WHAT IS THE MEANING OF INTERNATIONAL PLACEMENTS FOR STUDENT NURSES?

A NARRATIVE INQUIRY AT ONE UNIVERSITY IN NORTH WEST ENGLAND

by

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A thesis submitted in partial fulfilment for the requirements for the degree of Doctorate in Education at the University of Central Lancashire

MAY 2019

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ABSTRACT

International placements contribute to the development of skills which support employability of graduates in a global market place (Devane, 2017). From a nursing perspective the placements contribute to competent care of culturally diverse clients in the 'home' country (Repo *et al.*, 2017). This research offers insight into the student nurse perspective; **"What is the meaning of international placements for student nurses?"**

A Narrative Inquiry methodological approach was taken and 9 student nurses told their 'story' of an international placement during a research conversation. One student participated in a second conversation; two further nurses told of their student nurse international placement from their perspective as qualified nurses.

Every student told a unique story but there were also 'Common Threads' of meaning. Findings supported reviewed literature that suggests an international placement offers opportunities for personal and professional development. However the narrative inquiry approach also provided rich data which highlighted aspects of meaning of international placements not frequently discussed in the reviewed literature.

Motivation, energy and organisational skills are required to prepare for an international placement. The development of cultural competence is possible but challenging for student nurses on international placements. There is a pervasiveness of emotion before, during and after an international placement; this is a challenge for some students but also a key aspect of learning from the experience. The international placement can be seen as integral to becoming a nurse and offers an opportunity for student nurses to reflect upon their usual field, highlighting the challenge of being caring and compassionate in the context of the NHS. The narrative analysis also drew attention to the 'missing stories' of those students who cannot undertake an international placement and other people involved in the international placement e.g. nurses in the host country.

Overall the meaning of an international placement related to the vast array of learning opportunities, which meant that the students developed 'knowledge capital' However, learning from such an experience is complex, social in nature and at times challenging. This research contributes to understanding the social and relational nature of learning from experience and builds upon the theories of Dewey (1938), Bourdieu (1977) and Lave and Wenger (1991).

Recommendations are made to continue international placements at the North West University but to acknowledge student 'effort' and 'learning' by linking to an accredited module. Suggestions are made to support student nurse learning from the experience; also to share that learning with students who cannot undertake the placement. An aspirational recommendation is to establish a long term relationship with an overseas healthcare placement to facilitate project work that will be mutually beneficial to all involved.

This research contributes to understanding the relevance of international placements in a nursing curriculum. The impact such a placement may have on future nursing care offered by the students has been addressed in a limited way. The meaning of such a placement for people local to the host countries is an important area for future research.

Key words; International placement; Student nurse; Narrative inquiry; Social learning.

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Abbreviations

COP Community of Practice

DBIS Department for Business, Innovation and Skills

DH   Department of Health

HCPs Health care professionals

HEI   Higher Education Institution

IPE   Inter-professional education

LMIC Lower and middle income countries

MOC Memorandum of Co-operation

NMC Nursing and Midwifery Council

Acknowledgements

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CHAPTER 1: INTRODUCTION

At the University of Central Lancashire (UCLan), where this research took place (referred to as University A throughout the thesis), international placements are offered to every cohort of student nurses; approximately 7% of the students undertake such an experience. As a senior lecturer at University A I had listened to student recollections of their experience and noticed variations in the stories told; even when the same location had been visited. This 'noticing' eventually developed into the doctoral research presented in this thesis.

The purpose of the introduction is to explain the context of the research from educational and professional perspectives. The rationale, methodological approach and scope of the research will be introduced.

To become registered as a Nurse, students must become clinically competent and complete an undergraduate degree (minimum requirement) during a 3 year program. In relation to international placements the educational and professional contexts must be taken into account as there is no congruence of thinking; such placements are promoted in the educational context whereas they are not required by the UK professional body of nursing.

EDUCATIONAL CONTEXT

GLOBALISATION AND INTERNATIONALISATION

Higher Education Institutions (HEIs) are influenced by the social phenomenon of 'Globalisation' defined as "the reality shaped by an increasingly integrated world economy, new information and communications technology (ICT), the emergence of an international knowledge network, the role of the English language, and other forces beyond the control of academic institutions" (p.ii Altbach, Reisberg and Rumbley, 2009). The response of HEIs to 'Globalisation' is 'Internationalisation' (Maringe and Foskett, 2010).

Altbach *et al.* (2009) define Internationalisation as "the variety of policies and programmes that Universities and governments implement to respond to globalization. These typically include sending students to study abroad, setting up a branch campus

overseas, or engaging in some type of inter-institutional partnership." (p.ii). These definitions highlight HEIs adaptation of thinking and activities in response to societal change; the macro perspective. The definitions do not capture the complexity of the Global market place in which graduates compete for employment (Devane, 2017) or the competition between HEIs to attract international and home students to their courses (De Wit, 2011).

'Globalisation' and 'internationalisation' are terms which began to appear in the late 1990s when developing free markets and increased social mobility were impacting on Higher Education. The challenge for HEIs is to be clear as to 'why' internationalisation is important and what their strategies hope to achieve (De Wit, 2011). Knight (2008) discusses two broad pillars of internationalisation: internationalisation 'abroad' refers to strategies used to promote knowledge, expertise and research activities in a different country e.g. through satellite campuses, project work at University overseas and international placements. Internationalisation 'at home' refers to activity on the home campus to strengthen international dimensions of teaching, learning and research and promotion of intercultural learning amongst the various cultural groups on campus and in the local community. Many HEIs incorporate both pillars when referring to internationalisation; the detail and aims of internationalisation should be clear in University policy and strategy (Knight, 2008).

University A has a strategic theme of internationalisation with an aspirational aim "Our activities, from our internationally focused research to our curriculum and study opportunities will be international in their outlook." (p.10 University of Central Lancashire, 2015). One way of operationalising that theme is through "Enabling all University students, wherever they are based, to have an international experience as part of their degree" (p.10). This was reflected in Health Faculty plans to "Expand range of international placements for students; web-based exchanges and shared learning with Universities overseas" and less clearly in the School of Nursing plan "Develop international and cultural expertise (make good use of travel bursaries etc.)". The two pillars of 'home' and 'abroad' (Knight, 2008) are apparent in University A's internationalisation plan; international placements are a key aspect of the strategy.

Although there was clarity about University A's approach to internationalisation the measure of success was a blunt quantitative measure that did not capture 'why' international placements are important for students. Devane (2017) argues such placements help graduates develop the skills and attributes required to be employable in a global market place i.e. "the ability to work collaboratively, communication skills (speaking and listening), drive and resilience, and embracing multiple

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perspectives……. attitudes such as openness, curiosity, innovation, resilience and adaptability." (p. 54 Devane, 2017).

An interpretation of the meaning of international placements for student nurses is offered in this thesis (Discussion of 'the meaning' can be found p.10 of this thesis); for some this includes the development of the skills referred to by Devane (2017). However, there is a tension around student nurse international placements; undoubtedly the four global valued skills referred to by Devane (2017) are also valued in the National Health Service (Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser, 2012); but the NHS faces a shortfall of qualified nurses (NHS Improvement, 2016). Preparing student nurses to work in the 'global market place' upon registration may not be the intended aim of internationalisation for this group of students due to the workforce development plans of the NHS. De Wit (2011) argued that internationalisation can mean different things to different Universities and Faculties within it. As Universities update their pre-registration Nursing curriculum, it is important to clarify the aim of an international placement within that curriculum; insight into the meaning that student nurses give to an international placement can contribute to the discussion.

INTERNATIONALISATION AND HEALTH INEQUALITIES

Ergin and Akin (2017) suggest that nursing education should be internationally applicable so there can be movement of nurses around the Globe (acknowledging some in country educational restrictions) but there is a body of literature associated with student nurse international placements offering a different perspective. Campinha-Bacote (1999), Callister and Cox (2006), Charles *et al.* (2014) support international placements for student nurses because of the potential impact, in their 'home country', when caring for people from different ethnic and cultural backgrounds. Often referred to as 'culturally competent care', Papadopoulos (2006) defines it as "the capacity to provide effective health care taking into consideration people's cultural beliefs, behaviours, and needs" (p.3). Data illustrates the diverse population in England (Figure 1.1) and the North West of England (Figure 1.2); highlighting the necessity for culturally competent nurses.

KS201UK - Ethnic group

Source	ONS Crown Copyright Reserved [from Nomis on 3 December 2017]
Population	All usual residents
Units	Persons

date	2011
geography	England
measures	value

Ethnic Group	
All categories: Ethnic group	53,012,456
White	45,226,247
Gypsy / Traveller / Irish Traveller	54,895
Mixed / Multiple ethnic group	1,192,879
Asian / Asian British: Indian	1,395,702
Asian / Asian British: Pakistani	1,112,282
Asian / Asian British: Bangladeshi	436,514
Asian / Asian British: Chinese	379,503
Asian / Asian British: Other Asian	819,402
Black / African / Caribbean / Black British	1,846,614
Other Ethnic Group	548,418

Figure 1.1: Cultural diversity in England, from Census 2011 (Office for National Statistics)

KS201UK - Ethnic group

Download (.xlsx) - or older .xls format
Table population: All usual residents
Ethnic Group by measures
Units: Persons

		value
Date	2011	
Geography	North West	
All categories: Ethnic group		7,052,177
White		6,357,569
Gypsy / Traveller / Irish Traveller		4,147
Mixed / Multiple ethnic group		110,891
Asian / Asian British: Indian		107,353
Asian / Asian British: Pakistani		189,436
Asian / Asian British: Bangladeshi		45,897
Asian / Asian British: Chinese		48,049
Asian / Asian British: Other Asian		46,750
Black / African / Caribbean / Black British		97,869
Other Ethnic Group		44,216

Figure 1.2: Cultural diversity in the North West of England, from Census 2011 (Office for National Statistics) NB The 'White' category includes individuals from Eastern Europe e.g. Poland.

A recent report by Public Health England (PHE, 2017) highlights inequalities in health according to ethnic and cultural backgrounds e.g. premature cardiovascular disease (p.32); infant mortality (p.39); childhood obesity (p.51). The North West of England has significant populations of Bangladeshi, Pakistani, Black African, and Black Caribbean ethnic groups (Figure 1.2); PHE (2017) report poorer health outcomes for these

groups. Shen (2015) and Repo *et al.* (2017) emphasise the need for culturally competent professionals to offer health care in an appropriate and acceptable manner to optimise health attainment.

PROFESSIONAL CONTEXT

In contrast to the educational context the professional body regulating nursing in the UK, Nursing and Midwifery Council (NMC), does not promote international placements for student nurses. This is unsurprising as the primary NMC role is to protect the public; regulation of educational standards is designed to ensure safe practice within the UK healthcare system rather than promote education more widely. NMC standards for education do acknowledge the importance of nurses able to care for individuals from many different backgrounds; they do not use the term 'cultural competence' which is used widely in the nursing literature associated with international placements. The NMC discourse is more directive in its expectations of student nurses; by the end of their course they should be able to "understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care." (p.17 NMC 2010) and "develop self-awareness, challenge own prejudices and enable professional relationships, so that care is delivered without compromise." (p.106 NMC, 2010). There is congruence between this directive discourse and the broad discourse of 'cultural competence'.

The NHS is a major employer of nurses; it is important to consider how an International placement may be beneficial and relevant to the NHS. Several values are expected of employees working in the NHS according to the NHS Constitution (Department of Health (DH), 2015): Compassion, working together for patients, respect and dignity, commitment to quality care, improving lives and everyone counts (p.13-14 DH, 2015). Ahmed *et al.* (2017) referred to the '6 C's' nursing values in their research regarding student placements in lower- and middle-income countries (LMIC), which have congruence with the NHS constitution values. These values are not discussed in the wider literature; possibly because of the prevalence of North American literature and the concentration on the concept of cultural competence.

LOCAL CONTEXT

At University A only a small proportion of student nurses undertook an international placement during their three-year course (approximately 7-10%). An eclectic approach was taken to the organisation of international placements; consequently student nurses went to a variety of locations with differing arrangements in place. From a position of an 'insider researcher' (Mercer, 2007) I recognised that such variety posed an organisational challenge for staff who supported the students e.g. personal tutors, placement office, risk assessors, University insurance; much effort was often required to support one student to go to one particular placement.

Organisational approaches described in the literature reported longer term links between the 'sending' University and the 'host' country. For example, Maltby and Abrams (2009) discussed the relationship between American and Bangladeshi universities; Schwind *et al.* (2013) the relationship between Canada and Brazil. However, the literature suggested many benefits were to be gained by student nurses undertaking an international placement.

THE POTENTIAL IMPACT OF AN INTERNATIONAL PLACEMENT

An international body of literature advocates an international placement for student nurses i.e. from North America, Australia, Europe and the UK. This literature is discussed in detail in the Literature Review but here four systematic reviews highlight reported benefits of an international placement for student nurses.

Button *et al.* (2005), Welsh and Swedish academics, were involved in exchange programmes for nursing students between their two countries. Button *et al.* (2005) reviewed 43 papers from 1980-2003 related to international placements. They concluded four themes arose from the review: international placements provided opportunities for student nurses to compare nursing practices and healthcare systems, to experience and learn about cultural differences and develop personally. They suggest that longer placements have more impact on student nurses, but even short placements were valuable; preparation and support whilst on placement were important to maximise learning.

Kokko (2011) offered a review of findings of 7 studies (one of which was her own dissertation), reported 2000-2009, which considered the learning of 106 student nurses whilst on international placement; Kokko aligned the learning to cultural competence. Kokko identified three themes suggesting that an international placement could prepare student nurses to become culturally competent: increased cultural knowledge base, personal growth and development of nursing skills e.g. communication in a foreign

language. In this paper Kokko (2011) also gave examples of student nurses who had experienced stress whilst overseas because of the different language, environment and different approaches to health care.

In 2012 McQuilkin undertook a systematic review of literature from 2005 to consider the evidence for the effectiveness and design of cultural competence pedagogy in professional nurse education; particularly considering the value of international experiences to develop cultural competence in North American student nurses. Personal communication enabled me to read McQuilkin's dissertation as her work has not been published. In her work she considered 37 pieces of literature from several countries. McQuilkin concluded that an 'immersion experience' (p.84) was the best strategy for student nurses to acquire cultural competence, particularly if those experiences were 'clinical rather than tourist' experiences (p.84).

In 2015 Browne, Fetherston and Medigovich offered a review of 8 research articles from 1997-2014 which specifically considered the experience of Australian student nurses in comparison to studies from the UK and Canada. They concluded that student nurses learned from their international placement experiences in the areas of cultural awareness and competence; they also identified personal growth and a developing ability to deal with uncertainty as important consequences of an international placement.

Across the systematic reviews there were apparent benefits of an International placement for student nurses: personal growth and self-confidence, increased understanding of different cultures and developing professional ability to care for people from diverse backgrounds. The reviews were not contemporary and did not focus particularly on the UK, certainly not student nurses from North West England; they did not fully address how an international placement may assist in the development of the skills, knowledge and attitudes required by the NMC and values of the National Health Service (NHS).

One piece of work did partially address that gap in the literature. Ahmed, Ackers-Johnson and Ackers (2017) undertook research focussing upon students from the North West of England whilst on placements in Uganda and India during 2015 to 2016. There were 111 health professional students involved in their project, including student nurses, from a variety of North West Universities; including University A. A multi-method evaluative approach, combining qualitative and quantitative methods, was used by Ahmed *et al.* (2017); they concluded that learning did take place during international placements. The results from this 'local' research echoed the findings of the systematic reviews but Ahmed *et al.* (2017) considered the application of this

learning to the NHS. They argued that international placements led to transformational learning in the students in areas directly relevant to their employability in the NHS. They concluded that the students had learned specific technical skills, communication skills, problem solving skills and skills which would assist working in the complex organisation of the NHS e.g. systems thinking skills and resource management.

It is important to acknowledge that the research reported by Ahmed *et al.* (2017) was in progress during the time of my own research. I occasionally communicated with their team for academic discussion about our research projects and at a professional level when I became a principal lecturer with overall responsibility for international placements of student nurses. I liaised with Ahmed *et al.* (2017) research team to assist with advertisement and organisation of the elective placements referred to in their research summary. This did not present a conflict of interest, but it is an example of how being an 'insider researcher' (Drake, 2010) led me to question the direction of my own research. My research was in a similar field to Ahmed *et al.* (2017) but offered an alternative view of international placements. My research focused entirely on student nurse stories of their experience of international placements; the student nurses in my research undertook their international placements in a variety of countries. Ahmed *et al.* (2017) did seek the student view at several points before, during and after the placement but, in line with much of the literature reviewed, student responses were structured using surveys, interviews and written reports. I used a narrative methodology to encourage the student nurses to tell their story of an international placement in their own way with minimal imposed structure.

RATIONALE FOR THE RESEARCH

The literature review suggested that international placements can be beneficial for student nurses in a variety of ways. However, an international placement is not essential to become a qualified nurse in the UK, so I was keen to hear directly from student nurses how such a placement contributed to their development as a nurse. In my position as a lecturer at University A I had previous experience of talking to student nurses on return from international placements. Most of the student nurses talked animatedly about the 'amazing time' they had and the various aspects that were different, or similar, to previous clinical experiences in the UK. The students who had been to a lower income country than the UK talked about the lack of resources and the differences this created in the care that could be offered e.g. two or three babies having to share one oxygen supply. The student nurses talked of their frustration and sadness about some of the situations they witnessed; after this my recollection was 'positivity'

about the whole experience and a sense of 'How lucky we are to have the National Health Service'.

Then I talked to 'Haley' (all names have been changed in this thesis). Haley's story was different. Haley told me about her international placement and how completely overwhelmed she felt by the experience. She had seen children die who were then wrapped in a sheet and put into a linen cart with other small bodies. She reported that barely a word had been said to the dead child or parents which was contrary to her idea of care and compassion. Haley recognised that she should not assume that everyone was like her but this difference, she perceived, in respecting the dead was too difficult for her to understand and she found it severely distressing. Haley, I felt, was suffering from post-traumatic shock. She had witnessed something she had not been prepared for and it left her having nightmares, with poor concentration, and anxiety. She felt she had not been supported at the time of her placement in Africa and had come back to try and slot into life as if nothing had happened. With Haley's consent I referred her to Counselling services and organised other supportive measures.

Haley's story was powerful; it was her story and the contrast in emotion with other students that made me wonder about the meaning of international placements. Deeper understanding could provide information about the meaning of international placements to inform future curriculum development. For example, when considering the place of an international placement within the curriculum; the support student nurses may require before, during and after the placement; strategies to maximise learning for those students who undertake the placement, and those who do not. In order to add to previous literature and gain a detailed insight into the international placements I wanted to listen directly to the student nurse stories of their experience.

LISTENING TO THE STUDENT STORY

At University A there were processes in place to involve students; the student perspective was invited and acted upon e.g. via evaluations and student representatives at various course meetings. In University A's strategy document (2015-2020) the first Strategic aim was to "create an inspirational student experience" (p.6) which would be achieved by "Continuing to listen to and engage with our Students' Union and student body, adapting to meet their changing needs". This strategy reflects wider Education thinking such as 'Students at the heart of the system' (Department of Business Innovation and Skills (DBIS), 2011) and more recently 'Success as a Knowledge Economy: Teaching Excellence, Social Mobility and Student Choice' (DBIS,

2016); both documents highlight the centrality of students as customers and contributors to the evaluation of their education provision.

The approach to my research echoes University A's policy of involving students in evaluation; it also reflects the values instilled in me from the beginning of my nurse education. Various key role models (Nurse lecturers and clinical staff) in my nurse education reiterated such sayings as 'Pain is what the patient says it is, when the patient says they have it' and 'It is always Mrs X in bed 7 with an ingrowing toenail; never the ingrowing toenail in bed 7'. This patient centred approach to nursing makes sense to me and reflects the strong value I have that people are important, their stories are valuable and from them I can learn. These values have transferred with me to Nurse Education where I am always keen to listen to student nurse stories and the meanings they make of the experiences they have; these values directly influenced the research question, aims and methodological approach.

RESEARCH QUESTION AND AIMS

The research question:

"What is the meaning of international placements for student nurses?"

My aim for undertaking this research was to gain an insight into the international placement experience from the student nurse perspective in order:

To identify the support necessary for student nurses before, during and after their international placement.

To make recommendations as to why international placements may, or may not, be appropriate within future nursing curriculum development

To consider the role that an international placement may, or may not, have in the development of cultural competence

To understand how an international placement may, or may not, contribute to the development of knowledge, skills and values for nursing.

The research question is very generic; I avoided a directional question e.g. "To what extent has an international placement led to the development of cultural competence?" which could have been justified considering the body of literature reviewed. However, I wanted student nurses to have an opportunity to tell me, in their own words, about their international placement.

In the actual question I made assumptions; I assumed that the international placement would have meaning for the student nurses. 'Meaning' is defined as 'Implied or explicit significance' (Oxford University Press, 2018). My assumption was based upon previous experience of hearing brief student stories and the literature which offered evidence that student nurses had developed personally (Lee, 2004; Law and Muir 2006: Browne *et al.*, 2015) and professionally (Callister and Cox, 2006; Levine, 2009) from an international placement i.e. it had significance. However, the dictionary definition is simplistic; the 'implied or explicit' significance of an experience (international placement) must be relayed by the person having the experience (student nurse) and then interpreted by the listener (researcher). For the purposes of this research I considered that the meaning of international placements would be reflected upon by the student before telling their story and then reflected upon and interpreted by me, the researcher. In research terms this is a 'double hermeneutic' (Brogden, 2010) and the meaning of international placements presented in this thesis are co-constructions of student stories and my interpretations.

The second part of the research question refers to 'international placements' which also carries assumptions. Throughout the three years of education student nurses have several clinical placements; these placements are experiences with the opportunity to learn and develop as a nurse. Similarly international placements are clinical placements, outside the UK; experiences with potential for learning and development.

The research question reflects my opinion that experience is a catalyst for learning and can influence one's view of self, personally and professionally. I was influenced by John Dewey's (1938) explanation of experience and the relationship with education (See Deweyan Philosophy, p.37). Dewey's philosophy of experience has been labelled as 'pragmatic' (p.5 Clandinin and Rosiek, 2007) because he accepted the 'here and now' explanation of an experience, often told via stories, as a valuable insight for others.

METHODOLOGICAL APPROACH

There are several methodologies aimed at understanding the experience of another person; phenomenology, grounded theory, narrative inquiry and many of them use a person's 'story' as the main data. My choice of methodology is based upon my ontological belief about what is 'real' and what is 'valuable'. I believe that reality is subjective; that the meaning of an experience can only be told by the person who has had that experience; that each individual has a past which shapes current experience and has the potential to influence future experience. There was a significant amount of literature suggesting that an international placement was beneficial for student nurses

but there were very few which attempted to capture the detail of such an experience entirely from the student nurse perspective. I argue in Chapter 3 that the most appropriate methodology to address the research question is qualitative; specifically Narrative Inquiry as proposed by Clandinin and Connelly (2000) and others. Narrative Inquiry is an approach which values the stories of individuals and supports the study of experience which is understood to be relational/interactional, continuous and social; based on Deweyan thinking (1938).

A key approach to understanding an experience from the perspective of another is to listen to their story with as little hindrance as possible; stories provide unique insight into the meaning of experiences for an individual at that time (Chase 2005; Clandinin and Rosiek 2007; Holloway and Freshwater, 2007; Clandinin 2013; Kim, 2016). Stories of experiences are told and interpreted in relation to other stories, including those of the narrator and the narrative inquirer (Clandinin, 2013). Using this research methodology demanded consideration of "Who am I in this narrative inquiry?" This influenced the way I related to participants and their stories, what I heard and importantly the way I interpreted the stories of student nurse international placements.

MY STORY IN RELATION TO THIS RESEARCH

A qualitative approach requires the researcher to articulate decisions and utilise reflexivity to consider how one's own experiences and assumptions influence the research activity (Day, 2012). I utilised a variety of strategies to assist with reflexivity such as a diary/note book, supervision and peer support. The ontological beliefs I accepted as underpinning the research methodology applied equally to me; I impacted on the student telling of their story and I was impacted upon by hearing their story. Here I highlight aspects of my past, present and possible future which are relevant to this research and influenced the lens through which I viewed the research and the student stories.

I have been a nurse for over 30 years and my nurse training was very different to the current approach to nurse education. I undertook a degree in nursing but in 1981-1985 this was an unusual route to becoming a nurse; most nurses in that era were employees of the hospitals and undertook their education within the 'Schools of Nursing' attached to hospitals. We were known as the 'degree nurses' and there was suspicion about our knowledge and skills. However, I look back now and consider my initial education as privileged; my course was over 4 years, I was closely supervised by enthusiastic lecturers who encouraged questioning the care I gave, to find an evidence base if there was one. Importantly, I think, the lecturers promoted holistic care of each patient, to value each individual within their own family and their own community. This

individualised care approach has stayed with me; I have role modelled my values to nurses I have worked with and students I have taught. Every person is individual, has an individual experience and care should be tailored as closely to their needs as possible. Valuing the individual experience influenced the methodological approach taken to this research; I wanted to hear from individual student nurses what the international experience meant to them.

I did not have an international experience as a student nurse so I have no direct experience to compare/contrast with the student nurses in my research. However, as a senior lecturer I had two trips to Zambia with student nurses and sexual health students. These were thought provoking trips for me and they made me question the great inequity in the world. However, I was able to recognise positives in the lives of children and young people who had very few resources: their resilience, their 'joie-de-vivre' and general acceptance of their 'lot'. I went to Zambia with a colleague and the students to offer a package of education which we were able to deliver, and we saw some benefits whilst we were there. This 'international experience' was very positive for me; I felt as though I had provided useful education, I had got on well with the Zambian people I met and I had learned a little about the lives of people in a very different country and environment and I had 'coped' with being out of my usual routine, environment and social group. Following one of the trips to Zambia I worked with two student nurses to encourage them to articulate what they had learned from their experience (Sanderson, *et al.*, 2015). The article articulates the 'positive' feelings I hold about international placements and it also illustrates my desire to hear the views and opinions of students which is reflected in this research. Prior to the data collection I was conscious that I would be looking for 'positives' because my experience had been positive; reflexivity opened my eyes to the less positive aspects of the international placement reported by the student nurses.

During the time of the research my role at University A changed; I was promoted to principal lecturer with responsibility for Admissions, Marketing and International. This meant that my interest in international placements moved from a student support role to a more strategic role within University A. I have no doubt that this promotion influenced how I viewed international placements; I was expected to make plans to prepare student nurses for their placements, to ensure that risk assessments were in place and occasionally negotiate with University A legal team to establish a Memorandum of Co-operation (MOC) for a new placement.

I had to consider international placements from a different angle e.g. how much resource (mainly in staff time) was reasonable to ensure an international placement

could go ahead? Questions were being asked across University A about how international placements contributed to the 'Business' of the University i.e. attracting students and promoting University A internationally. I noted less emphasis on the student gains than the Strategic documents might imply. As an 'insider researcher', now more closely involved in international placements, my understanding of the local context of the research had potential to influence the way in which I interpreted the data. The reader needs to be aware of my contextual understanding of international placements when they read this thesis. I was in the principal lecturer position when I undertook some of the conversations with student nurses, I introduced myself as 'Principal lecturer with a lead for international placements'; it did not appear to particularly interest the student nurses at the time of our conversation, but it may have impacted on the story they told me.

In March 2017 I left University A to work as a Nurse Educator for a charity. This role does not have any responsibility for international placements, but I remain an educator; in a clinical rather than University setting. When I left University A I had completed the data collection but the write up was at a very early stage. Doctoral research is a lengthy process and life continues alongside; my commitment was, and continues to be, to the stories of international placements as told by the student nurses and interpreting their stories as robustly and rigorously as possible. I remained in contact with University A and have presented the research findings to people who have influence over the future nursing curriculum (See Appendix 9).

INSIDER RESEARCHER

As noted above, the data collection for this research was undertaken at the University where I worked which firmly placed me as an 'insider researcher' (Mercer, 2007; Drake, 2010). This is a privileged position which enabled me to understand how international placements 'fit' into the nursing curriculum, the local drivers for continuing those placements and the challenges of supporting students to undertake the placements, as discussed above. However, Mercer (2007) points out, such a position can be a "double edged sword" (p.1) and could potentially influence the data collected, the way I analysed the data and reported the findings. I have endeavoured to be reflexive throughout the research process and within this thesis to achieve integrity in my work and honestly report my interpretations of the student stories; all recognised steps in ethically sound research which will be discussed in more detail later in the thesis (Drake, 2010; Sikes, 2010).

My position as a 'senior' then 'principal' lecturer in the workplace where I undertook the research was a potential ethical dilemma. It was essential that the student nurses did

not feel coerced into participating because of my position in the organisation; and when they did participate, felt able to tell their story as fully as possible (Atkins and Wallace, 2012). I discuss the strategies used to address this dilemma in Chapter 4, Table 4.2.

Nine student nurses offered to tell me their story about an international placement; male and female students with a variety of ages and social circumstances. The placements they visited include Australia (1), Canada (2), and North East Africa (6). One of these students chose to have a second conversation with me and I also considered written stories about international placements from two recently qualified nurses. More information about these students will be given within the thesis.

SIGNIFICANT CONTRIBUTION TO KNOWLEDGE

Each student story of their international placement presented in this thesis is unique; dependent upon their previous experience, the place they visited and the people they met. Their stories offered rich data for analysis and interpretation using an analytical framework adapted from Clandinin (2013) (See Chapter 5). The analysis led to 'Common Threads' which I interpret and discuss in Chapter 6; those 'Common Threads' are used to articulate the meaning of international placements for student nurses. Enabling the students to tell their story in detail led to understanding the meanings of international placements presented in this thesis, including several significant contributions to knowledge in this subject area.

Whilst some of the findings reflect the literature reviewed a significant contribution to knowledge is the articulation of the complexity of the learning, interactional and social in nature, before, during and after the international placement. The work of Dewey (1938), Bourdieu (1977) and Lave and Wenger (1991) proved valuable theoretical lenses through which to analyse and interpret the student data. These theorists have not been used before in relation to student nurse international placements but they offered useful 'thinking tools' to reflect upon the student stories.

The 'Common Threads' of meaning that I drew from the student stories acknowledge that preparing for the international placement is part of the overall experience and demands motivation and organisational skills which can be stressful and time consuming. This is not discussed in the literature reviewed so may be 'particular' to University A. However, this finding may have become evident because of the research methodology.

'Experiencing difference' during an international placement is an invaluable opportunity for learning but presents challenges to the students dependent upon the people they

meet and places they visit. Rich data is presented in this thesis which highlights the valuable opportunities the students had to 'learn from the experience'.

Importantly, this research elucidated the 'emotion' associated with international placements. Although challenging for some students, 'emotion' was a key aspect of experiential learning. Other authors have reported some emotional aspects of an international placement e.g. Lee (2004) refers to homesickness, Egenes (2012) to culture shock and Gaw (2000) to reverse culture shock. What this research adds is recognition of the pervasiveness of emotion during the experience of an international placement, 'the emotion of it all'.

A final significant contribution to understanding the meaning of international placements is concerned with insight into the development of the students as they 'become a nurse'. The international placements afforded a range of opportunities for professional development which is relevant to the UK healthcare service (NHS); this reflects some of the literature reviewed. However stories of the international placement offered the student nurses an opportunity to reflect upon their usual field which highlighted a discrepancy between their 'desired' focus of nursing i.e. compassion and caring, and the reality and challenge of providing those fundamental nursing skills in the complex, technology driven, NHS. This resonates with the work of Traynor and Buus (2016) but it has not previously been reported in the literature related to international placements.

STRUCTURE OF THE THESIS

This thesis is organised in chapters to offer a logical progression through the research.

Chapter 2 Literature review	• Critical appraisal of literature related to international placements for student nurses.
Chapter 3 Methodology	• Critical consideration of Narrative Inquiry as a suitable methodological approach to address the research question • Theoretical frameworks which influenced the lens through which I viewed the data.
Chapter 4 Methods and data collection	• Introduction to the research participants • Detailed rationale for data collection methods • Strategies to address ethical considerations associated with the research approach.
Chapter 5 Data analysis	• Critical discussion of the approach taken to analyse the data • Individual student stories
Chapter 6 Findings and discussion	• Discussion of the main findings from the data analysis. • The Common Threads
Chapter 7 Conclusions and recommendations	• Recommendations for the organisation of international placements • Personal reflection on the research process • Future research opportunities.

Table 1.1: Structure of the thesis; A brief description of the contents of each Chapter

CHAPTER 2: LITERATURE REVIEW

In this Chapter I explore the topic areas that contributed to my understanding of the student stories. At times the literature surrounding the area of research was overwhelming but there were themes in the literature which I present here: international placements, Globalisation and Internationalisation, cultural competence and ethnocentrism, nursing in the UK, benefits and challenges of international placements for student nurses. Finally I consider the gaps in the literature.

The initial literature search was via CINAHL Complete, ERIC, British nursing index, BIDs and Medline using the search terms "student nurs*" AND "international placement"; "study abroad"; "international experience"; "elective", within 'abstract' which returned many resources. I then utilised the reference lists to search for further literature appropriate to the research question.

INTERNATIONAL PLACEMENTS

Much of the literature concerning student nurse international placements is from late 1990s, early 2000s; from North America, Canada and Australia. More recently there has been a group of articles from Australia and Europe but research about international placements and student nurses in the UK remains limited. Several reports explore the practicalities of establishing links with health care services in different countries rather than the student report of such an experience e.g. Mason and Anderson (2007), Berland, Richards and Lund (2010). Other authors describe challenges of setting up relationships with health care providers overseas e.g. Dubois, Padovano and Stew, (2006); Maltby and Abrams (2009) and Charles *et al.* (2014).

The main rationale for international placements is to enable personal growth and development of cultural competence in student nurses; there is very limited questioning of whether such developments are a 'good thing' to do. A recent piece of research from the UK, however, does question the ethics of setting up an international placement for health care students from high income countries in LMIC. Ahmed *et al.* (2017) report an evaluation of 111 Health Education England funded placements for healthcare students to Uganda and India; an aspect of their evaluation was to look at the impact of student placements from an ethical perspective. Ahmed *et al.* (2017) highlight several ethical concerns related to international placements e.g. the burden on already over worked and under resourced staff in LMIC who are expected to support and supervise the visiting students and the impact visiting students have on the health of individuals in the host country. They question what learning the international placement in LMIC can offer students that cannot be obtained in the UK and are concerned that students could

be tempted to 'practice' skills out-with their professional competence. Ahmed *et al.* (2017) primarily summarise literature relating to medical student elective placements, which may not be directly applicable to nursing students. However, problematising international placements offered an important lens to consider the data from this research as discussed in Chapter 6.

The literature above largely refers to one sending institution and one hosting institution. This is a different model to that used by University A.

Placement organisational approach	Countries to which this is applicable
Memorandums of Co-operation (MOC)* exchanged between University A and 'hosting' hospital	Canada, Australia
Project work	Rwanda
Placement organised by another University	Uganda
Placement organised by a third-party company e.g. Work the World	Tanzania, Sri Lanka
Student initiated placement; requires MOC* to be arranged.	Australia

*MOC discussed in more detail on page 100

Table 2.1 Summary of placement options available to student nurses at University A

In summary the placement options for the student nurses in this research were varied; this was not the case in other institutions, according to the literature reviewed.

GLOBALISATION AND INTERNATIONALISATION

Much of literature reviewed, relating to student nurse international placements, referred to Globalisation. There are two reported consequences of Globalisation for student nurses which have led to the promotion of international placements; an educational drive from HEIs to develop students who are employable within a global arena (Sweeney, 2012) and a professional drive for nurses to care for patients from diverse cultural backgrounds (Repo *et al.*, 2017). The educational driver has a view to international employability, whereas the professional imperative is to develop culturally competent nurses to care for patients in the home country which creates a potential tension.

EDUCATIONAL RESPONSE TO GLOBALISATION

Globalisation has led to the development of international markets for the flow of resources including technology, industry, research and money. Fundamental to all of these resources is the commodity of 'knowledge' (Altbach *et al.*, 2009). Universities in the UK are in an international market place; keen to attract as many students as possible and ensure that the students they 'produce' have the knowledge and skills to be employable within the international market (Sweeney, 2012). Maringe and Foskett (2010) refer to 'Internationalisation' strategies of HEI as their response to Globalisation; for example the inclusion of international placements within courses.

De Wit (2011) points out that the aim of internationalisation for each University is shaped by broad economic and social policies, the University philosophy, course types and the relationship a particular programme may have with society and market forces. A key social policy was published in 2013; "International education: Global growth and prosperity" (DBIS, 2013). In that document the Government emphasised the economic growth potential of the UK Higher Education (HE) sector by attracting overseas students to the UK and actively marketing UK education to countries developing their HE systems e.g. Brazil. The Government (DBIS, 2013) pledged to "support internationalisation of the UK education sector, leading to links between researchers and teachers that will enhance the quality and reputation of UK education." (p. 34). The ethos of that document aligns to Knight's (2008) pillar of 'Internationalisation abroad' (See p.2 of this thesis) and includes the priority of UK student mobility via overseas placements

Although the political landscape has altered dramatically since 2013 there has not been an updated HE policy by the new Government. In 2015 a consultation document was produced "Fulfilling our potential: teaching excellence, social mobility and student choice" (DBIS, 2015) which reiterated the importance of international placements. The impetus for student outward mobility has recently been echoed by Ciaran Devane (2017), Chair of the British Council. He made it clear in an essay for the University Alliance that future UK graduates need to be able to work within a global market place and one of the best ways to gain appropriate skills, he argued, was to undertake a placement overseas.

An international placement provides an opportunity for students to enhance their employability and promote their University in an international arena (DBIS, 2013: DBIS, 2015). This sentiment was reflected in University A's strategy (2015) which had a theme of internationalisation; one way of operationalising that theme was to promote

international placements for all students to develop skills for future employability in the UK, and overseas (See p.2 of this thesis).

PROFESSIONAL RESPONSE TO GLOBALISATION

In relation to nursing, Ergin and Akin (2017), call for the movement of nurses around the Globe to improve healthcare of individuals by distributing 'nursing knowledge', in the form of nursing research and education. They acknowledge 'in country', professional restrictions, may pose an obstacle. Another perspective to consider is the social phenomenon of movement of people around the Globe; cultural backgrounds may inhibit access to indigenous healthcare systems, leading to health disparities (PHE, 2017). Globalisation has contributed to the need for nurses to be more aware of cultures other than their own, to be culturally competent; one strategy to achieve this is offering an international placement.

International placements can be beneficial to student nurses; the placement can promote personal growth particularly helping student nurses to recognise that their view of the world, their values and beliefs, may be different to those held by people from different backgrounds (Levine, 2009; Ulvund and Mordal, 2017). Many of the papers reviewed discuss the development of cultural competence, or various aspects of learning/development which contribute to a nurse's cultural competence.

CULTURAL COMPETENCE

Cultural competence has become the focus of much interest within Nursing over the last 30 years. Several authors advocate this aspect of nursing care to promote optimal health in an increasingly multi-cultural society e.g. Campinha-Bacote (1999), Leininger and McFarland (2002) in America; Browne *et al.* (2015) in Australia; Gerrish and Papadopoulos (1999), Lee (2004) in UK and Ulvund and Mordal (2017) in Europe. For many authors the main rationale for student nurse international placements is to help develop their cultural competence (Callister and Cox, 2006; Mason and Anderson, 2007; Greaterex-White, 2008; Charles *et al.*, 2014).

American nurse researchers/academics have a clear remit from their Government to provide culturally competent care (McQuilkin, 2012); although Sagar (2014) points out that, despite the interest in cultural competence as a way of addressing health disparities amongst the various cultural groups in America, there is no clear direction for including this in the National Council Licensing Examination (NCLEX). American nurse educators were influenced by Leininger; an early theorist advocating Transcultural nursing and the requirement for cultural competence (Leininger and McFarland, 2002). Two notable UK nurse academics have promoted the importance of

cultural competence in nursing: Gerrish and Papadopoulos (1999). Their belief in this approach to nursing care can still be evidenced in two websites 'Intercultural education of nurses in Europe'   http://ieneproject.eu/index.php and 'European Transcultural nursing association' http://europeantransculturalnurses.eu/ which provide teaching materials and self-assessment tools to encourage nurses to become culturally competent. However, it is a term which is not so apparent in UK pre- registration nursing discourse.

Cultural competence is a complex concept; several authors offer definitions in the literature. Calvillo *et al.* (2009) offer a straight forward definition "evidence of awareness of personal culture, values, beliefs, attitudes and behaviours: demonstrated ability to assess and communicate with individuals from other cultures" (p4-5); which emphasises that cultural competence incorporates an awareness of oneself. The second part of the definition includes assessment; but does not detail what needs to be assessed.

Campinha-Bacote (1999) is a key American writer in this field as President of Transcultural Care Associates (http://transculturalcare.net/). Her definition of cultural competence is "the process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of a client (individuals, family or community)" (p.203). This definition implies a high level of determination to work within the cultural context of the client which may be an individual, a family or a whole community. The definition leaves uncertainty about what the ability to work 'effectively' means; what the 'cultural context' is and most importantly what this kind of care would look like for the client. Campinha-Bacote's model of cultural care is discussed in more detail below to clarify some of the uncertainty.

Repo *et al.* (2017) are confident that nursing care must include cultural competence; they define it as "the capacity to provide effective health care taking into consideration people's cultural beliefs, behaviors, and needs" (p.99). This definition offers an idea of what a patient/client might expect from a culturally competent nurse. How the nurse achieves this is not clarified other than they will have capacity to provide such care.

Summarising the three definitions above; cultural competence is an ongoing process that requires awareness of one's own cultural values and beliefs, the ability to assess the cultural values, beliefs and behaviors of others and offer care taking these into consideration at a variety of levels: individual, family and community. To gain further insight I have considered two models of cultural competence: Campinha-Bacote (1999, 2003) and Papadopoulos, Tilki and Taylor (1998, cited in Papadopoulos, Tilki, Lees, 2004).

