

The Process Involved in International Preceptorship in Undergraduate

Nursing Education

by

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Abstract

In undergraduate education, nurse educators have embraced preceptorship as a teaching/learning approach in preparing nursing students for professional practice. As educational institutions broaden their international agenda to include borderless or global nursing placements, a thorough examination of international nursing preceptorship is not only wise but, necessary. The participation of students in an international preceptorship placement focuses on teaching and learning in a social clinical context. The purpose of this study was to examine the social-psychological process involved in international preceptorship as an approach to teaching and learning and to develop a substantive theory to inform nurse educators in their approach to clinical teaching in the international context. The grounded theory method was used to conduct this study. Participants were drawn from a population of former undergraduate nursing students, faculty advisors, and preceptors who participated in an international preceptorship placement. Constant comparative analysis characteristic of grounded theory was used and the process of leveled coding generated a substantive theory that has the potential to enable educators to empower students in *making a cognitive shift in the global learning context*. Intrinsic to this process of *making a cognitive shift in the global learning context* were five major categories or ambient conditions. These categories are: being ready, viewing through a different lens, developing cultural competency, enriching personal growth, and enhancing a professional identity. This process found to be involved in international preceptorship can serve to inform students,

faculty, and preceptors as they engage in teaching and learning in the global context.

The implications of this study include that the findings can: contribute to the effective preparation of nursing professionals, enhance the educational quality of international preceptorship, generate knowledge that can to contribute to a greater understanding of and provision for international placements in professional disciplines, and foster a more facilitative learning environment in practice professions in the international context.

Preface

This thesis is an original work by Karey D. McCullough. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, International Preceptorship in Nursing Education, No. Pro00043220, April 2015.

In 2004, I found myself lecturing at a small university in Ontario. My workload consisted of the course entitled NURS 4027 - Preceptorship. Students were requesting to participate in an international placement for this capstone clinical course. The university had previously not participated in an international preceptorship by assigning students placements abroad. Thus, I delved into the literature for pedagogical and theoretical guidance to assist me in structuring the students' learning in an international preceptorship. Generally, a body of literature emerged regarding the practical nature of international preceptorship, however, specific frameworks on pedagogy and theory development were clearly lacking. Subsequently, I decided to embark upon this particular research study in an endeavour to generate some insight into how international preceptorship could best be maximized to offer teaching and learning opportunities for undergraduate nursing education.

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Chapter 1: Introduction

Context

Today's learning needs in clinical education are complex. Educating nurses of the future in the areas such as theoretical knowledge, critical thinking, and practical wisdom can be achieved in a practice setting. In addition to the practical skills and knowledge that are a requisite for safe patient care, students must learn how to apply theory in the clinical practice context, the term coined as the 'practice-theory link' (Benner, Sutphen, Leonard, & Day, 2010). Undergraduate nursing students are required to understand the importance of ethical reasoning, reflective practice, institutional culture, organizational semantics, and systems thinking. These capabilities are developed through direct experiential and situational contact with the patient (Tanner, 2010). There are attributes, such as relational skills, that are learned best in the clinical arena (National League of Nursing, 2013). Preceptorship is one such clinical arena and is an approach to clinical teaching and learning during which students come to directly understand the professional role of the nurse through immersion. Students are acculturated into that role through the guidance, facilitation, and direction of practicing Registered Nurses.

Preceptorship is a teaching/learning approach employed by many undergraduate nursing programs in Canada today (Altmann, 2006) and "provides a perfect medium in which clinical practice and education can combine to achieve a common goal: the preparation of present and future practitioners and leaders" (Myrick & Yonge, 2005b, p. 5). Preceptorship has previously been well defined in the literature (Andrews & Wallis, 1999; Billay & Myrick, 2007; Kaviani & Stillwell,

2000; Lockwood-Rayermann, 2003; Nehls, Rather, & Guyette, 1997). For the purpose of this study, preceptorship is viewed as a one-to-one teaching/learning approach in which the expertise of a Registered Nurse (RN) is drawn on by the student for a predetermined period of time in the clinical setting and which offers them the relevant knowledge and skills to become socialized into the profession of nursing. The essence of preceptorship involves a triad of individuals: the student, referred to as the preceptee; the preceptor, an experienced RN who guides the learning of the preceptee in the clinical setting; and the faculty advisor, who oversees the overall preceptorship placement. The preceptee assumes the learner role in this triad. The preceptor is a Registered Nurse who assumes the role of the clinical teacher above-and-beyond their regular responsibilities as a working professional (Kaviani & Stillwell, 2000; Lennox, Skinner, & Foureur, 2008). The preceptor teaches, counsels, and inspires the preceptee by acting as a role model, guide, and facilitator. The preceptor supports the growth and development of the student for a predetermined period of time. The faculty advisor acts as teaching/learning resource by providing teaching strategies, guided learning, and facilitation of communication. The preceptorship placement offers a period of support throughout the transition of the student into the professional practice setting (Bain, 1996; Nehls, et al., 1997; Chickerella & Lutz, 1981).

Preceptorship as a Teaching/Learning Approach

Owing to its experiential nature, preceptorship is directly congruent with the instructive work of John Dewey. Dewey (1938) posited that students should be involved in real-life tasks and challenges. Dewey's educational philosophy helped

forward the 'progressive education' movement and spawned the development of 'experiential education' programs. In the 1920s and 1930s, Dewey became famous for recognizing that the authoritarian, strict, preordained knowledge approach of modern traditional education was too concerned with delivering knowledge, and not enough with understanding the student experience (Dewey, 1938). Dewey thus proposed that education be designed on the basis of a 'theory of experience'. Moreover, understanding how humans engage in the experiences in which they participate, is paramount in designing effective education. It is prudent, therefore, to ascertain how students learn in the preceptorship approach to nursing education if nurse educators are to deliver curricula that are truly appropriate to clinical teaching and learning. Dewey continually argued that education and learning are social and interactive processes, and thus the school itself is a social institution through which social reform can and should take place (Dewey, 1938). In addition, he believed that students thrive in an environment in which they are allowed to experience and interact with the curriculum, with all students having the opportunity to actively take part in their own learning (Dewey, 2009). As students engage in experiential learning through preceptorship, these elements of Dewey's perception of education are critical. For example, as students become involved and engage in learning activities in the preceptorship placement, they are directly socialized into the profession and integrated into the culture of the nursing environment.

Benefits of Preceptorship

There are numerous observed advantages of preceptorship, the most discernible being the acquisition of clinical experience and a more “solid knowledge base” in clinical practice (Altmann, 2006, p. 11). Preceptorship “promotes effective learning and transfer of knowledge” on the part of the student (Udlis, 2008, p. 28). Most notable in the preceptorship approach is the fact that instruction can be delivered to meet the needs of the student. This tailored learning approach can be individualized to address a specific type of student learner. Students are thus actively engaged in the learning process by utilizing the hands-on learning approach. Verbal and nonverbal instruction can be used during the preceptorship for students with a variety of learning styles which, in turn, can optimize the learning process.

