who do not go on exchange?

Campesino (2008) proposes that new and innovative educational approaches are needed to prepare a workforce that responds to diverse needs of people from a wide variety of cultural backgrounds, languages, and worldviews. The challenge is how to do this for transformational learning to occur in Mezirow's (2000) definition:

'The process by which we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mind-sets) to make more inclusive, discriminating, 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)

One can therefore conclude that the exchange does impact on students either through redefining nursing practice, developing a positive attitude to health which is valuable contribution to developing a more global attitude towards professional practice. Duffy et al (2003) point out that adequate preparation of students going abroad is essential and ideally that language proficiency of the host country is important . This was evident here but since most of the host countries spoke English the key aspect was how much language is enough to care for clients and also how students could embrace the extra effort to learn the language once there. Evanson and Zust (2006) and Button et al (2005) conclude that short term immersion experiences can enhance students cultural competence as well as having lasting effects on their personal and professional lives.

(4538 words)

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Contact email: s.cunningham@mdx.ac.uk