Camphina-Bacote's (1999) model "The Process of Cultural Competence in the Delivery of Healthcare Services" involves 5 domains, all need to be developed to be fully culturally competent; cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire. Campinha-Bacote explains that this is not a linear process; all nurses will come to health care with different experiences which may mean that one or more of the domains are already well developed, whilst other domains are not. Time and experience are required to develop in each domain. 'Cultural awareness' is having some understanding of the beliefs and values, regarding health and health care, of the other person. Nurses must also recognise their own prejudices and biases in relation to the other person. 'Cultural knowledge' is a more thorough understanding of different cultures and Camphina-Bacote (1999) urges nurses to understand how different cultures view the world: what is of value to them, what is not. Also, within this domain there is a need to understand physical difference between cultures e.g. in terms of their disease patterns. In order for nurses to incorporate their cultural awareness and knowledge into 'cultural skill' they must make a culturally sensitive assessment of their clients. This is an attempt to elicit the clients' cultural beliefs and attitudes towards their health and health care so that the most appropriate care can be offered. Campinha-Bacote (1999) then talks about 'cultural encounter', which refers to the requirement of nurses to have overarching understanding of a client's culture but to offer care which is unique to each client, not to make assumptions that everyone from a particular cultural background will have the same nursing requirements. Assuming a nurse has developed the domains of competence required to offer culturally sensitive and skilled care to a patient Campinha-Bacote (2003) adds that the nurse must have 'cultural desire' i.e. the nurse must want to address the aspects of cultural competence in order "to effectively work within the cultural context of a client (individuals, family or community)" (p203).

Campinha-Bacote's (1999, 2003) model is the most frequently mentioned in literature related to international placements but there are several others (Sagar 2011, Shen, 2015). I include Papadopoulos, Tilki and Taylor's model of cultural competence (PTT) (1998, cited in Papadopoulos *et al.*, 2004) because of Papadopoulos' UK connections, as an alternative view to the widely used Campinha-Bacote's model. There is similarity in that Papadopoulos *et al.* (2004) acknowledge cultural competence is a career long developmental process but they suggest this is achieved in stages; cultural awareness, cultural knowledge, cultural sensitivity, finally culminating in cultural competence. A notable difference is that cultural competence in the PTT model is explicitly described as both generic i.e. a broad understanding of people from different cultural backgrounds, and culture specific i.e. assessing individual people within a particular

culture to understand how the culture impacts on their values, beliefs and behaviors. The PTT model is an 'output' model and suggestions are made as to what the culturally competent nurse can 'do' e.g. assess the needs of individuals, clinically diagnose individuals taking their culture into consideration and most importantly recognise and challenge discrimination and racism.

Shen (2015) provides an over view of cultural competence models used in nursing. She refers to 15 models or assessment instruments of cultural competence which include recurrent themes. Within 13 of the models there are 4 domains which are most commonly referred to: cultural sensitivity; cultural awareness; cultural knowledge and cultural skill. Dudas' (2012) evolutionary concept analysis adds another dimension to the understanding of cultural competence by considering the 'consequences' of culturally competent care i.e. the impact it may have on recipients of health care. Dudas refers to three consequences: Patient outcomes, communication and organisational benefits. Patient outcome is aspirational rather than evidenced; Dudas uses the term 'expected outcome' in relation to patients receiving more appropriate health promotion and an expectation that health disparities would be reduced. The outcome of communication is more confidently presented: "cultural competence will improve communication" (p. 319 Dudas, 2012). Organisational benefit is an interesting expected consequence which Dudas (2012) relates to cost containment; health promotion is expected to be more successful and malpractice cases reduced with culturally competent care. Truong, Paradies and Priest (2014) undertook a review of systematic reviews (2000-2012) considering cultural competence across diverse health care settings, involving various healthcare professionals. They found moderate evidence that health workers cultural knowledge had developed with interventions such as education; and moderate evidence that access to healthcare for patients of different cultural background had improved e.g. with the use of interpreters, but only weak evidence that cultural competence does actually impact on the care offered to people in healthcare settings. This is contrary to much of the research I read, concerned with the development of cultural competence in nurses, which assumed that this would improve the care offered to patients/clients they work with.

There are examples of research where the development of cultural competence has been 'measured' in some way. Repo *et al*. (2017) used the PTT model to evaluate the level of cultural competence of 295 graduating Finnish nurses. This was a quantitative study in which student nurses completed a questionnaire. From their answers the authors ascertained levels of cultural competence: culturally incompetent, culturally aware, culturally safe, and culturally competent; thus emphasising the developmental nature of cultural competence. The majority of student nurses were found to be

culturally aware and none were unsafe. Repo *et al.* (2017) concluded that student nurses must be offered as many opportunities as possible to engage with people from a variety of cultural backgrounds at University, during clinical placements and where possible in an international immersion experience as this was associated with a higher level of cultural competence.

Caffrey *et al.* (2005) also attempted to 'measure' cultural competence using a quantitative methodological approach. Student nurses undertook a pre course self-assessment of their knowledge, self-awareness and comfort with skills of cultural competence using a 28 item tool; this was then repeated at the end of the course. All students were exposed to the 'cultural content' of the curriculum and 7 students had the additional opportunity of an immersion experience in Guatemala. Caffrey *et al.* (2005) found that all students reported an increase in cultural competence; those who had an international placement showed 'very large gains'. This was an attempt to objectively measure cultural competence but it does not help to clarify what the student nurses understood by cultural competence or how they reached their assessment.

Kohlbry (2016) attempted to objectively measure cultural competence before and after an international placement using two tools: Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Student Version (IAPCC-SVC) and Cultural Self- Efficacy Scale (CSES). A cohort of 121 student nurses was involved in this research; an international placement was shown to be an effective way to assist development of cultural competence. The data collected was paper based which may have restricted the student's answers and does not help the students to explain what they mean by cultural competence or how the placement helped to develop this.

Callister and Cox (2006) used a qualitative approach to encourage student nurses to tell their story of what an international placement meant to them. Callister and Cox use a phenomenological methodology focused on nurses who had an international placement as a student nurse, several years previously. The placements had a profound effect on the nurses and shaped their personal and professional development. Callister and Cox do not define what they mean by cultural competence but they use thematic analysis and offer quotations which show development in two aspects of Camphina–Bacote's (1999) fundamentals of cultural competence: cultural knowledge and cultural awareness.

McQuilkin's (2012) systematic review of literature is mentioned in the Introduction. She is another advocate of international placements as a way to assist the development of cultural competence in student nurses. However, the evidence for the correlation between international placements and cultural competence is not conclusive and

Blanchet- Garneau and Pepin (2015) suggest that there are other ways of developing cultural competence for example in a clinical environment in the 'home' country that serves a culturally diverse population. Blanchet *et al*. (2015) also discuss 'how' student nurses develop the competence of giving culturally sensitive care from a constructivist perspective. The models mentioned above define what culturally competent care should look like; Blanchet *et al*. (2015) call for an understanding of 'how' student nurses and registered nurses develop that competence. This research offers some insight, from the perspective of student nurses, into the development of cultural competence.

ETHNOCENTRISM

Ethnocentrism occurs when an individual struggles to see the perspective of others; this can lead to stereotypical care, even racism in clinical practice. Racine and Perron (2012) proposed that international placements reinforce student nurse ethnocentric views because they only see differences in the new environment and want to impose their own approach to nursing on the 'host' culture. They argue that this 'cultural voyeurism' stems from deep rooted historical aspects of western society and western nursing practices typified by wanting to 'do good' and 'help' those perceived to be less fortunate. Advocates of cultural competence promote the development of self-awareness, of stepping back to look at one's own values, beliefs and biases so that the values, beliefs and biases of another person can be recognised and discussed to then enable planning of healthcare in a meaningful way. Racine and Perron (2012) are concerned that student nurses are not adequately prepared to make this detailed self-assessment or they are not on the international placement long enough to meaningfully understand themselves or the people they are visiting. The term 'immersion' captures the limitations of an international placement Racine and Perron (2012) are concerned about; a 'dip in and out' of a placement for the student without time for culture to be fully explored, absorbed or acted upon in a meaningful way. Racine and Perron's (2012) final concern was that student nurses are motivated to go on an international placement due to tourist-like curiosity and because they want to 'help'. Helping, without detailed preparation, may have a subtext of 'help the people in country X to care for people like I do in country A' which, Racine and Perron, argue is paternalistic and will not help people of the host country.

Narayanasamy and White (2005) were also concerned about international placements perpetuating ethnocentrism. These UK authors write about cultural arrogance; suggesting indigenous white, British people do not appreciate their own culture and values. Consequently, they struggle to appreciate that people from different ethnic backgrounds have different values and cultural beliefs; from this stance the unaware

nurse could continue to impose his/her view of the world on a patient with free risk of the healthcare relationship being tense and ineffective. Interestingly they do not recommend an international placement to address this issue. They suggest that the focus for promoting culturally competent care should be within the nursing curriculum; enabling student nurses to be self-reflective, to recognise their own beliefs and prejudices and critically consider how cultural backgrounds may influence health behaviours.

NURSING IN THE UK

The majority of literature reviewed presented an international placement as a 'good' way to assist in the development of cultural competence. 'Cultural competence' is not a familiar discourse within UK pre-registration nurse education. Student nurse education in the UK is designed to ensure that the nurse meets the standards required by the Nursing and Midwifery Council (NMC, 2010; NMC, 2018). Nurses, once registered, are expected to demonstrate professional behaviours and practices in accordance with 'The Code' (NMC, 2015). In addition, if employed by the NHS in England, the nurse will be expected to work to the values of the NHS Constitution (DH, 2015). There are many expectations of nurses in the UK and it is important to consider the extent to which an international placement may contribute to the achievement of these requirements. Cultural competence is not directly referred to by the NMC or within the NHS constitution (DH, 2015). However, there are aspects of the NMC and DH requirements which correlate to features of cultural competence.

The NMC (2010) expect student nurses to be competent in the domain of Nursing practice and decision making including "to understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care." (p.17 NMC, 2010) This lengthy requirement has some congruence with cultural awareness, cultural knowledge and cultural skill (See p.21-26 of this thesis). It does not suggest that the student nurse must be aware of their own beliefs, values, biases and prejudice in this context. However, within the Essential Skills Cluster: Care, Compassion and Communication there is an expectation that by the end of year three student nurses will "develop self-awareness, challenge own prejudices and enable professional relationships, so that care is delivered without compromise." (p.106 NMC, 2010) and "Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise care." (p.107) and a final statement alludes to cultural competence "Acts autonomously and proactively in promoting care environments that are culturally sensitive and free from

discrimination, harassment and exploitation." (p.152). The NMC is directive about what they expect of nurses in relation to caring for an increasingly multi-cultural society in the UK rather than using the term 'cultural competence'.

Similarly, the NHS Constitution (DH, 2015) recognises the importance of providing care 'for everyone' but does not utilise the term cultural competence. The NHS constitution is a set of guiding principles and values that healthcare providers must, by law, take into account when making decisions about the care they provide. The NHS is a major employer of nurses in the UK and there has been a suggestion by Health Education England (HEE) that international placements are beneficial to health care staff and students to promote lifelong learning which in turn could improve the quality of care (Global Health Exchange and NHS North West Commissioning Support Unit, 2015). Once again the term cultural competence was not used.

THE BENEFITS AND CHALLENGES OF INTERNATIONAL PLACEMENTS FOR STUDENT NURSES

Personal growth

'Personal growth' was highlighted as an advantage of an international placement for student nurses in the literature. For example Lee's (2004) case study research highlighted personal growth related to dealing with challenging situations e.g. homesickness, and organisational skills, which led to increased self-confidence and independence of student nurses. The student international placement was linked to an academic module within the Diploma in nursing (which no longer runs in the UK); there may have been multiple factors contributing to personal growth, not just the international placement. However, Lee's (2004) research approach included the student perspective and her findings resonate with other studies.

Law and Muir (2006), UK nurse academics, worked with European and American Universities to organise student exchange programmes between the various countries. The student nurses had a preparatory week, two weeks observational/clinical placement in Europe or America and a debrief/reflection week. Their discussion is anecdotal; the authors have not attempted to capture actual student nurse experience but report that *they* have recognised personal growth of the students. Law and Muir (2006) refer to classroom discussions prior to placement, online discussion boards during placement and the reflection that took place following the placement; they utilise Campinha-Bacote's model of cultural competence (1999) as a reflective tool but question whether the students achieve any element of this. The authors confidently

report that the students demonstrate personal growth in terms of increased confidence, self-management skills and negotiation skills.

Greaterex-White (2007, 2008) used a phenomenological methodology to explore the experiences of UK students who had a 6-12 week international placement in various countries. 26 student nurses participated in the research; they kept contemporaneous journals whilst on the placement, which were then analysed. The author does not explain how the placement was organised and it is not clear if the data in the journals was viewed at the time of the placement or later. There is also no indication of whether instructions were given to the students in relation to writing the journal; this context to the research may impact on the student recording of their experience. In 2008 Greaterex-White referred directly to the journals and explains the themes she uncovered; the focus for this later article is the value for students to feel 'foreign'. She argues that experiencing this disturbance helps students to explore their own taken for granted beliefs about cultural diversity thus improving cultural competence. Greaterex-White (2007) concluded that the placements were beneficial for personal growth and self-understanding as the students 'leave behind' their normal routines. The placements also increased the students' understanding of the global influences on health and health care.

Two literature reviews also concluded that international placements were beneficial to student nurses in terms of their personal growth; Browne *et al.* (2015)(See p.7 of this thesis for details) and Kokko (2011)(See p.6 of this thesis). Kokko's review (2011) focused on studies in which the students had to use a foreign language which restricted the number of studies available to seven (one of which was her own dissertation). The literature reviewed focused on North European or Scandinavian students who visited English speaking countries e.g. UK, Australia, Tanzania. Kokko (2011) explained that the student nurses experienced stress associated with different language, different environment and different approach to health care. Although challenging at the time, this stress contributed to beneficial personal growth. Kokko's article emphasised the importance of further teaching and facilitated reflection with student nurses to maximise learning from international placements.

The above literatures highlight the benefits of an international placement for student nurses at a personal level; this is in addition to the literatures in the previous section related to the development of cultural competence which is a mixture of personal (self-awareness) and professional development. A variety of research approaches were used in the literature, but the student perspective is filtered through diaries, semi-structured interviews and focus groups. Schwind *et al.* (2013) used Narrative Inquiry

methodology to explore the experience of an international placement for student nurses. Four student nurses had undertaken a 12 week placement in Brazil whilst in year 3 of their course. To understand their experience Schwind *et al.* (2013) used a narrative reflective process, involving art and creative writing, to help student nurses articulate and reflect upon learning from the placement. From the examples of student reflection it is possible to get a sense of the emotive response to the placement not evident in other articles. The students went to the placement expecting to teach the health care workers they were with and perhaps the Brazilian people. In fact they became the 'learners' as they experienced incredible poverty but genuine joy, care and happiness which was not related to material wealth. The longevity of the placement (12 weeks) was useful for the students as they moved from their initial feelings of powerlessness and helplessness; wanting to 'make things better'; to a respect and acceptance for the strengths of the community despite their material poverty e.g. the value of community, friendships and social inclusion. Schwind *et al.* argue that this reciprocal learning is a valuable life lesson which will assist the four student nurses to be more culturally sensitive and respectful in their future nursing career. Schwind *et al.* (2013) remind that learning from experience at a personal level will impact on professional learning too.

Professional growth

Several authors, discussed below, referred to professional growth as a benefit of international placements e.g. development of skills, knowledge or attitudes useful to the student in their role as a nurse. Aspects of development referred to were health promotion skills, communication skills, care and compassion. A variety of methods to gather data and reach conclusions, were utilised.

Charles *et al.* (2014) discuss Australian student nurses having an international placement to India. The authors refer to the 'lived experience' of the students but on closer examination the experience was captured in journal entries after the experience. Eight students had pre-set reflective questions, with room for free text entries, in their journals these entries were analysed thematically. The themes highlighted development of the students from focussing on themselves to recognising the good practice of Indian healthcare professionals and considering how this learning might be applied to their future practise. For example, the student nurses felt a lot could be learned from the Indian health promotion techniques to care for patients rather than using expensive medications and equipment. The student journal was part of an academic assessment which may have created a tension for the students as they balanced honest reflection and obtaining a 'good' mark. It is not clear when the student

journal was written; it may have been 'polished' for submission on return to Australia. Other authors also refer to student nurses developing their professional practice by recognising the 'good practices' they have observed whilst overseas.

Green *et al.* (2008) provide insight into a European exchange programme between a UK and Swedish University. The exchange programme had been in place for several years before the research was undertaken to explore the student nurse experience; a multiple case study approach was used to gather data from 14 Swedish and 18 UK students. These students exchanged between the Schools in the Swedish and UK Universities but had placements in a variety of other countries e.g. Hong Kong, South Africa, Denmark. The methods of data collection included semi-structured, face to face and group interviews and documentary analysis.

Five themes arose from the analysis of the data one of which was professional development. The nurses felt they had learned from the placement, mainly from observing good practice but also from observing poor practice and considering how it could be improved upon. Some of the participants (n=12) were student nurses at the time of data collection, others were registered nurses (n=20). Time since the placement ranged from 6 months to 8 years which suggests that the learning that took place whilst on the international placement had longevity.

Two papers highlight communication skills as a professional area of development. Lee (2004) discussed professional growth related to the differing relationship between nurses and patients whilst overseas, compared to home, which led to a deeper understanding of the importance of communication and respect for persons. However for one student nurse this had not been a positive aspect of the placement; she experienced racism which made her more aware of how someone from a minority group may feel in the UK unless active steps are taken to address the situation. Walsh and De Joseph (2003) collected interview data from student nurses pre and post placement; and finally the students were asked about reentry into the USA within a focus group; a topic not often addressed by authors. Thematic analysis of the data was undertaken by Walsh and De Joseph (2003). One theme identified was the reinforcement of student nurses' nursing skills despite feeling fearful of not 'knowing enough' initially. The student nurses found that fundamental nursing knowledge and skills could be transferred to the international placement and their confidence grew, particularly in communication skills.

The final two papers to be discussed in this section referred to the professional growth of student nurses in relation to the development of values i.e. respect for, and valuing of individuals. Callister and Cox (2006) discussed the development of professional

skills; some very practical such as perioperative skills; some values based e.g. respect for people. Levine (2009), also an American researcher, discussed the experiences of student nurses on international placements during their final year of education. Levine (2009) organised the placements and accompanied the students on their placement; her methodological approach was Reflective Topical Autobiography.

Levine's (2009) research focused on 10 student nurses who had 6-10 weeks placement in 1 or 2 of 10 countries that Levine had experience of working with. Levine's presence on the placement, she reports, meant that she could be teacher, facilitator, pastoral supporter and role model to the students. The students wrote daily reflective journals during the placement and at the end of the placement they wrote a reflective piece. Levine also gives an account of the style of teaching she undertook whilst overseas; encouraging reflection, open and honest discussion with the students about all of their experiences.

Following data collection and analysis Levine (2009) found three major themes including 'valuing others'. 'Valuing others' included discussion of close relationships that students formed with those they cared for professionally and also spent much time with in the various communities. Care, compassion and respect are discussed within this theme; Levine proposed that the experience of being on an international placement, often not having a common verbal language, enabled the development of these attributes in student nurses. These themes were apparent 3 to 13 years after the placement which, Levine argues, emphasises the transformative nature of international placements. Levine's (2009) work is detailed but there is no consideration of the power differential between Levine and her students, or how her presence on the placement may have impacted the student's narrative of their experience.

Personal and professional developments are benefits of international placements in addition to, and closely associated with, cultural competence. However not all findings were positive; some authors suggest that there are also challenges associated with international placements.

CHALLENGES WHILST UNDERTAKING AN INTERNATIONAL PLACEMENT

Some of the challenges raised within the literature reviewed remind me of stories student nurses relay about starting any new placement e.g. being concerned they do not know enough (Walsh and De Joseph, 2003); 'organisational problems' such as with accommodation or travel (Green *et al.*, 2008). However during an international placement student nurses are in another country so the challenges can be confounded

by homesickness; challenging the student nurse's ability to learn within the new environment (Green *et al.*, 2008).

Green *et al.* (2008) reported that, for some students, there was a shock element to their experience where they struggled to accept cultural norms if it led to a perceived lack of dignity for the patient; reminiscent of Haley's story (p.9 of this thesis). Egenes (2012) analysed the written journals of American student nurses following a placement in the UK. Egenes description of method is vague; the exact number of journals viewed is not revealed. However, she discussed the potential stress for student nurses when they arrive in a completely different cultural healthcare and social system to their norm. Egenes used the work of Oberg (1960) to frame her discussion of culture shock; initial euphoria of the individual, quickly progressing to disillusionment and irritability. The individual will eventually adjust to the new environment and see positive aspects of the new culture which could contribute to learning and development. During this process, Egenes explains, the student nurse may feel depressed, confused, unconfident and helpless. Egenes (2012) used examples from student journals to support her argument that the students in her study progressed through Oberg's stages of culture shock. She went on to explain the importance of preparation and support to minimise the impact of international placements.

Egenes (2012) used the phrase "the students are immersed in a multiethnic and multicultural environment." (p. 761). This creates an analogy of students being pushed under water and conveys the sense of panic that Egenes (2012) described as culture shock. Many authors referred to an 'immersion experience' or students 'immersed' in a different culture in their article title (Caffrey *et al.*, 2005; Wood and Aitkens, 2006; Levine, 2009; Larsen and Reif, 2011; Harrowing *et al.*, 2012; Charles *et al.*, 2014; Roller and Bellastas, 2017). This particular analogy led me to reflect that authors are acknowledging an international experience as a 'pushing in' and 'pulling out' of students into a different culture in the hope that something of the experience will 'stick' with the students; there is limited theoretical explanation of how learning may occur in such a scenario. One final thought concerning culture shock is related to the work of Gaw (2000); he highlighted that students returning from an international experience may struggle to re-adjust to their home environment and, in some cases, require specific counselling support to assist with this. He calls this reverse culture shock; Gaw (2000) was referring to American college students, not specifically student nurses.

Morgan (2012) raised another challenge that student nurses may have on an international placement. Using a phenomenological approach and semi-structured interviews Morgan (2012) talked to ten UK student nurses about their international

placement. She found they had concerns about different types of risk; risk to their person e.g. assault or accidents, clinical-professional risk e.g. being accused of malpractice and socio-cultural risk e.g. saying or doing something unacceptable to the host population. Morgan (2012) highlighted the strategies that students used to minimise the risks. For example, the students recognised they were 'different' so they attempted to minimise this risk by following cultural rules and befriending strangers that they felt they could trust. The student nurses also drew on experiences from their own culture, such as avoiding known 'danger' parts of a town. Despite these concerns Morgan (2012) concludes that the fear of risk had promoted learning in terms of self-development, cultural awareness and sensitivity to individuals and environments, so a benefit came out of the challenge of an international placement.

The literature reviewed highlights the potential benefits and challenges of International placements. In order for the placement to be an effective learning opportunity, authors such as Grant and McKenna (2003), Green *et al*. (2008) and more recently, Ulvund and Mordall (2017), advocate for preparation of students before the placement, facilitation of support and reflection during the placement and debriefing and reflection after the placement. Green *et al*. (2008) talk about enablers and disablers of learning; in common with other studies (Egenes, 2012; Grant and McKenna, 2003) a key factor is the mentor. If mentors in the clinical area are perceived as friendly, supportive and spoke the student's language well, student nurses felt more secure and more able to learn. Kohlbry (2016) reiterated the need for student support throughout the placement for it to be a meaningful experience; she recommended an academic member of staff from the students' own country to accompany them whilst on placement. Levine (2009) was also an advocate of that approach as discussed earlier (see p. 32 of this thesis). However Stephens and Hennefer (2013) point out that it is not always possible for an academic to go overseas with a small number of students, their research concluded that SKYPE™ had real potential to support students but, at the time of writing in 2013, there were intermittent problems with the technology in all countries. Stephens and Hennefer (2013) agreed with Green *et al.* (2008) that preparation and support of student nurses whilst overseas was key to their learning. Ulvund and Mordal (2017) equate learning from an international placement with developing 'cultural competence'. They emphasise the value of preparation, structured reflection on return from the placement and regular reflective supervision whilst on the placement to avoid superficial learning.

GAPS IN THE LITERATURE

Undertaking the literature review helped me to position my research within a large body of research about international placements for student nurses. The body of literature was largely supportive of student nurses undertaking international placements to enhance learning and to develop personally and professionally, particularly in the area of cultural competence. The measure of this learning has been with tools (Caffrey *et al.*, 2005), by analysing student diaries or other written work (Maltby and Abrams, 2009; Harrowing *et al.*, 2012) but most commonly by interviewing students, relying on self-reports of experience, within semi structured interviews (Button *et al.*, 2005; McQuilkin, 2012; Browne *et al.*, 2015). What is not so obvious in the literature is the opportunity for student nurses to fully explore their experience and consider what the international experience means to them as they become a nurse, without the influence of an imposed structure i.e. interview schedule. Schwind *et al.* (2013) do offer an example of Narrative Inquiry but there is scope for more research which concentrates on the student story of their international placement.

A second gap in the literature relates to the people involved in the student nurse international experience in the 'host' country i.e. the healthcare professionals and the patients. The majority of literature reviewed is concerned with the student nurse perspective; what they learn and develop from the experience. There is no insights into what people in the 'host' country learn from the student visit; whether the 'host' nurses become culturally competent, if the 'host' professionals and patients have any choice about the student visiting and working with them, or how they feel about the situation. This omission is concerning and unfortunately will not be addressed by my research, but it led to the work of Ackers and Ackers-Johnson (2014) who have spent several years developing 'Co-presence' (p.1) as an approach to international placements in Uganda. An important aspect of their work is developing projects to improve aspects of health care with long term involvement of Ugandan and UK Health care professionals (HCP) working and learning together. Ackers and Ackers-Johnson (2017) raise important questions about whether volunteering can have a sustained impact on healthcare. They report on the complexity and challenges of HCPs from different cultures working together and sharing knowledge to improve healthcare.

In summary the literature review helped me to recognise there was limited recent research considering the experience of UK student nurses undertaking an international placement, particularly from the student nurse perspective.

CHAPTER 3: METHODOLOGY

The purpose of this chapter is to explain the rationale for the methodological approach to this research and articulate the conceptual framework through which I view the data. The literature review informed that international placements offer the opportunity for student nurses to learn and develop personally and professionally although there could be challenges to that development. Clearly there is not 'one' international placement experience, there are many; I was keen to gain a richer and deeper understanding of the meaning of international placements by analysing and interpreting individual student nurse experiences. I was particularly interested in the perspective of student nurses studying in the North West of England, where I worked (University A).

ASSUMPTIONS UNDERPINNING THE RESEARCH QUESTION

"What is the meaning of international placements for student nurses?"

In the introduction I articulate assumptions which underpin the research question (See p.11 of this thesis). In summary an international placement will have significance for the individual student nurse; there will be potential to learn from such an experience which can influence one's view of self, personally and professionally because the experience has 'meaning' for that individual. However, this is a simplistic explanation requiring further consideration; articulating the underpinning philosophy behind 'experience' and how that becomes meaningful to an individual is important.

A positivistic methodology would view experience objectively, something to be 'measured', with a view to finding 'patterns' and generalisable facts which could be used to predict international placement experiences for future nurses (Newby, 2014). Such a view renders the student nurse 'value-neutral' and somewhat detached from their international placement experience (Kim, 2016). I wanted to find out about the international placement from the student perspective, accepting that such a 'subjective' approach would not produce generalisable results. However, a narrative about the meaning of an international placement from the student nurse perspective would provide valuable insight which could inform future nursing curriculum development (Holloway and Freshwater, 2007).

A qualitative methodological approach was more appropriate to address my research question with the focus on understanding and interpretation rather than measurement and prediction. The decision about methodological approach was influenced by my ontological belief that experience is subjective, the only 'real' account of experience for an individual is told by them. The meaning of an experience is dependent on individual background, developed over time and influenced by family, community and cultural

beliefs; and their interaction with the people and place at the time of that experience (See 'Deweyan philosophy' below). I also believe that stories are a valuable way to communicate experience and listeners can learn from those stories (See p.38 of this thesis).

Chase (2005), Clandinin and Rosiek (2007) point out the 'narrative turn' to qualitative research in the social sciences began in the early 1990s and they outline the various academic, philosophical and research traditions that view 'stories/narratives' (often used interchangeably in the literature (Kim, 2016)) as significant sources of data e.g sociology, anthropology, phenomenology. 'Narrative' research is a complex field with diverse analytical lenses based on differing ontological and epistemological beliefs. Within educational research Narrative Inquiry is a distinct methodology advocated by authors such as Connelly and Clandinin (1990), Clandinin and Connelly (2000), Lindsay (2006a), Clandinin and Rosiek (2007) and Clandinin (2013) based on the philosophical understandings of John Dewey (1938).

DEWEYAN PHILOSOPHY OF EXPERIENCE

Dewey (1938) wrote his philosophy of experience to influence the education of children. He believed that everyone can learn from experience but not all experiences are educative (p.25). The meaning and impact of an experience is dependent on the relevance of the experience to the individual; to their past experience, the sense that is made of the experience in the current context which in turn will influence future experiences. Dewey's philosophy of experience has been labelled as 'pragmatic' (p.5 Clandinin and Rosiek, 2007) because he accepts that the 'here and now' explanation of an experience by an individual is what that experience is, and that is 'good enough' (p.8 Clandinin and Rosiek, 2007). This pragmatic view of experience is profound and requires further explanation.

Dewey's (1938) explanation is based on his belief that all experience is interactional and continuous. Dewey dismisses the idea that human experience is something 'that happened' in the past, or something that happens 'inside a person', separate from the life that an individual is leading. Experience is shaped by the individual's interaction with their surroundings, the people around them and their personal beliefs and values; it is interactional. Consequently, experience is not one thing; it is constantly changing as the individual continues to interact with their own thoughts, different surroundings and different people; a 'stream of experience' (p.8 Clandinin and Rosiek, 2007) i.e. experience is continuous.

This is an important aspect of Dewey's philosophy which underpins Narrative Inquiry as a research approach and makes it distinctive from other research approaches. The phenomenon under study is the experience as told 'today'. The story of a past experience e.g. international placement, told today is valuable because it is the expression of embedded experience, it is the meaning that has been made of that experience, by that individual, at this point, because of their interaction with others and the environment; studying stories is studying experience (Clandinin and Rosiek, 2007).

Dewey's (1938) philosophy of experience was written in the early 20th Century in an attempt to revolutionise the education system. Dewey wanted to maximize learning for children by helping teachers to understand that presenting information to children did not equate to learning. The material had to be relevant to individual children: the environment and people within it could positively or negatively impact on the way children took up the information, or not, to influence their future understandings of the topics being discussed. Although this philosophy is dated and not directly written with research, or the education of nurses or adults, in mind it is still relevant today. Nurses are encouraged to recall what has been previously learned, articulate their experience 'here and now' and consider what their next action is. Rolfe (2014) argues that this is reflection-in-action, which has a Deweyan basis, and is relevant and important to nurses as they interact with the clinical situation and continually review their experience. More specifically in relation to this research I wanted to understand the meaning of an experience (international placement) by listening to, analysing and interpreting student stories. My new understandings will lead to 'action' or a different way of approaching a future educational experience (Riessman, 2008; Kim, 2016) e.g. preparation of future students for an international placement.

THE VALUE OF STORIES

Valuing stories resonates with my experience as a nurse and a nurse lecturer (see p.12 of this thesis). Patients in my care had exactly the same procedure but told of it in different ways; similarly, student nurses attended the same placement, at the same time but told different stories of that experience. Human beings have an array of responses to situations and an individual's articulation of their experience occurs through their stories; these stories provide unique insight into the meaning of an experience for an individual at that time (Holloway and Freshwater, 2007).

Clandinin and Connelly (2000) embrace Dewey's understanding of experience and pragmatic ontology; Clandinin (2013) refers to experience as 'storied phenomenon' (p.34). These authors advocate storytelling as the appropriate epistemological approach for Narrative Inquiry methodology; listening to, analysing and interpreting

stories of experience. Based on Deweyan philosophy experience is continuous and interactional; people **tell** their story and **live** it today, making sense of their past experience 'here and now'. Stories are told today with the possibility of increasing understanding for self and others in the future. The teller and listener then **retell** the experience and **relive** it in a different way, based on their past and current experience (p.34, Clandinin, 2013). **Telling, living, retelling and reliving** international placements is the focus of this research. These terms applied to the student nurses and to myself, the researcher, as I related and interacted with the student stories to 'retell' the experiences of international placements in this thesis. This research process changed my understanding of international placements which led to me 'reliving' the experiences; changing the way I re-presented them to others e.g. academic staff at University A and at Conferences (See Appendix 9).

Stories are a part of human culture and they are used in many different ways; Riessman (2008) refers to seven different uses of stories. They can be told by individuals to themselves and others, or stories can be told by groups. Stories can tell about experience (as above), they can offer insight into someone's identity (personal or professional), they can be used to entertain, to argue and persuade or to call to action. Riessman (2008) also raises the issue that stories can be deliberately used to mislead; something that Dewey (1938) does not discuss but needs to be considered in relation to this research. I cannot rule out that participants are telling a misleading story but I have made an assumption that student nurses who agreed to participate in the study did not set out to mislead about their international experience; they are becoming professional nurses who abide by a professional code which emphasises honesty and integrity (NMC, 2015). In any research study of this nature researchers have to trust participants to be truthful.

Whatever the purpose of the story; viewed from a pragmatic ontological position it will be told in relation to time, place and people. A research approach based on pragmatic ontology accepts that 'story' is the best way to relate to the experiences of others but I acknowledge and accept that the teller makes choices about what to include in the story, based on their past experience and the present situation, including the presence of the researcher. This understanding influenced the method (as discussed in Chapter 4) to encourage student nurses to tell their story in as much detail as they were able; however this will never be complete. This position is acceptable because individual stories are valued for the impact they have at a personal, practical and social or theoretical level (Clandinin, 2013).

Several authors have presented methodological approaches to studying experience (Chase, 2005; Lindsay, 2006a; Kim, 2016) which value the use of 'story' as an epistemological approach to collect data. Phenomenology is a research approach which attempts to uncover the 'lived experience' and I considered this as a methodological approach for this research. However there were several issues which I was not comfortable with. Phenomenology following Husserlian tradition expects the researcher to 'bracket' their previous knowledge and experience to attend to the stories of participants afresh (Braun and Clarke, 2013). This would have been a challenge for me; I could articulate the influence of the literature associated with student nurse international placements but I could not 'bracket' the stories that students had already told me. Those stories had an impact on me and I brought that to the research. I had also had an international placement, part of my story that I brought to the research; I could not 'bracket' that and unravel it from myself.

I also decided against an alternative approach to phenomenology which follows the philosophy of Heidegger. That methodology is focused on finding meaning in experience. Experience is not viewed as entirely subjective, it is a 'phenomena' that occurred and the individual is a vessel to which that experience happened and who can tell the tale but is separated from the experience. This view ignores the interaction which I believe is a fundamental aspect of experience.

The methodology I considered most appropriate for the research question was Narrative Inquiry as proposed by Clandinin and Connelly (2000), Lindsay (2006a), Clandinin and Rosiek (2007), and, more recently, Clandinin (2013). These authors value the stories of individuals and argue that Narrative Inquiry is a methodological approach with defined ontological and epistemological underpinnings based on the ideas of John Dewey (1938) as discussed above. Clandinin (2013) explains the key aspects of experience as relational, continuous and social. Stories told by the student nurses would be in relation to me, the researcher. I have discussed my position in the research in the introduction but Narrative Inquiry expects more of the researcher; this methodological approach demands that the researcher 'Thinks narratively' (p. 23 Clandinin, 2013; p.90 Kim, 2016).

THINKING NARRATIVELY

'Thinking narratively' is a reminder from Clandinin (2013) that the ontological understanding of experience does not just apply to the research participants i.e. the student nurses; it also refers to me, the researcher, influencing the whole approach to the research project. Listening to the stories of others is done in a relational way; I impacted on the student telling of their story and I was impacted upon by hearing their

story. Thinking narratively also demands 'thinking with' the student stories rather than 'thinking about' the student stories. 'Thinking about' stories distances the researcher from the participant and risks objectifying the story. 'Thinking with' the story involved encouraging the students to tell their story as fully as possible (See Chapter 4), and interpreting what was told about the places, the people, the past that had influenced the meaning of the experience. Similarly thinking with my story; what I brought to the student's story in terms of past experience, beliefs and understandings. Finally I needed to think about how the student's and my stories related to wider narratives in which we were embedded e.g. University A, Nursing in the UK, Western culture. Thinking with the stories on all these levels, through the different aspects of the research, led to a richer understanding of the meaning of international placements for student nurses which will contribute to the thinking about such placements in the future (See Chapter 7).

To assist with 'thinking narratively' Clandinin and Rosiek (2006) and Clandinin (2013) suggest that the inquirer continually bear in mind Dewey's (1938) philosophy of experience which underpins the methodology and attend to the 'common places' of Narrative Inquiry: Temporality, Sociality and Place.

TEMPORALITY, SOCIALITY AND PLACE

The **Temporality** commonplace refers to the acceptance of continuity in experience; experience today depends on the person's past, the context today and their thoughts of the future. By considering what the teller is saying in relation to their past, present and future concerned with the experience i.e. an international placement, a deeper understanding will be gained. The **Sociality** commonplace refers to the familial, cultural, or institutional framework/context within which the experience took place. Finally the **Place** commonplace focuses on the specifics of where the experience occurred; the physicality of the place as experienced by the story teller. This is a complex and consuming methodology and there are several challenges to this approach which need discussion.

A literature review has been included in this thesis; a requirement of the organisation and thus part of my being a researcher at this time, in this place. However Holloway and Freshwater (2007) warn against a detailed literature review prior to Narrative Inquiry because of the potential influence when listening to the participant's story. I can appreciate this perspective. Prior to undertaking the literature review I was unfamiliar with the term 'cultural competence' but this concept became woven into my understanding of an international experience. I could not remove 'cultural competence' from my thinking and so it became part of my analytical framework. Clandinin and

Connelly (2000), Clandinin and Rosiek (2006) and Clandinin (2013) accept that Narrative Inquirers are placed within a particular research/academic arena (Sociality commonplace) which influences their experience of Narrative Inquiry at all stages. Articulating these influences and considering the impact on hearing and 'retelling' of participant's stories is important (See p.44 of this thesis).

Another challenge of Narrative Inquiry is the relational nature of the Inquirer and the participants i.e. between me and the student nurses. As discussed above, stories told and heard are dependent upon the teller and listener relationship and the place they meet to share the story. Whilst the proponents of Narrative Inquiry are clear about relationality they avoid talking about the influence of status and power on the relationship of teller and listener. For example Clandinin and Connelly (2000) offer detail about the extended Narrative Inquiry they undertook at Bay Tree school. This involved them working in classrooms and spending a lot of time with the teachers and children. They talk about negotiating relationships and acknowledge that relationships are tenuous; always 'in the midst' of negotiation. However they do not refer to the term 'power'. Similarly Riessman (2008) and Kim (2016) emphasise the relationship that must develop between participant and researcher as they share stories but the term 'power' is not used. This was of interest because I had a time-limited opportunity to develop a relationship with student nurses which I hoped encouraged them to tell their story in as much detail possible. My intent was to be an active and interested listener of the stories, share my own experience if appropriate, but we went in to the interview 'space' as 'a lecturer' and 'a student'. These pre-determined aspects of our lives had potential to impact on the story told; the design of the research was aimed at making that situation 'not matter' but I had to consider our pre-determined relationship as a power imbalance which needed to be discussed and addressed.

ETHICAL ISSUES

Ethical approval for the research was duly gained from the Ethics Committee at University A. Holloway and Freshwater (2007) emphasise that ethical issues are not just concerned with the Ethics Approval process, they are relevant throughout research, so it is appropriate to discuss ethical issues relevant to methodology here, and more practical aspects in Chapter 4.

As discussed in the Introduction I was an 'insider researcher' (p.14 of this thesis) (Mercer, 2007). The student nurses who had undertaken an international placement were on the Child, Adult or Mental health nursing pathways. I had limited contact with the students on the Adult and Mental health pathways although I may have delivered occasional lectures to them during year 1; I was not in a position of marking their

assignments. However the three pathways are interwoven and the students are aware that the lecturing teams work across all pathways. I had much more contact with the Child nursing students; I was their course leader and module leader for a year 2 and year 3 module which involved marking assignments. Williams (2009) discussed the 'aporia of multiple practitioner roles' (p.216) and highlighted the dilemmas that practitioners can have about researching an interesting topic in their place of work whilst ensuring that no harm comes to participants. Clearly steps had to be in place so that all students felt free to participate in the research, or not, without concern that it would impact on their progress on the course in any way (See Table 4.2 in Chapter 4).

Ethical dilemmas can be intensified in Narrative Inquiry because of the relational nature of the work. My pre-determined status of a lecturer cast me in the role of being 'powerful'; as viewed by University A Ethics committee and writers such as Berger (2015). I did not 'want' to be powerful but I could not 'give' power away to the student nurses (Pillow, 2010). My ontological perspective positioned 'power' as part of the Sociality common place; it could not be removed. My job placed me in a 'powerful' position; I acknowledged this and designed the research to encourage students to participate if they wished to. I then used my actions and communication style to encourage the student nurses to share their story of an international placement in as much detail as they felt able (See Chapter 4).

Value is placed on the relationship between participant and researcher in Narrative research. Many Narrative Inquirers aim for a prolonged relationship with the research participants but in this research the relationship was one, possibly two conversations with the student nurses. Gaining ethics approval offered some reassurance that the design of the research was adequate to proceed but I was asking student nurses to tell me their story of their international experience which would potentially provoke a variety of emotions in the students, and myself. The students could feel vulnerable as they told their story; or be concerned with how I retold their story in the final thesis. I was aware that I had an ongoing ethical responsibility to care for the students, honour their stories and retell them in a way that did not reveal student identity whilst portraying their experience honestly (Sikes, 2010). Kim (2016) referred to 'Ethics in practice' and suggests that Narrative Inquirers must develop 'Phronesis'; a way of acting in a human, caring and wise way in research situations and relationships (p.105, Kim, 2016). Clandinin (2013) was also concerned that Narrative Inquirers must be aware of their ongoing ethical relationship with participants, particularly in the interview space when the teller and listener can be vulnerable; she advocates an attitude of "openness, reciprocity and care" (p.200, Clandinin, 2013). As a nurse and lecturer I had skills in attentive and interested listening; also in supporting distressed people as they

work through emotion. If necessary there were other sources of ongoing support available at University A if that was appropriate e.g. personal tutor.