There are many benefits of preceptorship placements, both locally and internationally, that extend beyond the scholastic achievements of the student. For example, a preceptee is socialized into the nursing profession through a period of support as he/she transitions into the professional practice setting (Bain, 1996; Nehls, et al., 1997). In addition, networking occurs more easily and is potentially the reason that those preceptored tend to do well in organizations and are more likely to remain in the nursing profession (Chickerella & Lutz, 1981; Registered Nurses Association of Ontario, 2013). Further, introducing students to professional practice and the realities of clinical nursing during the preceptorship placement has been recognized as a retention factor for nurses in the profession (Lockwood-Rayermann, 2003). The preceptor-preceptee relationship provides much substance for career growth, benefitting both the preceptor and the preceptee. Specifically, the preceptor

can develop leadership skills, develop a new sense of purpose by giving back to the profession, and become renewed about their own work. The preceptee can network, become integrated into the work environment more easily, and attain experience and advice throughout the process. If the preceptee obtains employment in the institution, the organization acquires an employee who is being gradually introduced to and familiarized with the organization's culture and function owing to the opportunity to work directly with a preceptor who is an experienced member of the organization (Norris & Gillespie, 2009).

Today, more than ever, it is important that nursing students be exposed to a variety of learning opportunities which would position and thereby allow them to compare and contrast culture, health care systems, and nursing practice in an international context (Button, Green, Tegnah, Johansson, & Baker, 2005). In fact, the Canadian Nurses Association's (CNA, 2015b) Position Statement on cultural competence describes and highlights the importance of cultural competence in the practice of Canadian Registered Nurses. This statement defines cultural competence as an entry-to-practice level competence that entails the "application of knowledge, skills, attitudes, or personal attributes required by nurses" to maximize respectful relationships with diverse populations of clients and coworkers (CNA, 2015). This Position Statement also describes educators as being responsible for integrating the concepts of cultural competence and diversity into nursing school curricula and for promoting cultural competence within the faculty and the student populations (CNA, 2015).

Cultural competence is a widely used term in nursing today; equally important and utilized is the term cultural safety as it has been recognized as an integral concept in nursing education and practice. The Nursing Council of New Zealand (2015) defines cultural safety within the context of nursing as the effective practice engaged in, and competent care provided by, a nurse from a culture different than that of his/her client. A culture is a self-identity related to the age or generation of a person, gender, sexual orientation, occupation, religious beliefs, or disabilities. An unsafe cultural practice is an action that demeans the cultural identity of a person. Standards for the registration of nurses in all scopes of practice require the content of theory and practice in nursing programs and these nursing programs must include content on cultural safety (College of Nurses of Ontario [CNO], 2015). It is this general understanding of cultural safety that needs to be discussed, taught, and realized when participating in an international preceptorship placement, especially in light of more recent migration, immigration, and a more multi-cultural society. The cultural safety concept prompts nursing students to think critically about themselves and patients and to be mindful of one's own sociocultural, economic, and historical location. Such critical reflection has implications for how nurses live, relate to one another, and practice in various professional disciplines (Anderson, et al., 2003).

Preparation of Preceptors

The primary content areas recommended for the preparation of preceptors includes knowledge of: teaching and learning styles and strategies; adult educational theory; effective communication; role and values clarification; conflict resolution;

assessment of learning needs; cultural differences; and the formative and summative evaluation process (Rogan, 2009). Adequate preparation, however, can become complex within the realm of international preceptorship placements. A faculty advisor, for example, may not be familiar with the destination placement and, therefore, may either be required to visit the international location (which inheres its own set of complications) or endeavour to prepare the preceptor distantly using technology, if the service exists. As much as is feasible, care and attention are given to pairing the preceptor and preceptee (Ouellet, 1993; Nordgren, Richardson, & Laurella, 1998), a process that is complex even more so with international placements. Moreover, nurse educators need to monitor how the preceptor/preceptee relationship is maintained to assist in fostering its evolution (Luhanga, Billay, Grundy, Myrick, & Yonge, 2005a). Preceptorship can pose a feeling of learner isolation for both their peers as well as professional isolation (Yonge, Myrick, & Ferguson, 2012); an issue that is even more likely to surface in the international setting. Moreover, the preceptor may feel isolated if support is not forthcoming from his/her colleagues. It is important, therefore, that nurse educators appreciate the importance of such potential challenges and the particular role they play in facilitating a process conducive to student learning and respectful of the larger communities, in this case, the international placement.

Faculty Advising

Faculty advisors play a vital role as part of the preceptorship triad. The faculty advisor has the potential to create a positive and successful learning environment for the student as well as a professional partnership with the host

institution (Jacobs, 2006). In a qualitative study by Bourbonnais and Kerr (2007), faculty advisors were “identified as essential components of support” for students (p. 1547). Preceptors need advice regarding the different teaching strategies that can promote effective clinical teaching and learning and more especially they need to be assured that open communication exists (Yonge, Krahm, Trojan, & Haase, 2002). Faculty advisors can create such a relationship by establishing regular and frequent visits with the preceptor and the student (Bourbonnais & Kerr, 2007). With the evolution of the preceptorship approach to clinical teaching and learning, the importance of the faculty role in preceptorship has been acknowledged as one which needs to be formally integrated into the workload of the nursing faculty (Diaz Swearingen & Hayes, 2009).

Problem Statement and Significance

With technology leading many facets of nursing and education, the term ‘international’ is more and more at the forefront of numerous educational endeavours. Invariably, students in educational institutions are requesting international components or aspects to their curricula and employers are expecting their employees to graduate with a knowledge base that reflects an international perspective (Daly & Barker, 2005). As the profession of nursing evolves and as internationalization becomes more and more prevalent in postsecondary institutions, faculty need to be prepared to graduate nurses of the future who are savvy in the internationalized professional context.

The purpose of this study was to examine the social-psychological process involved in international preceptorship and to generate data that will inform nurse

educators in their approach to nursing pedagogy in international clinical settings. More specifically, the objectives of this study were as follows: a) to generate a substantive theory regarding the social-psychological process that occurs in international preceptorship; b) to determine how educational theory/pedagogy guides nursing faculty in the use of international preceptorship as a clinical teaching/learning approach; and c) to acquire an understanding as to how international preceptorship could best be structured to respond to the learning needs of today's adult learners. To date, no such study had been conducted in the context of nursing education.

As students seek international educational opportunities and employers continue to seek a particular kind of global employee, international preceptorship placements are more and more becoming a reality in nursing education (Rubin, 2009). In the late 1990s, Canadian nursing faculties reported international undertakings with 81 countries (Ogilvie, Paul, & Bergess-Pinto, 2007). Since that time, that number has escalated whereby international education in the 21st century is evermore present and emerging on all levels. The provision of an international educational placement affords students the opportunity to prepare for the realities of an interdependent world including the building of an internationally competitive workforce (Smedley, Morey, & Race, 2010). Larson and Allen (2006) point out that there is now an emerging awareness of a "global neighbourhood, which recognizes that social crises are not constrained by traditional political boundaries and that there is significant impact of economic globalization for marginalized groups" (p. 507). International preceptorship placements serve to broaden nursing education,

nursing practice, and nursing theory to explore concepts and contexts that include nurses from all nations. International preceptorship also serves to allow students to increase their understanding of their own and other cultural and political systems.

Delineation of Other Terms

The world is becoming more easily accessible. Thus, the escalating globalization of the economic, political, cultural, and intellectual institutions must keep pace with this evolution (Morey, 2004). With this development in mind, the terms internationalization and globalization are at the forefront of many educational institutions, professions and businesses. It is, therefore, important to clarify these terms to understand their meaning as they relate to international preceptorship as well as nursing concepts. Globalization refers primarily to economic expansion and the interdependent political and social processes that accompany the flow of people, capital, goods, information, concepts, ideas, and values across increasingly diffuse borders and boundaries (Anderson, Tang, & Wood, 2006). Globalization is the process of the entire world becoming more connected and interdependent via increased integration and communication exchange, cultural diffusion (especially of the Western culture) and travel (Falk-Rafael, 2006). For example, globalization refers to the global economic integration of many formerly national economies into one global or world economy, as a result of free trade and capital mobility, but also by easy or uncontrolled migration. Moreover, it is the effective erasure of national boundaries for economic purposes.

The term internationalization, on the other hand, refers to the increasing importance of global or worldwide relations, treaties, alliances, and etcetera. Inter-

national, of course, means between or among nations. The basic unit remains the nation, even as relations among nations become increasingly necessary and important. In nursing terms then, internationalization connotes the broadening of nursing education, nursing practice, and nursing theory to explore concepts that involve nurses from different nations. It is a way of thinking and acting which is not constrained by maintaining national boundaries or traditions (McBurnie, 2000). To reflect the context of this study then, the term internationalization is used.

Assumptions

The underlying assumptions that guided this particular study are as follows.

International preceptorship:

- Provides a primary clinical opportunity for the undergraduate nursing student to further develop a global perspective of nursing.
- Requires the support of faculty who are adequately prepared to ensure an optimal teaching/learning approach in this context.
- Contributes to the enhancement of clinical practice through engagement in diverse international settings.

Research Questions

The primary question that guided this study was as follows: What is the social-psychological process involved in engaging undergraduate nursing students in teaching and learning in the international context? Subsumed in this question, additional questions asked are:

1. How do preceptors perceive they engage students as learners in international preceptorship?

2. How do students perceive they are being engaged as learners by their preceptors in international preceptorship?

3. What are the perceptions of faculty advisors regarding this process?

Chapter 2: State of Knowledge

Key Concepts and Relevant Studies

Although a comprehensive review of the literature is not recommended when conducting research using grounded theory, one should, however, be familiar with the area of content, for example, the state of the knowledge in the area of international preceptorship to ensure that a similar study has not previously been conducted. The review revealed that, to date, no study had been conducted regarding the psychosocial process involved in teaching and learning in the international preceptorship context. The review did reveal, however, studies that are relevant to this research and which are now addressed.

International placement studies.

In 2008, Kinsella, Bossers, and Ferreira used a case study approach to elucidate the enablers and challenges associated with placing occupational therapy students internationally (n=37). According to the findings of this study, several themes were identified that enabled and hindered international placements. Financial burdens, placement options availability, and procedural issues all were found to hinder international placements. Enablers included faculty buy in, advanced communication techniques, and supports from university administration and policy. From a limitation perspective, however, the study was contextually bound inasmuch as the veracity of the specifics of this study may not be recognized beyond the border of this particular case. In another study, Pitkajarvi, Eriksson, and Pitkala (2013) used a cross-sectional survey of 10 health care faculties in Finland (n=283). They compared students who were participating in an international

placement in Finland to native Finnish students in the same setting. Several themes were found to be similar between the two groups, for example, a welcoming environment and a cultural diversity approach. However, they also discovered that the students who had participated in an international placement viewed their learning environment abroad as unsupportive, a finding which was a statistically different result from perspectives of Finnish students who had stayed at home. A study was also carried out by Maas, Ezeobele, and Tetteroo (2012) and was descriptive in nature. The researchers utilized reflective reports and one-on-one discussions with nursing student participants in mental health placements in the United States and the Netherlands. Their findings demonstrate that international nursing partnerships “require time, energy, and money, and should not be taken lightly” (p. 169). Moreover, their findings emphasize the need for partnerships to be created among institutions in which similar visions and goals are shared; this process is essential for a rewarding exchange. The study focused specifically on one partnership that existed between Dutch and American institutions. Replication of the study may be difficult as the authors highlight the friendly relationship between the nurse manager and international coordinator and such relationships may not exist among other institutions. In 2003, Grant and McKenna used a descriptive/exploratory design to investigate the clinical experiences of a cohort of Australian undergraduate nursing students who spent four weeks in a clinical setting in England or Ireland. They concluded that the international clinical placement assisted the participating nursing students to broaden their perspectives with regard to nursing practice and its culture. While the participating students had

the opportunity to experience different nursing approaches from those with which they were familiar in their home country, they reported that they found it particularly difficult to accept some practices they observed, such as, lack of basic aseptic technique practices. In another study by Morgan (2012), she employed a phenomenological approach to conduct a study with nursing students who had recently returned from an international clinical placement abroad (n=10). Its purpose was to uncover the students' perceptions regarding the concept of risk while abroad. The findings indicated that students identified three types of risks: physical risk, clinical-professional risk, and socio-cultural risk. Further findings revealed that with the proper predeparture risk focused interventions, students may minimize their exposure to risk while away which, in turn, may serve to enhance the learning experience owing to less time being devoted to managing risk while abroad. In another phenomenological study by Hagen, Munkhondya, and Myhre (2011), Malawian and Norwegian nursing students involved in an international exchange were interviewed. The findings indicated that learning relational skills and how to nurse patients were important outcomes of the placement. All students had developed cultural competence. While no study, to date, had utilized grounded theory to examine the process involved, these studies contribute to our understanding of international nursing preceptorship in a general sense. Several concepts exist that are important to understand international preceptorship within this topic. It is prudent, therefore, to highlight these studies if further development in this area is to be undertaken.

Concepts of International Preceptorship

In today's world, the societal perspective has become one that embraces global citizenship and impacts directly on the educational system. In the current context of professional nursing and with the emergence of this global mind-set in nursing education, international preceptorship placements can offer a unique opportunity for students to participate in a variety of key learning experiences early in their nursing career. International preceptorship placements are becoming particularly important as students, academic institutions, and the profession of nursing request a more globally minded practitioner. An international preceptorship can provide students with a holistic and global view of the world as well as provide them with the knowledge and skills necessary to make informed and prudent judgments about contemporary world issues and the role they themselves play in the world (Hanson & Meyerson, 1995; Kushigian, 1998). Professionals in the work force are seeking nurses who are culturally sensitive, have experience abroad, can speak different languages, and bring different perspectives to the work-place setting. Also, students seek to experience the world in an environment not otherwise afforded to them. As educational institutions broaden their international agendas, so too must nursing education. While borderless learning increases, owing to online resources, ease of travel, and heightened global awareness, the nursing profession is also affected by international nursing exchanges and placements that have become more prevalent. It is, therefore, prudent to address appropriately the processes or pedagogical theories that support this heightened prevalence in international preceptorship, as these processes are a key underpinning of successful

placements. A fundamental goal for all nursing students is to be globally savvy and to achieve this goal, there is a need for nurse educators to create international placement opportunities (Mill, Astle, Ogilvie, & Gastaldo, 2010). It is important that nurse educators develop specific strategies and design innovative curricula that will provide opportunities for students to become engaged in global citizenship and to learn about the role nurses can play in the global context (Mill, Yonge, & Cameron, 2005).