REFLEXIVITY

A key tool for attending to the ethical challenges of Narrative Inquiry is reflexivity (Kim, 2016). Reflexivity is a responsibility to understand self (me as an individual) and consider how past experience, feelings, knowledge, professional and organisational affiliation may impact on the decisions made in relation to this research. This summary of reflexivity was created after reading the work of Pillow (2010), Kim (2016) and Day (2012) who all highlight the challenge of defining reflexivity but advocate its use as a way of enhancing qualitative research. Clandinin (2013) does not refer to reflexivity directly; but implies it as there is an emphasis on the relational nature of research in Narrative Inquiry. Understanding the extent to which reflexivity should be part of the dissertation is a challenge. Kim (2016) warns of becoming too self-reflexive, or confessional, potentially leading to this final thesis becoming more about me than the students. In the introduction I have outlined 'My story in relation to the research' (p.12), in this chapter I have articulated assumptions and understandings underpinning my choice of methodology to address the research question. I will now go on to outline the theoretical perspectives which influenced interpretations of the data and the 'sense' I finally made of the student stories. In Chapter 4 I discuss the research design and methods, including my decision making process which highlights consideration of, and centrality of the student throughout.

THEORETICAL PERSPECTIVES

Key theorists influenced how I related to the student stories; in this section I introduce these theorists so the reader is aware of my perspective about student learning from experience i.e. an international placement. Dewey (1938) was a key influence, he is discussed above; other authors are Lave and Wenger and Bourdieu. Here I explain the relevance of their work to my research and key aspects of their theories; I will refer to these again in Chapter 6.

Lave and Wenger

Lave and Wenger (1991) and Wenger (2009) theorise that learning is an interaction between the individual and the community they find themselves within; they name their theory 'Situated learning; Legitimate peripheral participation'. Their theory has similarity to Dewey's theory of experience but Lave and Wenger are concerned with the way that 'new-comers' become involved and learn in a community. Their theory is relevant to this research as the student nurses were 'newcomers' who physically moved to a new

community during an international placement. Lave and Wenger (1991) and Wenger (2009) refer to community as a Community of Practice (COP) and they argue that everyone is a participant in many COP and they will participate within each COP at different levels. Within a COP there are people who have *particular* 'knowledge' e.g. about caring for a patient in Intensive care, but the COP also has 'culture of practice' (p.95 Lave and Wenger, 1991) which is the broader knowledge and understanding required to function and contribute effectively in the community i.e. as a professional nurse. Learning is always possible in a COP but it is dependent upon the individual 'participating' in the COP, it will not be sufficient for the individual to be an 'observer' if they are to learn the ways of a COP.

Initially a 'newcomer' to a COP will legitimately be on the periphery but they require 'legitimate access' (p.95 Lave and Wenger,1991) to participate if they are to gradually learn about who the people are in a COP, what they do, how they interact, what everyday life is like, about the general practice of the community. In relation to my research Lave and Wenger's (1991) theory seemed particularly relevant because many of the students wanted to 'experience difference' and to learn about a different culture and healthcare system. I was keen to understand how they experienced a new COP and what they learned from that experience.

Lave and Wenger (1991) and Wenger (2009) point out that their theory does not just focus on individual learning, their theory is interactional. The individual gains from learning in a COP because they learn how 'things are done around here'; the community also benefit from supporting the individual. For example in nurse education a clinical placement may be considered as the COP. The student nurse will learn about particular practices and how to be a professional nurse from the COP. The COP will benefit from supporting the student nurse in their learning so that they can begin to contribute to nursing activities in a meaningful and increasingly independent way, which adds to the efficient running of a clinical environment (The COP).

The movement of an individual from 'Legitimate peripheral participation' i.e. a newcomer on the edge of the COP to 'Full participation' will occur over time and will be dependent on their learning of the language, procedures, values and communication styles (Lave and Wenger, 1991). The progress from the periphery to the centre of a COP is complex and dependent upon personalities, previous experiences in similar COP, and the extent to which the newcomer begins to practice in the same way as the 'full participants' and to share their identity. For progress to be made the peripheral participant must show willingness to learn about the COP and adopt a similar identity. Gradually the full participants, 'old-timers', will see the value of including the newcomer

into the COP i.e. that the newcomer shares their identity, will not upset the status quo too much and will make a positive contribution to the work at hand (Lave and Wenger, 1991).

I refer to Situated learning theory in Chapter 5 (Data Analysis) and Chapter 6 (Findings and Discussion). Through a Lave and Wengerian lens I recognised the students as 'newcomers' into a COP i.e. international placement; as legitimate peripheral participants, being invited into the centre of the COP or struggling to gain 'legitimate access'.

Bourdieu

Another theoretical perspective that assisted data analysis was Bourdieu's theory of practice (1977). Bourdieu's work is detailed and complex (1977) but his broad theory of practice offers another perspective for viewing the dynamics of interaction within an international placement. Lave and Wenger (1991) refer to Bourdieu's work as he influenced their thinking. Bourdieu (1977) understood social relationships as interplay between the individual, who is shaped by their home environment, the norms, values, traditions and structures; and wider society, which is shaped by the individuals within it and functions in a way that is expected and upheld by the individuals. Relationships between individuals and different social groups are dependent upon the 'value' that individuals are perceived to have i.e. what can an individual offer this social set up and contribute to social relationships. The core concepts of Bourdieu's theory are 'field', 'habitus', 'doxa' and 'capital'. Lynam *et al.* (2007) and Grenfell (2012) assisted with the understanding of these aspects of Bourdieu's theory. Field is the social space where interactions take place; in the case of student nurses the field is the clinical area they work in but also the wider field of healthcare. A student nurse will experience a variety of clinical placements during their 3 year pre-registration education, several different fields which includes an international placement for some students.

During 3 years the student becomes a nurse; they achieve the skills, knowledge and attitudes expected of them by the regulating body (NMC) and University. They also develop an identity as a nurse (Lindsay, 2006b); although Johnson *et al.* (2012) argue that nursing identity continues to develop beyond the point of registration. 'Being a nurse' is different to the person who started the course; the public in the UK can expect certain behaviours of a nurse which are articulated in the NMC Code of Conduct (2015). Bourdieu (1977) would describe the identity of a nurse as the habitus; a set of expectations about the behaviour and attitudes of a person in a certain social group. There is camaraderie and common purpose in groups of people who share habitus, often in a particular field (e.g. nurses in a particular clinical area). Such groups willingly

involve newcomers who demonstrate the required and expected habitus and follow the 'rules' (doxa) within the field. Bourdieu (1977) explains that if the habitus of an individual does not resonate with the rest of the community in the field, or they do not follow the doxa this can cause stress; which may well impact on a person's ability to learn within that particular field.

Capital is the fourth aspect of Bourdieu's theory of practice (1977) and it is a term used to explain the resources that an individual brings to a field. Capital can be economic (monetary), cultural (intellectual: qualifications and the ability to communicate in a certain culture), social (obligations and relationships) or symbolic (esteem associated with the possession of the previous forms of capital) (Bourdieu, 1985). Value is assigned to the capital that individuals recognise as important and helpful to their social group. Different groups often referred to as social classes by Bourdieu, value different types of capital and the distinction between one social group and another social group may be the availability of capital (Bourdieu and Champagne, 1999). Capital is valuable and can place an individual in a powerful position within a community; it enables an individual to negotiate entry to a field particularly if they are perceived to have capital that the community will find useful e.g. if they have money or a particular skill/knowledge set. If an individual does not have valued capital e.g. if they do not have sufficient cultural capital because they do not speak or understand the language of the community they may find it hard to gain access to the field. Bourdieu (1985) argues that valued capital within social groups helps to perpetuate traditions and social practices as 'normal' over generations and this can effectively serve to exclude people from different social groups. For example if economic capital is valued in a social group then people from different social groups with limited economic capital may not be given access to the field and the opportunities available within that field e.g. schooling. This is a complex theoretical position but provided a lens through which to view international placements. I was interested to interpret the stories that student nurses told of their international placement, alert to how they explained the social relationships they experienced and the impact the 'new' social situation had on them as an individual and as a student nurse.

Dewey, Lave and Wenger and Bourdieu are theorists who helped me to understand the complexities of experiencing and learning in social situations. They have congruence with Narrative Inquiry as they acknowledge the relational and contextual influences on experience; key underpinning beliefs of Narrative Inquiry. The four theorists discussed above offered important 'thinking tools' to help me understand and interpret the stories student nurses told of, and the meanings they gave to, their experience of an

international placement, including the learning that occurred. In the next Chapter I will explain the approach to all aspects of the research and data collection.

CHAPTER 4: METHODS AND DATA COLLECTION

In Chapter 3 I presented the rationale for my choice of a Narrative inquiry methodological approach, based on Dewey's (1938) philosophy of experience, to address the research question:

"What is the meaning of international placements for student nurses?"

Central to addressing the research question are the student nurse stories of their international placement, told in their own way, in as much detail as possible, so that I could interpret their rich data and learn from their experiences. The purpose of this chapter is to explain the strategies taken to achieve the above goal. The issues covered are: thinking narratively to collect data; inviting student nurses to participate in the research; the research meeting; the use of artefacts; research conversations; choices made about recording and transcribing the conversations.

THINKING NARRATIVELY TO COLLECT DATA

Fundamental to narrative inquiry is 'thinking narratively' (Clandinin and Connelly, 2000; Clandinin, 2013; Kim, 2016). As discussed in Chapter 3 (p.40 of this thesis) this term represents a particular way of thinking about the research participant/researcher relationship and the purpose of the meeting during the research process. Clandinin (2013) advises that narrative thinking is required throughout the research to encourage research participants to engage in telling their story as fully as possible.

I viewed the student nurses as 'narrators' with their own story to tell about an experience, rather than an 'interviewee' with answers to my questions (Chase, 2005). However, I did not assume that the student nurses would necessarily 'choose' to tell me their story or find it 'easy' to tell their story about an international placement; the research method and data collection approach was designed to encourage and facilitate story telling. Mishler (1986) talks of 'empowering' the research participant to tell their story, a key approach to this is to utilise open questions rather than structured interviews. Riessman (2008) adds to this advice by suggesting the researcher should demonstrate "emotional attentiveness and engagement" (p.24) in the research meeting. In the following sections I discuss my 'thinking narratively to collect data'; highlighting research choices to encourage student nurses to tell their story of an international experience.

INVITING STUDENT NURSES TO PARTICIPATE IN THE RESEARCH

Clandinin *et al.* (2011) urge the Narrative Inquirer to work *with* stories rather than to think about expected outcomes of the analysis of the stories. Stories are complex; I,

and the research participants, were 'in the midst' (p.43 Clandinin, 2013) of our personal and professional lives, situated within the institutional and professional context. I wanted to encourage student nurses who had had an international placement to tell me their story of that experience 'in the midst' of becoming a qualified nurse.

This position is referred to as purposive sampling in generic research texts e.g. Creswell (2013). In narrative research purposive sampling is often used because the researcher is interested in stories of a particular experience which necessitates that the research participant has had such an experience (Holloway and Freshwater, 2007). Authors who were influential in helping me to understand Narrative Inquiry e.g. Mishler, (1986); Clandinin and Connelly, (2000); Riessman, (2008); Clandinin, (2013); Kim, (2016) paid little attention to research participant recruitment and non-recruitment; they focused more on the relationships developed between researcher and research participant. MacNee and McCabe (2008) highlight the importance of offering an opportunity to participate in research to all of those who fulfil the criteria of the research (See Table 4.1).

Student nurse at University A
Undertaken international placement
Willing to talk about their experience

Table 4.1 Criteria for entry into the research

Braun and Clarke (2013) suggest advertising the research in places where potential participants would see it. My first approach was to use posters encouraging student nurses to contact me if they wished to share their story (See Appendix 1). I placed the posters around a building regularly used by student nurses. With only a limited response to this (2 students) I organised an email to be sent to all students who fulfilled the criteria (discussed in more detail below).

In relation to participation in research Clandinin (2103) used the term 'negotiating entry'. This resonated with my keenness to minimise the 'power' differential my role created between myself and the students. In practice 'entry' was initiated via two routes; posters advertising my research, as mentioned above, and secondly via an email sent to student nurses who had undertaken an international placement. The email had the research flyer and information sheet attached, it was sent via a 'third party' and the students were asked to contact me if they wished to participate in the research. I involved the 'third party' in an attempt to minimise students feeling 'obliged' to participate, or having to justify why they did not want to participate (See Appendix 2).

However a limitation of the study is that the 'third party' could have been viewed as being in a powerful/influential position because she was a lecturer involved in supporting students whilst they organised their international placements. With hindsight someone without such involvement may have been more appropriate e.g. a member of the administration team.

Both approaches offered the student nurses time and space to consider their situation in relation to the international placement and reach a decision as to whether they would like to participate in the research, or not. Once the student had chosen to participate there was then negotiation as we agreed a time and place to meet to share their story.

Not all student nurses who had an international placement at the time of my research (approximately 35) chose to share their story; 9 participated in the research. Newell and Burnard (2011) and Kim (2016) discuss the size of sample required by researchers using qualitative methodological approaches. They conclude that there is no definitive number, a more appropriate consideration is whether the sample will "yield sufficiently meaningful data" (p.160 Kim, 2016). Narrative Inquiry methodology specifically values the story of each individual rather than looking for generalisable results; a large cohort of research participants was not anticipated. Importantly the sample included male and female student nurses who had experience of the variety of placements typically visited by student nurses from University A. Six of the students undertook their placement in an East African Country (3 in Tanzania, 1 in Rwanda and 2 in Uganda), which reflected the pattern of placements at University A.

Purposive sampling enabled me to gain meaningful data (Creswell, 2013). Seeking to hear stories from student nurses from the same University as I worked was a possible limitation of this approach because I was an 'insider researcher' (Atkins and Wallace, 2012) (See p.14 of this thesis). However, my research was designed to allow the students to make an informed choice as to whether they wished to participate, or not, and to reassure them that withdrawal from the study at any point, without explanation, was acceptable.

My research proposal was ratified by University A Ethics committee and various steps were put into place to minimise the impact of my position of senior lecturer on the student nurses (See Table 4.2).

Potential impact	Solution
Students feel obliged to participate	• A poster was created to invite student nurses to participate in the research. • My name, email address and telephone number were on the poster so the student had the choice to contact me, or not. • The poster was put in various places that student nurses frequented at University A. • If students contacted me to say they would like to participate in the research I sent them an information sheet and asked them to contact me again if they still wanted to participate (see Appendix 3) • At the start of our meeting I went through the information sheet and asked students if they were willing to continue. • The consent to participate form was signed if the student agreed to continue (Appendix 3)
Students concerned that their academic marks would be affected if they did, or did not, participate in the research.	• The research was registered with University A and their ethics procedures were successfully completed. • I wrote to the Head of the School of Nursing to seek permission to invite student nurses to participate in the research. (See Appendix 4) • The Head of School gave permission for the research. (See Appendix 5) • As requested I did not act as academic supervisor or marker to any student who participated in the research. • I only discussed the research with student participants via email, or occasionally telephone if they agreed to this, to organise meetings. • I did not mention the research study to the students in any other context e.g. in the classroom, canteen. • I advised the students of the above points at the start of the research meeting.
Students feel an ongoing obligation to participate in the study	• A mutually convenient time and place was agreed for the research meeting. I did not remind the student prior to the meeting. If they did not arrive I did not contact them to rearrange. This only happened once and the student contacted me to apologise for forgetting and requested that another meeting was rearranged. • The information sheet makes it clear that participation is voluntary and that the student can withdraw at any point with no consequences. • Prior to the research conversation the student was reminded that they did not have to take part in the research and they could stop talking at any point.

	• The research transcript was sent to the student nurses via email. The students were asked to contact me if they had anything further to add to their story or if they would like to attend a second meeting.

Table 4.2 Steps taken to minimise the impact of 'insider researcher' and power differential between researcher and participants.

In the information sheet that I sent to all student nurses I assured them of anonymity: "All the information that is collected about you during the course of the research will be anonymised and your name and other details will be removed in the final reports so that you cannot be recognised." However, this created a tension; the aim of narrative inquiry is to get a detailed story about an experience and yet the detail of the story can reveal the identity of the participant. This is particularly problematic where there is a 'small pool' of potential participants, as in this research (Mertens, 2018).

Aspects of the student stories are important to include as they provide important context for the findings and discussion (Sikes, 2010). I have used 'phronesis', ongoing reflexivity, about anonymity (Kim, 2016); carefully considering any details written about the students and making a decision about whether it was 'essential' to include the detail, or not. It is not my intention for student nurses to be identified from the information in this thesis, steps have been taken to minimise this potential risk, but it is not beyond possibility. If this is the case I believe that the students will not be 'harmed' by the information revealed (Kaiser, 2009); there are no 'revelations' which cast doubt about the student nurses' personal or professional integrity. Each student has been given a pseudonym and any obvious revealing information has not been used in this final thesis. In Table 4.3 I have changed the student nurse name and kept details of their placement to Country and region. Here is an introduction to the student nurses who participated in the research.

Pseudonym	International placement	Type of placement	Length of placement
Anita	South East Australia	Placement organised by student with support from University A. MOC in place Placed with community Nursing team	3 weeks
Belinda	Tanzania, East Africa	Hospital placement organised by a company specialising in overseas clinical placements for healthcare students and professionals; endorsed by University A.	4 weeks
Colin	Uganda, East Africa	Hospital placements organised by a North West University	4 weeks
David	Uganda, East Africa	Hospital placements organised by a North West University	4 weeks
Evie	Tanzania, East Africa	Hospital placement organised by a company specialising in overseas clinical placements for healthcare students and professionals; endorsed by University A.	4 weeks
Fiona	Tanzania, East Africa	Hospital placement organised by a company specialising in overseas clinical placements for healthcare students and professionals; endorsed by University A.	4 weeks
George	East Central Canada	Hospital placement organised by University A in liaison with placement facilitator in Canada. MOC in place	4 weeks
Helen	Rwanda Central/East Africa	Hospital placement organised by University A in liaison with academic and clinical staff in Africa	4 weeks
Ian	East Central Canada	Hospital placement organised by University A in liaison with placement facilitator in Canada. MOC in place	4 weeks

Table 4.3: Research Participants

THE RESEARCH MEETING

Proponents of Narrative inquiry based on Deweyan theory e.g. Connelly and Clandinin (2000) and Clandinin (2013) advocate prolonged and regular meetings between the researcher and participants to ensure that the 'continuity' of experience is captured. As Narrative Inquiry is relational Clandinin (2013) recommends that there should be several opportunities to have back and forth conversations with the research participants to understand as fully as possible the past and present influences on their view of the experience. This research was undertaken within the timeframe of a professional doctorate so I modified Clandinin's approach. I had one conversation with the student nurses and offered them the opportunity to have a second conversation

(discussed below). This is a limitation; the student story was 'time limited' to one, possibly two conversations, which may have restricted their choice of what to tell in the time available. I took some reassurance from the work of Lindsay (2006b). Her research explored professional nursing knowledge landscapes; she used a mixed approach with her research participants. She met with 8 participants once and three participants several times over a three year period. Lindsay (2006b) reported that valuable data was gained in one conversation. Prolonged contact with some of the participants helped her to recognise that they were coming back to (retelling) key narratives time and again.

The time I had with student nurses was limited by the context of the research: The student nurses undertook the international placement in year 2 of their degree programme, approximately 15 months before they completed their course. Once into year 3 the demands of placement and assignments are considerable so I felt that inviting them to a meeting soon after their international placement was the most pragmatic approach. I advised the students that the meeting could take at least an hour, depending on how much they wished to tell. I was keen to gain insight into the ongoing meaning of the international placement for the student nurses; after the conversation was transcribed, I invited the students to a second meeting for a further conversation about their international experience. Only one student responded to this second invitation, possibly because of the pressures alluded to above.

The meeting with the student nurses soon after their international placement was the key opportunity that I had to listen to them telling their story. 'Creating a space' is a term used by Clandinin *et al.* (2011) and refers to the physical space where researcher and participant meet. Clandinin *et al.* (2011) advise that the research space should be comfortable, private and interruption free. The term also refers to the ethos of the space in which the story being told is paramount and the researcher remains alert to what the storyteller is saying rather than listening out for what they expect to hear. I had some skills in relation to 'creating a space' for conversations. For many years I had been a nurse, of adults and children, and a nurse lecturer. Both roles require attentive listening and facilitating conversations to explore with patients, families or students their thoughts, feelings or concerns about experiences. One to one conversations are a regular feature of my professional life and I had confidence that I could assist the student nurse in feeling comfortable. However I was not blasé; I went into each conversation mindful that the student could feel an array of emotions about participating in the research (Bradbury-Jones *et al.*, 2011), uncertain of what to expect, and so I used several strategies to establish a relaxed rapport as quickly as possible in the research 'space'.

In the context of this research I had to consider the practicalities of meeting up with student nurses. University A was my place of work but it was also the location I had in common with the student nurses; they came to University A for their study days, some travelling for many miles so it seemed pragmatic to offer to meet them when they were at University A campus. This was a negotiation that took place between the student nurses and I after they had contacted me to say they wished to participate in the research. I asked for the student's availability and then made myself available. I wanted to minimise the potential 'power' difference between myself and the student; working to their timetable was part of my strategy. I booked a location that I hoped did not intimidate the students e.g. a small classroom/meeting room rather than my office. At the time of the meeting I arranged the furniture with the student, asking them how they would prefer to sit, with a table in front of them, or not? I always sat without a table in front of me to avoid a barrier. If the student chose a table in front of them I sat at the side of the table, at 90 degrees to the student rather than directly opposite them in an attempt to avoid an 'interview' set up.

THE USE OF ARTEFACTS

Stories can be told in a variety of ways; verbally, written or visual format (Moon, 2010). I asked the students to verbally tell their story; I also encouraged them to bring artefacts e.g. photographs, written material and memorabilia. Schwind *et al.* (2013) and Lindsay and Schwind (2014) refer to 'Arts Informed' Narrative Inquiry; this is an approach to Narrative Inquiry designed to help research participants tell their story using a variety of art/craft activities. I considered this approach, but it appeared more appropriate for a group of participants. I was concerned that Art Informed Narrative Inquiry would emphasise the 'lecturer'/'student' relationship which I wanted to minimise. However, I encouraged students to bring artefacts with them e.g. photographs, diaries to emphasise my interest in their story. I also hoped it would help the student nurses to recollect their placement in as much detail as possible to assist with the telling of that experience in the research meeting. Kim (2016) acknowledges the value of personal artefacts as a way of telling stories in more detail and Clandinin (2013) recommends the use of artefacts to trigger stories.

Riessman (2008) discusses the different approaches to Narrative Inquiry that utilise artefacts as a source of data and Kim (2016) discusses the 'cabinet of curiosity' where researchers gather several different artefacts from research participants, along with the stories that go with them, to gain a richer insight into the individual's past experiences. In this research all of the students were invited to bring along artefacts via the information sheet which stated "I encourage you to bring artefacts to our meeting e.g.

photographs, written material and memorabilia, anything that will help you to tell me about your international placement." Some students brought artefacts along; others brought their computer or telephone and found photographs to show me what they had seen, to introduce me to people they talked about; other students did not bring artefacts. See Table 4.4 for a summary of the artefacts that students used in our conversations.

Student Nurse	Type of Artefact brought to the research conversation	How the artefact was used in the conversation
Anita	None	
Belinda	Writing pad with notes. Laptop computer with photographs that other students on the placement had shared with Belinda	Referred to notes during the conversation Showed me photographs towards end of our conversation which prompted further story telling
Colin	Photographs on his mobile telephone	Showed me photographs towards end of our conversation which prompted further story telling
David	A blog written partly whilst on the placement, partly on return from the placement, held on laptop Photographs on laptop	Blog open throughout the interview and read from sections of it during our conversation Showed me photographs towards end of our conversation which prompted further story telling
Evie	Two large books with photographs and commentaries related to her placement. Created on return to UK.	Had read the scrapbooks prior to our conversation which had reminded her of the detail of her placement. Showed me pictures of places and people as she talked
Fiona	A reflective journal with photographs written before and after the placement Written reflection	Had written the reflection prior to coming to the research meeting. Used the reflective journal as a prompt to tell her story, showed me pictures of the pre-placement fund raising activities and places she visited, people she met.
George	Photographs on mobile telephone	Showed me photographs towards end of our conversation which prompted further story telling
Helen	None	
Ian	None	

Table 4.4 Artefacts brought to the research meeting by the Student Nurses

Unfortunately, I cannot include the artefacts, or photographs of the artefacts, in this thesis as it could lead to the loss of anonymity for the student nurse. I did not analyse the artefacts separately but in the data analysis section I have noted where an artefact may have emphasised or echoed the meaning I made of the student's story.

THE RESEARCH CONVERSATION

Data collection was organised to encourage the student to articulate their story about their international experience. An information sheet was sent via email to the student nurses who agreed to participate in the research (See Appendix 3). This outlined why the students had been invited to participate and what to expect if they agreed to participate. At the start of the information sheet the term 'face to face interview' was used; further down the information sheet, in the "What will happen to me if I take part in the research?" section, I used the term 'conversation'.

With hindsight the use of both terms in the information sheet may have been confusing for the student nurses. I used the term 'face to face interview' because I felt it conveyed a message to the student, that I would like to meet with them and they would be invited to talk to me about a particular topic. This is in line with a traditional definition of 'interview' as proposed by Braun and Clarke (2013) "A professional conversation, with the goal of getting a participant to talk about their experiences and perspectives and to capture their language and concepts in relation to a topic the researcher has determined" (p.77). Interviews are the most common approach to data collection in qualitative research and they can be structured around a set of questions or they can be unstructured depending on the researcher's methodology. I refer to my data collection method as a 'conversation' which relates to the underpinning methodology and acknowledges that stories are told in relation to the listener, at that time (Clandinin, 2013). However generic research texts e.g. Miller and Brewer (p.166 2003), Braun and Clarke (2013), warn that interviews are not just conversations in the common use of the word. The 'conversations' I refer to were focused around the international placement, required consent from the student nurses and was recorded which are not usual in everyday conversations. I had a particular reason for using the term 'conversation' rather than 'interview'; I wanted to convey my genuine interest in the student nurse story rather than imposing a structure to their storytelling with a particular question template. This was evidence of 'thinking narratively'; I saw the student nurses as 'narrators' rather than 'interviewees'; Chase (2005) argues this is a distinctive aspect of Narrative Inquiry.

I started each of the conversations by outlining my area of interest: the student's international placement. I made it clear that there was not an interview schedule and that I was happy to go with the flow of their story but this prompted 'I don't know where to start' from some students which led me to suggest a story format "You could start at the beginning; when you first began to think about an international placement". This was sufficient introduction for the students who then began to think about their

placement and retell their story in as much detail as they could. My role was one of active listener, showing my interest for the student story by nods, 'mmm', smiles and body language that reflected my interest in what they had to say and undoubtedly influenced what the student did, or did not, tell me.

I also had the role of a researcher who had posed the question 'What is the meaning of international placements for student nurses?' As such there were times when I asked the student to 'tell me a little more about that' or 'could you give me a bit more information about that' or 'I would be really interested to hear a bit more about that'. I worked 'with' the story the student was telling but I came to the conversations with my own story. When I re listened to the interviews there were occasions when my responses suggest surprise or amusement which may have influenced the way the student continued with their story. Of course, the student story is told in relation to the researcher; I attempted to create a relaxed space with an interested listener, but the fact remains that our official 'roles' in the relationship were 'student/lecturer' and 'research participant/ researcher' which affected the story the student told.

Sikes (2010) suggests the boundaries between researcher and researched are blurred particularly, argues Mercer (2007), when the researcher is an 'insider'. I worked in the place that the students studied and they may have met me in lectures. In some ways this was advantageous as it helped the student and I to quickly create a rapport but I was mindful of Mercer's (2007) warning that the student may be reluctant to tell their story fully for fear of being judged, even reprimanded. I was keen to hear all aspects of the students' story but I was aware that the student could reveal unprofessional practice. Mercer (2007) and Sikes (2010) acknowledge that there are no simple solutions to this dilemma. The strategies taken to minimise risk to the participants was to inform them that they could stop the interview at any point or withdraw from the study at any point. On the information sheet I also stated "if a participant discloses any information which could result in actual harm to themselves or a third party then I will be required to disclose this information to the relevant authority i.e. Course leader." I am aware that this may have prevented the student telling their story in full and it emphasises the inequality in our relationship in that I had the 'power' and professional responsibility, as a nurse and a lecturer, to do something if I judged it necessary. However it was a step I felt was required to make the basis of our relationship transparent rather than hidden.

CHOICES MADE ABOUT RECORDING AND TRANSCRIBING THE CONVERSATIONS.

To assist in actively listening to student stories at the time of our conversation I decided to record the whole conversation with an audio recorder. This was a decision made 'in the midst' of doctoral study; I weighed up the potential impact on the relationship I had with the student and the objectifying of the story. Clandinin and Connelly (2000) suggest that 'collecting' the story in a recorded form and taking it away from the student diminishes a unique feature of Narrative Inquiry; the relationality of the conversation. Clandinin and Connelly (2000) advocate narrative inquirer's prolonged engagement in the research 'space' with participants and the use of field notes and observations to gain a sense of 'life as lived' (p.78) rather than studying in detail the actual words that were said in the story. For the reasons discussed above it was not possible for me to have prolonged engagement or multiple conversations with the student nurses. In the short time I had in the research space I wanted to demonstrate my attentiveness and also be alert to the student's body language, to pick up cues that they may have more to say about a topic for example, or that they needed a pause to gather their thoughts. The audio recorder gave me some security that I would have a version of the data at the end of our meeting but I made notes about my thoughts and feelings after each conversation in an attempt to capture the tone of the meeting as I experienced it.

I debated whether to transcribe the conversations, or not. Transcription of the stories relates to analysis and I wanted to *see* the story to complement *hearing* the story to assist my interpretation and 'retelling' of the meaning of international placements for student nurses. The transcription of a story is not just a technical act, it is also an interpretive act as decisions are made about how to represent the storytellers speech patterns i.e. pauses, laughter, sighs (Braun and Clarke, 2013). Braun and Clarke (2013) advocate researcher transcription of their interviews because of this interpretive element and the extent to which it helps the researcher to become familiar with the participant's words. However, Riessman (2008) refers to her research in which she transcribed several lengthy interviews and was concerned that the conversation had been 'flattened' (p.29) by the process of transcription which led me to consider just listening to the conversations over again. On balance I felt transcription of the conversations was important so that I could see and hear the words and make notes alongside during the analysis of data. I intended to transcribe the conversations myself initially but I had to reconsider this; a promotion in my academic lecturing career impacted significantly on the time I had available for transcription. An entry in my diary reflects acknowledgement that I was struggling with the workload at that time:

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27/4/16 "Oh dear! This is just not progressing. I made the decision to pay for transcription."

My decision to pay for transcription did not just impact on me; I already had 5 recorded conversations and I had told those student nurses that I would be transcribing their work. I emailed each student and asked for their permission to send their recorded story to another person for transcription. I reassured them that the person I had contacted about transcription lived in a different part of the country to the students, so it was unlikely that she would identify them; she had also been used by other researchers at University A and was recommended for efficiency and integrity. All of the students replied and gave their permission for me to utilise the external transcriber.

The transcriber was efficient; the audio files were shared via a password protected electronic platform and the typed scripts were returned electronically, via the same platform, within two weeks. Upon return I listened to the recordings and checked the transcripts for accuracy. There were occasional typographical errors but overall a high level of accuracy. Although this method of transcription had not been my original plan it was a pragmatic solution that enabled me to move forward analysing and interpreting the recorded conversations.

After the first conversation had been transcribed, I was keen to talk to the student nurses again. Experience is continuous and interactional (Dewey, 1938) so I was interested to see how the student nurses continued to tell their story of the international placement. I informed the student nurses at the end of our first conversations that I would contact them via email, once the transcription was available, to see if they would like to meet for a second conversation. I emailed the transcribed conversations to the students and asked them to read through the transcript and contact me if they would be happy to meet for a second conversation about their international placement. Only one student, Belinda, took up this opportunity which was disappointing. I cannot be sure why this was the case but possibly reflected the workload of the students at the time of the second invite.

An unplanned aspect of my research developed after reading the work of Sinnenberg *et al*. (2017). These American authors undertook a systematic review of Health related research which had used Twitter™ as a social media platform. Sinnenberg *et al*. (2017) identified the platform was increasingly being used for all aspects of research e.g. data collection, dissemination of results and in 9% of cases to recruit participants. I took the opportunity to use social media to gain some insight into the meaning of an international placement for nurses once they had qualified.

More detail about this addition to the main study can be found in Appendix 6. It led to two qualified nurses contacting me; one was David, a student who had participated in the original research, and the second was Jane who had been a student at University A but had chosen not to participate in the initial research. Both David and Jane sent me written information about their student international placement, in the context of them currently being a qualified nurse. I included this written narrative data in the analysis.

Data collection was an enjoyable part of the research process. I was pleasantly surprised by the willingness with which the student nurses told me their various stories. The strategies I put in place to encourage the students to tell their story in as much detail as possible seemed to work as all of the students talked freely and at length. The time length of the interview does not equate directly with the number of words spoken or what was said but it does give an indication of the engagement of the student in our conversation. The conversations lasted between 35 minutes and 71 minutes. Some students had prepared for our conversation and brought notes and/or artefacts (See Table 4.4). Other students had photographs on their mobile telephone which they used during the conversation to show me a clinical area or another aspect of their experience which was meaningful to them; all of which suggested to me that the conversation had felt comfortable for the students. A direct quote from Helen highlights that the research approach was beneficial for her:

"it's been quite useful actually, just talking about it and reflecting on it has been a useful experience really. Because I didn't realise I got that much from it, I knew I had, but not that much" (Helen, Line 658-659)

Here Helen also refers to the interactional process of creating a story about a past experience; talking and reflecting, making sense of the experience that 'has been' in the here and now (Dewey, 1938). As Helen, and the other students, constructed their story I was beginning the analysis process; we were both 'in the midst' (Clandinin, 2013) of our lives as we began to co-construct the meaning of international placements. In order for the reader to have insight into my 'midst' please refer to page 12.

CHAPTER 5: DATA ANALYSIS

The purpose of this chapter is to explain the analysis of the storied data and to discuss aspects of the student stories which eventually led to the interpretations and findings I came to, presented in Chapter 6. Narrative Inquiry is a relational and interactive methodological approach; I moved back and forth to the stories, developing the analysis in relation to each individual story and also in relation to the collection of stories, as interconnections and Common Threads of meaning became apparent.

NARRATIVE ANALYSIS; MEANING FROM STORIES

An exciting and interesting part of the research process was having conversations with the student nurses; actively engaging with their stories, prompting and encouraging them to tell their story of their experience in as much detail as possible. However I needed to analyse the stories; to search within what was said, what was not said and how it was said by the participants for a deeper, richer meaning (Holloway and Freshwater, 2007). I wanted an insight into the meaning of international placements from student nurse perspectives to address the research question and the research aims (See p. 10 of this thesis).

Clandinin and Connelly (2000) warn that analysing stories can be a challenge for researchers "as we *[The researchers]* fight against our desire to let field texts *[e.g. transcripts]* speak for themselves" (p.130). Riessman (2008) adds that a particular challenge when using stories as data is to present findings in a concise, meaningful way whilst retaining the unique experience of each participant in some way. I found the analysis of the data daunting initially and I struggled to move from 'listening' to analysing the stories. Excerpts from an assignment written during the Doctoral 'journey' (Module EH5002; Research Analysis and Evaluation) captured my lack of confidence in data analysis: "I feel as though I am teetering on the edge of data analysis. It is quite daunting to take the step into the analysis because I want to get this 'right'."

Moving from the anxiety highlighted above into purposeful data analysis was a gradual process as I developed confidence in my analytical approach (discussed below). I began to understand that the analysis of the data had meaning for me; it meant I could address the research question and research aims and present my work, analysis, interpretations, findings, recommendations to an 'audience'. That 'audience' included examiners and peers who would judge my work. This made me feel vulnerable; I could 'fail'. I was not alone in feeling strong emotions during the research process; Herman (2010) discussed in detail the 'vortex' of emotion she felt during her doctorate, but I had to move forward. Having reflected upon my hesitance I realised that the solution was to

ensure the data analysis was undertaken as rigorously and transparently as possible to justify my decisions and minimise my sense of vulnerability.

DEVELOPING MY ANALYTICAL FRAMEWORK

Ensuring that the narrator continues to direct the story being presented during and after data analysis requires that the researcher relates and listens to the story told by each narrator rather than looking for themes across all stories (Chase, 2005). I aimed for this when the transcripts were returned to me. I took the opportunity to listen to the audio recorded story and read the transcript at the same time, checking for any errors, but also getting a sense of the whole story. With each story I began to highlight words or sentences that seemed to be telling me about the international placement. At first this seemed to be a useful approach but I found that I was highlighting much of the story, perhaps hoping that the text would 'speak for itself' (Clandinin and Connelly, 2000). I re visited Clandinin and Rosiek's (2012) and Clandnin's (2013) work and realised that I had wandered away from the Narrative Inquiry methodology that viewed experience as continuous, social and relational. My early attempts at analysis reflected the 'educator' in me; I was treating the student stories as an object to be commented upon, almost like an assignment to be critiqued, rather than relating to the whole story.

Here is a section of Helen's transcript (Fig. 4.1); I was deconstructing her story and over writing my interpretation on a line by line basis rather than taking in the whole story and listening to what she was saying overall.
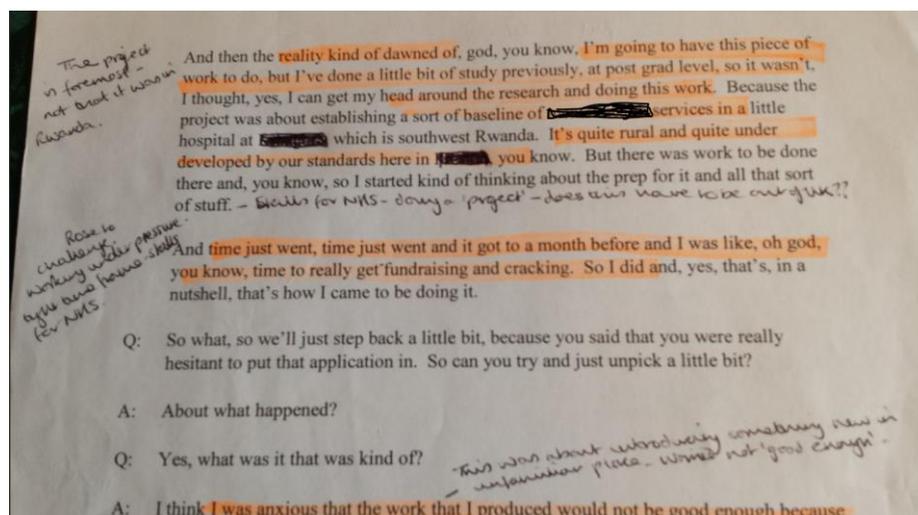

Figure 5.1 A section of Helen's transcript

This approach was not 'incorrect'; in fact many authors talk about analysis beginning before formal 'data analysis' (Braun and Clarke, 2013; Holloway and Freshwater, 2007): I was beginning to relate to the student stories. As Kim (2016) predicted I found

the large amount of data overwhelming; I needed an approach to data analysis that would assist me to relate to the stories in a more robust way.

Polkinghorne (1995) discusses two main ways in which humans make sense of stories and, therefore, researchers tend to analyse narrative data in two distinct ways. He talks of analysis of narratives (paradigmatic mode of analysis) and narrative analysis (narrative mode of analysis). The paradigmatic mode of analysis depends on a human process of thinking which attempts to organise into categories and patterns, to connect the experience to already known and understood categories and patterns. This helped me to understand why I initially started to look for patterns in the student stories, ideas that connected with my previous understandings from either the literature I had read or the experiences I had had. This is an acceptable way to analyse narrative data and Kim (2016) points out that it is a useful way to find common themes across stories and fit them into already known constructs or theories. However Polkinghorne's (1995) narrative mode of analysis offered a different approach which encourages the researcher to relate to the student story in a more cohesive way which was congruent with Narrative Inquiry methodology. Polkinghorne's (1995) narrative analysis is based on thinking which focuses on the differences between individual stories, it pays attention to the detail of a person's story, the complexity of interactions between the environment, the people, and how this made the story teller feel. Polkinghorne's narrative analysis resonates with Chase's (2005) conceptualisation of the research participant as the 'narrator', always present in the retelling of stories, and Clandinin and Connelly's (2000) 'narrative thinking' within the dimensions of temporality, sociality and place (discussed below). Insight into Polkinghorne's work reinforced my sense that I was still developing my approach to data analysis and needed to consider different 'lenses' or perspectives.

Thematic analysis is a well-recognised approach to data analysis relevant for qualitative research broadly (Denscombe, 2007) and Narrative Inquiry more specifically (Holloway and Freshwater, 2007) but I was concerned that thematic analysis was reductionist in nature and would lead to a loss of the 'narrator'. Riessman (2008) used examples to illustrate how thematic analysis had been used effectively within Narrative Inquiries; her emphasis moved away from coding and finding categories across the participants' data and rather to themes within what is said by each individual. Other researchers have combined thematic analysis with additional analytical approaches to represent the teller of the story and consider the impact of the researcher on the findings e.g. Hunter (2010) and Aguinaldo (2012).

Clandinin (2013) reflected my hesitance in starting analysis as she claims "Moving from field texts [transcript, field notes] to interim and final research text is a complicated and iterative process, full of twists and turns. There is no linear unfolding of data gathering to data analysis to publishing research findings." (p49 Clandinin, 2013). Clandinin and Connelly (2000) offer guidance on how to work in a relational way with the data, based on Dewey's (1938) understanding of experience; they talk of a metaphorical three dimensional space in which all stories are placed. By considering what is being said in the story in relation to each dimension the narrative inquirer has a framework to find meanings and interpretations from the stories being told.

The three dimensions of experience are called the 'temporality commonplace' which refers to continuity; the past, present and future of an experience. The 'sociality commonplace' which refers to personal and social aspects of the experience; and the 'place commonplace' which refers to the specific place or places where an experience has taken place (p.50-51 Clandinin and Connelly, 2000). This conceptualisation of research data is central to Narrative Inquiry based on the theory of Dewey as explained by Clandinin and Rosiek (2007): "Attending to experience through attending to all 3 commonplaces simultaneously is, in part, what distinguishes narrative inquiry from other methodologies" (p.39).

Clandinin (2013) has written widely about her conceptualisation of Narrative Inquiry as a methodology and the three dimensional narrative inquiry space is a central part to her thinking. A key piece of advice from Clandinin and other writers was the importance of thinking 'with' stories, to relate to the stories and let them work on me rather than looking for what I was expecting (Clandinin *et al.*, 2011). From a starting point of curiosity about an experience I asked the students to **'tell'** their story of an international placement as they were **'living'** it on the day of our conversation, as I worked with the student stories I was preparing an analysis to **'retell'** the experience of international placements so that I, and others, could **'relive'** the experience in the future based on the insights and interpretations gained form the student stories (Caine, Estefan and Clandinin, 2013). Clandinin (2013) also considers the contexts of stories; in relation to the research question this was the professional, nursing and educational context.

Following my initial attempt at analysis I was keen to return to the student stories and relate to them within the three dimensional spaces: 'temporality commonplace', 'sociality commonplace' and 'place commonplace' (Clandinin and Connelly, 2000). At times I abbreviated these terms to 'Time', 'People', 'Places', as a cognitive 'shorthand' but the scope of each term remained the same as Clandinin and Connelly (2000) intended e.g. Figure 5.3.

I took Kim's (2016) advice and gave myself the time to 'flirt' with this framework and the student stories. By 'flirting' with the data Kim (2016) recommends that the researcher keep an open mind, to not be restricted by what is known and expected but to look out for surprises within the data. I returned to the written transcripts and audio conversations and this time listened out for what the students were saying within the three commonplaces. I worked in a relational way, backwards and forwards, from the student story to my thinking within the three dimensional spaces (as discussed above). To assist with capturing particular sections of the student story and my response I created a spreadsheet (Figure 5.2).
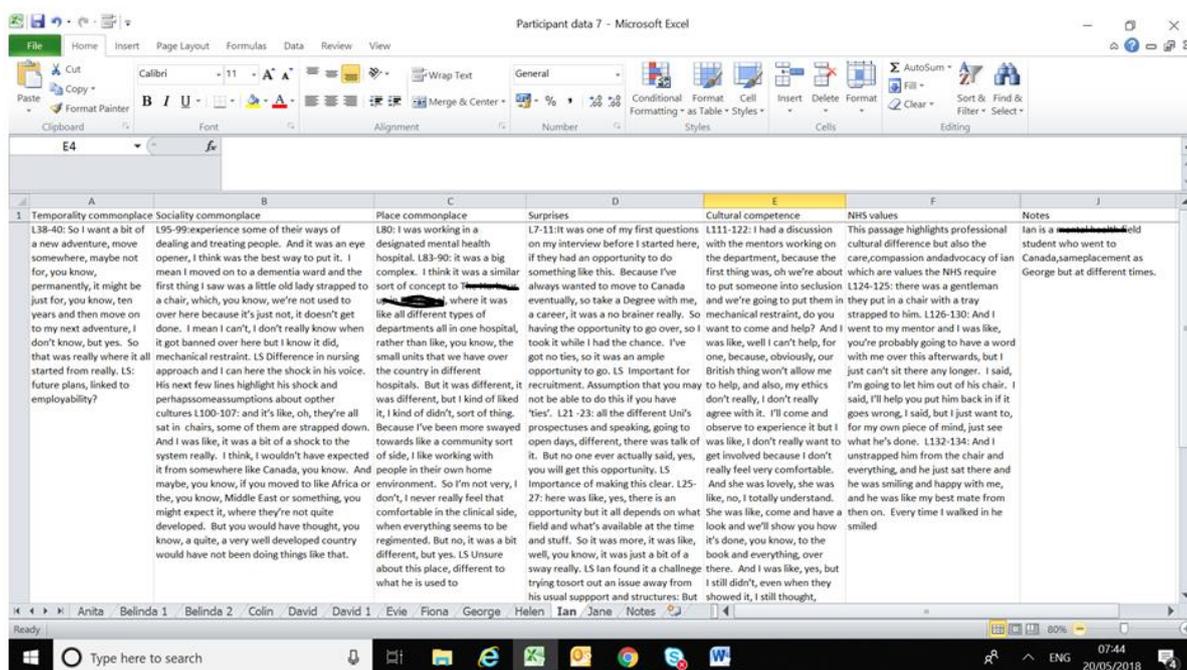
Figure 5.2: An example page from the spreadsheet created as a tool for data analysis

I considered the use of software to assist with the process of data analysis but I was concerned that the stories would become too fragmented, as with my earlier analysis. I wanted to stay with the story; I did not want to 'give' the story to a software programme. I felt heartened that Kim (p.207-208, 2016) appreciated this position and warned that computer programmes can use more of a paradigmatic mode of analysis than a narrative mode of analysis which is what I was trying to develop.

The data analysis developed as I worked with the student stories. There were some aspects of their stories that surprised me and did not easily align to the three dimensions; at times I felt as though I was 'forcing' the data into a box rather than accepting the story that had surprised me. For example, the strong emotional responses that some of the students had to aspects of their experience.

"But it was just really sad to see and you kind of felt like you were helpless. I did feel like I was helpless, even though I'd gone over there to help, I did feel helpless, and I didn't like that feeling." (Fiona, L785-787)

To capture the surprises I added a section to my spreadsheet; 'Surprises'. Two further section headings arose from working with the student stories, also reflecting the context of the literature review; 'Cultural competence' and 'NHS Values'. I was curious to see how the student experience would relate to my understanding of the body of literature that advocated international placements as a way of nurses developing cultural competence e.g. Callister and Cox (2006), Mason and Anderson (2007), Greaterex-White (2008), Charles *et al*. (2014). Clandinin (2013) may argue this aspect of the story could be viewed within the 'sociality commonplace' but I wanted to consider the student stories through this particular lens to see if the concept of cultural competence had a place within the story of an international placement for each student nurse.

The 'NHS values' lens of the framework arose as I reflected upon my 'retelling' of the story of international placements, which was undoubtedly influenced by the wider context of nursing during the time of my doctoral journey. I argued earlier (p.27 of this thesis) that the international placement should help student nurses to develop the core values required by the NMC and NHS; as I related to the student stories of their international placement I noted any thoughts they had regarding the impact this may have on their future work in the NHS.* (*I acknowledge that not all student nurses will work for the NHS but at the time of undertaking the research the funding for the student nurse course was via NHS England; University A was 'commissioned' to educate nurses to meet the local NHS needs).

Over the course of data analysis I developed a framework for working with the stories (Figure 5.3). This was based on Clandinin and Connelly's (2000) three dimensional commonplaces, cultural competency, NHS values and surprises.
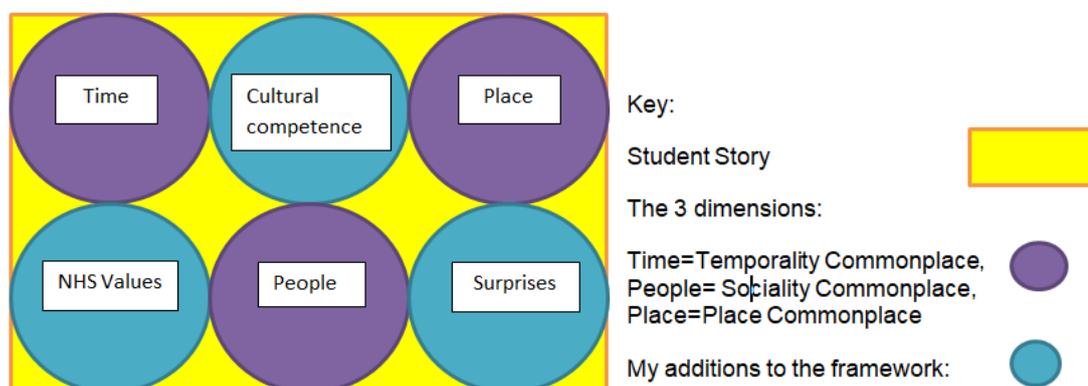
Figure 5.3 My data analysis framework

RELATING TO THE STUDENT NURSE STORIES

It took me 12 months of moving 'backwards and forwards' to the student stories to feel confident that I had 'heard' what the student nurses were saying about their experience. There were times when I put the data to one side to allow thinking time to mull over and relate to the data; Holloway and Freshwater (2007) call this a 'period of incubation' (p.81), suggesting a period of rest and growth.

I was distilling a large amount of data in search for meanings of international placements so I could make interpretations and, in relation to my understandings, confidently 'retell' the student nurse experiences to others (See Chapter 6). I used a spreadsheet to capture my thinking (Figure 5.2) and then I moved to a more visual presentation to distil my thoughts further (Figure 5.4).

This was a complex process; each student experience was unique; within the dimensions of my framework there were many interesting elements to the stories which I related to my own experience and knowledge base to gain a deeper understanding of an international placement; gradually I realised that there were also many interconnections between the different student stories which I called 'Common Threads'; these eventually formed the basis of the findings and discussion chapter.
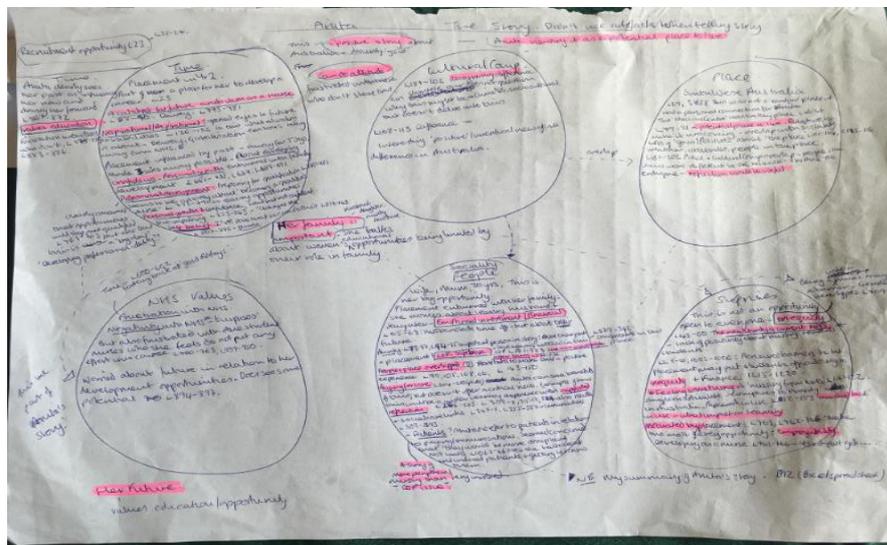
Figure 5.4 An example of the visual collection of thinking re student experience

I had conversations with nine student nurses which equated to approximately 11 hours of recorded conversation. I also had a second conversation with Belinda and written narratives from David and Jane (when they were qualified nurses) that I included in the data analysis. In Figure 5.5 there is a reminder of the placements that the students visited. There is a concentration of East African placements which reflect the pattern of placements undertaken at University A.

Image obtained from: https://www.freevector.com/uploads/vector/preview/159/FreeVector-Globe-Map.jpg
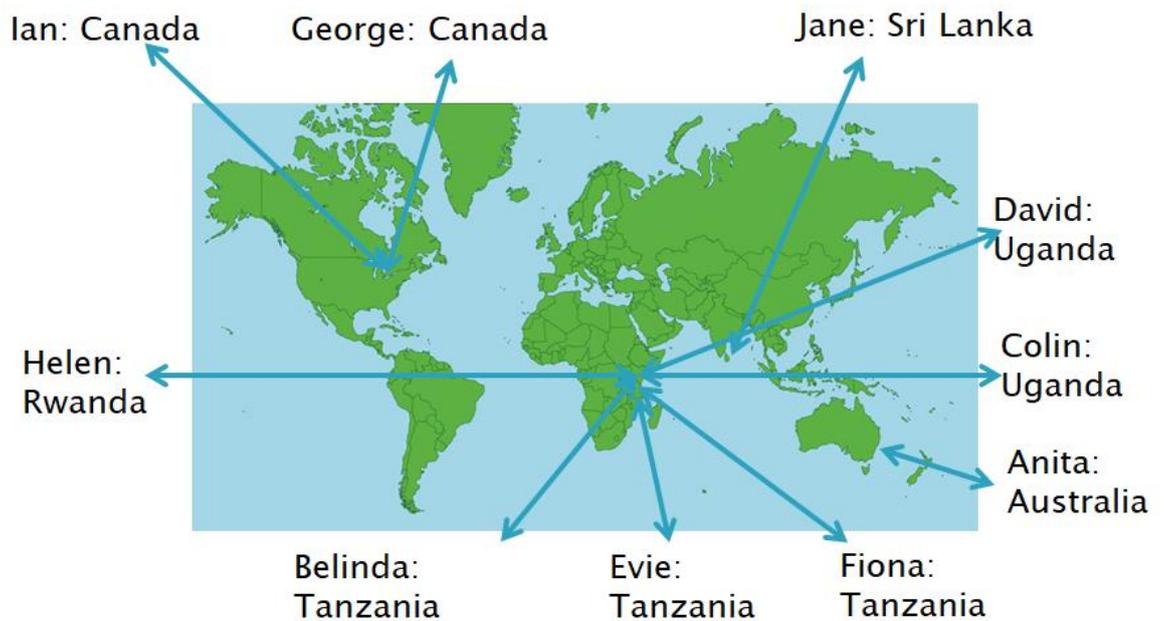
Figure 5.5 A reminder of the students involved in this research.

Using the analytical framework a 'shape' to each student story became apparent to me. This reflected the way I related to the stories (See Appendix 7). For example; Anita's story I noted more in the 'Time' dimension than I did in the 'Cultural competence' dimension (Figure 5.6). Whereas I noted more in the 'Place' dimension in George's story than the 'People' dimension (Figure 5.7). Visually the analytical framework incorporated 6 circles of the same size (Figure 5.3); representing my attending to all 6 dimensions equally within the stories. The altered size of the circles reflects the importance that I felt each dimension had in the telling of the story. These 'shapes' do not affect the findings that I present but they offer an opportunity for each student to be visually represented in relation to how I 'heard' their story.
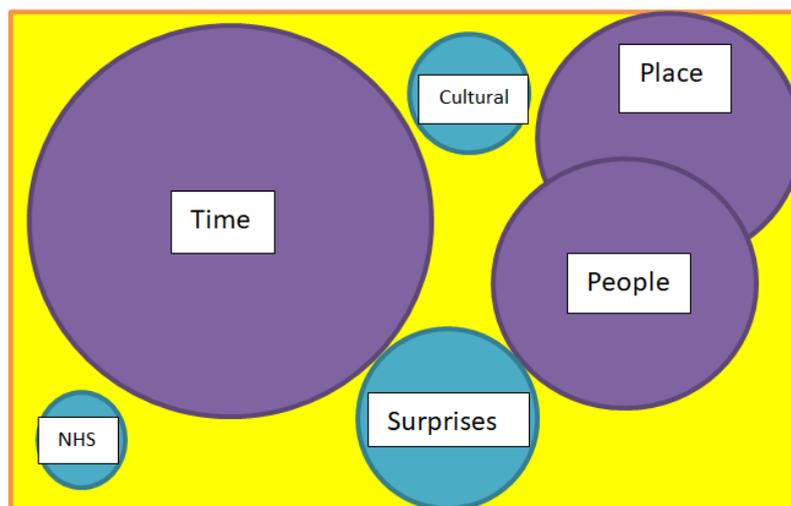
Figure 5.6 The shape of Anita's story
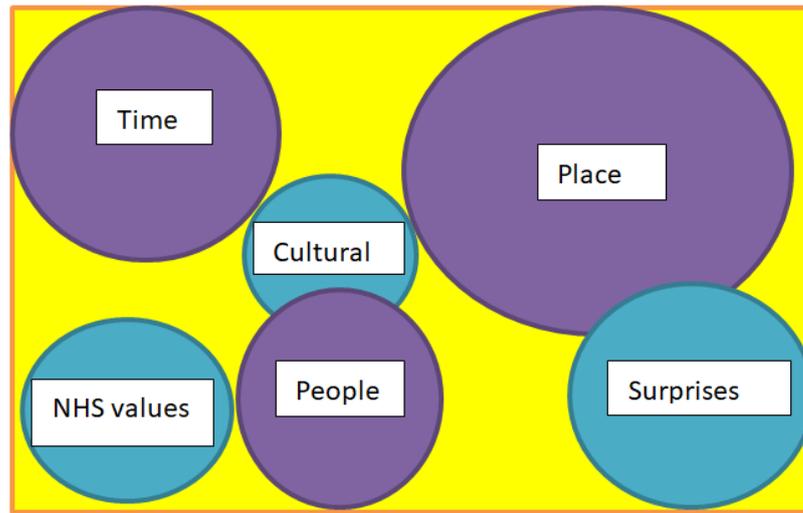
Figure 5.7 The shape of George's story

The remainder of this chapter focuses on the analysis of student stories. A restricted word limit to the thesis led to choices being made about which student stories to present to readers in this chapter. I have included Colin, Fiona, George and Helen to demonstrate how I used the analytical framework to work with the student stories and eventually distil my thinking into the findings and discussion presented in Chapter 6. I urge the reader to turn to Appendix 8 to consider the analytical steps I took with the stories of Anita, Belinda, David, Evie, Ian and Jane; all of their stories were influential in the thinking and discussion included in Chapter 6.

In this chapter and Appendix 8 choices were made about which aspects of each individual story to present to the reader. My choices are based on aspects of the student story that are relevant to answering the research question and influential to data analysis; because they made me think of something I had not previously considered; something said provoked an unanticipated response in me; they talked of something that I eventually recognised as a Common Thread.

INDIVIDUAL STUDENT STORIES

Colin

Colin was married with a grown up family. His placement was to Uganda and this was organised by another University in the North West. He had previous experience of working overseas; these had been positive experiences and had motivated Colin to undertake an international placement whilst a student nurse. Here I recognised a Deweyian explanation; Colin's past influenced his present and Colin also saw working overseas as part of his future. From a Bourdieusian perspective Colin anticipated that his international experience would give him 'mobility capital' (Ackers *et al.,* 2017); Colin

saw the placement as a valuable opportunity to enhance his future prospects of travelling to overseas destinations in the future. He was not alone in this aspiration, as can be seen in the stories of George, Helen and Ian. I recognised 'Aspiration' as a key aspect of the Common Thread 'Preparing for take-off', discussed in Chapter 6.

"The long term, I was always interested in working in the developing countries. I've travelled a lot….professionally and pleasure. And so when I qualify …I would like to get short spells out, holidays or whatever, working in the developing countries. It's something I'm really interested in" (Colin, L47-52)

Colin used photographs to show me the places and some of the people he was talking about in our conversation; he had felt very confident and comfortable in Uganda.

"Yes, I mean the fact we were a month in a place and we start to learn the layout of the town and we travel around, it's very safe, it was amazing. .. And very quickly, basically, we organised our own things, instead of asking the residents to help us." (Colin, L243-248)

The aspect of Colin's story which I have chosen to report here is in relation to cultural competence. Colin was aware of the differences in Ugandan healthcare practices compared to UK practices and he seemed very clear about the best way to be of assistance to the Ugandan student nurses and staff nurses.

"I feel the low technology techniques or system that you experience in these developing countries, contrast very much with the high technology that we've got here, and I think both of them can compliment, they can bring something to one place and bring a bit to the other side. I like going back to the real skills" (Colin, L73-76)

"So in a way, I'm more interested, in a sense, teaching, than being a nurse there. I mean, in a sense, we can make a difference if we teach local workforce good practice, more than carrying out something perhaps they should need to know." (Colin, L94-96)

In relation to the literature about cultural competence Colin's story demonstrated 'cultural desire' (Campinha-Bacote, 2003) because he wanted to work effectively within the local context. He also seemed to have some 'Cultural awareness' (Campinha-Bacote, 1999; Papadopoulos *et al.*, 2004) as he recognised the status he held in Uganda.

"Yes, they were nurses (female students) and I was a doctor because I was a man, you have to be a doctor, you're not a nurse. It's quite funny……Oh yes, yes, the stereotype is, I said, no, no, no, it's the same." (Colin; L492-493&498)

"In a sense, being white gave you a bit of a status to start with." (Colin, L523)

Interpreting this aspect of the story through a Bourdieusian lens Colin had 'Social capital' and authority because of his gender and ethnicity. He also had 'Economic capital' which he used to buy blood pressure monitors. Colin reported putting his capital to good effect, teaching the student nurses in the clinical area and at University.

"And we had to teach them how to take the blood pressure, how to take the pulse and anything like that. And show them how much, how important it was to monitor the patient." (Colin, L89-90)

Colin was confident in his narrative that his knowledge and understanding of nursing was required in Uganda to improve patient care; he did not report any attempt to ask the local nurses what they would find most useful in terms of teaching. However he did talk about the placement organisation and it was apparent that his placement was part of a much longer term project in Uganda. I knew from my contact with the organising University that a 'co-presencing' approach was used to promote reciprocal learning of UK and Ugandan healthcare professionals (Ackers and Ackers-Johnson, 2014) so there may have been an agreement about what the UK nursing students would teach the local student nurses. Colin did not use the term 'co-presencing'; he focussed on what he could offer the Ugandan healthcare professionals, also acknowledging that learning was available to himself (see above quote L73-76). Colin perceived himself to have capital, knowledge and skills, that could be useful to the community of practice but he realised that the trained nurses did not always hold the same view; some encouraged his input, whereas others were less enthusiastic.

"some of them were very appreciative. It's like it depends really." (Colin, L502)

Colin's story created a tension for me as there were elements of cultural competence and ethnocentrism in his story (See p.26 of this thesis). It was not possible to know what the Ugandan staff thought of Colin's efforts to teach local student nurses. Whether they saw it as an opportunity to learn, as Colin offered to teach; or whether they felt Colin was imposing his UK nursing standards upon them when they were not able to incorporate them into their usual practices. The extent to which student nurses could develop cultural competence in a short international placement, and the potential for ethnocentrism, was a Common Thread which will be discussed in more detail in Chapter 6..

Fiona

Fiona was married with children. Her International placement was in Tanzania; it had been organised by the same company as Belinda and Evie. Fiona came to our conversation prepared, she had kept a journal whilst preparing for the trip and she referred to this during our conversation. She also had pictures of the placement which she used to show me some of the places she had visited and some of the people she had met.

Although Fiona was very keen to undertake the placement she referred to the 'guilt' she felt at leaving her family; it was not something she had done before.

"They couldn't believe that I was doing it really because I've always been the one to stay at home, look after the children and what have you [....] So yes, I did feel a little bit guilty but I thought, well I've always done everything for everybody else.....this was like my time for me to do something that I want to do."
(Fiona, L88-99)

Fiona's story made me reflect upon the opportunities that people are able to take, or not, in relation to international placements. University A envisioned that all students should have an international placement; this stance makes an assumption that all students *want* to undertake such a placement and that all students are *able to* undertake such a placement.

Bourdieu's theory explains that societies stratify themselves; often in terms of the available economic capital, which may well influence the knowledge capital available to different social classes. Fiona's story illustrated not only the centrality of economic capital to undertaking an international placement, or not (see discussion below about her fund raising efforts); but also the centrality of social capital. Here I am referring to the social support around the student that enabled them to undertake a placement. In the quotation above Fiona is describing herself as a mother, home maker, someone who does everything for everyone. Fiona's story reflected her own culture, with an expectation that a 'woman's place is in the home'; breaking from that tradition created a tension for Fiona and feelings of guilt. A Bourdieusian explanation of Fiona's situation suggests that she was stepping out of her usual 'social stratum'; she was able to do that because she managed to gather together sufficient economic capital and she had sufficient social support to help her realise her ambition. Anita's story (Appendix 8) also illustrates the centrality of social support to enable her to undertake an international placement.

Fiona and Anita helped me to appreciate the enormous effort some students have to undertake as they 'Prepare for take-off', which became a Common thread. Also importantly their stories led to the Common thread 'Missing stories' (p. 123 of this thesis) because there may be many students who do not have the capital to undertake an international placement, consequently the educational driver for international placements cannot become a reality.

Bourdieu (1977) offers insight into the social construction of the roles of men and women. He suggests that the habitus of women and men, their expected roles, ways of acting and behaving in society are reinforced by the actions, words, deeds of those in that society. Bourdieu (1977) recognised that gender roles are a construction rather than a natural state of affairs; the woman's role is constructed to be in the 'home' and man's role out in the field 'hunting and gathering' (p.91-94 Bourdieu, 1977). In 1991

Moi 'appropriates' Bourdieu's theory of social practice to support feminist thinking that women are dissuaded from education, career advancement and other opportunities afforded to men because of social structures (habitus) and social rules (doxa) that are perpetuated from generation to generation.

Fiona and Anita appeared to be influenced by the same deeply engrained societal habitus that Bourdieu talked about but they had managed to secure their opportunity for an international placement. From this research I cannot conclude that it is particularly difficult for females, especially mothers, to have the opportunity of an international placement; narrative inquiry does not attempt to create generalisable conclusions. However Fiona and Anita's stories do highlight that taking opportunities as a mother was not straight forward for them.

There were surprising aspects to Fiona's story in relation to the enormous preparation she undertook prior to the trip. I discuss this because it helped me to understand the expectations Fiona had of the placement; those expectations impacted on the meaning of the placement for Fiona. She could have chosen a placement in Australia, visiting a relative, but she was determined to undertake a placement which she felt was more challenging.

"So for that reason I thought, well I wanted to try something different and that's why I chose Tanzania, because I knew that it was going to be something really different."(Fiona, L15-17)

Fiona's story highlighted how 'people' became entwined in her endeavour; family, friends and local community contributed to a substantial fundraising effort to enable Fiona to reach her goal and go to Tanzania. Fiona's story included detail of the fundraising activities and she used photographs to show me the events;

"I didn't think it was possible because of the financial cost. And then I started doing the car boot sale…In the end, I raised,…….and then I got a bit of funding through Uni, well a good amount actually, ……. As you can see, all my kitchen here was just full of posters and targets. But everyone was really good, everyone was behind me and what have you." (Fiona, L41-45 & L103-104)

Fiona was not just fund raising to cover the costs of the trip e.g. Flights, accommodation, she was raising funds to take items to Africa. She wanted to make a difference and she put tremendous effort into this; her "heart and soul" (L50). It would breach Fiona's anonymity to give too much information about the items shipped to Africa; what I can say is that she researched the country before leaving and identified a particular challenge so her efforts focused on improving that aspect of care. An international placement was not undertaken lightly by the students and Fiona's story led me to consider the possibility of a self-directed module with academic credit to

acknowledge their effort and development. I discuss this topic in Chapter 6 and the conclusion.

Fiona's story started with an aspiration to 'help', her altruistic intent was similar to Evie's story (See Appendix 8).

"Because I went out there with a vision of really helping and I thought they would, you know, really embrace us and everything, you know. But I didn't feel any of that, we just felt like, oh they're just more international students, you know." (Fiona, L462-467)

I interpreted the meaning of this statement as profound disappointment for Fiona; her expectations were not matched by the reality of the experience. This disappointment contributed to Fiona feeling homesick and searching for flights to leave the placement early;

"I didn't get out of the trip as much as what I thought I would." (Fiona, L145-146)

To add to Fiona's disappointment in the placement she also told some shocking stories about the clinical activities that she witnessed. Fiona made a judgement about the Tanzanian nurses;

"it's really hard, really, really, really hard to see. But like the nurses were just like, it's normal, you know, they were just so like switched off from it [….] It was shocking, it was, it was, ….this is why like at one point I just thought, oh I don't like it here, I just want to go home, because I was totally out of my comfort zone, …because they don't seem to have much value for life, that's kind of like the impression I got. And it's like they're not bothered, you know, it's just another baby or it's just another child or what have you." (Fiona, L345-352)

I interpreted that Fiona was experiencing 'Hysteresis' which refers to a situation where one's habitus is so disconnected from the new field that it is very difficult to remain in that field (Hardy, 2012). In my mind Fiona was a 'fish out of water' and her instinct was to leave. Fiona did stay for the planned placement and, similar to other students, she liaised with people who were 'more available' to help her function in the field she found so challenging e.g an American doctor. Fiona's learning was hindered by her limited connections to the clinical areas;

"Yes, well I learnt, I learnt really how not to be" (Fiona, L243)

Our conversation helped me to understand that international placements may not always be a positive learning experience for students and it led me to reflect upon the notion of cultural competence. Fiona's experience left her with the impression that 'they do not have much value for life'; a difficult position from which to begin to understand the culture and become culturally competent. Narayanasamy and White (2005) warn that international placements can reinforce ethnocentrism. In Fiona's case she wanted

to go to Tanzania to 'help'; an assumption that the Tanzanians needed and wanted help, which could be viewed as ethnocentric. She was then disappointed that her 'help' was largely unacknowledged and unwanted. There was also a fundamental perceived difference in values about life and death. However Fiona did show insight into her own, and the Tanzanian culture, during our conversation; she was reflecting upon her experience and making sense of it.

> *"people's values and nursing values and what have you. And to them, I think it's just their culture, I just think it's their culture and it's just that they've been brought up through generations and what have you, and that's just the way it is. But it's really hard to see that when, you know, and witness all these things happening when you're just so not used to that. It really is quite hard"*
> *(Fiona, L366-370)*

Fiona was so shocked by her experience that she did not talk to the Tanzanian nursing staff about their situation, their values and beliefs around life and death; perhaps Fiona did not have the confidence or skills to begin those conversations. Supporting students at the time of their experience could help them to explore their own beliefs and those of the 'other culture' more confidently. I discuss this further in Chapter 6.

George

George's international placement was in Canada in a large mental health unit (MHU). University A had a Memorandum of Co-operation with MHU (See p.100 of this thesis) There was a placement co-ordinator in MHU who liaised with students pre placement to identify their areas of interest, ensure the students had undertaken the necessary preparation (i.e. online mandatory training) and confirm the mentor before the start of the placement. George found the pre-placement preparation "reassuring" (L46) and he made contact with his mentor before arriving at the placement which was helpful.

> *"I learnt a little bit more about where I was working before I'd set off because I'd got in touch with my mentor there. So she gave me a little bit of a factual update, a couple of weeks before I headed out." (George, L130-132)*

George talked about why he had chosen MHU as a placement rather than the more "exotic locations" (L47); partly because he wanted to experience the mental health specialities that MHU offered. George then used this phrase;

> *"I wanted to actually go and learn, rather than go and try and integrate something myself." (George, L51-52)*

This phrase was of interest to me because it contrasted with Evie and Fiona who wanted to go to 'help', to give; whereas George was quite open about what he wanted 'to get out' of the placement. The motivation to undertake a placement is a Common

Thread that I discuss in Chapter 6 and George suggested that the choice of 'place' is dependent upon those motivations.

As noted in Figure 5.7 much of George's story was meaningful to me in the 'Place' and 'Temporality' dimensions because he related to the 'place' in very positive terms and he viewed his placement there as being important for his future nursing career; aspects of George's story which I focus on here.

As Dewey (1938) theorised past experiences influence the way the future is imagined and George's story illustrated this as he talked about how he hoped his international placement would shape his future career and offer him mobility capital, also discussed by Colin above.

> *"So I think it's just added a string to my bow of areas I'd be quite comfortable going to work in. It's broadened my horizons on where I'd want to work. And hey, who knows, I might be able to persuade [] to go to Canada and live there with me, because part of me would do that." (George, L971-974)*

In this direct quote George was imagining his personal and professional future together and his international placement was a key part in the shape of that imagined future. The international placement had been very fulfilling for George as an individual; he had organised and experienced a prolonged period away from his home comforts on his own. This gave him great personal satisfaction and a sense of achievement. George also told of his development as a nurse (see below); the combination of personal and professional development led George to believe he had gained a lot which would be useful in his future career and personal life. This highlighted to me the importance of international placements as a catalyst for broader thinking which was part of the internationalisation discourse put forward by University A; several of the students referred to this broader perspective which is discussed in the 'Learning from experience' Common Thread in Chapter 6. I also reflected on my concern that University A wanted 'something from' the international placement, more than just individual student 'educational gain' (see p. 14 of this thesis). George's story suggested that both could be achieved through student employability; desirable goals for the student and University A.

George described the physicality of the place he visited (MHU) in great detail. He was impressed with the location, the size, the newness but importantly the reputation of the place as a national mental health unit in Canada. As George talked to me he showed me pictures of the unit he visited and his pride in having been to such a place was apparent. His story was one of aspiration, he had visited and worked hard at MHU and he hoped that was going to help him achieve his career goals in the long term.

"They looked vast, and they are, their facility, the main facility is quite big. […] brand spanking shiny new wards, huge open kitchen space, the most well stocked kitchen in the entire hospital because it's working with eating disorders. […]And it was absolutely gorgeous, very open plan."
(George, L81-82, L162-164 & L220)

"Other reasons I went out there, CV, it's going to, hopefully, look shiny, very, very, very shiny when I go to job interviews and discuss what I've learnt on the ward." (George L716-718)

George focused on the physical aspects of the 'place' he worked in for quite a while before his story included the patients (reflected in the shape of his story Figure 5.7). Initially he felt that he did not have all of the skills necessary to participate in the care of the young people. However eventually his focus shifted to the young people he was working with and George began to tell me about nursing skills he had developed whilst in Canada.

"There was a lot of opportunities for me to learn more practical nursing skills because, to be honest,… do feel quite weak, in terms of hands on clinical skills" (George, L358-361)

George was very clear that his mentor had been instrumental to his learning. His mentor invited him into the COP (Lave and Wenger, 1991) and George felt welcome and supported in his learning as can be seen from the quotes below.

"She [mentor] kind of, just day by day, stepped me up, stepped me up, stepped me up, and it was fantastic....They allowed me to do a little bit more, with fantastic supervision, I was never made to do anything I wasn't comfortable with." (George, L445-449)

In Dewey's (1938) terms George's experience was relevant to his nursing career and he felt it was 'educative'; he was learning about an aspect of mental health nursing which was new to him i.e. eating disorders in young people...

"I wanted to go on something I hadn't done before [….] But meal time is therapy time, so it's working with the patients, and on the first week I was put on meal support with one of them and they started getting incredibly anxious and worked up. And I stayed with them and I felt about as useful as a chocolate teapot. [….] I just thought, I'm useless. And my mentor was fantastic at making me reflect on that and then I also got to ask that patient….is there anything I could have done differently? And they went, no, no, I can remember that you were there, there's nothing much you could have done, but it was nice that you were there." (George, L98-99 & L576-581)

George thrived in his clinical area and gave a lot of examples of how his nursing skills had developed. He recognised his good fortune in having a supportive mentor who helped him to understand the new speciality in Canada. However it is important to note that even in such a seemingly satisfactory placement there were challenges that created some stress and anxiety for George, this revolved around his accommodation.

The situation he talked about in our conversation clearly had a memorable impact on him and demanded his resourcefulness and resilience.

"Because I had a bit of a personal logistical nightmare with my accommodation and working those shifts, for all sorts of reasons […] I've not been out of the country that long by myself and I've not done something that independent.[…] I faced quite a few difficulties in the first week. I was nearly, well I was pretty much in tears with my mentor on day three because of what was going on with my accommodation,   (George, L349-350, L578-579, L587-589)

"I thought I was going to grow from the experience, in terms of just experiencing Canada and that ward, but I didn't expect it to be growth from actually, oh shit, I'm very upset and this is incredibly challenging, because I don't want, this has become very, very difficult. And that's incredibly stressful to be quite a long way from where you're working and have a lot of money sank into something that's not working out. That was actually very upsetting." (George, L652-658)

Here George is articulating a very emotional aspect of the placement but he still equated it with learning i.e. growth from a difficult situation. George's story highlighted to me the emotions involved in undertaking an international placement, not just from the healthcare environment but also from the broader aspects of the placement. The emotional aspects of undertaking an international placement are a Common Thread which will be discussed in Chapter 6.

Helen

Helen's placement was to Rwanda. As an insider researcher I had some background knowledge about the Rwandan placement; it had developed due to a connection between one of the lecturers who worked at University A and two key staff, now in Rwanda, who had previously worked at University A. The two in Rwanda were senior staff in the 'College' and the 'Hospital' and they had invited UK student nurses to undertake project work to help develop nursing practices in Rwanda. Student nurses applied, and were interviewed, by University A staff and one of the Rwandan staff before being accepted onto the Rwandan placement; there was some funding to support the trip.

Helen referred to some of that process during our conversation and she recognised that her international placement was different to other student nurses.

"I really want to do this because it was an actual piece of work to do, a project to do, rather than just shadowing or paying through, you know, Work the World or something to go." (Helen. L35-37).

Helen does not expand on this further but the interpretation I made was that Helen valued the 'doing' of a project over 'just shadowing'; Helen saw the project as 'relevant', more 'educative' (Dewey,1938). Helen's project gave her a legitimate opportunity to talk to local people i.e. student nurses at the 'College' and nurses at the hospital.

"So it was a mixture of questionnaire, using quantitative research, observation and interviewing, but informally really, just as we went along. And kind of trying to relate that to cases that the nurses and myself were dealing with."
(Helen, L374-378)

This was a large project and Helen told of how she had struggled with that at times, for example before she left for the placement.

"I was so busy with everything else, studying and, it's almost like doing an additional module if you're going to do project work, because there's all thought that has to go into it and at the end of it you produce your report or whatever, which is like producing an assignment." (Helen, L101-104)

However, she saw great value in undertaking the work for her future career. Similar to Colin and George, one of Helen's motives for undertaking the placement was aspiration for her future career; she hoped that the placement and the project she undertook would provide valuable learning (knowledge capital) and that in turn would enhance her future career prospects and enable her to work overseas (mobility capital).

"Yes, but worth it though. I'd like to work for the World Health Organisation at some point, that's what I'm kind of steering a scenic route towards. And it will be a door opener, having done a project, coordinated that and run it, written it up as a report, you know, and it's good for your CV apart from anything"
(Helen, L130-133)

Helen showed insight into the culture of Rwandan healthcare and also recognised the influence of the wider cultural norms and doxa (cultural rules) (Bourdieu, 1977). Cultural competence is not one thing; it is a process that develops over time. Campinha-Bacote (1999) differentiates between cultural awareness and cultural knowledge. Cultural awareness requires the nurse to understand how cultural beliefs may impact on an individual's response to a health issue whereas cultural knowledge requires the nurse to understand what influences those health related beliefs i.e. the wider cultural beliefs of the family and community, which in turn will be influenced by broader factors such as economics and politics. I recognised cultural knowledge in Helen's story; her cultural competence was more apparent than in other student stories e.g. Belinda and Evie (see Appendix 8).

Some cultural attitudes were difficult for Helen but she demonstrated cultural knowledge and sensitivity (Papadopoulos *et al.*, 2004) whilst acknowledging her own response to death, and how it differed to her interpretation of the Rwandan perspective

"it's so familiar in many ways, a lot of the culture seems very familiar […] And then all of a sudden, you'll come across a completely different thing in culture, about the way people react to a certain situation or the way people view life. And it really brings you up short, ..I mean life and death out in Rwanda is so raw and in your face,... It's like people just die very young because the healthcare isn't

*there for them,…. And everyone's like, that's a bummer, but it's life and they just
kind of get on with it […] And things like that really bring you up short […] I was
a bit freaked out by that because I'm so used to being somewhere that, well get
the crash trolley in and, you know, do resus and get the paddles on them and all
the rest of it. And there wasn't any of that" (Helen, L189-199).*

Helen also raised the issue of power differentials which is something that Bourdieu
(1977) highlights as being important when trying to understand a community. The often
unspoken rules (doxa) of a community influence the habits, rituals and practices of
individuals (habitus) which perpetuate social stratification and power differentials.
Helen noted power differentials in relation to the social status of the Rwanda nurses;
this is discussed in chapter 6 (see p. 97 of this thesis). None of the other students
overtly referred to 'power' or the social status of nurses but they described situations in
their stories which I interpreted as being about power and the capital that students did,
or did not, have in different situations; this will be discussed further in Chapter 6.

It is not possible to say if Helen's cultural knowledge and sensitivity was due to her
previous experiences or whether the project had assisted with this. Helen referred to
'People' who helped her to adjust and learn within her new field; she shared her
placement and accommodation with another student who was important in helping
Helen make sense of her experiences in Rwanda.

*"We'd go back to the little villa where we were staying and we'd debrief each
other really. It was like a peer supervision that we used to do and we would talk
things through." (Helen, L220-222).*

Helen's story was different to the other student stories in that she had undertaken a
project which had helped her develop particular skills e.g. research skills, but she also
talked about 'growing' in a broader sense because of her experiences.

*"thinking on my feet much more and being creative about, if you have a problem
in front of you and you do not have the resources that you've been trained to
use, what do you do? Because you can't just leave it, you can't just leave the
problem, so what do you do? And I learned a lot from the staff in the hospital,
just by watching how they dealt with things. So that was part of my growth. […] I
came back unscathed at the other end. So that was a real joy, to know that I
could cope. So that was a real growth thing because now I'm not scared about
going on placements here, because, good grief, everybody speaks perfect
English and, [..] I know that I can cope in an environment where there's very little
resources and a language barrier and a culture barrier. And I can cope with that,
so I know that I can cope with anything that gets chucked at me here, because of
that. So that was part of my growth." (Helen, L300-314).*

Learning and development for Helen, and other student nurses, as a consequence of
the placement and reflection upon the experience are Common Threads to be
discussed in Chapter 6. Reflecting upon that development led me to consider how the

experiences and learning of a few could benefit others; this is also discussed in Chapter 6.

COMMON THREADS

As I analysed the student stories I recognised that they were often talking about similar topics within the dimensions of my analytical framework. They were not all saying the same thing but offering perspectives on a topic which helped me to understand their experience of an international placement. I called these topics 'Common Threads' and they were important in helping me to interpret the student stories. The picture below (Fig 5.10) represents how I visualised the Common Threads, they helped me to co-construct and 'retell' the stories for future audiences; my findings and recommendations. The Common Threads will be presented and discussed in Chapter 6.

Figure 5.10 Visual representation: Common Threads helping to retell the story of international placements

CHAPTER 6: FINDINGS AND DISCUSSION

The purpose of this chapter is to present and discuss Common Threads that I constructed from the analysis of student stories of their international placements; this process is referred to as 'retelling' (p.34) by Clandinin (2013). In previous chapters I have articulated the theoretical lenses through which I viewed the data and interpreted meanings of an international placement i.e. Dewey (1938), Bourdieu (1977), Lave and Wenger (1991). However, there was an overarching meaning for me: learning from the experience of an international placement is an interactional and social process. All the students experienced the international placement in unique ways, dependent upon their circumstances, the people they met and the places they visited. This variation in experience resonates with the theoretical perspectives that influenced my thinking about learning. My research has added relevance to those theories in relation to international placements and the findings are intended to help better prepare student nurses for an experience which is as 'educative' as possible. The complexity of individual experiences of learning, which my research has revealed, implies the need for careful examination of the factors involved in all stages of the student placement: preparation beforehand; support during; and opportunities to debrief and disseminate learning afterwards. I suggest that in order to ensure the placement is beneficial, not only for the student but for patients and practitioners in the international setting and subsequently in the home country, measures can be put in place to optimise the effectiveness of the international placement.