Dynamics of the Preceptorship Approach

Educating nurses requires a combination of many perspectives and forms of knowledge. None is more important than the clinical or practicum experience (Ralph, Walker, & Wimmer, 2009) afforded students in the preceptorship placement. Preceptorships offer a unique and challenging opportunity to nursing students, preceptors, and faculty, particularly when such experience takes place outside of one's usual base of support i.e.; an international placement setting. The value of the international preceptorship as a quality educational opportunity for students and a broadening of their global exposure is increasingly being recognized by educational institutions. A study of the process involved in preparing nursing students for professional practice in an international preceptorship, therefore, is timely in light of the global nature of the health care system, the desire for nurses with an international perspective or global view, and the transcultural diversity of the workforce today. It is important, therefore, to comprehend the qualities that an international education placement affords students and academic institutions if one is to elucidate the process involved.

Cultivating global savvy

In the literature regarding international placements, issues such as adequate preparation of students, financial questions, and cultural concerns are addressed (Ramsden, 2002). There is, however, a dearth of literature that focuses on more in-depth concepts as they relate to international student placement, specifically, the benefits of student development as individuals (Thompson, Boore, & Deeny, 2000). An international preceptorship can provide students with a multitude of insights and advantages including a holistic and global view of the world, the role of their country in the world, and the skills to make judgments about the world around them (Hanson & Meyerson, 1995; Kushigian, 1998). It can provide opportunities for the student to develop sensitivity to global issues (Grant & McKenna, 2003). For example, it has been found that students who participate in an international nursing exchange program demonstrate significantly greater cognitive growth than those whose education takes place primarily in a local setting (Frisch, 1990). In 2008, Green, Johansson, Rosser, Tengnah, and Segrott used a qualitative case study approach to examine nursing exchanges between Sweden and the United Kingdom. A total of 32 participants were interviewed and the researchers discovered that students had acquired increased confidence, self-reliance, and professional knowledge.

Student growth and development

International education is said to promote various cognitive abilities: the capacity to recognize diversity, understand the difference between emic and etic thinking, and the ability to make cognitive alterations/shifts (Gacel-Avila, 2005).

Also, the ability to identify knowledge gaps, communicate cross-culturally, recognize scarce knowledge, think comparatively, alter self-perception, and knowledge on how to compare one's own country are all abilities that have been found to be developed through international education (Gacel-Avila, 2005). As well, international nursing educational experiences have been found to afford students the opportunity to become more independent, self-assured, flexible, and confident through self-development. Thus, it can be suggested that students can benefit from an international placement as they return from their experience with a practical perspective to share in the classroom setting (Denman, 2000). According to Jenkins, Belneaves, and Lust (2011), students who participate in international exchanges invariably return to their home country with more confidence in their abilities as nurses; and subsequently, are able to work more independently. Also, in a cross-cultural study completed by Koskinen and Aijo (2013), students who participated in an exchange expressed their feelings of empowerment when they were able to overcome stressful situations in their host country. In addition, students who engage in educational practica such as preceptorships abroad can enhance the visibility of the school in general by acting as student ambassadors (Rubin, 2009).

As academic institutions increase their international student exchanges, partnerships between learning centers and placement agencies (i.e. hospitals) are formed and developed (Afriyie Asenso, Reimer-Kirkham, & Astle, 2013).

"International university cooperation is no longer a choice but a developmental key in today's global market" (Chan, 2004, p. 36). Sharing of power, goals, work, and expertise, facilitated by communication, capacity, and commitment, make for a

cooperative partnership among institutions who participate in international student exchanges (Astle, 2008). Solid partnerships among educational institutions, agencies, and regulatory bodies can strengthen practice standards on an international level which can, in turn, minimize the heterogeneity of nursing worldwide (Baumann & Blythe, 2008). These developed partnerships value reciprocity, mutuality, and transparency that ultimately promote respect, empowerment, and cooperation, as well as confer the tools required for change, growth, and sustainability (Ogilvie, Allen, Laryea, & Opare, 2003).

Cultural sensitivity and culture shock

Worthy of note is the fact that significant shifts in understanding regarding cultural differences have been found in students who participate in international exchanges. Heuer, Bengiamin, and Downey (2001) conducted a phenomenological study examining stereotypes. Their findings indicated that an international exchange permitted the students to explore conflicting literature and media sources prior to their departure. This process aided in minimizing cultural shock and provided a clearer understanding of the host culture. Moreover, the researchers found that students become more considerate of other cultures and acquire a better awareness and understanding of their own cultural beliefs and biases. Invariably, it is culturally complex to introduce preceptees to other communities without raising awareness of their own biases. By venturing afield into an international preceptorship, students take with them their own culturally preconceived notions which must, at the very least, be identified prior to departure. Many of the rewards of such an experience derive from the challenges one faces to become increasingly

self-aware towards the influence of one's own lifestyle and community within a new cultural context, hence the importance of a critical analysis of the process involved in international preceptorship. One of the major challenges associated with international preceptorship placements and the inherent cultural issues is international culture shock. The potential of cultural shock in the international placement is an area that nurse educators need to address before, during, and after the placement (Jenkins, et al., 2011). Further discussion regarding the concept of culture shock is included in chapter four. In addition to cultural shock, students can potentially face risks and threats when travelling internationally for preceptorship; such risks as travel dangers, physical harm, unsafe or unsanitary working/living conditions, malpractice, and inability to fit into the local culture (Tulloch, 2008; Morgan, 2012).

Summary

While there are many challenges, there are also many assumed benefits associated with international preceptorship placements for the student both personally and professionally. The mandate of the College of Nurses of Ontario is to protect the public and owing to the increased multicultural nature of Canadians, it can be argued that the public will be cared for more efficiently by nursing students who participate in international exchanges (2015). More research is needed, however, to determine educational outcomes and approaches to maximize the international clinical experience (Mill, Yonge, & Cameron, 2005). Internationalizing guiding principles in nursing curricula can ultimately serve to enhance global knowledge issues in nurses (Ogilvie, Paul, & Bugress-Pinto, 2007). It is incumbent

on nurse educators, therefore, to develop strategies to ensure that students are exposed to the concept of globalization and to their role as professionals in our global world (Mill, Astle, Ogilvie, & Gastaldo, 2010).

Examination of the process involved in preparing nursing students for professional practice via international preceptorship placements, will assist nurse educators to acquire insight into the process involved in preceptorship in that context which, in turn, has the potential to impact nursing both locally and abroad. By using grounded theory to examine the process in which students, preceptors, and faculty advisors engage in international preceptorship, nurse educators will become better informed about potential strategies required to effectively prepare students.

To reiterate then, the guiding research question for this study was: What is the social-psychological process involved in engaging undergraduate nursing students in teaching and learning in the international context?

Chapter 3: Method

Method Description: Grounded Theory

Grounded theory is a flexible yet rigorous method of conducting qualitative research. Grounded theory focuses on the process of generating substantive theory rather than particular theoretical content. Grounded theory, therefore, was an ideal method of choice to address the salient question: In international preceptorship, what is the social psychological process involved in undergraduate nursing students for professional practice? Grounded theory has its philosophical underpinnings in symbolic interactionism and social constructionism.