The 'retold' story is based on Common Threads I found meaningful during data analysis. The Common Threads are issues talked about in the stories; the students did not all say the same thing; they talked of these issues from their own experience. I use direct quotations from student stories to illustrate the Common Threads discussed in this chapter; represented in Figure 6.1.
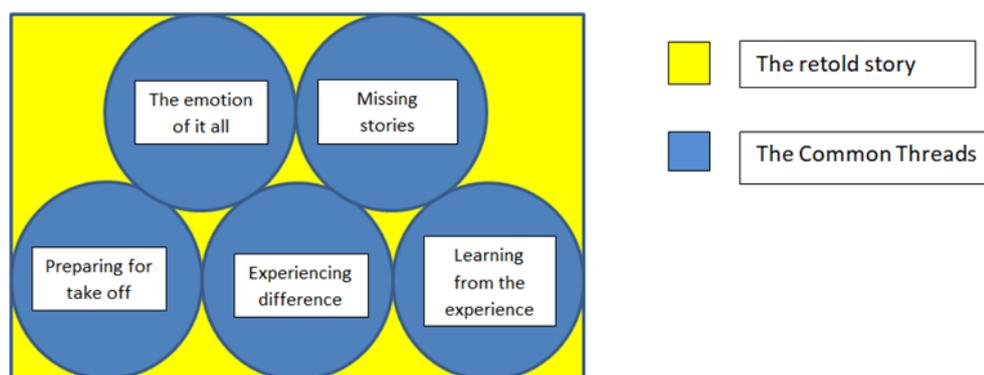
Figure 6.1 A visual representation of the Common Threads of my research

THE COMMON THREADS

The students told their stories starting at the beginning, through the placement until they returned home. Stories are often told in a logical order (Riessman, 2008) and the Common Threads reflect this; moving through the preparation for the placement, undertaking the placement, and then coming home. Additional threads, the 'emotion of it all' and 'missing stories', add depth and richness to my interpretation and understanding of international placements for student nurses.

PREPARING FOR TAKE-OFF
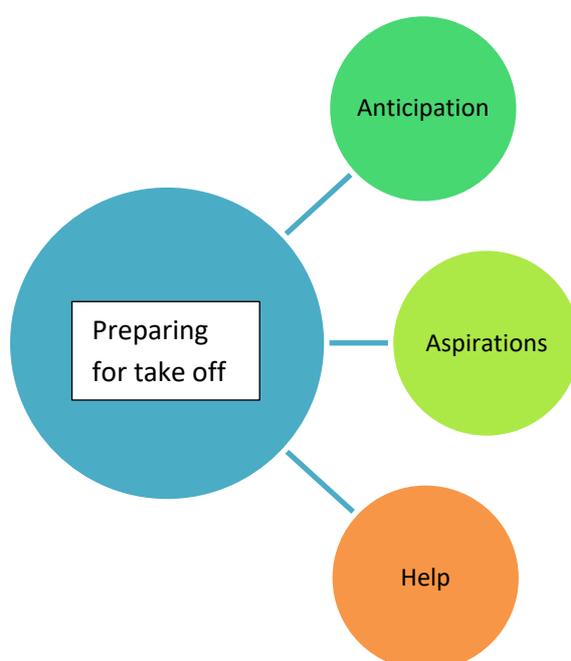
Figure 6.2 The three aspects of 'Preparing for take-off'

I interpreted three aspects to the Common Thread of 'preparing for take-off'; **Anticipation**, **Aspirations** and **Help** (Figure 6.2); these were distinct aspects of 'preparing for take-off' but all acted as motivators for the placement. In their 3-year education, student nurses undertake a variety of clinical placements and they are encouraged to prepare for the placement e.g. to consider how they will commute; what they might learn from the placement. At University A each local placement, has a written profile that student nurses can read prior to starting the placement. Those clinical placements are mandatory and organised by University A, on behalf of the student; whereas the international placement is an optional placement and usually organised by the student, with varying degrees of support from academic staff dependent upon where they choose to go. The international placements are funded by

the student, in part, or in full, and require considerable preparatory effort alongside 'usual' course demands (See Helen's and Fiona's stories in Chapter 5). The stories helped me to understand what motivated the student nurses to undertake such 'preparation for take-off' and consider how future students may be encouraged and supported with this. Approximately 7-10% of student nurses undertook an international placement at University A so there is scope to increase that number.

Anticipation

Anticipation is the noun taken from the verb 'to anticipate'; defined by the Oxford English dictionary as 'looking forward' (Oxford University Press, 2018). Anita, Evie and Ian had anticipated, looked forward to, undertaking an international placement since before they started their nursing course; for Anita and Ian it had influenced their choice of University; an important message for the recruitment team at University A. George, Fiona and Helen began to look forward to, or anticipate, the placement overseas when it was mentioned to them at the start of Year 1 of their course; the 'reminders' about the placement, from academic staff, at the end of year 1 had encouraged them to pursue their application further. George had 'forgotten about' the international placements until a reminder session; his advice was **"they should probably keep those up." (George, L20).** This is sound advice from George; there is a lot of preparation to be undertaken by the students so it would be helpful to encourage them from as early in the course as possible.

A second definition of 'to anticipate' in the Oxford English dictionary is 'Guess or be aware of (what will happen) and take action in order to be prepared'. Within the student stories there were references to the preparation they had undertaken prior to the placement to help them 'be aware' of what would happen. For example;

"I'd done a lot of research on You Tube and on the internet and things, and tried to learn some of their language and that before I went" (Fiona, L120-121)

However, there were some students, Belinda, David, George, who suggested the international placement only became 'real' when they were there;

"I had a little bit of a picture in my mind. I think seeing it in reality is different." (Belinda, L186)

I interpreted this to mean that there was some 'guess work' involved in the anticipation of the placement. This 'guess work' is inevitable and part of the adventure of going somewhere new but, as will be seen in other Common Threads, the guess work can be stressful for the student nurses so anything that can support them to 'be aware' rather than 'guess' as they anticipate and prepare for take-off would be beneficial.

Anticipation involves 'action in order to be prepared'; the preparation undertaken by most of the students was significant, for example see Fiona, Helen and George's stories (Chapter 5). Although the dictionary definition has gone some way in explaining the anticipation that the students felt for their placement it does not capture the significance of such an experience; perhaps best expressed by Fiona *"So I kind of put my heart and soul into it [preparation for placement]" (L50).* My interpretation from all of the students was that they were not just 'looking forward' to the placement; the students were looking beyond the placement to their imagined future (p.70 Dewey, 1938), consequently it held relevance and meaning for them which motivated them to invest time and energy preparing for the placement. The students imagined their future in relation to their career as a nurse (Aspirations) and in relation to helping others (Help) as discussed below. This finding is one that has not been reported in the literature reviewed (See Chapter 1). Authors such as Grant and McKenna (2003), Green *et al.* (2008) and Egenes (2012) acknowledge the importance of preparing the placement and preparing the students for the placement but they do not give details of what that entails. Ahmed *et al.* (2017) suggest that the preparation should focus on helping the students to understand the context of the placement. These authors do not report on the preparation that the students actually undertake themselves or the meaning they attribute to that preparation.

David's story was different to the other students; he had not anticipated an international placement. When presented with the opportunity he was able to see how it may add to his experience as a nurse i.e. it became relevant to him, so he pursued the placement in Uganda (see Appendix 8). To increase the number of student nurses undertaking an international placement they may need assistance to see the relevance of such an experience to their future so that they anticipate the placement and feel motivated to undertake the preparation that is required.

Aspirations

Aspiration is defined as "A hope or ambition of achieving something" (Oxford University Press, 2018). Hope and ambition were apparent in the stories and a key driver for some students to 'prepare for take-off'. Some students recognised the value (capital) in international placements for their movement around the Globe (mobility) i.e. Mobility capital (Ackers *et al.* 2017). Anita, Colin, George, Helen and Ian all talked about how they hoped their international placement would shape their future career in relation to living and working overseas (see their stories in Chapter 5 and Appendix 8),From a broad educational perspective this is a success of the internationalisation strategy; an international placement opportunity led to students hoping to work in the 'Global market

place' (Maringe and Foskett, 2010; Sweeney, 2012). It was different for Belinda; she told of her aspirations to work overseas prior to the international placement but following the placement she no longer viewed mobility as valuable to her ;

"before I went, I was kind of thinking I might want to be a travel nurse and sort of work in that field. But now I've been there, I decided that I didn't want to do that. So I got it out of my system." Belinda, L130-133

Every student is different; an individual's past experience and societal norms will influence their 'imagined future' (p.2 Clandinin and Connelly, 2000). For some students an international placement may hold no interest, other student nurses may wish to undertake an international placement but not have sufficient support or finances to do so. Anita and Fiona raised this issue in their stories (See Appendix 8 and Chapter 5); both mothers, it had not been 'expected' by their peers (Anita) or family (Fiona) that they would 'leave' their families to undertake an international placement. Anita and Fiona were fortunate in having supportive families and adequate finances to follow their aspirations; this may not be the case for other students. Several of the students talked about the challenge of acquiring adequate funding for their trip. They suggested that funding was a barrier for some students following their aspiration to undertake the placement. This issue will be discussed in more detail in 'Missing stories'.

Help

Help is defined as "Make it easier for (someone) to do something by offering one's services or resources" (Oxford University Press, 2018). Evie and Fiona went to Tanzania (at different times); for both of them a big motivating factor was to 'help' people. Evie was very explicit about her desire to 'help' in her story, as discussed in Appendix 8. Fiona also wanted to 'help', identifying the resources she had to do this, as she talked about 'preparing to take-off' in her story.

"*Well I knew that it was such a poor country and I wanted to go over there to help and take my skills that I'd learnt here, my transferable skills, over to Africa*" *(Fiona, L110-11)*

On the other hand George was clear that his motivation was linked more to his 'aspirations' than 'helping';

"I wanted to actually go and learn, rather than go and try and integrate something myself." (George, L51-52)

However I interpreted from his story that George had been 'helpful' whilst there;

"I offered them my absolutely unfettered enthusiasm and really got stuck in and gave them all my time." (George, L822-823)

Similar to these findings Gower and Duggan (2016) found that Australian student nurses were motivated to undertake an international placement by their desire to help, 'fuelled by a strong sense of altruism' (p. 492). Altruism is cited as a key motivation for undertaking a voluntary international placement by Hudson and Inkson (2006) and Baer (2009) argues that altruism remains a key motivation for trained nurses in the twenty first century. 'To help' is part of altruism as can be seen from the definition used by Hudson and Inkson (2006) "an unselfish wish or concern to help others less fortunate in the world" (p.311). George's motivation was not 'unselfish' (see above quotation), similarly the 'Aspirations' section highlights the optimism student nurses had that the placement would be helpful to them in the future; it was not an 'unselfish' activity. Consequently, the meaning I attributed to this aspect of the student stories was to 'help' rather than altruism.

The definition of 'help' includes reference to what the students could potentially take to the international placement; services or resources. I interpreted an underlying assumption form the student stories that their 'help' would be 'wanted' in the placements they were to visit. Burgess, Reimer-Kirkham and Astle (2014) found that student nurses were motivated to undertake an international placement 'to make a difference' (p.1); a similar motivation to 'help' that I found in this research. They offer a cautionary note that wanting to 'Make a difference' can be a paternalistic motivation (p.5 Burgess *et al.*, 2014). Similarly wanting to 'help' could be viewed as the student nurses 'wanting to 'help' make things like it is in the UK', particularly in LMIC, which may not be what the international placement want or require. There is an opportunity during 'Preparation for take-off' to assist students to consider what they mean by 'help' and what may be, and may not be, most helpful to the country they are visiting.

Some of the students talked about wanting to experience something 'different' as a reason for undertaking an international placement, for example Belinda, Evie, Fiona and David (as discussed in Chapter 5 and Appendix 8). 'Experiencing difference' was a Common Thread that I associated with the time students spent on the placement, rather than in preparation, so I will discuss this in the next section.

EXPERIENCING DIFFERENCE
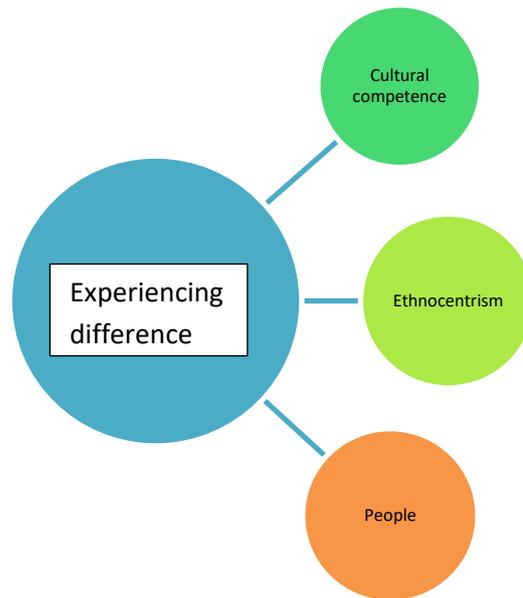
Figure 6.3 Experiencing difference

'Experiencing difference' is a descriptive term used by some of the students regarding their international placement e.g. Fiona uses the term to describe what she hoped to gain from the experience:

"I chose Tanzania because I wanted to try something really different… I wanted to try and, you know, experience something really culturally different to the UK."
(Fiona L8 & 11-12)

Not surprisingly the students who went to LMIC experienced the most striking differences in culture and healthcare systems, but this was a Common Thread and I found meaning in all student stories which helped me to understand this aspect of their international placement. 'Experiencing difference' was a rich opportunity for learning for the students and this 'Common Thread' had three distinct aspects. The first related to the development of **cultural competence** but I also consider whether there were some aspects of **ethnocentrism** within the student stories. The 'experience of difference' also involved **people**; some who were helpful and some who were not so helpful to student learning. All three aspects are interrelated but for the purposes of discussion I will present them separately.

Cultural competence

In the literature a key rationale for encouraging student nurses to undertake an international placement is for the development of cultural competence (Caffrey *et al*.,

2005: Callister and Cox, 2006: McQuilkin, 2012; Kohlbry, 2016). Cultural competence is not a term used by University A in relation to international placements; it is not a term that is regularly used in current UK nursing discourse, with notable exceptions Gerrish and Papadoupolos (1999), but I interpreted some aspects of cultural competence in the student nurse stories.

Cultural competence is defined differently by different authors e.g. Camphina-Bacote's (1999), Papadopoulos *et al.* (2004), Shen (2015) (See Chapter 1) however they all agree that cultural competence is a developmental process. Campinha-Bacote (2003) talks about 'Cultural desire' as an essential component of her framework of cultural competence i.e. the nurse must want to address aspects of cultural competence. I interpreted the student nurses desire to 'experience difference' as a starting point of cultural competence. Although the students did not refer to cultural competence they occasionally referred to the 'culture' they had visited. Here David conflates 'culture' with being in a 'minority';

> *"I feel like this was the first time in my life I got a real taste of culture, it's not often you feel like the minority." (David, L4-5)*

Evident in all the student stories were descriptions of the 'difference' they experienced. For example Anita compared the Australian culture she had experienced with the culture of people on her return home.

> *"Even just walking down the street, everyone says good morning to you, no matter, you know, obviously, nobody knew me, and everyone's just dead nice. Whereas, I've landed back in [UK] and within half an hour, I'd offered help to someone in the airport and they were like, why are you talking to me? And I was like, oh I'm back in England." (Anita, L108-113)*

The students recognised and talked about cultural differences and for some it evoked strong feelings. For example Fiona found it very challenging at times to be in a different culture (See Chapter 5). Similarly with Ian I could hear the shock in his voice as he explained a situation he experienced in Canada.

> *"And it was an eye opener, I think was the best way to put it. I mean I moved on to a dementia ward and the first thing I saw was a little old lady strapped to a chair, which, you know, we're not used to over here because it's just not, it doesn't get done." (Ian, L95-98)*

Despite the impact of the differences experienced by students there was only limited evidence that they explored such differences with the local people. Helen was the exception; the project she undertook in Rwanda gave her an opportunity to talk to the Rwandan people about some aspects of their culture (See Chapter 5); however she was reluctant to do this in great detail:

"And there were some questions that I wanted to ask about, do you not think this is a bit wrong, you know. But you just can't because it's perceived as perhaps critical, being very critical, and not in a good way, you know." (Helen, L274-276)

Helen was in a peripheral position as a newcomer in the COP (Lave and Wenger,1991), learning about the social relationships within that COP. Lave and Wenger (1991) recognise the interplay between 'old timers' and 'newcomers' in a COP and the tensions that can arise if the newcomer attempts to move too quickly into the 'centre' of the COP. Helen appears to have recognised such a tension and decided not to risk being denied 'access' to the COP by asking too many questions.

The potential to become more culturally aware, a key part of cultural competence, was available for the student nurses on an international placement but this opportunity was not recognised, or acted upon, by most of the students. The literature related to cultural competence (See Chapter 1) did not comment on reluctance or challenges in exploring culturally different practices; there was an assumption that over time a nurse would become culturally competent. Shen's (2015) literature review acknowledges that many of the cultural competence models are written from the health professional perspective and there is only limited evidence to suggest that they address the health disparities cultural competence is intended to address. The reason for this is that the health disparities are often based upon long held cultural beliefs and socioeconomic status (Shen, 2015). The student stories captured the essence of deep rooted cultural beliefs and highlighted the challenge of addressing cultural differences in relation to health and healthcare in anything other than long term relationships with a willingness from both parties to explore their cultural similarities and differences.

An important aspect of cultural awareness, and therefore cultural competence, is self-awareness. Some students showed evidence of their own beliefs, values and culture in their stories, suggesting self-awareness. For example Fiona reflects on her own culture;

"I kind of feel like, have we become, I'm going to sound really bad saying this, but have we become a nation where we are expecting to have so much on demand all the time?" (Fiona, L259-261)

Other students showed less self-awareness; for example Colin as discussed in Chapter 5. He showed awareness in relation to his potential role in Uganda i.e. to share his nursing knowledge and skills (knowledge capital) with the Ugandan nurses, but he did not take the opportunity to assess the requirements of the local nurses, to find out what they viewed as valuable knowledge). Other students also assumed they 'knew best'. Belinda arranged to attend the placement area with another international student midwife accommodated in 'the house' (See Appendix 8). Whilst I applaud Belinda's

initiative I was concerned that she organised a change without consulting her 'host' clinical colleagues. I felt unsettled by this apparent lack of respect for the placement area and it made me wonder if students who visit international placement areas do go with the intent of 'taking' any opportunity they can rather than considering the local people and how they may respond to visiting student's limited cultural awareness. Reflecting on this position I do not think Belinda was deliberately being disrespectful, but showing limited awareness of the potential impact of her actions, in response to a clinical environment that was not always very welcoming (see People below).

There were also examples of student nurses making assumptions about the local people without involving them in discussion. Fiona relied on her own cultural norm to engage with the child patients but became a little indignant when this was not always successful. There was nothing in her story which suggested to me that she had attempted to discuss the situation with the local nurses but she came to a conclusion which I found disappointing.

> *"I mean we took quite a few toys in and things like that. And like we got a blanket on the floor and we sat the children down and we were playing and we were picking loom bands and things like that…. you'd go in the next day and practically everything that you'd taken had gone…I learnt really how not to be"*
> *(Fiona, L212-215 & 243)*

There is a lot of potential to develop cultural competence whilst on an international placement but the starting point for that development is self-awareness and some student nurses may need support and guidance to develop this; the cultural competence models may offer future students a useful framework for self-reflection and to begin discussions with local people about their culture. Limited insight into self and the student nurses' struggle to become involved in the place they are visiting may reinforce differences and ethnocentrism.

Ethnocentrism

Ethnocentrism occurs when an individual views the world from their own perspective and struggles to see the perspective of others. This can lead to stereotypical views and even racism in clinical practice. There were aspects of the student stories which I interpreted to have potential for ethnocentrism.

> *"Obviously, there's like medication, but other than that, I don't, the nurses don't seem to do much and they don't seem to get the students involved."*
> *(Evie, L218-22)*

> *"Like the nursing care side was very basic and it was very, pretty poor really, you know like the care that they would give the children was pretty non-existent. …..like they wouldn't even start ward round until maybe anything between 10 and 12 O'clock, and that's because the doctors were having tea……while all the*

other medical staff and that were all waiting, all the children were waiting."
(Fiona, L146-152)

Ethnocentrism can be a negative consequence of an international placement as the student nurses appear to be judging the local people as 'less' than themselves. It is a finding which is not evident in much of the literature associated with international placements, except for Racine and Perron (2012). It may have become apparent in this research because the student nurses were able to articulate the meaning of an International placement via their own story.

Ethnocentrism could interfere with the development of culturally competent practice on return to the UK; indeed such negative attitudes do not fit with the expectation of the NMC (2015) that registered nurses can prioritise people and respond to their individual concerns. Viewing the situation through a Bourdieusian lens enabled me to interpret the student stories in more detail and from a different perspective.

It is simplistic to assume that an international placement can automatically lead to cultural competence and naïve to expect an individual to accept the doxa (rules) of a new field without comment. Bourdieu (1977) explains that individuals hold a set of beliefs and values, habitus, based on heritage and experience. The student nurses in this research 'took' their nursing and personal values to the international placement (field). There they met 'agents' (the local people) who viewed healthcare delivery from their own perspective, based upon their personal values, culture, experience and the wider social context e.g. economics, politics. This new field had a set of underlying rules and structures (doxa) which the student nurses had to begin to understand. The student stories gave them an opportunity to talk about their experience of being the newcomer in a different field and the impact it had upon them.

Bourdieu (1977) explains that habitus can change over time but an individual will try to utilise their capital (economic, knowledge or cultural) to influence a community and reproduce their own cultural doxa. I recognised this process in the student stories; the students used different kinds of capital to become established in the new field and possibly to assert their own doxa. For example Colin and David used their knowledge capital in Uganda to teach the local student nurses about Early Warning Scores. George had knowledge capital in Canada because he knew about the 'Recovery Model' that they were using in Canada. I interpreted Evie to have used economic capital and here she explains the effect that had on the local nurses;

"as soon as we got, at the end when we got the stuff and we got out the fob watches, they were like our best friend." (Evie, L171-172)

Capital is a key concept in Bourdieu's thinking (Crossley, 2012). 'Economic capital' is a measure of the monetary wealth and assets e.g. property, that someone 'has'. This can easily be compared to what someone 'has not' got. The students who visited LMIC experienced this difference in 'Economic capital'; they anticipated it and for some it was a key motivator for the placement (See section on 'Help'). However several students talked about the anticipated differences only becoming 'real' when they arrived in the country and for some the difference in economic status was a shock; here are some examples of how limited resources were in the African countries.

"Get her onto some clean sheets, turn her so she doesn't get pressure sores. But there was nothing, there was nothing to even prop her up with, no pillows, you know" (Helen, L264-266)

"Yes, yes, it's a different way, but they have to come with their sheets, also bedding. Basically, they've got a mattress, which is, if you're lucky, partly covered with plastic, sometimes just ripped and there's just foam" (Colin, L280-282)

"This is the oxygen, they sort of have like an NG tube in one nostril and they sort of share it, or it's just here and left in amongst them if there's too many [babies]." (Evie, L458-459)

Colin, Fiona and Helen recognised their apparent 'economic capital' and kept it in perspective in their story.

"Even if there's a rat in the house and we've got ants eating our breakfast, no, that's still, still better than what they had, so let's keep it in perspective." (Colin, L439-440)

"And I just thought, oh my god, what is this, what have I come back to? Just this kind of rapacious consumerism. Having been somewhere where, you know, there's nothing really." (Helen, L507-508)

"I feel like they literally have nothing over there. And here, in a country like this, like when we first arrived they were saying, oh you English are so rich. And I was like, I'm not rich, trust me. But they were like, you are, you are. And now, you know, that I've been and I've stayed there, I can actually completely understand where they're coming from." (Fiona, L265-269)

Bourdieu (1977) also recognises capital from the perspective of 'cultural capital' and 'educative capital'. He utilised complex statistics to consider how capital is distributed within a community and he recognised that people in a community become stratified by the combined capital that they have. Those with the most capital tend to have the most power; the social structures are perpetuated generation to generation because habitus is closely linked to capital. Those with the most capital have a habitus that leads them to expect, and have the 'economic capital' to obtain education which leads them to move in circles of particular types of employment. Those with less capital will have less choice and option about their education and employment: they may have a habitus that leads them to particular types of lower paid employment (Crossley, 2012).

Using Bourdieusian 'thinking tools' I gained a richer insight into the meaning of the international placement for the students. They recognised the stratification in the healthcare fields they were in which was different to their own field and they commented upon that difference. For example;

"they sort of just do what the doctors tell them to do over there, as opposed to what it's like in the UK." (Belinda, L77-78)

"I didn't see one male nurse, for example, whilst I was away. They live in the mentality that, over there, men are doctors, women are nurses." (David, L268).

Helen raised the issue of power associated with stratification in communities and she told of the high esteem that nurses were held in Rwanda,

"what is different is the dynamic, the power dynamic between nurse and patient is different because nurses are held in great esteem [] and the nurses are happy for that. [] in the consultation room, a huge great big chair for the nurse [] and then there's like a wooden stool for the patient." (Helen, L459-462)

There were examples of the difference in capital and status of health care professionals in Tanzania and Uganda, relative to the people using the healthcare service. This created another tension for the students; from their perspective this led to a lack of respect for individuals.

"there'd be like eight beds, four on either side, and the women were just made to give birth in front of each other. There was no partners, birthing partners or anything like that, and one woman gave birth to a stillborn baby, they knew it was going to be stillborn, and she gave birth to that baby in front of all them other women." (Fiona, L313-317)

"And they're quite, like it's the culture again, but they'll hit the women if they like make too much noise, they'll hit them." (Evie, L297-299)

The relationships that the students told of were a reflection of the habitus of the individuals involved, the doxa and the capital' within the field as well as reflecting the wider structures of society e.g. the economic and political situation (Bourdieu,1977); all of which contributed to the healthcare approach in the field the student visited. The students described these differences and appeared to be thinking deeply about them; as demonstrated in the quotes above. However, in our conversations, the students did not suggest they had the opportunity to explore these differences with local people whilst on the placement.

These are complex conversations to have and Bourdieu's 'thinking tools' (habitus, doxa, field, capital), introduced and discussed prior to the placement, might have assisted the students to view the situation from a broader rather than ethnocentric perspective; enabling more cultural sensitivity and seeing what nurses did do rather than what they did not do. Reassuringly there was some evidence of this.

"I think it was quite good for the staff to be more laidback about things. And I liked their way of, like their techniques of just actually looking at someone." (Belinda, L736-738)

"And one of the things, one of the great nurses who I was out there with, always asked, do you have a malaria net at home? Get one, if you don't have one, stop it and prevent it. So that was really nice to see that she was kind of using health promotion in a way, to how we use it in the UK." (David, L439-442)

There is no denying that the student nurses who visited Africa witnessed inequalities of healthcare, compared to the UK, which impacted them professionally and emotionally (discussed further in 'Emotion of it all' section). Racine and Perron (2012) talk about nurses' social mandate to tackle inequalities; they refer to the work of Falk Raphael (2005) and encourage nurses to 'Speak truth to power' (p.190). Perhaps this was a motivation for some students to take part in this study; to tell of the inequalities they had witnessed. At times I felt burdened by these stories of inequalities and I wrote in my diary 'what am I meant to do with this information?' Upon reflection what I am 'doing' with the information is interpreting it and co-constructing meaning so the student story of experience can be included in discussions about international placements in the future. Fiona captured the enormity of addressing social inequalities in her story;

"I felt helpless because I wanted to change, not that I wanted to change things, but I wanted to help, you know, and I felt like I couldn't really do much. Yes, and about, you know, how it needs, changes need to come from Government really." (Fiona, L813-816)

Racine and Perron (2012) warn that if placements are too short there is little opportunity for nurses to do anything other than observe social inequalities and they are more likely to be participating in 'cultural voyeurism'. This is a term taken from anthropology; Racine and Perron (2012) define it as "the exotic view of the other" (p.192). Ahmed *et al.* (2017) talk about 'ethical' placements and they summarise literature which warns against 'voluntourism' where healthcare students visit LMIC to 'see' what is happening rather than addressing the social inequalities between the sending and hosting communities. Ahmed *et al.* (2017) advocate placements which are based upon longer term relationships between the sending and host countries, to enable exploration of the host countries values, context and expectations surrounding the placement of visiting healthcare students.

The quotations in this section are mainly from the students who visited the African countries where the difference in the field, doxa and capital were most pronounced. There were differences in the field in Canada and Australia but these did not seem to concern the students so much as those who had visited Africa. I interpreted the differences in Canada and Australia as positive learning experiences rather than examples of ethnocentrism (see George, Anita and Ian's quotes below). On reflection I

think this was because the field described by the students was different but without the sense of 'less than' that I interpreted from the student stories of Africa.

"And then I was introduced to the unit and one of the first big glaring differences, [..] that the nurses station doesn't actually have any glass around it…..I think in England, it would be, and it was viewed over there as a bit of a confidentiality nightmare, but probably a bit too much over here."
(George, L210-215)

"So a lot of the nurses were very much, it was sort of seen as, if you have an interest, we'll fund that interest because you will bring money in. [….] So she'll go round and charge the schools x amount of money to immunise all the children and she makes money that way, but that's her little business."
(Anita, L309-317)

In the quote below Ian was relaying a conversation he had with the Canadian nurses comparing how a person without mental capacity, who had committed a crime, may be dealt with in Canada compared with the UK. He found the cultural differences daunting;

"well that just makes no sense whatsoever. I said, so you're going to send someone, who's got no capacity or maybe lacks the capacity to understand what they're doing, send them through a court system……. some of the things they did differently than us, it just baffled me." (Ian, L168-170 & 179)

Bourdieu's (1977) theoretical explanation of experience of practice, particularly in relation to newcomers to a field, offered a framework to understand and interpret the student experience. The students were in a new field and unsure of the doxa. For some students there was a language barrier and uncertainty about how welcome they were in the field (see 'People' section). The student stories gave me a richer insight into the challenge for students 'experiencing difference', particularly in LMIC. In the next section I interpret the student stories in relation to the people who helped the students, or not, to learn whilst on the placement.

People

'People' was a key part of my analytical framework and I anticipated that the student stories of their experience would revolve around people; I view 'people' to be the fundamental constant in nursing i.e. the patients/clients, the family, other healthcare professionals. Indeed all of these 'people' featured in the student stories to varying degrees as can be seen in the shape of student stories (Appendix 7). 'People' are included within the 'Experiencing difference' Common Thread because the extent to which the student nurses were able to participate and learn within the clinical environment they visited was dependent on the 'People' they experienced there; some of whom were 'helpful' and other people who 'were not so helpful' (See Evie's, George's and Ian's stories in Chapter 5 and Appendix 8 for particular examples).

Learning from an experience is influenced by the relevance of the situation to an individual (Dewey, 1938) and the involvement of the individual in the context of learning (Lave and Wenger, 1991); both dependent upon the 'People' involved in the experience. In relation to nursing in the UK it is currently the 'mentor' who is a key 'person' to help student nurses see the relevance of, and learn from, their clinical experience. A mentor "facilitates learning, and supervises and assesses students in a practice setting." (p.56 NMC, 2008). Students referred to this UK model of mentorship; there was an expectation that a similar arrangement would be in place for their international placement. George found such a mentor/student set up in Canada. He was very positive about his mentor and links his learning to her ability to challenge him and build upon his previous learning; reminiscent of Vygotsky's theory of social learning (Vygotsky, 1978).

"She [mentor] kind of, just day by day, stepped me up, stepped me up, stepped me up, and it was fantastic....They allowed me to do a little bit more, with fantastic supervision, I was never made to do anything I wasn't comfortable with."   (George, L445-449)

Anita did not refer to a particular mentor but talked of a group of staff who welcomed her and encouraged her to experience the variety of nursing in that particular part of Australia. These nurses sought Anita's views and opinions which helped her to feel part of their team. This resonated with Lave and Wenger's (1991) description of a COP and Anita appears to have been included within it i.e. she participated within the team.

*"While I was there I got invited into a meeting with someone from..their.. health, from the Government side of things. And they were, basically, coming in to get the clinic onto e-health, which is basically, like our online system…. So like once I'd talked to a couple of the staff and they were like, oh that makes sense now"
(Anita L559-561 & L575-576)*

I interpreted a range of mentorship experiences from the student stories. For George and Anita this was a positive experience and one which was close to the expectations of mentorship in the UK. Importantly the placements in Canada and Australia had a 'Memorandum of Co-operation'; a legal document which set out the expectation that students would be supervised appropriately during their placement and supported in relevant learning opportunities. The students did not refer to MOC; this is information that I have due to my 'insider researcher' position. In relation to supporting students in Uganda Ahmed *et al.* (2017) discuss the strategies that are in place to have a productive experience (See Appendix 10); Colin offered some insight into his Ugandan situation.

"there was a very good [Doctor] .. British, she was there on placement for a year, or she was a volunteer for a year there, so she was supervising us… there were

***two students from (University), like a PhD student…. in case we needed
something."(Colin, L224-225 & 233-235)***

Other students in the African countries told of people who had helped them to reach
their accommodation safely and offered support whilst staying in the accommodation
but the support in the clinical areas was not so apparent.

***"I don't think they really got to know you, like how they would over here. Sort of,
like you didn't have that mentor in place, sort of thing. I don't know, you were
just there, you weren't really part of them." (Belinda, L421-423)***

The last sentence of Belinda's quote captures the importance of feeling 'part of them'
when in a working situation; certainly Lave and Wenger (1991) recognised the
importance of being part of the COP for optimal learning to take place. 'People' are key
to learning and in Belinda's case it was a challenge to become involved in those
learning relationships. Evie and Fiona also experienced challenges in Tanzania where
they found some of the nurses not to be helpful;

***"But like the nursing staff, they were very much, I'm doing what I'm doing. You
can do that, you do what you're doing, I'm doing what I'm doing. And they were
quite abrupt but I think that's just the culture." (Evie, L163-167)***

However others were more helpful and Evie recognised that some of the challenges
came from a language barrier. She tried to minimise the differences by working with the
nurses who could speak her language;

***"a mixture of language barrier and ..they didn't seem to have the time for
us……we don't understand what they're saying. So we were quite segregated in
that respect, which I think is why we went to malnutrition more because we felt
more accepted. X would speak in English, so we could understand, or translate
so we could understand."   (Evie, L403-404 & L407-410)***

The experience of being a student nurse varies in different countries. In the UK student
nurses are supervised by mentors, for a minimum of 15 hours per week, for three years
before being 'competent' to be a registered nurse. In other countries there are different
arrangements. David captured this in his story of how the ward areas 'ran' in Uganda.

***"students, and that outnumbered more or less the patients. There was just loads
of them and they were learning as well as we were learning, and there was one
nurse between all these students." (David, L77-79)***

Ahmed *et al*. (2017) problematised international placements from an ethical
perspective. One of the issues they raised was the burden on staff, in low income
countries, of supervising international students when they were already over worked;
David's quote highlights this.

Relating to and communicating with the local 'people' was central to all of the student stories and affected their experience of learning in the clinical practice fields. Their experiences resonate with Lave and Wenger's (1991) view that learning is 'a situated activity' (p.29) and an individual new to a COP is a 'legitimate peripheral participant' (p.29). Lave and Wenger's (1991) social theory of learning recognises that an individual will be part of several COP. The process of the individual becoming part of that community, increasingly being involved in the activities, becoming knowledgeable and skilled in the activities involves a change of the whole person, with learning inevitably occurring along the way. This process of change is not just related to what a person 'knows' (cognitive change), but also to how they engage in the community and how they view themselves i.e. their identity. Individuals continue the process of learning and change as they move between the communities they are involved in.

Some aspects of the learning and change achieved by the student nurses will become apparent in the 'Learning from the experience' section (below) but here I want to focus on Lave and Wenger's (1991) concept of legitimate peripheral participation. The student nurses were all in a new COP, they were newcomers to an environment with potential for learning and change. However the relational nature of that learning and change discussed above (Lave and Wenger, 1991) has implications for the COP. Lave and Wenger (1991) discuss the development of the COP and the ongoing reproduction of knowledge, skills, culture and heritage that define each particular COP. Necessarily the individuals within COP must consider how a newcomer may, or may not, contribute to that COP. This can create tensions as the newcomer attempts to become knowledgeable about the COP but some members of the COP may not see the 'value' in the newcomer; so not be inviting or welcoming. David captures this in part of his story;

"so they were used to having UK students and their ideas, which was nice because they were open to what we were suggesting. And sometimes, they were accepting of it, depending on the nurse you were with, some of them weren't quite accepting." (David,L191-194)

All of the students endeavored to be part of the COP, to become involved in and learn within the COP. They achieved this in varying degrees; depending on 'people' (members of the COP) being helpful, or not. Of course the perspective of the members of the COP cannot be relayed here, that was not part of the research but this does become a concerning thread in my findings which will be considered again later (see 'Missing Stories').

'People' are essential for learning to take place; 'people' can significantly promote or challenge student learning. Lave and Wenger's framework (1991) could be a useful

tool, in addition to the work of Bourdieu, in helping students to prepare for and understand some of the dynamics they may experience whilst on an International placement. Finding a place in a local COP was significant in the student's learning experience; despite some challenges the students demonstrated resourcefulness to promote learning from their experience. This will be discussed in the next section.

LEARNING FROM THE EXPERIENCE
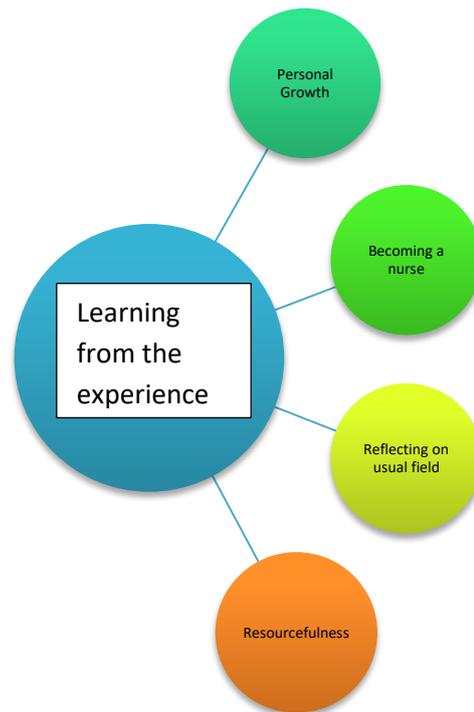
Figure 6.4 Learning from the experience

Dewey (1938) stated that everyone has the capacity to learn from an experience but not all experience is educative (p.25); it is dependent on the relevance of the experience to the individual, the sense that is made of the experience at the time and the envisaged use of any learning in the future. 'People' were key to student nurse learning during the international placement and their contribution is discussed above in the 'Experiencing difference' section.

There were undoubtedly challenges for the student nurses during their experience of an international placement, but my interpretation was that all students had 'learned from the experience', they developed knowledge capital which was relevant for their role of a nurse in the UK. This section focuses on learning other than that related to cultural competence, which is discussed above. In this section I summarise the variety of learning apparent in the student stories; their personal development, their

professional development as they become a nurse and the meaning they make of their usual field of work. I will then discuss the resourcefulness of the students in facilitating their own learning opportunities.

In their stories the students talked of experiences that were directly related to 'healthcare'; where they were working in the clinical areas with patients and healthcare professionals. They also told of their broader experiences; the people they met and talked to and the places they visited away from the clinical areas. The students recognised the future value of their learning experiences;

"So I think it's just added a string to my bow…..It's broadened my horizons"
(George L971-972)

"it was something that I didn't think I could do before, but now I think I can do that. It will always be a bit scary when you first start a job somewhere, but that's OK, I know I can get through it now." (Helen, L651-653)

Personal Growth

Personal growth was a clear element of 'Learning from the experience'. Some of the students talked directly about their personal growth. Ian referred to his developing self-sufficiency (See Appendix 8); he was certain that the international placement had influenced that development. Belinda referred to developing organisational skills:

"It became valuable because of how much you had to plan, like getting your immunisations and everything. So that was good for organisation because I went to Tanzania." (Belinda, L33-35)

George recognised his developing independence and self-awareness;

"Because I think you just, it develops your independence a bit, challenges your views a bit," (George, L745-746)

Evie also talked about developing independence and confidence associated with living away from home. In this quote Evie acknowledges that her learning was not apparent initially on return from the placement, it was her parents who noted that she had 'changed'.

"I just learnt, like gained a lot more independence…….. when I first came back I was like, yes, it was a really good experience but not that I learnt anything. Like my mum and dad said, you're like a totally different person, you've gained so much like confidence" (Evie, L582-589)

Evie's story reminded me of the importance of offering students the opportunity to tell their story of the international placement, to reflect on what they learned from the experience and articulate how they understand the experience in their current situation. This is a key approach to Narrative Inquiry and Helen acknowledged that it had been

beneficial for her to talk to me about her placement experience (See p.63 of this thesis). Other students also talked about how they changed, or how others recognised change in them. I interpreted this to be a positive aspect of their story, associated with personal development, as in Evie's story (above) and Anita's story which is summarised in Appendix 8.

McAllister (2015) discusses transformative learning in nursing and she highlights that students will come to nursing with different backgrounds and values which may not be open for rethinking, unless encouraged and supported to do so, by the teaching team. The international placement was such an opportunity for transformative learning. Although the 'teaching team' encouraged students to undertake an international placement the transformative learning that is referred to above, and in Chapter 5, occurs independently of the 'teaching team'. These students were motivated to undertake the placement; they participated, or at least related to opportunities and their story of those experiences highlighted to me 'changes' in their confidence and independence. I interpreted this to mean the placements had been educative and contributed to the student's life skills. Here are examples of such transformation from Helen and George:

"Yes, it is a huge lesson and maybe that's why I feel more confident now dealing with people. You know, because I've accepted myself more, I've accepted my weaknesses more….And allowing my own feelings like that means that I'm more able to accept other people's ways and foibles and feelings, which as a [] nurse you need to do really." (Helen, L621 -627).