Symbolic Interactionism

The human world differs from that of the natural, physical world and subsequently must be studied differently (Guba & Lincoln, 1989). Because humans have evolved the capacity to interpret and construct concepts and issues in the world, human perception is not an absolute. What is perceived to be real by humans is, in fact, real and must be studied using such a lens. This human perception, or way of viewing the world, is possible through language, cultural rituals, and other symbols and their shared meanings. Termed symbolic interactionism, this process was first described by George Herbert Mead (1934) who was a professor of philosophy at the University of Chicago, and then later by Herbert Blumer (1969) who was a student of Mead (Hall, Griffiths, & McKenna, 2013). Symbolic interactionism is the root and philosophical premise of grounded theory (Heath & Cowley, 2004). Symbolic interactionism is a sociological perspective that focuses on the meaning of events and symbols ascribed by people as they interact with others in

their everyday lives (Smith & Biley, 1997). In accordance with the tenets of symbolic interactionism then, researchers are perceived as social beings whose experiences, ideas, and assumptions can contribute to their understanding of the social processes observed. For example, analysis will always be filtered through one's tradition and cultural position (Ashworth, 1997). Mead's perspective reflects an effort to understand human beings as active participants in constant interaction with their environment and themselves. It does not explain human behaviour through the development of personality but rather perceives humans as dynamic organisms who define situations, self, and others through constant interaction with their environment (Charon, 2001). Through socially created symbols, including language, humans interface with others to determine and define their reality. It is language, both spoken and written, that allows behaviours and objects to be classified and categorized to create meaning and understanding between others. Further, through interaction and symbols, individuals are socialized to understand the rules, ideas, and values shared within a society. Symbols serve as the foundation for society by allowing humans to cooperate with each other so that common goals may be achieved.

Through constant interaction with self and others, identities are shaped and society as a whole is formed, reaffirmed, and altered. It is within this perspective that grounded theory is situated in an effort to determine what symbolic meanings, artifacts, gestures, and words have for groups of people as they interact with themselves and others (Cutcliffe, 2000). From this vantage point, the meaning of shared experiences can be understood as being socially constructed and provide a

framework for understanding particular phenomena of interest. It is the study of these newly identified phenomena, rather than analyzing data within existing ones, that generate new theories.

Social constructionism

The notion of socially constructed knowledge derives from the perspective that reality is society-based. Knowledge is constructed using a lens that is filtered through society. Reality becomes a creation that is socially negotiated and an interpreted view of meaning (Kvale, 1996). The social construction of knowledge is linked to language and linguistic symbols that are used to form meanings among individuals in a society (White, 2004). Social constructionists believe that it is impossible to view the objective reality of any phenomenon owing to the fact that individuals will always filter their interpretation of reality through a socially constructed view gained through interaction with the rest of the society (White, 2004). Ignoring the influence of culture, meaning schemes, personal motivation, and beliefs with respect to the ways individuals interpret reality is implausible (Gergen, 1999). Social constructionists seek to uncover ways in which individuals and groups participate in the configuration of their perceived social reality. These principles are closely linked to symbolic interactionism, which is the methodology for the research method grounded theory, the method which guided this research study.

Social constructionism and symbolic interactionism share some common concepts. Both posit that people act toward entities based on the meaning those entities have for them as individuals. These meanings are derived from social interaction and are modified through interpretation. Both theoretical concepts

inhere the belief that knowledge is created through social discourse and consensus formation of symbols and meaning schemes used to create and interpret information (Buechler, 2000). Owing to their foundational similarities, it is therefore relevant to consider the role of social constructionism and symbolic interactionism in deconstructing the social-psychological process involved in clinical nursing education such as international preceptorship.

Glaser's Approach to Grounded Theory

There are two distinctly different approaches to conducting grounded theory research; the Glaserian (based on the work of Barney Glaser) and the Strausserian (based on the work of Anselm Strauss). At present, much has been written about the interpretive differences between the methods described by Glaser and Strauss (Heath & Cowley, 2004; Stern, 2007; Walker & Myrick, 2006). This is not to say that either approach generates more sound research but rather highlights the necessity for researchers to adopt a single approach (Baker, Wuest, & Stern, 1992). The writings of many qualitative methodologists such as: Glaser and Strauss (1967), Glaser (2002), Strauss and Corbin (1998), Denzin (1978), Lofland and Lofland (2006), Blumer (1969), and Becker (1970) utilize the philosophical underpinning of grounded theory in slightly different ways. Thus it is necessary to determine which lens one will use to shape one's own research. For the purpose of conducting this study, the Glaserian approach to grounded theory was the primary influence.

The grounded theory method consists of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves. Grounded theorists attempt to learn what occurs in the research

settings and gain authentic insights into the research participants' lives. For this study, the researcher commenced analysis with data that were collected through observations, interactions, and interviews. The process of analyzing the data was commenced, at the onset of the study, which meant that data was separated, sorted, and synthesized through coding. The term coding, as described by Glaser, means that labels are attached to segments of data that depicted the meaning of each segment (Padgett, 1998; Patton, 2007). Constant comparison (using memos) was made between these labels and between participants to acquire reliable insight into the data. This process was carried out through memo writing, which is integral to the grounded theory process. The memoing, in essence, was the theoretical notes about the data and the conceptual connections between categories. Through comparison and memo writing, "grounded theory researchers are able to define ideas that best fit and interpret the data as tentative analytic categories" (Glaser, 2004, p. 3). These categories served to construct theory that was derived directly from the data.

The emphasis of grounded theory is on inductive strategies of theory development in contrast to theory generated by logical deduction from *a priori* assumptions. Induction is viewed as the key process, with the researcher moving from the data to empirical generalization and onto theory. Data were thus collected and analyzed in a systematic, yet flexible manner, a process which led to the emerging theory (Cohen, Manion, & Morrison, 2011). In other words, it was more than a description of the phenomena; it was coming to an understanding of the process by which the phenomena actually occurred (Burns & Grove, 2001). Theory

did not exist before the data analysis – rather, it became defined through the process of analysis. “Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research” (Glaser & Strauss, 1967, p. 5).

Generating a theory, as it relates to the grounded theory method, is in fact, generating a substantive theory. A substantive theory differs from other types of theories in that it is developed for a specific area of inquiry, such as patient care or professional education. For example, Beck developed a substantive theory of postpartum depression after using grounded theory to conduct 12 interviews with participants (1993a). In producing a substantive theory, the researcher generates categories or their properties from evidence, then the evidence from which the category emerges is used to illustrate the concept" (Glaser & Strauss, 1967, p. 23). These categories can then be explored in other comparison groups, which may support the categorical concept or suggest modifications to make it more generalizable. The grounded “theory denotes a set of well-developed categories (e.g. themes, concepts) that are systematically interrelated through statements of relationship to form a theoretical framework that explains some relevant phenomenon” (Strauss & Corbin, 1998, p. 22).

Because conducting a study using the grounded theory method ultimately produces a substantive theory, an extensive review of the literature about a theory was not necessary; the theory had not yet emerged. The subjects held the power and control. In grounded theory, a researcher is immersed in the data and phenomena along with the participants. Throughout this study, flexibility was maintained,

allowing for adjustments to what was being learned or what other questions or concepts had arisen. Constant comparisons, patterned relationships, ongoing refinement of characteristics and cases were central to the grounded theory. Unlike the flexible and open data collection of most qualitative designs, grounded theory arises from systematic data collection strategies and analyses called coding. As the data in this study were analyzed and coded, ideas and potential insights began to emerge which were recorded in theoretical memos. As part of the analytical process, deduction and verification became the servants of emergence as categories were constantly compared to each other.

As researchers conduct grounded theory, they must respect and stay close to the empirical or practical world. Data obtained are generated by the participants and are embedded in their world; the subjects' feelings, thoughts, and ideas about how they had participated in an international preceptorship. This process can be challenging for researchers and they must be ever mindful of these challenges. Invariably, to be true to the data, researchers need to set aside theoretical ideas or notions to allow the analytic and substantive theory to emerge. Owing to the evolving, inductive nature of the grounded theory method, it is important to be ever cognizant of the systematic nature of this method that inhered specific steps or guidelines for data analysis. A researcher can be faced with the challenge of determining when categories are saturated or when the theory is sufficiently detailed. Grounded theorists thus need to be able to tolerate confusion, regression, be open to what is emerging from the data and have no preconceived ideas or thoughts about what theory is being defined (Cohen, Manion, & Morrison, 2011).

Substantive Coding

Substantive coding is the first analytical step in the coding process. It involves naming segments of the data with a label that simultaneously categorizes, summarizes, and accounts for each piece of data. As researchers code during the substantive phase, segments of data are taken apart, assigned names in concise terms and then assigned an analytical label so that abstract ideas can be generated for interpreting each segment of data (Woodby, Williams, Wittich, & Burgio, 2011). For this study, substantive coding included open coding and selective coding. Open coding is the first level of abstraction. Data from interview transcripts were analyzed line by line and assigned a code. These codes were compared further as the researcher continued to analyze the transcript (Connelly, 2013). As open coding continued, constant comparisons yielded concepts within those codes. These concepts were eventually renamed and shaped to form the growing theory. Open coding included extracting data fragments or words from the nursing students', faculty advisors', and RN preceptors' descriptions of the international preceptorship that were deemed to have significant individual meaning and then analyzed them for pattern. The goal was to generate an emergent set of categories and their properties which fit, worked, and were relevant for integration into a theory (Glaser, 1978). The second sub-phase of substantive coding, selective coding, allowed this researcher to generate the core variable that was emerging in the data. Once a constant theme had been identified through open coding, selective coding could then begin with that theme in mind in order to discover the core variable. During selective coding, a central (core) category was apparent and was subsequently used

as a vehicle for the integration of the major categories thereby developing theoretical claims. In this stage, the relationship between and among the categories was determined. Selective coding was restricted to categories that directly related to the core variable. By performing selective coding, these core central categories were discovered which, in turn, had the power to elucidate much about the notion of international preceptorship. Only then could this researcher begin to formulate hypotheses and corroborate them through further data collection and analysis.

Theoretical Coding

Once substantive coding was completed, this researcher then proceeded to the theoretical coding stage. Theoretical coding is a sophisticated aspect of data analysis. It involves following the codes the researcher selected during substantive coding. "As we code, we ask: which theoretical categories might these statements indicate?" (Charmaz, 2006, p. 45). In the theoretical coding stage, clusters were created based on their fit with the emergent data from the substantive coding. Being cognizant of how the substantive codes related to each other as hypotheses to be integrated into a theory was maintained. Theoretical coding moved the data from substantive coding into an analytical story with a theoretical direction.

While NVivo and other software tools had been explored, coding was conducted using a more traditional format i.e.; a large area in an office was used to code data and discover themes. 'Post it' notes were the primary method to track data. This process was found to be the most effective method.

While performing both substantive and theoretical coding, theoretical memos were recorded which facilitated in conducting grounded theory.

Memoing

All data are a fundamental property of grounded theory. Not only interviews or observations are included as data, but anything that helps the researcher generate concepts from the emerging theory is also included. Careful consideration includes all forms of data collection, which includes memos. Memoing and diagrams or pictorial representations of the data are utilized throughout data collection and analysis (Strauss & Corbin, 1998). Through memos, the researcher is able to document theoretical ideas, hunches, and emerging hypotheses. Memoing has been considered the core stage of grounded theory method (Glaser, 1998) because memos are the researcher's ideas, feelings, thoughts, and insights regarding the research area. Memos are largely subjective reflections and interpretations. Memos are the theorizing write-up of ideas about substantive codes and their theoretically coded relationships as they emerge during coding, collecting, and analyzing data (Glaser). Memoing is total creative freedom without rules of writing, grammar, or style (Glaser). The writing must be an instrument for outflow of ideas, and nothing else (Glaser). For this study, memos were a vital part of the data collection and analysis.

Study Setting and Population

This study was conducted in one university program in Canada. Interviews were conducted at convenient times and locations for the participants. The population was comprised of recently graduated undergraduate nursing students, faculty who had advised students in an international preceptorship placement, and preceptors who had been direct supervisors for an internationally placed student.

Recruitment and Sample

The total number of interviews in a grounded theory study is not known in advance. It is determined by 'theoretical saturation,' which occurs when data and analysis no longer yield new variations, concepts, or categories. This process is guided more by the quality of the data gathered rather than by the quantity of the interviews (Schreiber, 2001). With that in mind, most grounded theory studies have approximately 20 to 30 interviews, which the researcher then analyzes for categories and emergent theories to guide subsequent samples and future interviews (Creswell, 1998). Saturation occurs "when no new data emerged relevant to particular categories... categories have conceptual density, and all variations in categories can be explained" (McCann & Clark, 2003, p.10). Therefore, more important than determining a predetermined set number of interviews, it was appropriate to reach a point of data saturation and therefore, the number of interviews that were to be conducted could only be hypothesized.

Although it was desirable to obtain former BScN students who had just completed their international preceptorship experience, five years was a convenient time period that would allow the researcher to collect data that was still relevant but would also provide a pool large enough so that data saturation could be reached. In addition to conducting the interviews, supplementary data were collected via field memos and journaling. From the constant comparative process and leveled coding that are characteristic of grounded theory (Glaser, 1978; Schreiber, 2001), emerged a substantive theory that focused on the nature of how pedagogy can be framed to meet the needs of the undergraduate student in an international preceptorship.

Data Collection

Prior to initiating the study, ethical approval was granted by the university in central Canada where the study took place as well as the University of Alberta. The data collection involved semi-structured interviews with faculty, former nursing students, and preceptors who engaged in international preceptorship. Demographic data were collected from the participants prior to conducting the interviews on a demographic data sheet (Appendix D).