"I've not been out of the country that long by myself and I've not done something that independent. And everyone's at different stages in their life…I still hadn't done anything like five weeks by myself. I've not done the world travelling thing, lots of my friends have but I haven't….. I got lots under my belt and I'm kind of proud of myself in a lot of ways." (George, L578-587)

On the whole the transformative process was positive but when Fiona talked of a change in herself I did not interpret it as having a fully positive meaning, it was tinged with reservations.

"I think it did….affect me, like seeing everything that I did see. You know, and even my [], who's ..like my best friend as well, she was like, oh Fiona, I've noticed a big change in you." (Fiona, L733-735)

As explained in Chapter 5 Fiona struggled to understand the doxa of the new field; she found it hard to understand the values of the Tanzanians particularly in relation to the value and place of children in their society. She also recognised that she had very limited capital to change anything. As a consequence Fiona struggled to see the experience as relevant; she felt homesick and wanted to leave. Fiona's changed self was quieter and withdrawn initially, as noted by Fiona's relative.

"she noticed a big difference in me, like I was a lot quieter than normal. And, you know like, I think I did stay in for a little bit, but I think I was just kind of enjoying being at home as well" (Fiona, L764-766).

Here Fiona was reporting on how she was when she immediately returned from her placement in Africa; I interpreted much of that immediate response linked to the cultural 'disconnect' she had experienced and the emotions that accompanied it. 'The Emotion of it all' was significant for Fiona but it was also a Common Thread within the student stories and will be discussed later.

When I had a conversation with Fiona her story of her experience was moving on; she acknowledged the challenges within her experience but she also told of her learning from that experience which was mainly concerned with valuing the resources that she and her family have;

"I don't know, it's just made me appreciate what we have more really."
(Fiona, L885-886)

Fiona's story highlighted Dewey's (1938) explanation of experience as continuous; the story told today may be different to the story told some time ago or at some point in the future. However the story told 'today' is valuable and it certainly helped me to understand that learning is possible from most situations even if it provoked more negative than positive emotions.

Discussed above are various life skills that the students recognised they had developed from their experiences; organisational skills, becoming independent, confidence. These reflect findings in the literature reviewed e.g. Law and Muir (2006), Kokko (2011) and Browne *et al.* (2015) who summarise the personal growth achieved by student nurses following an international placement including increased confidence, self-management skills and negotiation skills. In the next section I discuss findings related to the students 'becoming a nurse'.

Becoming a nurse

The student nurses undertook an international placement during their nurse education, as they were 'becoming a nurse'. Clinical placements currently account for half of the 'hours' associated with nurse education in the UK (NMC, 2010); the international placement contributed approximately 4 weeks of that experience. After three years of academic and clinical experience student nurses must demonstrate sufficient knowledge and skills to be officially registered as a nurse by the NMC. However the development of a person from the start to the finish of a nursing programme is not just about achieving registration as a nurse, it is about 'becoming a nurse', developing the

professional identity and values that are considered essential to nursing (Johnson *et al.*, 2012).

In the literature review it was apparent that development as a nurse (professional development) was an aspect of 'learning' from an international placement (See Chapter 1). Specific aspects of professional development identified were health promotion techniques (Charles *et al.*, 2004), professional communication and decision making skills (Walsh and De Joseph, 2003), teaching experience (Ahmed *et al.*, 2017) and the development of professional values e.g. compassion (Callister and Cox, 2006; Levine, 2009). Within this Common Thread of 'Learning from the experience' I also interpreted that the placement had meaning for the students in terms of their development as a nurse. In Chapter 5 and Appendix 8 Belinda, Helen and Jane's stories of professional development were discussed; professional development was also apparent in other student stories but the opportunities for learning varied in the different places.

George had the opportunity to develop practical clinical skills in Canada (see p.80 of this thesis). Ian had been to the same hospital but he did not refer to practical clinical skills in his story, however he had opportunities to work with Allied Health Professionals which he found beneficial;

> *"I did a couple of things with all the different fields and I went round with a nurse prescriber over there." (Ian, L399-400)*

The students who visited Tanzania were very clear that they had limited opportunity to develop practical clinical skills;

> *"I wouldn't say I learnt any clinical skills but I don't think I went out there to learn that." (Evie, L325)*

However in Tanzania and Uganda there was opportunity to observe specialities which the students would not experience in the UK i.e. obstetrics and gynaecology; they found this a valuable learning experience.

> *"I didn't think it would interest me but there was, I did learn a huge scope of antenatal clinics, prenatal clinics, maternity care, and how to use a gestation wheel and everything." (David, L286-288)*

The students who visited Africa all commented upon the opportunity to really 'observe' the patients they met; they were using their assessment skills without relying on technology to record parameters such as pulse, respiratory pattern and effort. Here Colin articulates the value of such skills;

> *"The importance of the obs, the observations, where we do this as a routine when we're in hospital, and then you realise, when you are like in Uganda in hospital, that's your main tool." (Colin, L81-83)*

There was recognition from Belinda, Fiona and Evie that some of the Tanzanian nurses and doctors were skilled at observing patients and responding to changes as resources allowed. However Colin and David, in Uganda, were concerned that such observations were not recorded so 'trends' could not be recognised in the patient's condition. This is another aspect of professional learning; the opportunity to demonstrate underpinning principles of observations, applying them in a different environment and sharing that knowledge with others through teaching. The students had knowledge capital in Uganda; which Colin suggested he would not have in the UK as a student nurse.

"we did a lot of time working with nursing students there, who have got a very, very poor, poor level of education" (Colin, L88-90)

"And even the doctors, the doctor would say, right, what do you think? I mean it's hard to imagine that here." (Colin, 536-537).

Colin, and David also talked of 'social capital' in Uganda i.e. being male and white, which may have added to their status as 'teachers' (See p. 73 of this thesis).

Anita's story of her international placement was strongly focused on 'exploration' of Australia as a potential future home for her family however there were also examples of her professional reflection (See Appendix 8). Anita talked a lot about the different healthcare system of Australia where care is often paid for at the point of delivery. Anita equated this with a different nurse patient relationship; where the nurse's advice may have more influence because the patient was 'paying' for their 'outcome'.

"And like all the patients are much more compliant because there's a bill at the end of it. That was a massive thing for me, to try and get my head around. Like here, you get an appointment at your doctors, you go see your doctor, you go home and that's it. Whereas, there, they had to pay to see the doctor, they had to pay for their treatment, they had to pay for that outcome." (Anita, L204-208)

Anita goes on to reflect further about the health service she currently works in (see below) which helped me to understand, in more detail, the experience of being a student nurse in the UK, even though the stories were about international placements, illustrating that the international placement is integral to 'becoming a nurse' for the students. Anita explicitly referred to the placement in terms of her becoming a registered nurse.

"I feel like Australia's led me on to all this other stuff, and that then sets me up for when I'm qualified. You're just a bit more aware of the bigger picture."
(Anita, L776-778)

She suggests that being a student nurse is *the* time to take opportunities, including an international placement, because once registered as a nurse this will be more of a challenge.

"But I just think, once I'm qualified, I'm not going to have half the opportunities."
(Anita, L762-763)

Anita was concerned that some of her peers did not always make the connection between their student education and being a registered nurse; instead viewing them as separate entities.

"I think there's loads of stuff out there you can get involved in and I think it makes me better as …a student nurse, because I think I can go onto a ward and not just look at the basics of why I'm there. You know, you're looking at the whole picture, which I think you have to, because I think once you qualify, it's just going to be a massive shock otherwise, and I don't think people realise that." (Anita, L768-773)

Anita's professional reflection captures an interesting insight into her development as a nurse, the international placement a key part of that development; recognising the necessity to take a 'holistic' view of a situation rather than focusing on a particular aspect. This is an essential skill of the nurse who co-ordinates the care of several patients, liaises with many professionals and delegates work appropriately. This can be a challenging transition for student nurses as they take their first post as registered nurses (Wood, 2016).

Peate (2016) suggests the transition from student nurse to registered nurse is a rite of passage; as if there is a distinct 'cut-off point' at registration where student nursing finishes and 'registered nursing' begins. I can appreciate this argument as the student nurse no longer goes to University, they work in one clinical area (usually) and they become fully accountable for their actions. However this view of 'becoming a nurse' does not fully resonate with my understanding of experience as proposed by Dewey (1938). Experience is continuous; people bring their experience into nurse education and over time the classroom discussions, assignment activities and clinical experiences, including the international placement, all interact to influence the individual student as they 'become a nurse'. Here Helen offers an example of how her international placement helped her to recognise the essence of what it means to 'become a nurse'; the importance of knowledge but the fundamental need to relate effectively with other human beings. This quote illustrates continuity of experience; Helen refers to her past and looks to her future as a nurse.

"Because you study so much that you almost lose the common sense, you become very theory laden, very theory rich. And you forget actually, that people, you just talk to them, yes, and see where they're at right at that moment. And then read the history and find out a bit more about their background. Whereas, I've always in the past been, I must read people's notes, which is fine but it does get in the way actually, of relating one human being to another. And I think that's probably the biggest lesson that I've brought back with me."
(Helen, L610-617).

The above quote also captures Helen's developing understanding of what it 'means' to be a nurse; what her values are as she identifies with the profession of nursing i.e. that 'people' are central. She alludes to the tension of developing the underpinning 'knowledge and theory' associated with 'becoming a nurse' which she has, in the past, perhaps put before patient contact. The story of the international placement also assisted other student nurses to reflect upon their developing understanding of what 'nursing' involves. Here Belinda talks about her changing view of herself as a nurse and how the international placement brought that to her mind (See Appendix 8).

Belinda highlighted a tension between the 'caring' aspects of nursing, which she values, and all the 'other' important aspects of nursing. In our second conversation Belinda referred to the 'fundamentals' of nursing, which she explains to mean **"basic nursing care, just doing it with a passion" (L181),** and she recognises that in Tanzania she was more able to connect with her nursing values than in the NHS. (This will be discussed further in 'Reflecting on usual field').

Evie also used our conversation to reflect upon what 'becoming a nurse' means to her;

"And I did learn like the importance of compassion …. But this has sort of shown me that it's OK if you don't understand completely. Like I don't understand their language, I don't understand what they're saying…just being there is enough. And that's sort of what I got from it most, like that sort of support, you don't have to necessarily say anything but being there is like a lot for somebody."
(Evie, L591-600)

In the above quotation Evie is talking about her recognition of the importance of compassion as she 'becomes a nurse'. Compassion is a key value of the expected habitus of a nurse in the UK; alongside care, courage, communication, commitment and competence, often referred to as the 6C's (NHS England, 2016). The students found it difficult when the nurses in the international placements did not show the same values as they expected:

"they were trying to give this baby some medication and the baby was spitting it out. And then the nurse started smacking the baby and the baby was on mum's lap and mum was just looking away, you know." (Fiona, L356-358)

Bourdieu (1977) proposes that identities are established and maintained by the interaction of what is 'within' a person (habitus) and what is 'without' (field and doxa) (1977). In relation to 'becoming a nurse' the student is developing their habitus by interacting with nurses and others in the various fields where nursing occurs, including an international placement. The doxa within those fields influence how the habitus is formed. Nurses, other health care professionals and social structures e.g. NMC Code (2015) maintain the doxa of the field so the culture of nursing is perpetuated. The habitus of the individual will include their self-identity and professional identity as

discussed by Johnson *et al.* (2012) and this will develop over time as the student 'becomes a nurse'.

Johnson *et al.* (2012) offer a constructivist analysis of the concept of professional nursing identity and acknowledge the ongoing nature of this, from pre nurse education and throughout the nursing career. Professional identity is, according to Johnson *et al.* (2012), an aspect of self-identity which includes self-worth, self-esteem, self-confidence and self-awareness. Consequently nurse education is an important time in the development of professional identity because it is a time of increasing knowledge and skills related to the profession and exposure to many different clinical experiences, including an international placement for some, which potentially challenges the student's self-identity and make them question their beliefs and values. Johnson *et al.*'s (2012) view of becoming a nurse, or developing professional identity, is based largely on the assumption that change and development in professional identity comes from 'within', closely associated with a change in self-identity. I think this view minimises the interactional nature of learning and does not fully acknowledge the impact of the field on the development of professional identity, of 'becoming a nurse', which the students articulate in the quotes above.

Wood (2016) highlights the interactional nature of 'becoming a nurse' in her research with 240 student nurses in two UK Universities. She explored developing understanding of 'nursing' and asked 'What do nurses do?' as the participants moved from 'new student nurses' to 'newly qualified' nurses. Wood (2016) found that "student nurses are socialised into demoting aspects of the heart and care in favour of aspects of the head and technical work." (p.42). This 'demoting' of the emotional elements of nursing e.g. caring is perhaps what Belinda and Helen are recognising whilst participating in an international placement.

The literature I reviewed did acknowledge the important role international placements play in students' development of professional identity e.g. Coatsworth, Hurley, Miller-Rosser (2016) but the relationship between students, the environment and people was not analysed. This research offered valuable insight into student nurses 'becoming a nurse'. The international placements contributed to the developmental process of students becoming a nurse who meets the expected requirements of the professional body (NMC, 2015) and the National Health Service (NHS England, 2016). Future preparation for an international placement should encourage students to reflect upon their current nursing values; to articulate their development whilst on placement which will help them to consider why they may not always feel comfortable with nurses from a different country who may have a different habitus.

Reflecting on usual field

As discussed above the student nurses were developing their habitus of a nurse. A Bourdieusian analytical lens is not often used in relation to nursing (Rhynas, 2005) but I found it a useful way to consider the meaning that the student nurses made of their international placement and the learning they gained from the experience; knowledge capital. Being in a new field offered the students an opportunity to reflect upon their usual field of work; the focus of this reflection was the National Health Service (I acknowledge that the NHS is not the only provider of student placements but 'NHS' was the term used by the students). Three of the students, Belinda, George and Helen, talked about the value of being away from their usual field because it gave them an opportunity to de-stress;

"I think, in a lot of ways it's calmed me down a bit….. I feel like it's kind of revitalised me" (George, L975 & L984)

Within the story of their international placement all of the students talked about their usual place of being a nurse. The international experience had meaning for the students; they reflected upon their usual field of work and considered what 'learning from the experience' could be taken into their usual field in the future.

In the sections above the personal and professional learning that occurred from the international placement have been discussed; all learning which can potentially be used in the future. George talked about the experience he had on a specialised eating disorder unit in Canada where he had gained an insight into the therapeutic management of this group of patients;

"But then you started getting into the nitty gritty, oh my god, I just would never have guessed this unless I was taught. You had to kind of pay attention to how much time they were in there because, you know, you're thinking, toilet, purging, but they can go in there and do jumping jacks for fifteen minutes and exercise." (George, L479-483)

This specialist experience was not uniquely associated with an international placement; there are such units in the UK but the opportunity to have a placement on one is very limited. George felt it would influence his work in his usual field.

"learnt as much as I could about………eating disorders and working with eating disorders full stop. Because I think it's just going to be incredibly useful in England, equally as it was in Canada." (George, L236-239)

Helen also talked about the knowledge and skills she developed which will be useful in her future nursing career. The project work Helen was involved with is discussed in Chapter 5; this quote captures the value of that work for her;

"really thinking my way round how to do research that's doable and practical in the environment. So yes, that was a joy for me because it was getting away from the undergraduate sort of, using other people's research, sort of almost second hand,...To actually producing something yourself that is going to make a difference" (Helen, L351-354&358)

Helen was in the process of producing a report which she would send to the Rwandan link staff. She hoped this would influence the education of Rwandan student nurses in the future.

Within their stories most students reflected upon the NHS in a very positive manner; there was a lot of appreciation for the complex service which provides health care 'free at the point of access' in England (Department of Health, 2015).

"It's made me appreciate, I sometimes get frustrated in the UK, when we haven't got enough staff on the ward…if you look back at how I was in Uganda, there was probably forty to fifty patients in a room, and there was like twelve student nurses….We've got a twenty six bedded ward, there's nobody lying on the floor because there's no beds. So I'd say we were massively better off."
(David,L379-390)

"like some of the stuff you see and it does make you like so grateful for the NHS. And like all the areas of the NHS and the teamwork and everything that you do have here and you take for granted. That's one thing I learnt, I'll never take the NHS for granted because it is amazing, even though it has its bad points sometimes." (Evie, L826-830)

Jane told of how her appreciation for the NHS continued sometime after her international placement;

"This made me reflect on the differences between the UK and developing countries and I now appreciate all of the clean working equipment that we use in our hospitals even in times of huge NHS cutbacks." (Jane, L16-18)

Above are three examples of the 'positivity' surrounding the NHS. Colin suggested that all staff in the NHS should experience a LMIC to appreciate what they have in the UK.

"you come back here and you realise, we're such a privileged place…..you stop complaining about so many things and you get on with the job……sometimes the nurses [UK], it would be good for them to go out there and see what they're missing." (Colin, L108-112)

As I read the stories my initial response was that such positivity should be captured in some way and the students become 'ambassadors' for the NHS. On reflection I wondered if this was a 'rose tinted' form of ethnocentrism as there have certainly been examples of very poor care in the UK NHS in recent years (Francis, 2013) which the students did not refer to. However, the students did talk about positive aspects of the places they visited too. For example, Belinda enjoyed the 'pace' of life in Tanzania and Helen and Colin commented upon the resilience of the Ugandan and Rwandan people. Rather than ethnocentrism I viewed the positive focus on the NHS to represent the

students developing resilience as they learned to appreciate the differences between two different fields. Resilience will be discussed further in the next section 'The emotion of it all'.

Some students were more critical of their usual field. Anita highlighted a challenge she faced in the NHS as a student nurse. She talked about her frustration with mentors who did not share her enthusiasm for nursing;

"over here [UK] you go on placement and they're all like, are you sure you want to work in the NHS, are you sure you want to do this?.... And it is, it's so disheartening, if you're not really, really up for it, you can really get knocked back on placement." (Anita L147-148 & L152-153)

Anita's habitus of nursing is at odds with some of her colleagues. Traynor and Buus (2016) recognise this as a challenge for students as they begin to develop their identity as a nurse; the 'ideal' they have of nursing is not matched with the reality of practice and this is a factor in student nurse attrition. The main motivation for Anita's international placement was to move to Australia and there she found the positivity from her qualified colleagues that she felt comfortable with.

"everyone loved their job. Like everyone was so excited that I was new and up and coming and I was excited to be a student." (Anita, L144-145)

Reflection such as this could be a source of opportunity for discussion and debate within a group of students; promoting 'Learning from the experience' not just for the students who had an international placement but also those who did not. Another such topic raised as a consequence of reflecting on the usual field was that of resources. This was particularly apparent for those students who had been to LMIC; Fiona captures an aspect of her learning as she reflects upon her usual field of practice.

"but not to waste resources because, you know, we're very lucky to have the resources that we have got. You know, when you look at other countries….they would be using the top, the rim of gloves as cord clamps. You know, things like that, just these little things that we just probably take for granted in the UK" (Fiona, L797-801)

The final aspect of 'learning from experience' is the resourcefulness that I noted in the student stories. Colin captures this in terms of material resourcefulness;

"So yes, I love this, doing more with less, I think that fulfils life really." (Colin, L69)

I am referring to resourcefulness in terms of 'learning from the experience' which will be discussed in the next section.

Resourcefulness

In the section 'Experiencing difference' the importance of 'People' was discussed; some were helpful, and some not so helpful, as the students attempted to participate in the COP. Thus far I have talked mainly about the experience of the student nurses in their clinical COP but the international placement was not just about clinical practice, it was much broader.

Authors such as Grant and McKenna (2003), Walsh and De Joseph (2003), Levine (2009) talk about the learning that takes place in the clinical and non-clinical areas and the challenges that students face as they adapt to different practices and culture. In these articles the 'enablers of learning' are academic staff who have travelled with the students (Levine, 2009) or specifically appointed local health care professionals (Walsh and de Joseph, 2003; Ulvund and Mordal, 2017) or the collaboration and organisational preparation that has occurred prior to the student visit (Green *et al.*, 2008). In this section I focus upon the resourcefulness of the students in relation to enhancing their 'learning from experience'. Resourcefulness is defined as "The ability to find quick and clever ways to overcome difficulties." (Oxford University Press, 2018).

Interpretation of the student stories highlighted that the students took an active role in their learning despite some challenges. The students wanted to make the most of their experience; to find a 'community' in which they felt comfortable to reflect and learn. This demonstrates resourcefulness; the students found quick and clever ways to overcome their challenges (difficulties).

Lave and Wenger (1991), and later Wenger (2009), point out that all individuals are members of several COP. The students talk about people in COP separate from the clinical areas, who helped them to make sense of their experience and learn from it. Belinda's story emphasised the importance of 'others' in the process of her learning. Belinda did not feel particularly welcomed in the clinical COP; she explains "***you were just there, you weren't really part of them" (L423)***. However, Belinda talked a lot about 'the house'; accommodation she shared with other international students on placement in Tanzania, which was an important COP for her. The 'house' was a 'resource' which Belinda used to reflect on her experiences to maximise her learning (See Appendix 8).

Ian found people who posed a challenge to his learning (See Appendix 8) and some who assisted his learning in the clinical area. However, he developed a relationship with a couple in the accommodation that he organised and, similar to Belinda, this offered a 'community' in which he was comfortable.

"so I stayed with …an older couple. Oh they were lovely, we still keep in contact now….. But yes, a lovely family and they made it a bit more easier to stay over there. I think it would have been a bit different if I was staying in like a hotel or something on my own. At least I had someone I could chat to when I got home and stuff." (Ian, L73-74 & L81-83)

Helen and Fiona showed resourcefulness in learning some of the local language, thus helping them to become involved in the COP.

"The language is the way in I think, if you can speak a bit of the language, people are more willing to build a rapport with you" (Helen, L407-409)

Dewey (1938) explains that experience is relational and needs to be relevant. His theory of education and experience was written with children in mind; the onus was on the adults/teachers to make the experience relevant. However Dewey was also a pragmatist; he used the terms reflection and thinking interchangeably because he expected people to think as they 'did', to solve problems as they went along (Dewey 1916, cited in Rolfe, 2014). My findings suggest that this particular group of student nurses did that, they were resourceful; they each 'found' someone to reflect with and make sense of their experiences at the time.

The student stories enabled a richer understanding of their experience which was particularly interesting from a pedagogical perspective. The students, particularly in Tanzania, were engaging in Interprofessional education (IPE) which is considered a useful way for healthcare professionals to work and learn with each other (Finch, 2000). The NMC expect nurses to 'Practise effectively' which includes "working co-operatively" and "Sharing skills, knowledge and experience for the benefit of people receiving care and your colleagues" (p.8, NMC 2015). There is debate about the best way to organise and promote IPE (Homeyer *et al.*, 2018) but the students appear to have embraced this approach whilst on an international placement without intervention from academic staff; exploration of IPE in the clinical areas as an aspect of nurse education will be a recommendation of this research.

Evie captures her experience of IPE in Tanzania;

"Like, at the end of the day, if you've seen something, you come home and there's a medical student who can talk you through it. And like that, we found that really helpful, like we'd sit there on a night and we'd all discuss what had happened in our day. And we'd sort of all get a bit of like support off each other" (Evie L954-957)

I interpreted the meaning of an international placement for the student nurses as an opportunity to 'learn from the experience' at a personal and professional level. In the next section it will become clear that the experience was associated with many emotions.

THE EMOTION OF IT ALL

The emotion
of it all

Figure 6.5. The emotion of it all

'Emotion' covers a range of feelings that were apparent in the student stories; for example, anger, anxiety, guilt, frustration, sadness, happiness, joy, homesickness, loneliness. Many of these emotions have been discussed in the sections of this chapter and in the individual student stories in Chapter 5 and Appendix 8. It is not the intention to repeat those aspects of the student stories; rather the emphasis of this section is acknowledging the emotion 'of it all'. To recognise that emotions are part of all the student stories at different points from preparing for the placement, during the placement and upon return home. The focus of this section is the learning that can come from such emotion and supportive strategies that may be useful for future students.

'Emotion' is defined as 'A strong feeling deriving from one's circumstances, mood, or relationships with others' (Oxford University Press, 2018), thus relational to the circumstances one finds oneself in and the 'internal' situation. 'Story telling' within Narrative Inquiry often involves the recall of the emotion at the time of the experience (Holloway and Freshwater, 2007: Riessman, 2008) so it is not surprising that this was evident in the data analysis and prominent in the findings. However the key theorists discussed in this thesis rarely use the term 'emotion', here I argue that Dewey (1938), Bourdieu (1977) and Lave and Wenger (1991) imply that emotion is integral to experience and learning.

An aspect of Dewey's (1938) thinking about experience and education is his endorsement of 'freedom of movement'. Encouraging physical movement encourages freedom of the mind to learn from the environment; to promote 'freedom of thought, desire and purpose' (p.61, Dewey, 1938). Dewey (1938) goes on to say that freedom of movement and thinking can lead to positive or negative 'impulses' which need to be managed if learning is to occur from a situation. Here I believe Dewey (1938) is talking about emotional 'impulses'; freedom of movement increases learning opportunities but

potentially increases the emotional responses to those experiences; those emotions need to be reflected upon to prevent negative consequences e.g. stress, and enable the experience to be educative.

In relation to this research the international placement is an example of 'freedom of movement' which provoked emotional responses and led to the students reflecting upon their actions during the experience. Here David talks about his emotional response to health and safety in Uganda; his reflection on the situation led him to try to influence others in a different way.

"The Ugandan practice left me feeling very frustrated and vulnerable at times; I was trying to improve the care environment I was working in. As much as I tidied away, there were still needles and glass ampoules and other sharps around." (David, L327-329)

"I'm laughing now but at the time I [..] probably had a horror shock on my face" (David, L336-337)

"How to get around saying, why are you doing it in that way, but not saying, how are you doing it like that or why are you doing it like that?.... I just remember asking, have you ever had any sharps injuries or, and then getting the response, I've never had a needle stick injury in my life" (David, L520-526)

Bourdieu's (1977) theory of practice also implies an emotional aspect to experience as individuals change the field in which they are situated. An individual's habitus is usually in concert with the field in which they live; they understand the doxa of that field. As discussed above, in 'Becoming a nurse', the students in this research were in the process of understanding the field of nursing in the UK when they undertook an international placement, a new field. Many authors use the term 'immersion' to refer to the international placement (Harrowing *et al.*, 2012; Charles *et al.*, 2014) which provides a useful analogy as the students are 'dipped' into a different field for a short placement (3-4 weeks in the case of this research). Suddenly the student changes field to a healthcare system and culture in a different country; it is not difficult to imagine that this causes emotional reactions as the students' habitus is challenged; they are like a 'fish out of water'. Bourdieu recognises this mismatch of habitus and field, he calls it 'Hysteresis' (p.73, 1977); Hardy (2014) summarises this as 'a painful struggle to maintain a desirable place in the field' (p.137). Fiona's story is discussed in Chapter 5 in relation to her experience of hysteresis; this led to a variety of emotions for Fiona and added to her feeling of homesickness. Here is a short quote which captures her distress whilst in the 'new field'.

"I think this is why I was so desperate to come home at one point because I just couldn't manage the way that they were with the children." (Fiona, L174-175)

'The emotion of it all' was a Common Thread for all students, their 'Experience of difference' created an emotional response of some kind. Anita's placement in Australia was largely positive but she talked of her emotional response to the change of field, mixed with the enjoyment of the placement.

"So even though I was staying with family, I might as well have been staying with a stranger, yes. And like, obviously, I met [], who I'd never met. And I met [] who I'd not seen since she were like three. So, you know, all that, it was like I'd gone through all that, as well as the fact that I was on placement. I came home, I was drained, but it was the best three weeks of my life." (Anita, L1190-1195).

Lave and Wenger (1991) acknowledge the tension that can arise when a 'newcomer' arrives in a COP; they talk of this tension as being inevitable and potentially problematic for the 'community' but they do not refer to the emotional impact on the individual. Wenger (2009) acknowledges that the potential to learn is all around in the various COP each individual inhabits. He goes on to suggest that it is often the 'volcanic eruptions' (p.214, 2009) that help individuals to recognise learning. The student stories offered a rich insight into many learning situations during their international placement; perhaps not 'volcanic eruptions', but certainly examples of experiences that had been emotional. Examples of these can be found in the sections above and Chapter 5.

Emotion associated with an international placement has been identified by previous authors such as Green *et al.* (2008), Egenes (2010), Kokko (2011), and Ahmed *et al.* (2017). There is similarity between my findings and the aforementioned literature in relation to the emotion of an international placement but I found that the 'emotion' is pervasive; it begins before the placement e.g. for Fiona, Anita, Ian and continues after the placement has finished; 'the emotion of it all'.

In the literature review only the work of Gaw (2000) referred to 'emotion' associated with returning home following an international placement; he identified 'reverse culture shock' (see p.33). I recognised the emotion involved with the return home from some of the student stories. For example Helen struggled with the different pace of life and materialistic trappings on her return home.

"It was a massive shock coming back, yes. Because after four weeks in a place where the pace of life is very different…….You know, and it's very limited what you can get hold of. To come back to a place where there's lots of bustle and rushing around and cars and beeping of horns and the sound. It was overwhelming, it was overwhelming […] I felt frightened, I felt scared by it because I just felt absolutely overwhelmed." (Helen, L524-530)

Helen goes on to explain that these strong emotions eventually subsided but she felt 'bizarre' for 10 days. There is an expectation that students will return from the

placement and continue with their nursing course in the UK. Belinda referred to being back on placement in the UK just two days after being in Africa;

"I remember on my first day back on placement….. I went to see him and he was like, this porridge is cold, I can't eat it. And I had just like literally, two days ago been in Africa, when they don't get fed over there, sort of thing, and I found that quite difficult." (Belinda, L146-150)

The students had begun to settle in the new field of the international placement and some, such as Belinda, felt unsettled when returning home. There did not appear to be an opportunity for the student nurses to have time to 'adjust', or reflect upon their experiences. Acknowledging that an international placement is an emotional experience from start to finish, and beyond, is important if students are to prepare themselves and consider the strategies they can use to cope.

'The emotion of it all' is not wholly negative; most students were very clear that they would recommend the placement to others or that they would like to return to the same placement in the future. Belinda was slightly hesitant at recommending the placement for future students because she felt an individual required a particular personality to get the most from a placement in Tanzania.

"I just think it would suit that personality more than someone that was like timid, because they might feel quite overwhelmed. I think they should probably be made aware of that before they went." (Belinda, L375-377)

Fiona also had some hesitation about recommending an international placement because, even with preparation, it does not fully prepare a student nurse for a different field with different habitus and doxa; it is only when on the placement that Fiona felt 'you can truly experience it' and, I would suggest, truly learn from the experience.

"I am really glad that I did it, but I just found it really hard,.. And if there was like any advice I would give to somebody else is,…because I did listen to other people and things like that, and I did go to all the meetings with other students that had been. But I think until you're actually there and see it with your own eyes, is only when you can truly really experience it." (Fiona, L378-382)

Belinda and Fiona's cautionary quotes are important and highlight the diversity of responses to an international placement. This research offered the students an opportunity to 'tell the story' of their placement which included emotional responses to the experience.

Felton, Gilchrist and Darby (2006) share my concern that theorists 'imply' emotion as an aspect of learning from experience but do not acknowledge the centrality of it. The student stories offered a detailed insight into the integral nature of the 'emotion of it all' in relation to international placements; it can be an important precursor to learning or it can hinder learning; for example where homesickness is such that the student wants to

leave a placement. Reflection upon emotion and the impact it may be having on the individual is an important way for nurses to learn from the experiences in which they find themselves.

Authors who have written about the emotional impact of an international placement for student nurses e.g. Ahmed *et al.* (2017) and Ulvund and Mordal (2017), advocate for the support of students before, during and after the placements. Whilst agreeing with those authors I also think supportive strategies could help students to anticipate and understand the emotional nature of international placements in an effort to support their own resourcefulness (as discussed above), resilience and learning.

Healthcare in the UK has been recognised as a very challenging environment in which to work, often leading to stress and ill health in nurses and other healthcare workers (Wilkinson, 2015). The promotion of resilience in the workforce, including nurses, is an active strategy to support health and wellbeing to help staff provide an excellent service and prevent staff from leaving the organisation (Brennan, 2017). The newly announced Standards of Proficiency for Registered Nurses (NMC, 2018) explicitly requires that registered nurses will "acknowledge the need to accept and manage uncertainty, and demonstrate an understanding of strategies that develop **resilience** in self and others" (6.11, p.23 NMC, 2018). Whilst supportive clinical experiences are anticipated for student nurses in the UK this is not always the case (Thomas, Jack and Jinks, 2012); similarly an international placement can present challenges, as discussed in this chapter, but this 'adversity' arguably provides an opportunity for student nurses to develop resilience which will be valuable to their future nursing careers.

Resilience is defined as "The capacity to recover quickly from difficulties; toughness." (Oxford University Press, 2018). This is a descriptive and simple definition of resilience implying an individual is not 'tough' if they do not 'recover quickly' from difficulties. Resilience is more complex than this definition suggests; Jackson, Firtko and Edenborough (2007) define resilience as "the ability of an individual to adjust to adversity, maintain equilibrium, retain some sense of control over their environment, and continue to move on in a positive manner" (p.3). This definition reminds that resilience is an active process and dependent upon experiencing adversity. Jackson *et al.* (2007) suggest that resilience is on a continuum with vulnerability; individuals with limited resilience will experience stress, possibly burnout, which may lead to ill health (physical or mental) or they may choose to leave the situation that is creating the stress. However, an individual can 'build' resilience and develop strategies to 'protect' themselves from adverse situations they experience e.g. by reflecting upon the situation with an experienced mentor to consider the positives of a difficult situation.

The above discussion places the onus of having, or not having, resilience firmly on the individual; a skill that can be developed. There is no acknowledgement that the external environment could, or should, be altered to ease the sense of adversity perceived by an individual. Van Breda (2018) argues for an interactional view where resilience is seen as a process that mediates between 'adversity' and the outcome of being 'resilient'. Within the process of resilience van Breda (2018) emphasises the interaction between 'individual agency' e.g. a person and 'structures' e.g. an organisation, both of which could potentially be developed or altered in the process of an individual becoming resilient (p10, van Breda, 2018). The focus on student stories in this research have offered a perspective into the individual processes of resilience in the face of adversity i.e. the international placement, and the recommendations focus on developing 'mediating processes' in individuals but it is important to acknowledge the broader perspective of resilience as proposed by van Breda (2018).

Preparation for an international placement is time consuming, but important, to minimise the stress of going to a different country, with minimal 'usual support' e.g. family, partner. Guiding students to find out as much as possible about the country, local area and healthcare facility is important; Fiona and Helen found learning the basics of the language helpful. I advocate talking to other students who have made the same trip to make the placement as 'real' as possible; to minimise the 'guess work' as discussed in 'Anticipation' (p.87 of this thesis). George had a challenging situation with his accommodation in Canada and was keen that other students should not have the same problem;

"I'd looked on Google Maps ™ and you know what, the students that are heading out there, they've been looking at the exact place I did. So it was a bit of a pitfall that …I am flagging with the other students" (George, L589-592)

Some authors suggest that academic staff should accompany student nurses on an international placement (Levine, 2009), or key staff should be available to support students whilst on the placement (Ahmed *et al.*, 2017). This is something to consider but may not be possible for all international placements. Students need strategies to help them deal with 'the emotion of it all' in order to promote reflection upon their learning and maximise their resilience. Recommendations related to 'the emotion of it all' will be added to others from the research and discussed in Chapter 7.

The Common Threads discussed in this chapter have related to the student experiences of their international placements. However as I analysed and interpreted their stories there were several occasions where there were 'Missing stories'; the final section in Chapter 5 is about that Common Thread.

MISSING STORIES

Figure 6.6 Missing stories

It may seem strange to have a section of the findings chapter of a Narrative Inquiry called 'Missing stories'. Narrative Inquiry revolves around 'stories'; I have endeavoured to interpret and 'retell' the stories of student nurses to encourage readers to consider the meaning of international placements for student nurses. The student stories also led to reflexivity which informs the discussion in this section. Kim (2016) warns that there is a fine line between reflexivity and over indulgence of the author; I hope I have achieved that balance as I discuss the 'Missing stories'. 'Missing stories' is a 'Common Thread' which relates to student nurses who did not undergo an international placement and to the 'local people' referred to by the students.

Several students commented upon the expense of the international placement; for some the cost had almost prevented them from going. In Chapter 5 I have described the extraordinary fundraising that Fiona undertook to afford the trip. Evie also fund raised to cover some of her costs and Belinda's placement was dependent upon the travel bursary;

"it was really expensive and I thought, do I really want to do it? And I ended up, I applied for the bursary scheme, and I was like, if I get it, I'll do it."
(Belinda, L28-30)

Helen's placement was part funded by University A but she also had to fundraise to cover part of the cost. David, Colin and Ian do not mention the cost of the trip and George recognises that he was in a financial position that enabled him to go on the placement. George had the 'economic capital' to pay for the trip but he recognised that others may not;

"I think every student who can should do it. And in a world where money was no object, I think every student should. I think it should be like a mandatory placement." (George, L742-743)

The international placement did not just demand 'Economic capital' to participate; it also required 'Social capital'. Here I am referring to the student's social situation which

enabled them to undertake the placement. In Chapter 5 and Appendix 8 I discussed Anita's and Fiona's position as parents; they both had supportive families who encouraged and enabled them to undertake the placement. A 'Missing story' is of those students who were unable to access an international placement possibly due to their financial or social situation. I acknowledge that some students may actively choose not to undertake an international placement.

Much of the literature reviewed does not refer to the financial cost of an international placement for student nurses. Mason and Anderson (2007) and Uys and Middleton (2011) discuss the expense of creating long term arrangements between USA and African countries but they do not consider individual student costs. Ahmed *et al.* (2017) do discuss the cost of a placement to Uganda; similar to that undertaken by David and Colin. Ahmed *et al.* (2017) explain that a cost had been introduced to their placement project in response to student feedback which suggested that the 'free' placement had attracted students who wanted to experience the country and 'tourist' activities rather than committing to the aims of the project. They concluded that students who made a financial contribution to their placements "demonstrated higher levels of interest, motivation and engagement with the project" (p.41 Ahmed *et al.*, 2017). This is an interesting observation and highlights the importance of 'economic capital' and the value given to 'things' which are paid for in UK society; the cost was contained at £395 for most students which was felt to be manageable.

University A has a strategic aim to encourage all students to have an international placement as part of their undergraduate experience. Unfortunately the reality does not match this rhetoric. There is inequity in opportunity for student nurses and an international placement appears to be for those who have sufficient economic and social capital. Much more financial and organisational support would need to be available to encourage more student nurses to undertake an international placement. University travel bursaries are available but Anita noted that many students did not know about them which may have been a deterrent for them organising an international placement.

> ***"but I didn't know anything about [**Travel bursary**]it before I applied. I mean it wasn't a decision maker for me but I think a few people were a bit like, oh well if I'd have known that that was available or, you know, just extra help, if they'd have known it was a possibility then it might have driven them a bit more."***
> ***(Anita, L1215-1218)***

The discussion above led me to consider how the experience of a 'few' student nurses could be relevant to the large cohorts of student nurses who do not have an international placement. Some of the students who participated in this research

created artefacts of their placement which they brought to our conversation and could, I thought, potentially be shared with other students. However, Evie suggested she would not like to share all of her memories with everyone.

"I do want to share it but I think, to an extent, I do and I don't. I do because I think people should know, like it was amazing, but I don't because it is very personal. But I think there's a lot, I think people can learn from it."
(Evie, L921-923)

For Evie there was a tension between sharing 'personal' experience and 'professional' experience which emphasises the meaning of the international placement in terms of 'Personal growth' and the professional development of 'Becoming a nurse' as discussed previously in this chapter.

David, on the other hand, was happy for his written reflections to be shared;

"kind of wrote a large reflection, which I'm still writing, it isn't finished. I just want it from my personal reflection, I'm more than happy for anybody to read it."
(David, L313-315)

For an experience to be educative it needs to be relevant (Dewey, 1938); the written or photographic accounts of one student's international placement may not be relevant to all of the students who did not have the opportunity to go on the placement. However as I worked with the student stories I recognised several scenarios which could be relevant to UK student nurses and provide rich material for discussion in small group sessions. For example broad topics such as; cultural competence and what this means to student nurses; the benefits and challenges of providing culturally sensitive care; working professionally with an individual with a different habitus and doxa relating to their care. Fitzpatrick (2018) advocates the use of stories in the classroom to engage students in discussion and exploration of a topic to promote wider learning.

Whilst working with the student stories there were many occasions where there would have been 'another' perspective of the situation e.g. from the nurses in Africa, Australia and Canada; these were missing stories. This is inevitable in research; the scope of the research is focused on a certain aspect, in this case the meaning of international placements for student nurses. However I do not feel that the story presented here is complete without considering those people in the places the students visited and worked.

The 'missing stories' have been part of my thinking since early in this research; I mention that the stories of the people visited by the student nurses were not present in the literature (p.35 of this thesis). As I analysed the data I made notes where the 'story' of the local people was missing. Here are sections of the spreadsheet I used during

data analysis which illustrate missing stories (highlighted) in relation to Evie's (Figure 6.7) and Helen's (Figure 6.8) stories;

> there is a serious issue underlying this. It takes Evie a few sentences to get to the crux of her concenr about the difference in nursing care...L792: Yes and I think that's the difference. L800-801: There was no dignity whatsoever there. L803-804: They might be poorly, they might be dying but you should still respect their dignity and there wasn't that. LS:This is a real cultural difference that several students have mentioned: highlights the importance of preparation and reflection on why this might be the case and discussion of is it OK to want to change this, or should respect for culture mean you don't mention it??? How do the local poeple view this situation,does it bother them? Lots of potential learning topics that could be applied to some

Figure 6.7 Analysis of Evie's story

> Yes, confidentiality and so on, but I don't know whether that's a priority in the Rwandan culture because it's a very gossipy culture. Everybody knows everybody else's business. It's a different culture. LS sensitivity; but how would the local poeple view this situation?

Figure 6.8 Analysis of Helen's story

At a superficial level my concern is that there are many perspectives of a situation and in this research I have 'retold' the student nurse perspective. This leads to an obvious and important recommendation that future research relating to international placements should focus upon the 'host' people involved in an international placement of UK student nurses. However a more profound concern for me is the inequity of the situation relating to nurse education, particularly in the African countries; the UK student nurses are 'gaining' so much from their experience of an international placement but what of the local nurses? George, Ian and Anita all suggest that they may return to Canada and Australia at some point to work so it could be argued that those countries have also 'gained' from the international placement. All of the students refer to teaching they had tried to undertake with the 'local nurses', they were trying to contribute whilst on the placement but Belinda recognises that some local nurses found the situation a challenge.