All participants signed a consent form (Appendix B) to indicate awareness of their rights as participants in this study. A total of 18 participants were recruited, resulting in a total of 45 interviews, all of which were transcribed verbatim. Of the 18 participants, five were faculty advisors who had participated in international preceptorship placements, eight were former BScN students who had participated in an international preceptorship, and five were preceptors who had precepted BScN students in an international preceptorship as part of their formal education program. Of the five faculty advisors, four were from Ontario. Of these four, three remained in Canada while the student they were supervising was engaged in preceptorship in the international setting. One faculty advisor traveled with the student abroad. The fifth faculty advisor was born, raised, and lived in the country of Africa. Of the eight former BScN students, seven were Canadian who all engaged in international preceptorship in various locations; i.e. Ghana, Kenya, United States of America, Sweden, etcetera. One former student, from the Caribbean, completed her international preceptorship in Canada. Of the five preceptors, four were situated in their home country and were assigned to students from outside of their home

country. One preceptor was herself Canadian and traveled with the Canadian student to the assigned international destination. The majority of the interviews ranged from 30-60 minutes in length; the longest extended over 65 minutes and one of the final interviews was conducted in only 11 minutes. Twelve of the 18 interview participants were interviewed three times, four participants twice, and another participant only once. The use of leveled coding described above, served as a guide in assisting to determine the number of interviews required to reach data saturation. Initially, to conduct the interviews, this researcher used either a student interview guide was used (Appendix E), a preceptor interview guide (Appendix G), or a faculty advisor interview guide (Appendix F) that contained open-ended questions. These guides were designed as starting points of conversation only and were not followed verbatim. Finally, field notes were handwritten and recorded to enhance data analysis throughout the data collection process. Memos and a journal containing personal reflections supplemented the data and added contextual depth to the analysis of the data.

As the initial round of interviews proceeded, categories were identified that required direct questioning of the participants to enable development the descriptions necessary for theory. This process required member checking which entailed inviting the participants to determine whether the analysis of their meaning accurately reflected their perceptions of their participation in the undergraduate international preceptorship. This step allowed the researcher to ensure that correct accounts of the participants' perceptions were being obtained. Milliken and Schreiber (2001) explain that grounded theory research involves investigating the

socially constructed meanings that become apparent from the participants' descriptions. It is the participants' expertise with their socially constructed participation in the international preceptorship that formed the developing theory. Member checking with the participants then, was of particular relevance during the data analysis phase so as not to devalue or alter the participants' meaning in any way.

Data Security

To ensure security of the collected data, the digitally recorded interviews were stored on the researcher's password protected laptop computer and stored in a safe place when not in use. Once transcribed, the interviews were then moved to compact discs (CDs), which were stored in a locked cabinet in the researcher's office. To further ensure security and confidentiality, field notes, journal entries, and memos were locked in the safe. To protect anonymity, the participants' names or other identifying marks did not appear on any documents. Instead, pseudonyms were chosen and self assigned by the participant. These pseudonyms were stored separately from the interviews in a locked storage unit, locked in the locked researcher's office.

Once the study is completed and the results disseminated, all digitally recorded interviews and transcriptions will be deleted from the laptop; CDs, field notes, and journal entries will be stored in the locked cabinet in the researcher's office for a minimum of five years in accordance with university policy and with the Publication Manual of the American Psychological Association (APA) standards. All

documents containing codes/names linking participants to the data will be shredded.

Data Analysis

In using a grounded theory approach in this study, Data analysis, as part of the grounded theory approach in this study, underwent constant comparison in which data were deconstructed/ analyzed in a circular fashion in keeping with the method described by Glaser (1978). Data were collected and analyzed concurrently. Coding is considered the primary analytical process in grounded theory research (Walker & Myrick, 2006) with levels of abstract coding procedures used by grounded theory researchers for data analysis. A code is a word or phrase used to label or name a phenomenon of the subject's language used during the interview. A phrase is used to label that language or phenomenon in the text of the interview transcript. Coding was completed once the core variable emerged, or what was thought to be the core, or tentative core variable.

During data analysis, data fragments, words, or phrases were extracted from nursing students', preceptors', and faculty advisors' descriptions of the international preceptorship placement that had significant meaning for them. Next, these fragments were analyzed for patterns in the data as part of the conceptualization process. This process generated 1,385 open codes, including for example "a lot of reading prior", "making do", and "outside comfort level". As analysis continued, in accordance with the grounded theory method, 35 selective codes were identified which were found to directly contribute to the themes and core variable that emerged from this study. These codes allowed the researcher to focus open-ended

questions in subsequent interviews with participants. Examples of the selective codes that emerged included: “need prior preparation”, “empowering practice”, and “language barrier distracting”. During the next phase of coding, (i.e. theoretical coding), this researcher analyzed the relationship between and among the substantive codes to form the bases of a possible theory or central theme (Schreiber, 2001). As data analysis continued and new data emerged, the process of grouping together these codes according to fit began. Examples of some of the theoretical codes that emerged included: “change in persona”, “critical reflection”, and “using feedback”. Through further sampling and member checking, final theoretical components began to emerge and a conceptually dense and substantive theory formed that reflected links among all of the previous levels of codes (McCann & Clark, 2003).

The journaling that was maintained throughout this process was particularly enlightening. Notes were made that described thoughts, feelings, and ideas as to how the research was progressing. These journals were initiated at the onset of the study, even while in the planning stages. This record of ideas and interpretations was retained throughout the process. An example of a journal entry was, “Is the ability to comprehend a culturally diverse patient population in the international context reflected in the undergraduate curricula?” Reading through the journals throughout the process provided insight, added depth to the research findings, and allowed for development of a more meaningful understanding of the participants’ view of the international preceptorship.

Furthermore, journaling was particularly important for the control of bias. Consistent journal entries and re-reading of those entries helped to minimize risk by constantly confirming that the data that was being generated was not being swayed by the researcher. As Glaser reports, “Let us be clear, researchers are human beings and therefore must to some degree reify data in trying to symbolize it in collecting, reporting, and coding the data. In doing so they may impart their personal bias and/or interpretations—ergo this is called constructivist data. But this data is rendered objective, to a high degree, by... grounded theory”, especially through the journaling process (2002, art. 12). Journaling helped to confirm that the researcher was not unnecessarily influencing the direction of the data but rather allowing the data to lead the researcher. Understanding of the researcher’s own assumptions, constant comparisons and cognition of how those assumptions could potentially sway findings, can help to ensure bias is not influencing data analysis. A working awareness of bias is imperative in all interview research. These precautions and the fact that conclusions drawn are grounded in actual data helped to minimize the risk of bias.

Rigor

Methodological rigor must be established and maintained throughout the research process to ensure the findings can be trusted. “Care in applying the grounded theory methodology correctly, is the single most important factor in ensuring rigor” (Cooney, 2011, p. 17). Akin to reliability and validity in quantitative research, the four central elements that are required to ensure rigor in qualitative

methods include: credibility, auditability, transferability, and confirmability (Speziale & Carpenter, 2007).

Credibility is referred to as the efforts that increase the probability that accurate findings will be generated (Speziale & Carpenter, 2007). Credibility, or trustworthiness of the findings includes tasks that are likely to increase the probability that plausible findings will be produced. One means by which to ensure credibility is by dedicating a prolonged engagement period with the subject matter. Guba and Lincoln (1989) define credibility based on how well the researcher's interpretation of the data reflects the participants' personal experience. To achieve credibility, the researcher and supervisor worked closely together, as the supervisor has knowledge and experience with grounded theory method as well as the content area under investigation. Through on-going and in-depth feedback with this supervisor, the primary researcher was able to further explore the themes identified, which aided in credibility. Furthermore, conducting second and third interviews with the participants afforded the opportunity to clarify meanings. This form of member checking has been identified as a key element to ensure credibility and is the best method to ensure rigor in grounded theory (Glaser, 1967). During this study, participants confirmed and extended the initial interpretations during subsequent interviews. The themes were also re-examined in the context of current research in the literature and were found to be supported by the work of others.