"I think because we'd sort of paid to be there, …. like you can understand that ..some of them didn't really want you to be there, I don't think. That's the impression that a few of us got, and that was quite apparent sometimes, but not all of them thought that way." (Belinda, L429-433)

I cannot know what the Tanzanian nurses thought about Belinda and other student nurses visiting their country but these 'missing stories' have led me to think that there is an opportunity to develop more mutually beneficial international placements.

My own 'story' has influenced my thinking; I have had a placement in Zambia that was in response to a request for assistance, to work with a local charity to develop approaches to educating children and young people about sexual and reproductive health. I, and the students/staff I shared the placement with, benefitted from the experience (Sanderson *et al.*, 2015) and the people we worked with in Zambia gave positive feedback. However, I do not know if the teaching we offered had a long term impact.

A longer term relationship with a healthcare facility in LMIC may be more beneficial for all concerned. For UK students this would provide an interesting international placement with the opportunity for learning and development. There may be opportunity for students to establish links with local healthcare professionals, in the LMIC, prior to 'take off' to begin discussion of each culture. There could be opportunities for project/research work that would be mutually beneficial to UK students and the local healthcare staff and staff/student exchanges could be developed.

Ackers and Ackers-Johnson (2016) provide a detailed report of their longitudinal, ethnographic, action research of a volunteering programme in Uganda, aimed at improving the healthcare of mothers and new born babies in the public health care sector. Their book is a 'warts and all' account of the complexities of UK healthcare volunteers working alongside Ugandan healthcare professionals to establish long term change for improvement of outcomes for mothers and babies in a particular social context. The book focusses on their work with qualified healthcare professionals as volunteers. Ahmed *et al.* (2017) have evaluated student healthcare professionals undertaking a short-term elective placement in the same area of Uganda. This literature highlights the challenges of establishing long term professional relationships but a message I have taken from Ackers and Ackers-Johnson (2016) is that differences can provide important opportunities for learning, research and collaborative working to benefit each partner and in fact "there is more that we share than that which distinguishes us" (p.147).

Ahmed *et al.* (2017) recommend an Ethical Educational Placement (EEP) model for student international healthcare placements which would address some of the challenges for the students, in Africa in particular, identified within my findings i.e. that they may not always have appropriate support whilst on placement (See 'People' p. 99) and 'immersion' into such a different culture may reinforce ethnocentrism (See p.94).

The stories offered a rich insight into the meaning of international placements for student nurses but the 'missing stories' led me to consider a wider perspective which influences some of the recommendations in Chapter 7. I intend that the complete 'retold' story will be considered by the reader and incorporated into their thinking about international placements with the aim of encouraging them to imagine 'alternative possibilities' in the future (p.52, Clandinin, 2013).

CHAPTER 7 CONCLUSION AND RECOMMENDATIONS

In this final chapter I summarise the meaning of international placements for student nurses drawing on the works of Dewey, Bourdieu and Lave and Wenger to conclude the thesis. I consider the extent to which I have addressed the research question and aims; I reflect upon the benefits and challenges of Narrative Inquiry as a methodology and consider the limitations of the research. Recommendations are made in relation to future student nurse international placements and future research. Finally I discuss the dissemination of the findings from the research; the 'retelling' of the experience of international placements for student nurses so that others can incorporate that understanding into their future practice (Clandinin, 2013).

CONTRIBUTIONS TO UNDERSTANDING INTERNATIONAL PLACEMENTS

The research question was based on my underlying assumptions that international placements would be significant to student nurses i.e. have meaning, and there would be the opportunity to learn from such a meaningful experience. The literature review offered evidence that learning occurred from an international experience e.g. Kokko (2011), Browne *et al.* (2015) (See Chapter 2); the learning theories of Dewey (1938), Bourdieu (1977) and Lave and Wenger (1991) led to anticipation that such learning would be dependent upon the student's interaction with the social context of the placement. The methodological approach of Narrative Inquiry enabled the student nurses to reflect upon their placement and tell their 'story' of their experience in as much detail as possible during our research conversation.

Student nurses arrived at their international placement having 'anticipated' and 'prepared' for the placement; 'Preparing for take-off' (See p. 86 of this thesis). Preparation for an international placement contributed to personal and professional learning but was also time consuming and stressful, particularly within the 'regular' demands of a nursing curriculum. Several students referred to the placement only becoming 'real' when they arrived overseas; they need support and guidance to begin their preparations as early as possible and to explore, in as much detail as possible, the placement prior to 'take-off' (See Recommendations). A key aspect of learning from an international placement was related to the students' developing understanding of what nursing meant to them i.e. their developing habitus as a nurse. All of the students reflected upon their international placement and told of how the experience had assisted in their thinking about nursing (See p.106 of this thesis); some of this was positive, some not so positive. Tyler *et al.* (2018) warn that it can be difficult to articulate and capture the learning that takes place during an international healthcare experience i.e. to measure the knowledge capital gained from such an experience. I

recommend that the preparatory time be used by the student nurses to 'self-assess'; to consider their values as a nurse pre placement so they can compare this to their habitus as a nurse on their return, thus offering one 'measure' of their knowledge capital i.e. what is gained from the experience.

Once on the placement there was no doubt from my analysis that the students 'experienced difference'. 'Experiencing difference' is a meaningful opportunity to develop cultural competence, particularly cultural awareness. This supports the body of literature promoting international placements for student nurses as a strategy for developing cultural competence e.g. Callister and Cox (2006), Mason and Anderson (2007), Greaterex-White, (2008), Charles *et al*., (2014). However, it is a challenge for some students to explore cultural difference whilst on an international placement; this challenge is not recognised or discussed in the literature but I found it can lead to, or reinforce, ethnocentrism. The student nurses did not refer to 'cultural competence' in our conversation. Exploring the concept before the placement may provide a useful framework for students to reflect upon their placement whilst overseas thus assisting development of self-awareness and exploration of cultural difference; promoting further learning from the 'experience of difference' (See Recommendations).

As well as the opportunity to develop cultural competence, 'learning from the experience' related to personal growth and professional development as students 'become a nurse'. This finding resonates with the findings of authors such as Law and Muir (2006), Greaterex-White (2007, 2008) and Ahmed *et al.,* (2017). I confidently conclude that an international placement provides rich experiences which contribute to personal and professional development of student nurses. The learning arising from the international placement is relevant to the student's future nursing career as it influenced them as they 'become a nurse'. The learning articulated by the student nurses I considered relevant and useful to the NHS (See p.106-111 of this thesis).

The description of the 'Common threads' of analysis above are summaries of more detailed analysis in Chapter 5, Appendix 8 and the discussion in Chapter 6. In this chapter I draw together the significance and depth of student learning by utilising Bourdieusian concepts. The student nurses began their thinking about an international placement as they were also beginning to develop their habitus of a nurse. Each student came to nursing and the international placement with their own assumptions, beliefs and values, determined by their past and influenced by their anticipated future. Their starting point habitus determined, to some extent, the way in which the student experienced the international placement and the learning that was gained from that experience. This research highlighted the complexity of the social learning context that

the student nurses encountered. Whether they understood, or not, the doxa of their placement and wider cultural situation; the extent to which their capital was appreciated; the willingness, or not, of local people to invite the 'newcomer' into the clinical practice field; the congruity of the health care practices with the student's own value system: all of these influenced the learning that took place and the meaning that the student gave to the placement through their stories.

I am confident, from the analysis, that the placements were significant for the student nurses i.e. the placement had meaning. Integral to that meaning is learning: all of the students articulated learning that had taken place because of the international placement. The student nurse stories highlighted the change in their habitus as a nurse and as a person; personal and professional development was apparent in each of the student stories. This 'learning' can be considered as knowledge capital; the students came back with knowledge that is relevant to the health care environment in which they will complete their nurse education, and likely be employed following registration as a nurse, i.e. in the NHS. Capital is not an 'object'; it is an interaction between the individual and society. Analysis of the student stories has led me to surmise that international placements lead to the development of useful and valuable knowledge - knowledge capital, but this knowledge must be 'valued' by the society in which it will be utilised, i.e. the NHS.

Wolanik Boström (2018) suggests that doctors returning from an international volunteering placement struggled to have their new found knowledge valued by the healthcare system to which they returned (Sweden). Although Wolanik Boström's (2018) paper does not directly correlate to the student nurses in this research her paper led me to consider the 'value' that may be placed on the student nurses' knowledge capital on return from the placement. Grenfell (2012) contributes to this important discussion by considering the individual utilising capital. In order for capital to be influential it must be embodied by the person with the capital; they must practice using the capital and receive acceptance from the field to embody knowledge capital and ensure it remains within the habitus of the individual. The recommendations on page 141 are aimed at helping student nurses to reflect upon and articulate their knowledge capital and share that with their peers who could not undertake an international placement. Utilising their knowledge capital in this way will contribute to that knowledge being valuable in the education field and promote confidence to use the knowledge in the healthcare fields in which they work in the future.

Developing cultural competence is one aspect of the knowledge capital that I recognised in many of the student nurse stories. Cultural competence requires self-

awareness and recognition of one's own values, prejudices and judgements of others; all reliant on reflecting upon upbringing and societal norms. In other words cultural competence depends upon self-examination of habitus, a complex and demanding activity. There was evidence of self-awareness in some of the stories but this could be developed further. Several of the recommendations I have made encourage reflexivity in the students before, during and after the international placement to encourage self-awareness and openness to the cultural diversity they will encounter in their professional lives in the UK and if they return overseas to work. Figure 7.1 illustrates the complexity of learning from an international placement.
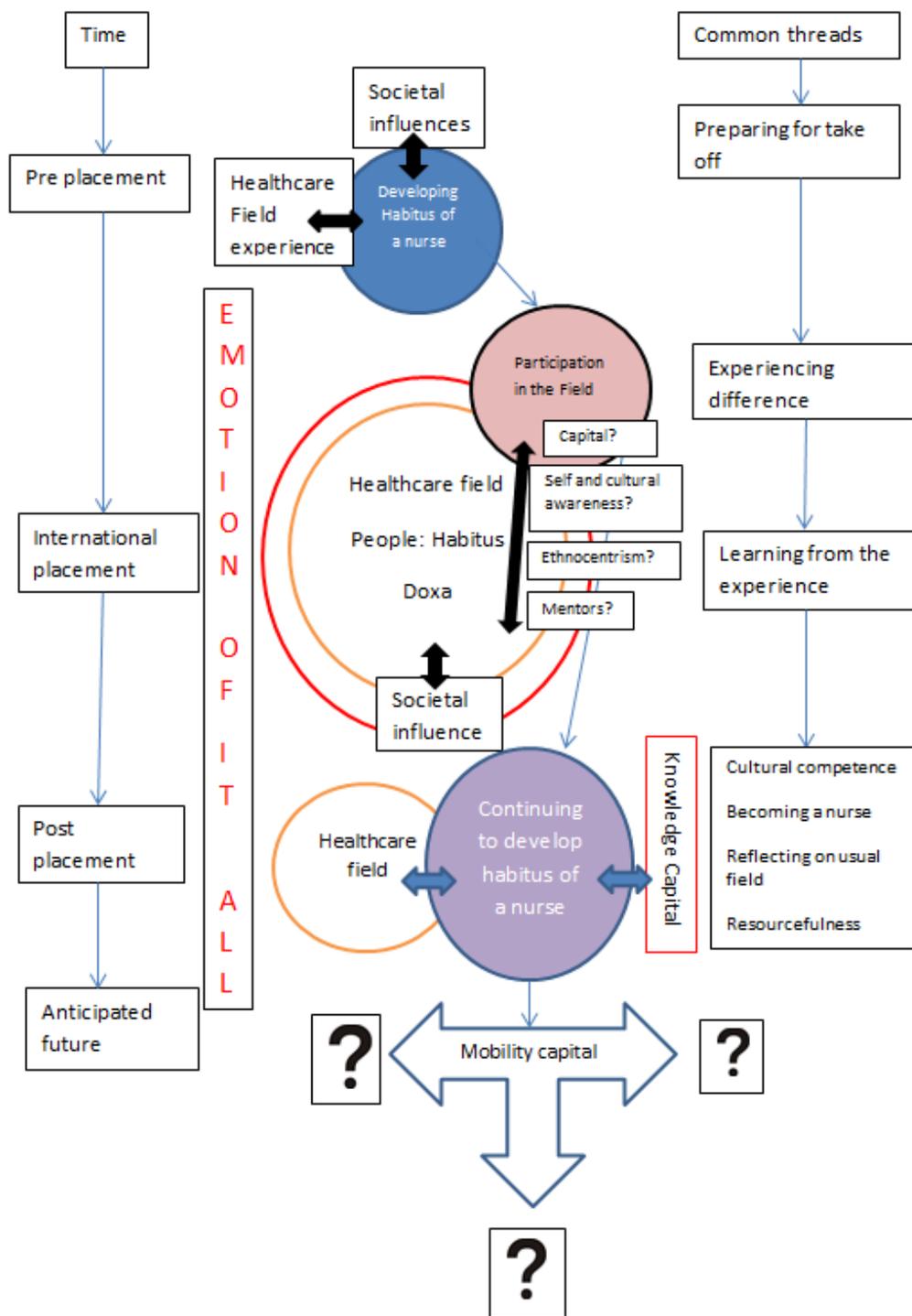
Figure 7.1 Learning from an international placement

Working in a different field, encountering different beliefs and doxa were integral to student learning but a distinct 'Common Thread' of my findings was 'The emotion of it all'; each student referred to a variety of emotions that they experienced at points before, during and after their placement. Dewey (1938), Bourdieu (1977) and Lave and Wenger (1991) theories helped me to interpret the student stories; to consider the extent to which the international placement was an 'educative' experience and the significance of 'people' and 'place' to student learning. However, they rarely refer directly to 'emotion' but imply it within their theory (see p. 117-119 of this thesis). This research afforded an opportunity to analyse student stories and recognise the centrality of emotion to learning. This knowledge is a key consideration in the recommendations; if emotions are recognised as 'part' of international experiences, 'strategies' can be considered to help students develop resilience in the face of emotional challenge, thus maximising meaningful learning. Resilience is becoming an increasingly important requirement of nurses working in the UK healthcare system (Brennan, 2017; NMC, 2018) and also an important employability skill for the Global market place (Devane, 2017). However, regarding resilience as a 'skill' is itself problematic (van Breda, 2018); recognising the interaction between the individual and the social environment, and the challenges that the social environment can pose for an individual are very important. The student nurses may be able to develop strategies to help them become resilient but the wider social situation may require adaptation to foster the success of those strategies.

Alongside the tension student nurses experienced as they 'become a nurse' (see p. 106-111 of this thesis) there was also admiration for the NHS and consideration by the students of how their learning from the international placement would contribute to their nursing practice in the future. I attempted to capture the ongoing meaning of international placements for student nurses by offering a second conversation several months after the first conversation. Belinda agreed to a second conversation and I also gained some insight from the written thoughts of David and Jane. All of these students gave examples of how their learning from the international placement impacted on their current nursing practice, particularly in relation to considering the cultural needs of individuals. There is some literature which suggests that learning from an international placement does have a long term influence on nurses, e.g. Levine (2009) and this research adds to that argument, albeit in a limited way.

Some of the students were very clear that they hoped their international experience would enhance the possibility of a career overseas in the future, i.e Anita, Colin, George, Ian and Helen. This aspiration reflects the educational driver for promoting international placements, for students to become global employees (See p. 2 of this

thesis). Ackers *et al.* (2017) highlight 'mobility capital' (p.93) as one of the benefits of international placements for healthcare professionals such as doctors and scientists; the placement enhances their CV. Student nurses who do not undertake an international placement will not have the same mobility capital as student nurses who have undertaken an international placement. This is another form of inequality; on page 2 I discussed the rhetoric of all students undertaking an international experience whilst at University A; it is not a reality. In the recommendations I have made suggestions to share the knowledge capital gained by students who have undertaken international placements with those who do not have that opportunity. Ackers *et al.* (2017) warn that mobility capital can arise from the 'fact' of an international placement on a CV rather than a clear understanding of what has been gained from such a placement. It is important that the students who undertake an international placement are supported to articulate their learning from the placement (as discussed above) and the students who cannot undertake such a placement articulate and recognise the many opportunities in their UK nursing practice to develop cultural competence (See recommendations).

The 'Common Threads' of meaning arose as I worked 'narratively' with the student nurse individual stories; they were topics the majority of students referred to, not all saying the same thing but discussing the issues from their own perspective. These 'Common Threads' were elements of the overall 'story' of an international placement and key to my understanding of the meaning of international placements for student nurses. The 'Common Threads' have provided structure and order to this thesis but there is a danger that such linear presentation detracts from the 'complete picture' of the meaning of an international placement. Rather the 'Common Threads' weave together to create an overall meaning of international placements for student nurses. International placements provide a rich environment in which to 'learn' but the extent to which the 'experience is educative' is individual and dependent upon several factors: the motivation for undertaking the placement; the student's values and beliefs; the students' complex interaction with the placement and the social context, including the environment, the people within it, their values and beliefs, and the relationships created with the student nurses.

The complex, interactional and social nature of learning whilst on an international placement resonates with the work of Dewey (1938), Bourdieu (1977) and Lave and Wenger (1991). There is no doubt that the works of these theorists have influenced my understanding of learning 'from experience' and I have endeavoured, within the thesis, to articulate my own 'story' so that readers are clear about the 'lens' through which I have viewed this research. Narrative Inquiry methodology has offered a valuable opportunity for student nurses to 'tell' their story of an international placement. Although

I have analysed and interpreted the student experiences to co-construct and 'retell' their stories (Clandinin, 2013) I have included many direct quotations from the students which capture their individual experience.

ADDRESSING THE QUESTION AND AIMS OF THE RESEARCH

Above I have considered the 'meaning' of international placements for student nurses. My aim for undertaking the research was to gain an insight into the international placement experience from the student nurse perspective in order:

To identify the support necessary for student nurses before, during and after their international placement.

To make recommendations as to why international placements may, or may not, be appropriate within future nursing curriculum development

To consider the role that an international placement may, or may not, have in the development of cultural competence

To understand how an international placement may, or may not, contribute to the development of knowledge, skills and values for nursing.

The student stories offered a rich and detailed insight into the experience of undertaking an international placement; from 'preparing to take–off', to returning home and beyond. The meanings I have taken from my interpretations are discussed above, and in Chapter 6; these have led me to consider strategies which may be appropriate to support student nurses before, during and after the placement (See recommendations). I have achieved the first aim of my research; in addition I have gained more detailed understanding of the issues which may be barriers for student nurses to undertake the placement e.g. family commitments and financial concerns so recommendations are made to address these issues.

In relation to the second aim there is ample evidence within this research to recommend that the international placement remains within a future nursing curriculum at University A. The recommendations focus on increasing the opportunity to as many students as possible and integrating the placement more firmly within the curriculum to acknowledge the 'work' involved for student nurses in organising and undertaking the placement.

The 'experience of difference' was unique for each student but there were a variety of opportunities to explore cultural difference; the students did not always take those opportunities which curtailed their development of cultural competence (Aim 3).

Recommendations are made to enhance cultural competence development. A key starting point is to articulate the concept of cultural competence within UK pre-registration nursing, as advocated by Repo *et al.* (2017) so that students have a framework within which to consider their own cultural beliefs and values; thus supporting them to more confidently consider and discuss the cultural beliefs of people they care for in clinical practice.

In achieving Aims 1, 2 and 3 the fourth aim has been partially addressed. An international placement is part of the student nurses 'becoming a nurse' and as such the placement contributed to their knowledge of variable aspects of nursing; practical or theoretical (knowledge capital as discussed above, p.131). A recommendation is to offer the students an opportunity to reflect upon their placement, in a 1:1 conversation, some weeks after their return to the UK, to assist in articulation of the learning and knowledge capital that the student can take forward into their future nursing career.

The research was undertaken to enable me to address the research question and provide guidance in the development of future international placements, as articulated above in the aims of the research. My desire to 'listen' to the student nurse perspective was multifactorial and discussed in the introductory chapter; here I reflect upon the benefits and challenges of Narrative Inquiry research methodology.

THE BENEFITS AND CHALLENGES OF NARRATIVE INQUIRY

The benefits and challenges of Narrative Inquiry research, as proposed by Clandinin and Connelly (2000) and Clandinin (2013), are reflected upon together. Throughout the thesis I have illustrated the steps taken to invite the student nurses to participate; to offer a comfortable 'space' in which to have a 'conversation'; to encourage them to tell their story in as much detail as possible; to undertake a thorough analysis; to offer transparency in the research findings. I will not repeat that detail here, rather this is a generic reflection upon Narrative Inquiry methodology; a culmination of my 'thinking narratively' about the whole process (Clandinin, 2013; Kim, 2016).

Narrative Inquiry supported the research question and supported my decision to focus upon a particular group of student nurses, who had had a particular experience. The student nurses were at the centre of this research and their words are prominent in this thesis. The centrality of 'this group' of students at 'this time' in 'this place' i.e. University A, offered a unique opportunity to gain detailed insight into the meaning of international placements. Dewey's (1938) theory of experience underpins the approach to Narrative

Inquiry that I used and he argues that the 'here and now' story of an experience is valuable; I acknowledge future stories of the same experience may be different.

Focussing on the student nurse story of their international placement experience was clearly beneficial to answer my particular research question but there were challenges to obtaining that information in as much detail as possible, discussed in Chapter 4. I was an 'Insider researcher' which presented a challenge; this is discussed in the introduction but cannot be ignored in the conclusion. I can never 'know' if my status at University A prevented student nurses from participating in this research, or, how the students felt during our conversation; how much I influenced the choices they made about what to tell me. What is important are the steps I took to create a research approach which ensured the participants were 'comfortable' and felt enabled to tell their story in as much detail as possible.

The students reflected upon their experience in order to create their 'story' of the experience and the challenge for me was to analyse and interpret those stories, to co-construct the meaning of an international placement and 're-tell' that meaning to a variety of audiences i.e. students, lecturers, examiners. 'Thinking narratively' and 'working with' the stories demand prolonged interaction with the individual student stories. This was a physical challenge as it was a time consuming process and also a cognitive challenge as I made choices and decisions during analysis and as I interpreted the meanings within each story, eventually leading to the interlinking 'Common Threads' across the student stories. This led to another challenge; how to represent the unique, individual stories of experience within the 'Common Thread' meanings I had collected. These challenges are not unusual within Narrative Inquiry (Kim, 2016) and required ongoing attentiveness throughout the 'doctoral journey'. This methodological approach has enabled a different 'perspective' on international placements, the student nurse narrative perspective, which has not often been reported in the literature with the exception of Schwind *et al.* (2013); leading to findings which add to the current body of knowledge.

The findings I present in this thesis are particularly relevant and beneficial to University A; the student nurse stories were 'told' within the context of the arrangement of international placements in that institution. However, the 'retold' story can be incorporated into the 'experience' of the reader/audience; the reader can then consider the relevance of the findings and recommendations for their own area of practice and possibly adjust their understanding of student nurse international placements (p.34, Clandinin, 2013). The final challenge is to disseminate the findings to a wider audience; for example staff at University A who have an ongoing influence on the organisation of

international placements within the nursing curriculum; staff at other Universities who organise international placements for student nurses. I have already begun this process (See Appendix 9 for examples of 'disseminating' the research findings) but will continue to seek opportunities and consider writing a journal article.

LIMITATIONS OF THE RESEARCH

Narrative inquiry is a research approach which offers the opportunity for research participants to 'tell' their story in detail. The story is told in relation to the researcher; the 'teller' chooses which aspects to relay or withhold and my position as an insider researcher may have influenced the data obtained (as discussed pages14-15 & 52-53).

I listened, analysed and interpreted the stories told dependent upon my contextual understandings. This is valuable data, but conclusions cannot be generalised to all student nurses who undertake international placements. However, the findings and recommendations will be of interest to Universities who offer international placements to student nurses. Reflection upon the findings of this research could provide a springboard for future developments.

The student nurse perspective is important and adds to the body of literature in the field of international placements, but the views of other people involved in international placements are not addressed e.g. healthcare staff or patients in the host countries, students who have not had an international placement, University staff. This was inevitable within the remit of this research but it is a limitation which is persistent within the wider literature, with the exception of Ackers and Ackers-Johnson (2016), and an obvious focus for future research (see below).

RECOMMENDATIONS FOR PRACTICE

In this section I link recommendations to the 'Common Threads' of meaning.

Preparing for take-off

Some students 'anticipated' an international placement before starting University A; the opportunities for personal and professional development highlighted in the findings should be used within recruitment marketing; encouraging potential students to 'anticipate' an international placement prior to starting their course.

Several recommendations are made to maximise the number of students undertaking an international placement;

1. International placement opportunities should be advertised during Open days and recruitment events and then again early, mid and end of Year 1.

2. Funding streams must be clearly advertised as early as possible i.e. early in Year 1.
3. Student 'stories' should be used to encourage ALL students to consider an international placement, including those with family commitments.

'Preparing for take-off' can be emotional and demands energy, motivation and organisation; this should be discussed with the students and guidance offered to minimise the 'guess work' in 'anticipating' the placement e.g. contact with previous students, contact with staff overseas, learning fundamentals of the language. Preparatory work should also facilitate student nurses to;

4. 'Self-assess' their beliefs about nursing (habitus of nursing) so they can recognise their developing habitus upon return from the international placement.
5. Articulate what they expect to achieve from the placement and their motivation for going, considering how this might be received on their placement; acknowledging the 'reality' may not match expectations.

Support for students as they 'experience difference'

It is important to acknowledge and discuss with students undertaking an international placement that mentorship may be different to that expected in the UK and they may need to be resourceful in sourcing other channels of support.

1. Reflection on the 'experience', during the 'experience', is important; students should be with other students whilst on the placements, and especially at the end of the day.
2. Clear arrangements should be in place for students to have a contact person 'in situ' and at University A during the placement. 'Digital' ways for staff/peers in the UK to support student reflection whilst they are 'experiencing difference' e.g. via Skype™ should be developed. I recommend digital support as a supplemental measure, priority should be given to students utilising the support available overseas.
3. Time should be allocated, prior to the placement, for students to consider the possible responses from 'people' in a new field and opportunities provided to practice strategies for exploring cultural differences in approaches to healthcare e.g. through simulation and role play.
4. The students should be encouraged to consider how/if their capital (knowledge, economic) can be utilised effectively whilst on the placement; this would be through peer discussion with students who have been to the placement area.
5. 'Cultural competence' should be incorporated into the pre-registration nursing curriculum in the first year and revisited in year three.

Recommendation 5 is relevant for students undertaking an international placement and to ALL students in their development of 'Communication and relationship management skills' and 'Nursing procedures' recommended within the new Standards of proficiency for registered nurses as determined by the NMC (p.27 & 31 NMC, 2018). Cultural competence would offer a useful framework to consider the student's own beliefs and values; the beliefs and values of people from diverse cultural backgrounds; the opportunities and challenges differences in culture may present in clinical practice at 'home' and 'overseas'. These models would also encourage an open discussion about ethnocentrism.

Learning from the experience

To maximise 'learning from the experience' students need the opportunity to adjust to 'home' on return to the UK.

1. I recommend a protected week at the end of an international placement to offer the student space and time to readjust back to their usual field and begin to consider the learning they have achieved.
2. Students should have the opportunity for a 1:1 conversation to reflect upon their experience, to articulate and 'make sense' of their learning and consider how it may impact upon their future nursing practice. This conversation should be with a designated member of staff e.g. personal tutor and student led; 1 to 2 hours will be needed for the meeting.
3. Scenarios from international placement experiences should be captured and made into lesson plans for facilitated discussions in small group teaching at relevant points in the nursing curriculum e.g. when discussing self-awareness, communication skills, culturally sensitive care, dealing with differences in values and beliefs.
4. Another opportunity to promote learning more widely is based on the finding of 'resourcefulness'. Some of the students told of reflecting upon their learning within an international group of healthcare professional students. This provided a valuable opportunity to gain different perspectives on a healthcare problem/issue and maximise learning. Inter professional education is recognised as a sound educative approach in the UK (Finch, 2000); this research supports that approach.

The emotion of it all

'Emotion' should be acknowledged as an integral, inevitable and individual aspect of an international placement which will contribute to learning from the placement. The

following recommendations are not focused on 'removing' the emotion; rather the focus is on supporting student resilience and resourcefulness.

1. A designated person should contact the student nurse during the 'protected week' to ensure the student has returned safely and coping with the 'emotion' of the experience.
2. The 1:1 conversation will be an opportunity for students to discuss 'the emotion of it all'; further support e.g. counselling should be offered if the student requires ongoing support.
3. Students should be introduced to a variety of frameworks to assist them to consider their experience from different perspectives.
   a. Dewey's (1938) explanation of the continuity of experience may help students to consider what in their 'past' experience is influencing their 'current' experience whilst on the placement and how that might influence their future personal and professional experiences.
   b. Bourdieu (1977) offers a complex philosophy and theory of human adaptation to different fields; the 'thinking tools' of field, habitus, doxa and capital could be useful in helping the student to 'make sense' of the international placement and consider the perspective of the 'people' in that placement.
   c. Lave and Wenger's work (1991) could help students consider their situation as a 'newcomer' in a clinical placement and some of the responses they may receive from the 'old timers'.

Other recommendations for practice

The above recommendations are 'resource' intensive and further recommendations are made to ensure the international placement is embedded into the Nursing curriculum:

1. The 'work' associated with international placements e.g. recruiting to the placements; liaising with international placements overseas; facilitating student 'preparation for take-off'; online support during the placement if required; facilitating student reflection on learning after the placement, should be reflected in the 'workload' of all involved staff.
2. Students undertaking an international placement should undertake a 'Student Initiated Module' commenced in year 1 and completed after the placement. This will acknowledge the student 'effort' in organising and undertaking an international placement; reflecting upon and articulating learning to consider how the placement has contributed to their development as a nurse. This will firmly embed the international placement in the nursing curriculum.

3. 'Project work' should become a key feature of international placements where possible. This recommendation is based on Helen's story. She undertook a 'project' whilst on her placement which offered her a focus for her nursing activity and helped her to develop 'real life' research skills.

Project work may only be possible in countries where there are established communication channels so the needs of the 'host' country are discussed and the contributions to be made by the student nurses clarified. This leads to the next recommendation:

4. Establish long term placement relationships with a small number of countries overseas i.e. similar to the placement in Canada. This could enable project work; help in the consideration of support needs of students whilst undertaking the placement; understand the culture in more detail and provide communication channels to embark on reciprocal learning opportunities to meet needs of local people.

Ahmed *et al.* (2017) recommend an Ethical Educational Placement model for international healthcare placements (EEP). The EEP model is outlined in detail in Ahmed *et al.* (p. 127-130, 2017); in Appendix 10 I have summarised the main aspects of the current eclectic model for international placements used by University A and also the EEP model. It is clear to see that movement from the eclectic model to the EEP model would require an investment of time and resources. The EEP model described by Ahmed *et al.* (2017) was dependent upon funding from Health Education England via Global Health Exchange, in partnership with a University, to keep costs manageable for student placements in Uganda; an alternative stream of funding would be required for University A to establish a similar placement. A pragmatic solution to the funding challenge would be to promote the placements offered by the neighbouring University with an aspirational aim of establishing such a model with a different LMIC in the future.

The above recommendations have arisen from the findings of this research and my relational view of experiential learning; acknowledging that learning will never be the same for all students. The above recommendations focus on 'practice' i.e. the educational context in which international placements for student nurses are situated. To conclude the thesis I offer recommendations for future research arising from the 'Missing stories' of my findings.

RECOMMENDATIONS FOR FUTURE RESEARCH

I recommend several topics as the focus for future research:

1. To establish the meaning of international placements for individuals in the 'host country' e.g. nurses, patients, student nurses.
2. To explore why some students do not undertake an international placement. To include consideration of 'perceived barriers' to opportunities within the nursing curriculum for male and female parents.
3. To evaluate the impact of international placements on UK health care practice.
4. To explore the development of cultural competence of student nurses during their 3 years of education. This could lead to a comparative study of those student nurses who have undertaken an international placement, and those student nurses who have not undertaken an international placement.

Word count; Approximately 57,500

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APPENDICES

Appendix 1: Research recruitment poster

Stories from abroad: The impact of international placements on student nurse experience

Are you a student nurse on the adult, children or mental health field?

Have you had an international placement?

If so I would love to talk to you!

My name is Linda Sanderson and I am currently studying for a Professional Doctorate in Education.

My research question is 'What does an international experience mean to student nurses?'

The aim of my research is to listen to student nurses, to hear their recounting of the international placement and consideration of how this shapes their current student nurse experience and how it may shape their nursing future.

If you would like to participate in my research please contact me for further information:

Via email: lsanderson1@XXXXX.

Via telephone: 0XXXXXXXX

Appendix 2: Recruitment email sent from 'third party'

	To...	
Send	Cc...	
	Subject:	Linda's research

Dear Students

Because you have had or are about to go on an international placement, you are being invited to participate in a research study which will hopefully help us to prepare future students for similar placements. I am not involved in the study but as the researcher cannot contact you directly for ethical reasons, I am doing so for her.

The chance for students to particpate in research does not often occur and this will be one of the few research studies into what nursing students gain from such a placement. So this is a unique opportunity to take part and find out more about research as a particpant.

Please read the attached flyer and information sheet and contact Linda Sanderson, lsanderson1@████.ac.uk , telephone 0███████ if you would like to take part.

Linda will not disclose to me who does or does not take part as this is part of the confidentiality requirements for any of you choosing to take part.

Thank you

Appendix 3: Student Information Sheet

Introduction

Thank you for reading this information. You are being invited to take part in a **face to face interview** as part of a research project. Before you make your decision it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear to you or if you would like more information then please feel free to ask Linda Sanderson whose details are at the end of this information sheet. Please take time to decide whether or not you wish to take part.

What is the purpose of this research?

My research question is 'What does an international experience mean to student nurses?'

The aim of my research is to listen to student nurses, to hear their recounting of the international placement and consideration of how this shapes their current student nurse experience and how it may shape their nursing future.

Student nurses study for an academic degree alongside a professional qualification. Diverse clinical placements and a variety of theoretical learning approaches over the 3 year course provide student nurses with opportunities to develop knowledge, skills, values and competencies. The number of students incorporating an international placement into the clinical practice component at UCLan has gradually increased over the last 5 years. The School of Nursing has invested in supporting international placements and I believe there is value in finding out what these placements have contributed to the education of the student nurses.

Why have I been chosen?

I will be inviting student nurses from the adult, children and mental health fields of nursing to participate.

You are a student nurse who has recently had an international placement and your experience of interest to me in relation to my research project.

Do I have to take part in this research?

It is entirely up to you to decide whether or not you take part in the research i.e. to be interviewed. You are under **no** obligation to take part in this study. If you do decide to participate you will be asked to retain this information sheet as well as sign a consent form. Your decision to

participate does not bind you to the study and **you are free to withdraw** at any point without reason. Your progression on the pre-registration nursing course will not be affected if you do, or do not, participate in the research. If you do not wish to take part, then you can ignore this letter.

What will happen to me if I take part in the research?

If you do decide to take part you should keep this information sheet as it provides details about the research.

I am Linda Sanderson and I will be managing the research and undertaking the interviews in order to complete the Professional Doctorate in Education. My research project is being supervised by Dr Candice Satchwell from the School of Education and Social Sciences.

I would like to interview you at a time that is convenient to you. If you are willing to provide me with your telephone number I will telephone you to make an appointment, or we can organise the appointment via email. I won't be using a set of questions, I will invite you to tell me about your international placement. I encourage you to bring artefacts to our meeting e.g. photographs, written material and memorabilia, anything that will help you to tell me about your international placement. The conversation will be audio recorded.

I will transcribe our conversation and consider what you are saying in terms of your experience, past, present and future, how it may have shaped you as a person and a nurse.

A second meeting will then be arranged for a further conversation around the international placement based on my summary of your story and importantly allowing you to review your international experience. Working with you and your story in this way will, I hope, encourage you to articulate what an international placement means to you as fully as possible. This conversation will be audio recorded and transcribed.

Each conversation may take up to one and a half hours.

How do I give my consent to take part?

If you are willing to take part in the interviews you will need to sign the consent form (below) and return it to me via email.

How much of a time commitment will this be for me?

I expect that the interview will last about 1 hour, although if you have a lot to say then it might last up to an hour and a half. I will check with you at the start of the interview how long you have got to talk to me. I know that you are busy.

Similarly the second interview may take one to one and a half hours.

What are the possible benefits of taking part?

I hope that by talking to you and the other participants I will be able guide the School of Nursing in the preparation and support of future students undertaking international placements. Your stories may also add to our understanding of how the international placement does or does not contribute to the development of students as they become professional nurses.

What are the possible disadvantages and risks of taking part?

I do not think that there are any disadvantages or significant risks for you taking part in this research although it will remind you about your international placement which, in some cases, could be distressing.

How can I withdraw from the study if I want to?

Your participation in the study is entirely voluntary. I am hoping to interview you twice but if you decide not to come to the first or second interview just drop me an email to let me know.

During the interview if you want to stop at any point, just let me know and we will stop.

If you participate in one or two interviews and then decide you would rather not have your data used in the research that is fine but please let me know within one month of the interview so I do not use it in the final data analysis.

Withdrawing from the study will not affect your progression on the pre-registration nursing course.

What happens when the research is finished?

Once you have taken part in the interviews, you will not need to do anything else. I plan to have finished the research by September 2017. I will send you a copy of your transcribed interviews if you would like them.

What if something goes wrong and I want to make a complaint?

I do not believe that anything will go wrong with this research. However, if you wish to complain about something to do with this research then you should contact my supervisor, Dr Candice Satchwell email csatchwell@uclan.ac.uk

The matter will be followed up via the University complaints procedure.

Will my taking part in this study be kept confidential?

The research team will be the only people that will have access to the information gathered. Confidentiality will be maintained as far as possible at all times; however if a participant discloses any information which could result in actual harm to themselves or a third party then I will be required to disclose this information to the relevant authority i.e. Course leader.

As this study will be conducted through the University of Central Lancashire I will be required to adhere to the University regulations. The regulations state that the information collected will be stored for a maximum of 5 years. The information will be kept in a locked cupboard on UCLan campus and any electronic information will be password protected and only available to members of the research team.

Interviews will be audio recorded and notes may also be taken. The notes and the audio recordings will only be available to the research team and will be destroyed after a maximum of five years.

All the information that is collected about you during the course of the research will be anonymised and your name and other details will be removed in the final reports so that you cannot be recognised. You will be invited to choose a pseudonym at the time of the interviews.

What will happen to the results of the research?
The results of the research will be reported in a thesis for my Professional Doctorate in Education. One, or more, articles will be prepared for publication in appropriate journals. Presentations at relevant conferences will also be undertaken, reporting the findings of the research.

Who is funding this research?
There is no funding for the research; it is being undertaken as part of my Professional Doctorate in Education.

Who has given permission for the study to go ahead?
The Ethics Committee at the University of Central Lancashire has approved the research to be completed.

Who can I contact for further information?
If you would like further information on this research please contact:

Linda Sanderson, School of Nursing, University of Central Lancashire, Preston, PR1 2HE. Telephone: 01772 895523, Email lsanderson1@uclan.ac.uk

Thank you very much for your time in reading this information leaflet and for considering taking part in the study. If you wish to participate in the research please complete the consent form below and return to me via email.

Consent form to participate in face to face interviews

Stories from abroad: The impact of international placements on student nurse experience

Name of Researcher and Interviewer: Linda Sanderson

Please initial box

I confirm that I have read and understand the Information Sheet for the above research and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights or professional work being affected.

I understand the interviews I take part in will form part of the data collection for this research.

I understand that my interview will be audio-recorded and I agree for this to happen

I understand that some of the things I said may be quoted in the final report   and I understand that these will be anonymised

I agree to take part in the above study.

I agree to photographs of my 'artefacts' to be taken and used in the final report

---

Name of Participant   Signature   Date

Name of Researcher   Signature   Date

Appendix 4: Letter requesting permission from the Head of School to undertake the research

<div align="right">

Linda Sanderson

Room 423, XXXXXXXX

XXXXX

XXXXX,

XXX XXX

</div>

Dear XX

I am writing to you, as the Head of the School of Health, to seek permission to undertake research with student nurses.

The research is being undertaken by me to complete the Professional Doctorate in Education. Although this is an important part of my professional development I also believe it will benefit the School of Health and some student nurses in the future.

The title of my research project is "Stories from abroad: The impact of international placements on student nurse experience." Student nurses at ▇▇▇▇ elect to have an international placement; only a minority of students take up this opportunity. With support the student nurses organise their placement, often through a credible agency e.g. 'Work the World'. Some students share their stories through the School of Health magazine or, in my experience, within their personal tutor or cohort group. I have been involved in supporting students as they have prepared for and returned from international placements. I have heard part of their stories as they have explained what they have experienced. Many have talked about it being 'awesome', 'life changing' but some have been distressed as they have recalled the differences in levels of care and available resources. These diverse responses are fascinating. The School of Health has invested in supporting international placements and I believe there is value in finding out what these placements have contributed to the education of the student nurses.

The aim of my research is to listen to the students, to hear their recounting of the international placement and consideration of how this shapes their current student nurse experience and how it may shape their nursing future.

My research question is 'What does an international experience mean to student nurses?'

Sub questions: 'How does an international placement contribute to the student nurse experience?' and 'How will the international placement shape the student's future nursing practice?'. The methodological approach to this research is narrative inquiry as I am keen to hear the stories of the individual students about their international placement, to understand what the experience was like as it happened, what sense they make of it now and how it might continue to shape them as a future nurse.

I am aiming to recruit 4 students from each field of nursing who have had an international experience (Adult, Child, Mental health). With your permission and the approval of the ▇▇▇▇▇

ethics research committee an open invitation will go out to all student nurses who have had an international experience, via email, with an outline of my area of research interest. I will ask the students who would like to participate to contact me. Further information about the study will be sent and if the student still wishes to participate I will set up a mutually convenient time to have the first meeting which may last up to one and a half hours. I will need access to their telephone numbers to arrange the meeting.

A second meeting will then be arranged with each student for a further conversation around the international experience based on my summary of their story. Importantly allowing the student to review their international experience in light of this new context. Working with the student and their story in this way will encourage them to articulate what an international experience means to them as fully as possible. This meeting may also take up to one and a half hours.

The approach to my research is designed to allow the students to make an informed choice as to whether they wish to participate or not. I realise that I am in a 'powerful' position compared to the students. It is essential that students can opt out of the research if they wish to without any fear of recrimination. This will be explained to them in the research information sheet which will be included in the request for ethical approval of this research.

As part of the submission to Ethics committee I would like to be able to demonstrate that I have your support for this research and permission to approach the student nurses.

My research project is being supervised by Dr Candice Satchwell from the School of Education and Social Sciences, ▓▓▓▓ I am happy to answer any questions you may have about this research. Alternatively you have my permission to contact Dr Satchwell if you have any queries about my ability to undertake the research: csatchwell@u▓▓▓▓▓▓▓

I look forward to your reply.

Yours sincerely

L Sanderson.

Linda Sanderson

Senior Lecturer

School of Health

Appendix 5: Permission from the Head of School to undertake the research

uclan

University of Central Lancashire
School of Health
▬▬▬▬▬▬

MRes, MCSP, GradDipPhys, PGCE, FHEA
Interim Head of School
University of Central Lancashire
Preston PR1 2HE
Tel: (Office) 01772 893714
email: JGrey@uclan.ac.uk
www.uclan.ac.uk

Linda Sanderson
Senior Lecturer
School of Health
UCLan

2ⁿᵈ July 2015

Dear Linda
Further to our discussions today regarding undertaking you Professional Doctorate Research in the School of Health I write to confirm what we agreed verbally today.

1. I give permission for you to communicate via email with pre-registration nursing students [adult, child and mental health fields], who have completed international placements, to recruit subjects for your study on a volunteer basis.
2. Your email will request that students who are willing to take part in the study provide you with their contact details. I do not give permission for you to access contact details, other than email addresses.
3. I have discussed steps you will take to
   a. Help to ensure that students do not feel coerced to take part in your study.
   b. Ensure that you do not mark or supervise any academic work submitted by students who have been volunteers in your study.

I wish you well with your study and look forward to hearing of your findings.

Yours sincerely,

Interim Head of School
School of Health

1

Appendix 6: Using Social media to recruit participants (Qualified Nurses)

University A gave permission to put a message from me on the Alumni networking platform:

Dear Nursing Graduates

My name is Linda Sanderson. For many years I was a nursing lecturer at the ███████ ███████████████ and I am in the final year of my doctorate with █████

My doctorate is about the meaning of an international placement for student nurses. As I have analysed my data I have come to realise that an international placement may have a lasting influence on a nurse's career.

If you had an international placement when you were a student nurse could you possibly send me a paragraph about what that placement means to you now?

You can email it to **linda.sanderson@**███████████

If you prefer to talk to me about this I would be happy to contact you via telephone. Just email a contact number to **linda.sanderson@**█████████

I really appreciate your assistance with this.

Kind regards

Linda Sanderson

I also sent a message via Social Media to contact qualified nurses who had had an International placement:

Linda Sanderson
@LindSanderson63

For prof doc I want to know how an international place as St Nurs has impacted as RN. Please RT and reply @████████ Alumni

From this 'social media' activity David and Jane contacted me to say they would like to participate in my research. Via the 'social media' site I was able to 'direct message' David and Jane to request their email details. I then sent an Information Sheet (See Appendix 3). When they returned their consent I asked if they would like to have a telephone conversation about their international placement experience or whether they would like to write about their experience. Both opted to write about their experience and gave permission for me to analyse their written work and include direct quotes in this final thesis.

Appendix 7: The 'shape' of the student stories
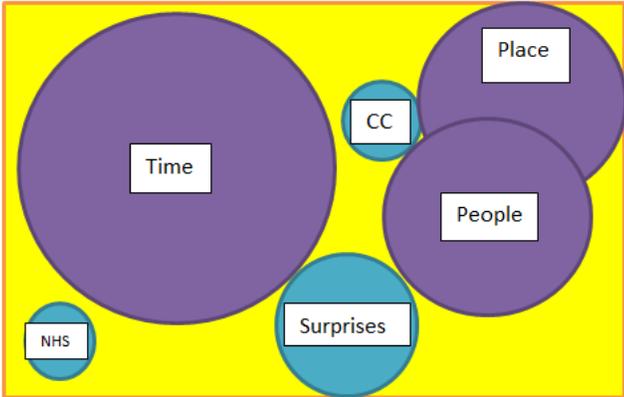
Anita



Belinda
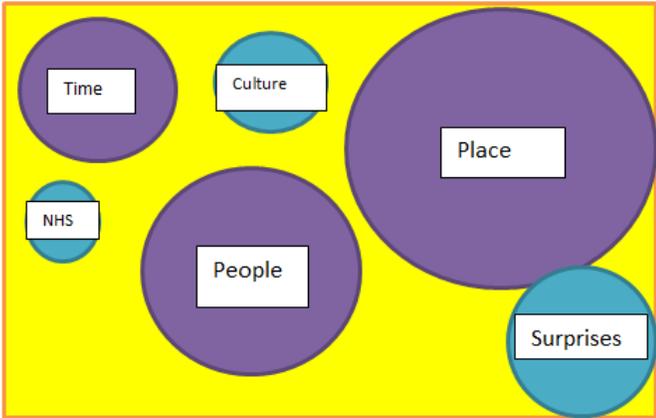
Colin
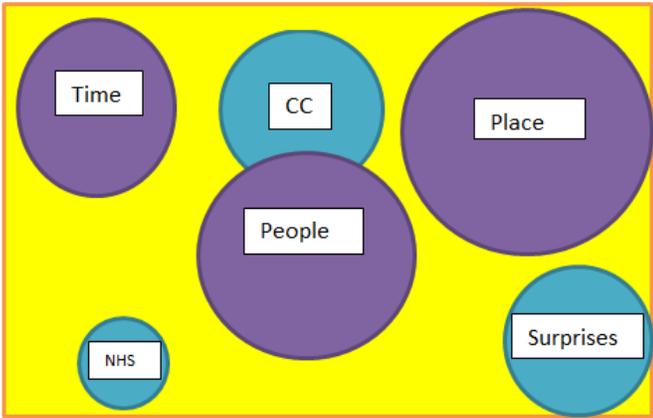
David

Evie

Fiona

George

Time
Place
Cultural
NHS values
People
Surprises

Helen

Time
Cultural
Place
NHS values
People
Surprises

Ian

Time
Cultural
Place
NHS values
People
Surprises
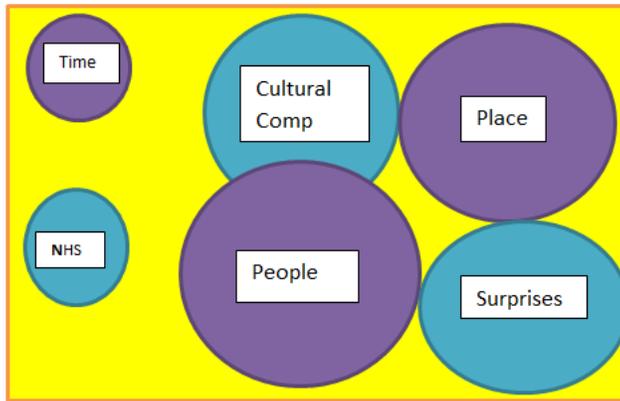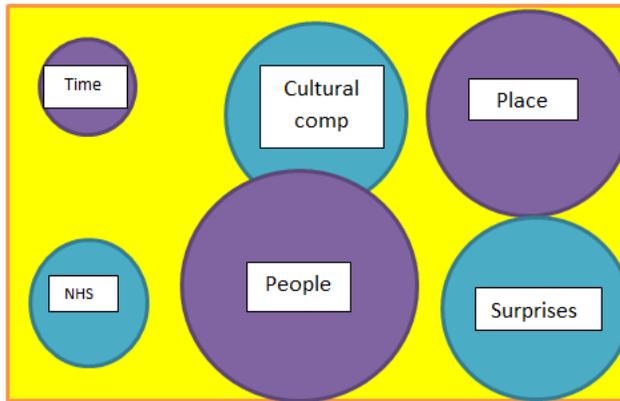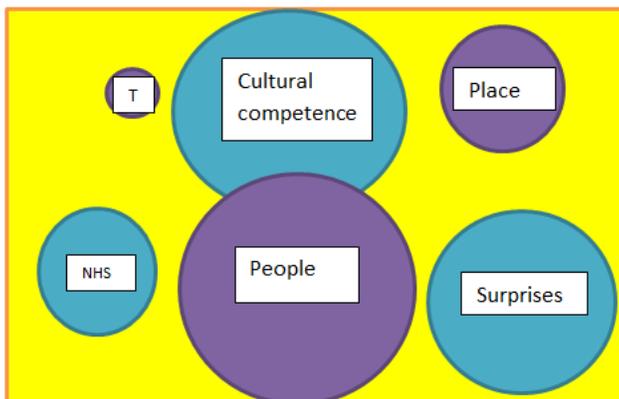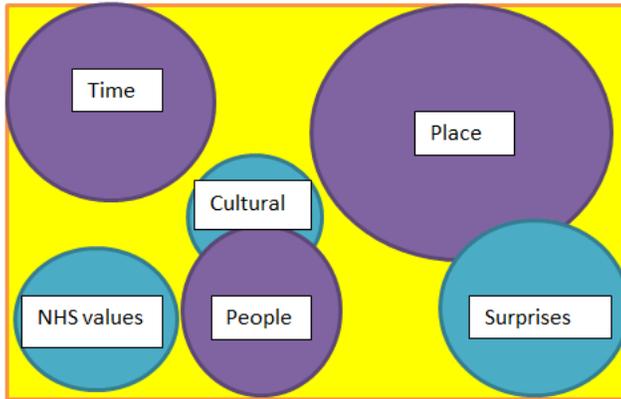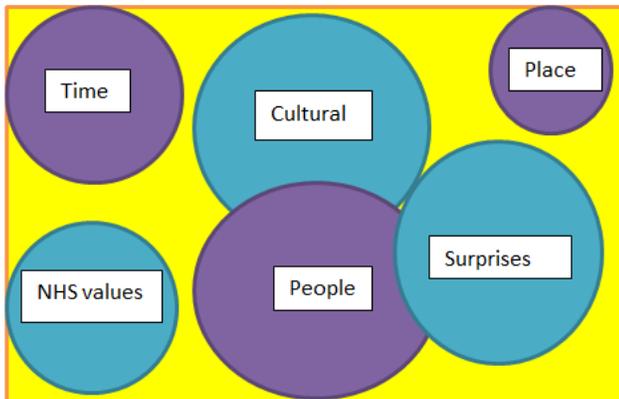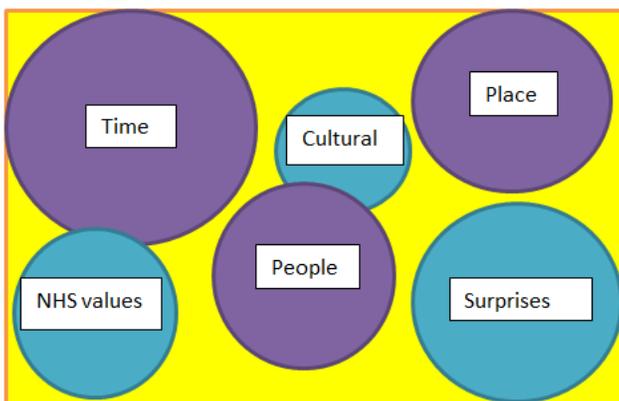
Appendix 8: Data analysis; individual student stories

Anita

Anita was a second year student, married with a child. Anita's placement was to South West Australia; travelling to Australia was an aim of Anita's prior to starting her nursing degree as she had a relative there and saw her family's future in that part of the world.

As can be seen from Figure 5.6 above I found much meaning in Anita's story within the Temporality dimension of my analytical framework. I recognised Dewey's theory of experience and education (1938) in Anita's story; her past had influenced her present situation which was influencing her anticipated future. Anita was making her experience of nurse education relevant for her future ambitions for her and her family and I felt that the international placement meant 'transformation' for Anita. Anita's family were key people in her story: her husband, child and relative in Australia. The following quotations are taken directly from Anita's story and form the basis for my interpretation.

"I think I realised, when I come to Uni, how driven I was. Because before Uni I worked at [XX] for like fourteen years, and it was just the same thing day in, day out, just mundane and it just went on and on. It was only a part time job for six months and it turned into a fourteen year job. So I think coming out of that and then coming to Uni, and I thought everyone at Uni would be like me and they're not." (Anita, L867-872)

But yes, he [husband] thinks I've changed as a confident, probably confident wise……everyone says, oh you're really confident. But like in my group of friends, I'm probably the loudest, but I'm not confident. You know, I couldn't get up in front of a room full of people and talk. But I feel like I'm getting there, so I think it's definitely changed me that way." (Anita, L817-82)

Australia was a key 'Place' for Anita; the analysis I made within her 'Place' dimension led me to conclude that Australia meant emancipation and learning for her. Dewey (1938) suggests physical movement frees the mind and allows intellectual growth. Anita experienced movement from her previous lifestyle, she experienced movement to a different country, Australia, which she stated had a "massive impact" on her (L681). Anita's story of her international placement highlighted her development throughout her nurse education that led to a change in herself and her way of thinking. Mezirow (2009) discusses transformative learning and recognises it as a shift in ways of thinking to be more open to possibilities and opportunities. Anita's story was brimming with examples of this; she shifted from 'non-professional' to a career in nursing; her international placement was part of that transformative process:

"I want to know what I'm letting myself in for, I want to know what's out there. A lot of people don't, that's their choice. So I think coming back from Australia, it's sort of spurred me on to do a bit more and I keep thinking, oh well if I know a bit more about this, then it will open my eyes to that and then I might know what that is, and that sort of thing." (Anita, L750-755)

Anita's story highlights the aspirational nature of her motivation, linked to future ambitions. Another aspect of Anita's story which I found particularly interesting related to the responses she had from some of her peers about 'leaving' her family to undertake an international placement.

"a lot of students, when I said I was going to go to Australia, they're all like, but you're married and you've got a kid and you can't be doing that. I was like, well why can I not? You know, why should it be frowned upon because I'm a mum?" (Anita, L709-712)

Page (2013) discusses policy which encourages mothers to utilise childcare and work but Anita's story highlights the strong societal norms that continue to influence choices made by women, particularly in relation to their family and career. These are mixed messages and each parent, male or female, has to make sense of them in a way that works for their family. Fiona refers to a similar issue in her story (p.82) which led me to think about the meaning behind their words. Anita had a different opportunity to some of her peers, perhaps because of the support she had from her husband;

"So I sort of did the venture on my own, which my husband got a month off work, he had to stay at home and look after my little one." (Anita, L64-66)

This was about different values and norms, the sociality of experience that Dewey (1938) talked about. The stories of Anita (and Fiona) led me to consider what societal norms and culture may affect the experience of an international placement. This led to the work of Pierre Bourdieu (1977); his ideas became an analytical lens which influenced the interpretations I made of the student stories (See Chapters 3 and 6).

Belinda

Belinda was a second year student, her placement was to Tanzania and it was organised by a company that specialises in overseas elective placements for healthcare practitioners; students and qualified staff. This company is recommended and frequently used by student nurses from University A. Belinda came to our conversation with some prepared notes of what she wanted to tell me. She used some artefacts, in the form of photographs on her computer, to help her remember some of her experiences in Africa.

The 'shape' of Belinda's story in Appendix 7 shows large circles for 'Place' and 'People' which reflects the importance I felt those dimensions had to my understanding of her story. In Tanzania Belinda was accommodated in a 'House' with several students from different parts of the world. This 'Place' and these 'People' were important within Belinda's story; they were influential in how she developed understanding of the experiences she had in the Tanzanian healthcare services.

"I spent four weeks in the hospital there and we stayed in like a house with all other healthcare professionals. And I actually think that was as much of a benefit as actually being in the hospital over there was, because of the amount of times we spent, like just over dinner, discussing things that you wouldn't discuss with people who didn't know about that sort of thing." (Belinda, L44-47)

When I first revisited my conversation with Belinda and made notes on the transcript I had an unexpected response to her story about the house and the people in it; I became frustrated with her because the Tanzanian people were 'missing' from her story (Figure 5.8)
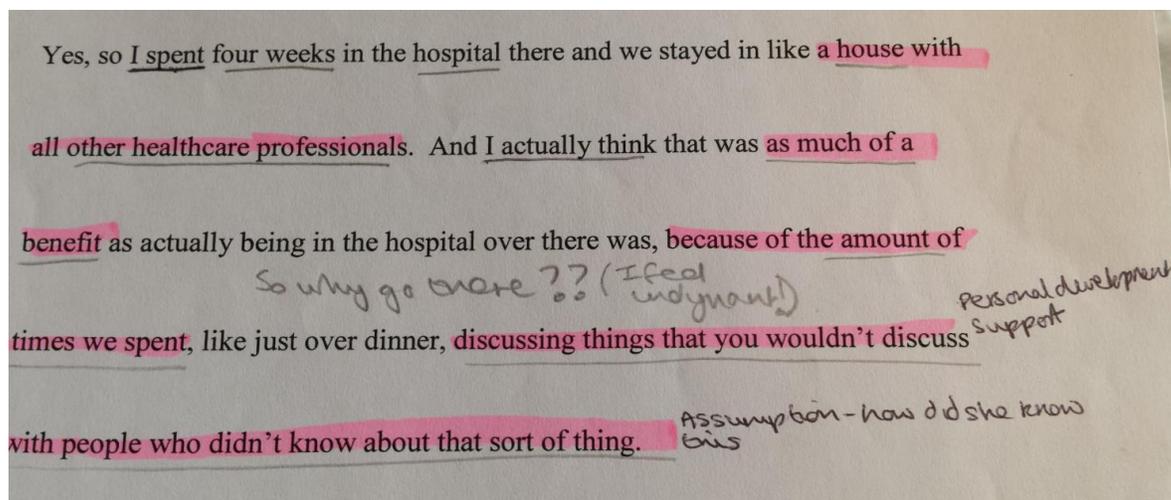
Figure 5.8 My response to part of Belinda's story

On reflection the crux of my indignation was around my assumption that the international placement provided an opportunity to learn from the local healthcare team about the local healthcare service. However as I analysed Belinda's story I began to understand that the 'house' was a safe base for Belinda; it was somewhere she felt part of, she called it 'home'. The house and the people in it helped Belinda to make sense of what she was experiencing in the local clinical area. Initially I underestimated the challenge that Belinda felt in being part of the local healthcare service:

"I don't know, you were just there, you weren't really part of them……By pretending they didn't speak English. They were just sort of doing their own thing and then when you asked them a question they'd just ignore you." (Belinda, L423 & L437-438)

Belinda was describing learning through social participation which is central to Wenger's (2009) social theory of learning. The international placement had provided the opportunity for Belinda to participate in 'the house' social group and together they gained knowledge. Whereas in the Tanzanian clinical environment she had not always felt welcomed or supported by the local people. The importance of 'people' in promoting learning, or not, whilst on the international placement became a Common Thread. This will be discussed further in Chapter 6.

Another aspect of Belinda's story that I found particularly meaningful was related to her development as a nurse. During our conversation about her international placement Belinda talked at various points about what nursing meant to her; in places she struggled to articulate this. The international placement had given Belinda the opportunity to participate in fundamental nursing activities e.g. using observational skills; whereas her UK experience of nursing was layered with technicalities, policies and procedures which had the potential to get in the way of fundamental nursing skills such as care and compassion. My interpretation was based on the following parts of Belinda's story;

"when we're in lectures and things, sometimes it comes like, what is nursing? And is it a profession or is …. if it's like from the heart…… Yes, vocation. And I think in the UK we go more towards profession, when there's others who argue that it's vocation. And I think when you go over to somewhere like Africa and people really need you, like you see different things. I'm not explaining myself very well."
(Belinda, L114-116, L118 & L123-126)

"I think it maybe reverted me back again because I started my nurse training, I saw a nurse more, primarily, as a healthcare assistant. And then when I started doing my training, I realised like the extent of everything that they did like beyond, like all the things that mean you have to have a degree to be a nurse. And then when I was out on placement over there, I think it grounded me more back. But, I don't know, it was still there, it just sort of reminded me of it." (Belinda, L153-158)

The international placement provided an opportunity to experience a 'different' healthcare system but also reflect on the UK healthcare system in which she was learning to become a nurse. I recognised this Common Thread in the stories of other students; Belinda returned to this in our second conversation.

"I think it would actually be good to go back and, well not necessarily back, but experience something similar, just to be reminded of those fundamentals again….. the NHS culture at the minute is quite a challenging one. And I think it would be valuable for a lot of the staff to go and see things differently, just to change the way

they think a bit differently, to come back and apply the fundamentals……..I think I have reverted back a bit since, just over time, because it's less in the forefront of your mind as time passes. And I think it would be valuable to be reminded again"
(Belinda 2, L166-168, 168-171 & 173-175)

Our second conversation reinforced to me that an international placement has the potential to influence future experiences, as discussed by Dewey (1938), and telling the story of her experience assisted Belinda in recognising her development as a professional nurse.

"I think your way of thinking changes,…. I think clinical skills wise, it wasn't that valuable, but you did gain knowledge, …Yes, I think it just broadens your mind a little bit, just the whole different environment, different culture."   *(Belinda 2, L 318-324)*

David

David was a single man. Unlike the other students David had not planned to undertake an international placement whilst a student nurse but the opportunity presented itself to go to Uganda.

"I never thought I was going to do an international placement, I never had any thoughts that I was going to go anywhere. I was more than happy to stay in the UK. But the email came through with an opportunity for some funded places to go to Uganda and [.….] it suddenly just came a little bit real." (David, L19-25)

David came prepared for our conversation; he had written some reflections whilst in Uganda and more upon his return and he referred to these during our conversation. David also had photographs on his computer which he used during our conversation to show me some of the places he was talking about. In our conversation David reflected on why he was keen to go to Uganda once he had been offered the placement; to experience 'difference'. This was a key motivator in common with Belinda, Evie and Fiona. Campinha-Bacote (2003) talks about 'Cultural desire' as an essential component of her framework of cultural competence i.e. the nurse must want to address the aspects of cultural competence in order "to effectively work within the cultural context of a client (individuals, family or community)" (p203). I related to this aspect of David's story within the 'cultural competence' dimension of my analytical framework initially but at the next listening I also noted 'difference' in the 'Time' dimension. This highlighted the iterative aspect of narrative data analysis; the dimensions were a useful framework to focus my narrative thinking but there were complexities within the story that did not 'fit' easily into just one dimension. The 'difference' that David referred to was linked to exploring a different country and healthcare

system but also to his future nursing practice. He was very clear that his experience in Uganda would impact on his future nursing career.

"And it was massively different, I absolutely loved it and it has changed the way I practice and the way I view things now. And I think it will do throughout my nursing time because it's just massively different." (David, L29-31)

After our first conversation I had the opportunity for further contact with David as a qualified nurse. He was one of the nurses who responded to my request via social media for qualified nurses, who had had an international placement, to tell me about the ongoing impact, or not, of that placement on their current nursing (see Appendix 6). David answered promptly and explained how his placement in Uganda continued to have an ongoing influence on his practice.

"it is incredibly difficult to place in words the experiences gained that have had on my life both professionally and personally. I feel like this was the first time in my life I got a real taste of culture, it's not often you feel like the minority. After all, I had travelled a whole day and eight hours to get to Uganda from the UK." (David 2, L4-8)

Developing cultural competence is a Common Thread in the stories of the students and will be discussed in detail in Chapter 6 but David articulated an emotional polarity to the experience of cultural difference. He 'absolutely loved it' and tells of the learning that occurred for him;

"it's just made me much more open and much more accepting, which I was before, but it's just made me open my eyes more and notice." (David, L687-688)

But the placement also challenged him:

"The Ugandan practice left me feeling very frustrated and vulnerable at times" (David, L317)

Relating to the cultural competence literature I understood that David was becoming culturally aware but David's different responses to the placement were not adequately explained by Campinha-Bacote (1999) and Papadopoulos *et al*. (2004); the literature around cultural competence does not acknowledge the emotional impact that relating and working with people of a different culture can have. Utilising a Bourdieusian lens to interpret David's story offered a wider perspective. David was in a different field (Bourdieu, 1977) to his usual healthcare experience. Although he spoke enthusiastically about this different field he used a lot of diminutive terms which metaphorically I interpreted to mean that he felt 'small' in this new environment, this 'big' new field.

"We were put in our little student house." L42-43
"just a small group of five of us in a house" L53

"we all were given a little basic tiny phone" L58
"I rather enjoyed feeling safe in my own little enclosed mosquito net." L588-589
"It was a very large hospital, I'd say it was like a normal big hospital, an acute big hospital."L69-70

David took his view and style of nursing to Uganda, his habitus, which did not always 'fit' in the Ugandan field of healthcare. He recognised that he was in a different field and there were different 'rules' (doxa) which he acknowledged were a challenge. This cultural dissonance offers an interpretation of the root of the emotional responses David experienced. Emotional responses to the international placements were experienced by other students, positive and not so positive; this became a Common Thread which is discussed within Chapter 6.

Evie

Evie arrived for our conversation with two albums of her reflections and photographs from her international placement; as it was almost one year since her placement when we had our conversation she said the albums had been useful to help her recall her experiences in more detail. At times during our conversation Evie referred to her photographs to show me who, or where, she was talking about.

Evie went to Tanzania; her trip was organised by a company which specialise in overseas electives for healthcare practitioners; students and qualified staff. This was the same company that Belinda and Fiona travelled with; all at different times. Evie's story was most meaningful to me in the dimensions of Sociality, Place and Cultural competence. I found less meaning within the 'Temporality' dimension however Evie did connect her story of her international placement back to a childhood ambition. Clandinin (2013) suggests narrative inquiry is important because it enables experience to be contextualised within a life story.

"Well I was like four, I went to [Africa] with my parents for a family holiday……and ever since that I've always wanted to help the, like less fortunate." (Evie, L4-8)

This passage from Evie's transcript has a temporal aspect to it but it also flagged Evie's desire to 'help' the Tanzanian people. The focus of my analysis of Evie's story is on her altruistic motivation to undertake an international placement and the impact this had on her experience whilst in Tanzania.

"I just wanted to go and see and I've always had an interest in helping like the less fortunate." (Evie, L18-20).

Before setting off to Tanzania Evie tells of her efforts to gather 'things' to take with her; she rallied her family, friends and local community to donate items which she then had to transport to Tanzania.

"in the local community just saying, has anyone got any like clothes or toys or anything that they're just happy to donate? Because I'm going out, I want to take what I can with me…. I had to like try and contact companies, because I was going to fundraise to pay to ship them out, but then XXX gave it me for free, which was amazing. So that was a massive help." (Evie, L62-64 & 66-68)

Immediately after our conversation I jotted down "This student really struggled to fit into the clinical areas; spent a lot of time at the orphanages where she seemed more comfortable". As I revisited Evie's story and viewed it through the dimensions of my analytical framework I began to see meaning in her story; I saw that her cultural background valued 'helping others'. As her story progressed she referred to several examples where her 'help' had not apparently been welcomed or appropriate in the Tanzanian clinical areas. For example:

"at first I wouldn't go over to the women because I was like, well I don't know what I'm going to do. If they say something, I can't answer them. Like they'd say something to you and I'd feel really bad because I don't know what they're saying, I can't respond." (Evie , L357-360)

Evie had a strong habitus of 'helping' and 'caring' but she was in an environment where she perceived a lack of care and initially struggled to 'fit in', she often felt excluded;

"the next day you just went in on your own and that was it. But you didn't have a mentor as such, you just sort of watched everyone or did whatever" (Evie, L186-188)

As I related to Evie's story I had a strong visual image of two circles; one with the community of practice (COP) of the Tanzanian clinical area and the other with Evie in; no connection between (See Figure 5.9).

Figure 5.9: My visual representation of part of Evie's experience

Through a Lave and Wengerian (1991) analytical lens Evie did not appear to be a 'legitimate peripheral participant'; she was separated from the COP of the 'clinical area' which was a large potential barrier to learning. Evie did have places of refuge where she

felt more comfortable, where she could participate and 'help' more easily. One of the places was the 'house' where the other healthcare students on placement were accommodated; similar to Belinda this provided a source of support and learning.

> *"the main ….support is the fact that there's other medical like healthcare professionals out there in the house with you. [….] And then, you know, and share our experiences, which I think is like the best thing about it."* *(Evie, L951-959).*

The other important 'place' for Evie was the orphanage. The story she told of the orphanages was one of hope and happiness which Evie explained helped her to cope with the challenges of the hospital. Evie had several pictures of herself with the children at the orphanage and she looked happy and relaxed.

> *"The baby one [orphanage] was literally, around the corner, so I'd go there every day. Because if you'd got like, had like seen something scary or upsetting on the ward, you'd go there because it would cheer you up a bit. So I went there quite a lot because it was like my little escape." (Evie, L757-760)*

Despite the challenges Evie did eventually find ways to move to the periphery of the COP of the clinical area; she recognised that language was a barrier so she found doctors and nurses who spoke good English and worked with them but she also gained confidence in her fundamental nursing skills of care and compassion and used those to communicate with the patients directly, bypassing some of the Tanzanian nurses to some extent.

> "*And I was like, this woman who was scared or whatever, to hold my hand, is now like not letting go of my hand. It just shows, that to me was like, this is what compassion is, like we all have that like desire for support, especially at times like that, regardless of like what your culture says. Like it just showed me that they do want that." (Evie, L316-321)*

I felt conflicted at times as I related to Evie's story; I felt motherly and concerned that she was struggling to 'fit in', then I felt proud of her nursing care and compassion despite a challenging environment. Finally I felt concerned that Evie did not appear to talk to the Tanzanian nurses to gain their perspective of having UK student nurses visiting their clinical areas on a regular basis, she showed limited cultural awareness or cultural desire (Campinha-Bacote, 1999, 2003; Papadopoulos *et al.*, 2004). Narayanasamy and White (2005) would perhaps describe Evie's approach to care as ethnocentric because she was attempting to impose her approach to nursing on the Tanzanian clinical environment. I think this is a harsh conclusion; Evie wanted to be part of the COP but was unsure how best to do that.

"Because ….at the end when we got the stuff and we got out the fob watches, they were like our best friend. So it's a shame we hadn't got that earlier because I think they realised that we weren't there to like, we weren't really a threat, we were there to help. We were just like there to learn and we wanted to teach them and we wanted them to teach us whatever"(Evie, L171-173)

Experiencing, learning and contributing to a new environment is complex and dependent on the interaction between the individual, the people and the place as Dewey (1938) explained within his theory of experience. This topic became a clear Common Thread and I will discuss it further in Chapter 6 because it is important to understand this complexity in order to prepare and support students appropriately.

Ian

Ian's placement was to a Mental Health Hospital in Canada (MHU); the same placement as George although Ian went at a different time. The shape of Ian's story (Appendix 7) illustrates that I found most meaning in the 'Time' and 'Surprise' dimensions.

Ian was keen to undertake an international placement before he started at University. In fact the option of an international placement was a key factor in his choice of place to study. His interest in the international placement was related to his future plans as a nurse; he was looking for 'adventure' which Hudson and Inkson (2006) report as a common reason for undertaking a voluntary placement overseas.

"So I want a bit of a new adventure, move somewhere, maybe not.. permanently, it might be just for..ten years and then move on to my next adventure…So that was really where it all started from really." (Ian, L38-40)

Despite this initial motivation to undertake the placement Ian found it a challenge; it was a significant undertaking for him and again underlines the emotional aspect of the international placement for some students.

"it was a bit of a ballsy thing for me because I've never really gone anywhere on my own. I've always done things as like a family. So to go somewhere for like a month on my own, was a bit of a big ordeal" (Ian, L15-18)

Ian talked a lot about the challenge that the placement posed for him and highlighted to me the importance of pre-placement support and guidance.

"I was absolutely bricking it before I went. I mean I'm probably the most confident person that you'll meet [….] to go and do something like that, it was a long way away from my comfort zone. From like, if something goes wrong, I know what to do over here, you know, I can sort myself out, but over there it's a completely different story. I'm literally, on my own over there. So if something went wrong it's ..like, what am I going to do." (Ian, L48-54)

Despite his apprehension Ian 'embraced' the experience and decided he was going to make the most of the opportunity to explore the healthcare facility at MHU and the wider environment of Canada.

> *"I mean I was a student over there and a tourist... And I took every day off and every evening to go and do something." (Ian, L342-346).*

Ian associated this exploration with his development whilst away on the placement; he felt he had developed a variety of life skills.

> *"it kind of made me a bit more self-sufficient, ..I didn't rely on anyone really anymore, which I normally do." (Ian, L350-351)*

Ian also referred to his development as a nurse in his story. He eventually settled into his new environment but initially it was a challenge for him. Ian was placed on the young eating disorder unit but this was a tough placement for Ian and he told of the deteriorating relationship with his mentor.

> *"I think the relationship with my mentors lasted about a week. I think when I [] figured out the department wasn't really suited to any of my expertise [] or any of my knowledge or interests. And I was trying to explain this to my mentor, it [] got translated a bit, completely out of proportion I think really." (Ian L232-236)*

This part of Ian's story surprised me; I noted in my spreadsheet "Here Ian explains the challenge for students when on a placement that they do not feel suited to. There is an expectation, I think, in UK nursing that any placement has the potential to be beneficial and I transferred this onto Ian's experience whilst overseas". Reflecting on this I could see that my position as a nurse educator was provoking impatience with Ian. All UK student nurses have to spend 2300 hours in clinical practice, they all need a mentor (in the UK) and the placement circuit is invariably 'full'. Once placements are allocated to students it is a challenge to move them elsewhere. With a lot of experience of being involved in student placement allocation I have become expert at helping students to see the positives and learning opportunities in every placement and so I felt frustrated with Ian stating that the placement, in Canada, was not suited to his expertise; surely the idea was for him to learn from that experience and develop some expertise. As Ian's story progressed I began to understand his perspective as he explained how he felt;

> *"I just didn't feel comfortable and I was trying to work on a department where I was not comfortable. I didn't really know what I was supposed to be doing. I felt like I was just left to my own devices. Some shifts, I was just told to sit in the communal areas. I was sat there for eight hours, just sat there, and I had nothing to do." (Ian, L238-241)*

Ian was a legitimate peripheral participant in a new COP (Lave and Wenger,1991); he had been allocated a mentor who had introduced him to the COP but he did not seem able to become involved, he 'just sat there'. Ian did not feel he had any capital in this environment (Bourdieu, 1977). My initial thought was that he was there to develop that capital but perhaps there was something in Ian's habitus that made him feel so uncomfortable; if so he did not choose to share that with me. I could understand how the tension had arisen between Ian and his mentor; a placement in a speciality unit had been offered and the student, Ian, appeared to be rejecting it. Ian found addressing his 'challenge' difficult in another country;

"that was like the bad experience of going abroad because then I really did feel alone there, because I didn't really have anyone to go, fall back onto. "
(Ian, L244-245)

Eventually Ian found someone to help him; his placement was changed and his experience improved. Ian's story highlighted to me once again how much support student nurses need during an international placement; however they also have the capacity to be resourceful and develop resilience. In his new clinical area Ian seemed more involved in the care of the clients and he explored the services available to support them. Returning to a Deweyan perspective (1938) the second experience was more relevant to him and he was more able to learn.

"But I got more out of it because I was pushing myself to try and pull as much as I could out of the experience. I think I near enough exhausted everything I could do over there by the end of it." (Ian, L332-334)

Ian used our conversation to reflect upon his experience in Canada and also his developing professionalism. In this quote Ian is articulating his developing habitus as a nurse; he is recognising that there is a professional 'way to be' as a nurse.

"But I've learnt now that, some cases the hard way, on some of the placements, having been pulled in the office, you know, there's times to have some jokes and then you've got to be professional. I think it's kind of taught me, I've learnt, I've changed my attitude when I work on a department now. And I think even Canada, I think that matured me even more because I'm representing a University as well."
(Ian, L314-319)

Ian was the only student to talk about 'representing the University'. He went on to explain that a student can create a reputation within a placement that could lead to future students being "tarred with the same brush" (L363). He did not want to create a bad impression of English students which would make it difficult for future students. Ian told me that he was particularly aware of this because it had happened to him in the past.

"the mentor (in UK) wasn't too happy with having me as a student before I'd even started, because the last male student she had, they didn't get on well. And I think they expected me to be the same and I wasn't." (Ian, L384-387)

This was an interesting and surprising aspect of Ian's conversation because the story of his international placement led him to reflect upon experiences in his nurse education, demonstrating temporality; the influence the past has on the present understanding of experience. Several students used the opportunity of our conversation to reflect on their nurse education and the healthcare system they 'usually' work within in the UK. This became a Common Thread and will be discussed further in Chapter 6. This aspect of Ian's conversation also illustrated the relational nature of experience, the interaction between an individual and the usual 'group' who, he suggests, have preconceived expectations based on their past experience.

Jane

Jane undertook an international placement to Sri Lanka whilst a nursing student at University A. The placement had been organised by the same company other students had used; Belinda, Evie and Fiona. Jane responded to my request via social media to talk to qualified nurses who had had an international placement as a student. Jane did not want a telephone conversation; she preferred to send me her written reflections approximately 2.5 years after her placement.

Jane recognised the importance of the placement to her professional development as a nurse that will continue into her future.

"I feel that my international placement has ignited a passion for nursing in non traditional settings, I feel that it has also given me the confidence to try new things and put myself out there in order to enhance my career and improve my employability for the future." (Jane, L61-67)

The international placement continued to shape Jane's current experience and future plans. She gave examples of how her international placement experience impacted upon her role as a nurse.

"It also made me more aware of the importance of being able to assess [] without relying on machines and equipment. It is fundamental that nurses can spot a deteriorating patient by using our own senses, by looking, listening and touching and using our knowledge and experience to interpret and detect changes in physical health." (Jane, L18-20)

Jane also referred to the language barrier whilst on her international placement and how her learning from that situation impacts on her current nursing practice.

"While I worked on the wards, I struggled to communicate with patients…..as they did not speak any English and I did not know any Singhalese or Tamil. […]I worked around this by using body language and facial expression to convey my meaning ……... I adopt this method of communication on the wards and ensure that I am patient and allow non English speakers to try to communicate through body language as it has similarities in every language." (Jane, L34-38)

Jane's story was brief in comparison to the recorded conversations with the other students but she helped me to understand the continuity of an international experience; for Jane it has continued to impact upon her nursing activities.

Appendix 9: Disseminating the research findings

I no longer work at University A so I have actively sought opportunities to disseminate the findings from this research in an attempt to influence future international placements for student nurses at University A.

In March 2018 I presented a brief overview of my research and tentative findings to 5 members of staff at University A who currently promote student nurse international placements and help them to prepare for the placement.

Also in March 2018 I presented the tentative findings from the research at the Royal College of Nursing Education Conference in Newcastle. Approximately 20 people came to listen to the presentation, including some student nurses who had had an international placement. I used an interactive online tool (Mentimeter™) to capture some thoughts from the audience as they were listening. Here is a summary of the words that came to their minds during my presentation.

Your reflections on my findings

Mentimeter

Though provoking
Linked placements   Transferible
Relevant T   Student experience   Thankyou
Counselling needed   Elective modules
Justified methodology
Ethical   Supportive
Thoughtprovoking   Global appreciation   Useful
Concerning   More opportunities   Can be EU too
Good exposure   Thought provoking
Buddy placement
Important

In July 2018 I discussed my research and the findings with the Principal Lecturer with the lead for international placements in Nursing and the Pre-registration nursing manager at University A. They were very interested in my findings and have asked me to present again to the pre-registration nursing curriculum development team.

Appendix 10; Comparing Eclectic International placement model at University A and Ahmed *et al.*'s (2017) Ethical Educational Placement (EEP) model

Choice	University activity; General	University activity; Specific	Student activity	Host Country activity	Finance	Curriculum
Placement with MOC e.g. Canada, Australia	Approval for student to attend placement Advertising of placement in Yr 1	Legal team to create MOC	Book flights Book accommodation Liaise with placement organiser Complete mandatory activities Immunisations	Placement facilitator Mentor Legal team to create MOC	Self-funded Student can apply for University travel bursary OR School travel bursary	Can do optional module 'Transcultural nursing' in Year 3
Organised by company specialising in overseas clinical placements e.g. Work the World; Tanzania	Pre placement support Risk assessment	Liaison with company Confirm student available for the placement Check risk assessment done by company	Liaison with company re flights, accommodation, placement prep Organise immunisations	Organised by company Partner hospitals In country support team	Self-funded Student can apply for University travel bursary OR School travel bursary	Can do optional module 'Transcultural nursing' in Year 3
Ethical Educational placement to Uganda organised by different University		Liaison with different University Confirm student available for the placement Check risk assessment done by other University	Application and interview to do the placement Attend prep day Organise immunisations	Organised by other university See table below for more detail	Subsidised by Health Education England via Global Health Exchange Student to self-fund part of cost	Can do optional module 'Transcultural nursing' in Year 3
Organised by University in liaison with academic & clinical staff in Rwanda		Organise application & interviews in liaison with Rwanda staff Guidance for student project	Application and interview to do the placement Book flights Liaise with placement organiser re project and accommodation Prepare for project work	2 key academic and clinical people to organise placement, mentor, accommodation, support for project work	Self-funded Student can apply for University travel bursary OR School travel bursary	Can do optional module 'Transcultural nursing' in Year 3

Table representing the eclectic model of International placements at University A
MOC=Memorandum of Cooperation

Choice	University activity	Student activity	Host Country activity	Finance	Curriculum
Ethical Educational placement to Uganda organised by different University	Registered charity working with University

Project manager

Placement Lead

Collaboration with host country to establish MOC, objectives of placement, governance processes

Organise Professional

Volunteers to support placements in Host Country

Recruitment

Risk assessment

Organise accommodation, flights

Pre placement preparation

Organise evaluation | Application and interview to do the placement

Attend prep day

Organise immunisation

Participate in ongoing project work as directed by Professional Volunteer/ placement manager/ placement lead

Adhere to Placement agreement | Project manager

Placement Lead

Collaboration with sending country to establish MOC, objectives of placement, governance processes

Collaboration with partner organisations e.g. hospital to establish objectives of placement, governance processes, mentorship/ supervision

Professional volunteers to offer ongoing support to student nurses

Undertake evaluation | Subsidised by Health Education England via Global Health Exchange

Student to self-fund part of cost | Recommend that the International placement is integrated into the curriculum and the learning is validated.

Education re Ethics and International development for ALL students included in the curriculum |

Table summarising Ethical Educational Placement Model (EEP); summarised from the work of Ahmed *et al.* (p127-130, 2017)