Auditability refers to sustaining practices that provide evidence for the conclusions that are drawn throughout data collection and analysis (Streubert & Carpenter, 1999). Auditability is maintained in the research process by using a

variety of audit tools that include maintaining a journal with observational notes, memoing, tape-recording interviews, and verbatim transcripts.

Transferability of findings refers to the probability that the study findings resonate for others who have shared similar experiences (Burns & Grove, 2001). A clear description of the research process, including context, selection criterion of participants, and a presentation of the findings are also key indicators of transferability. These aspects have been addressed in this paper. Also, Guba and Lincoln (1989) define transferability as the extent to which the findings are useful in other contexts similar to that of the one under investigation and that this is most often attained through the reader of the study findings accordingly. Suggestions related to the transferability of the findings beyond the current context are provided in chapter five.

Confirmability is attainable when all other process criteria have been met (Streubert & Carpenter, 1999). Moreover, confirmability of the findings is achieved when credibility, transferability, and auditability of the findings are established as a whole. Through vigilant attendance to each facet of the qualitative research process, rigor is achieved with dependable and credible findings being produced. Glaser described other ways to ensure rigor that are specific to grounded theory (Glaser & Strauss, 1967; Glaser 1978; Glaser, 1998). Specifically how concepts relate to the incidents they are representing is described as fit, which is achieved through thorough constant comparison of the concepts to the incidents. A second criterion is relevance, which relates specifically to how the research conducted should not only be of interest or concern to the researcher, but to the participants themselves. A

third criterion is workability, which refers to how well the theory generated from the research explains how the problem will be solved. Lastly, a modifiable theory can be altered and adapted when needed based on new and emerging data.

An important aspect of conducting grounded theory is member checking, arguably the most integral part of insuring rigor. The grounded theory researcher must ensure credibility of the research by performing member checks with the participants and even external parties in some cases. "Returning to the original informants and obtaining their opinions of the developing theory" (Goulding, 2005, p. 89) is recommended for the key elements of text in grounded theory. This process prevents researchers from altering the data to suit their theory (Guba & Lincoln, 1989). One way to member check is to show the participants their verbatim transcripts. However, this method has inherent problems. If they are shown the verbatim transcripts they will be able to acknowledge and respond to their own words (Glaser & Strauss, 1967), but will have no contribution to how their opinions and assertions are interpreted. Therefore, this research read-back to the participants who were interviewed subsequent times, the constructions derived from the analysis. This provided opportunities for discourse around concepts and themes that were identified and allowed the participants to confirm, clarify, and/or rebut analysis findings.

Beck identified fit as a main standard for maintaining rigor (1993b). Rather than testing hypotheses within a given theoretical framework, grounded theory is an emergent approach that assumes that theory is contained within the data. Moreover, there is no forcing of preconceived ideas of the researcher onto the data

being discovered in grounded theory. Therefore, “grounded theorists evaluate the fit between their initial research interests and their emerging data” (Charmaz, 2006, p. 17).

Ethical Considerations

The proposal was submitted to the appropriate Ethics Boards for ethical review and approval (Appendix I). The following were the major ethical considerations in this study.

Inclusion criteria.

Participants of the study had a working knowledge of the English language. They agreed to participate in the study and signed the appropriate consent forms. All participants had a recent international nursing preceptorship experience specifically within the past year or two however, a subject may have participated if the experience was within the past five years.

Participant confidentiality/consent.

Information sheets and consent forms (Appendix A & B) were reviewed with participants by the researcher according to the qualitative research process. The researcher was cognizant of and adhered to the ethical parameters of the study by having no immediate connection or power over the participants so that each participant had no pressure to contribute to the study. An information sheet (Appendix A) was given to each participant who then had the opportunity to ask any questions about the study. Each participant retained a copy of this sheet, which contained the researcher’s contact information, so they could contact the researcher at any time throughout the study. The consent form (Appendix B) included consent

to audiotape the participants. A copy of the consent was also provided to the participants. To ensure confidentiality, audiotapes of the interviews were stored in a safe in the researcher's office when not in use for transcription purposes. Once transcription occurred the data were temporarily housed on the researcher's laptop, which was password protected. All notes, memos, and journal entries were locked in the same safe.

The study did not involve any known risks, however, if reflecting on the international placement led to some degree of emotional discomfort, the participant had the option of discontinuing the particular course of inquiry, a situation which did not occur.

Proper names were never directly linked to interview data. Each participant chose a pseudonym at the beginning of the first interview. This was a nice 'ice-breaker' and set the tone of the interview in a fashion so as to allow participants to feel free to speak in their true voice. These pseudonyms and proper participants' names appeared only on the document that linked the two. This linking document was stored separately from the audio recordings in a locked filing cabinet in the researcher's locked office. Direct quotes from the participants will be used for dissemination purposes. All participants were made aware of the possibility of using such direct quotes in publications and that this material was used only to capture the nature and meaning of their international placement and that any direct quotes would be completely anonymous.

Once data analysis was completed, all audio recordings were deleted from the laptop; all CDs storing recorded interviews, notes, memos, and journal entries were

stored in the locked safe in the researcher's office and will be kept there for five years. The document linking participant names with their pseudonyms was destroyed to protect anonymity and confidentiality.

Coercion.

The researcher should remain at arm's length during the recruitment process to prevent coercion (Chiang, Keatinge, & Williams, 2001). Coercion is the practice of forcing another to act in an involuntary manner by use of intimidation, power, or excessive reward and seeks to violate the free will of an individual (Loiselle, Profetto-McGrath, Polit, & Beck, 2011). In this study then, this researcher asked the Dean for the School of Nursing, for permission to allow the nursing secretary, to contact potential participants. This process reduced the possibility of participants feeling coerced to participating. On the form completed by the participants, the researcher obtained permission to contact potential participants. Using the inclusion criteria outlined above, the researcher identified and approached participants for the study.

Prior to commencing each interview, the researcher outlined the purpose of the study and assured the participants that they had the right to withdraw from the study at any time. If a participant withdrew from the study, no reprisal would ensue and all data collected from that individual would be deleted and would no longer be included in the study findings. The participant would also have the opportunity to ask questions prior to commencing any interviews.

Chapter 4: Findings and Discussion

“[the international preceptorship is] an incredibly powerful component of [nursing] education...you have academic, you have the literature, the books that you study, you have your practical component, and then, you have this greater expansive social component that’s really like an over-arching piece that connects the theory and the practice in a very dramatic way” (Kristen [preceptee]).

Making a Cognitive Shift in the Global Learning Context

Through in-depth analysis of the participant interviews in this study, it became evident that the social-psychological process involved in international preceptorship was *making a cognitive shift in the global learning context*. This process emerged from the data to explain what was actually occurring throughout the international preceptorship. Intrinsic to this process were five major categories or ambient conditions. These categories included: *being ready, viewing through a different lens, developing cultural competency, enriching personal growth, and enhancing a professional identity*.

Schreiber explains that diagrams promote conceptualization and often allow the researcher to discover gaps in the data (2001). The following diagram thus provides a conceptualization of the findings of this study and will be now discussed.

International Preceptorship

Making a Cognitive Shift in the Global Learning Context

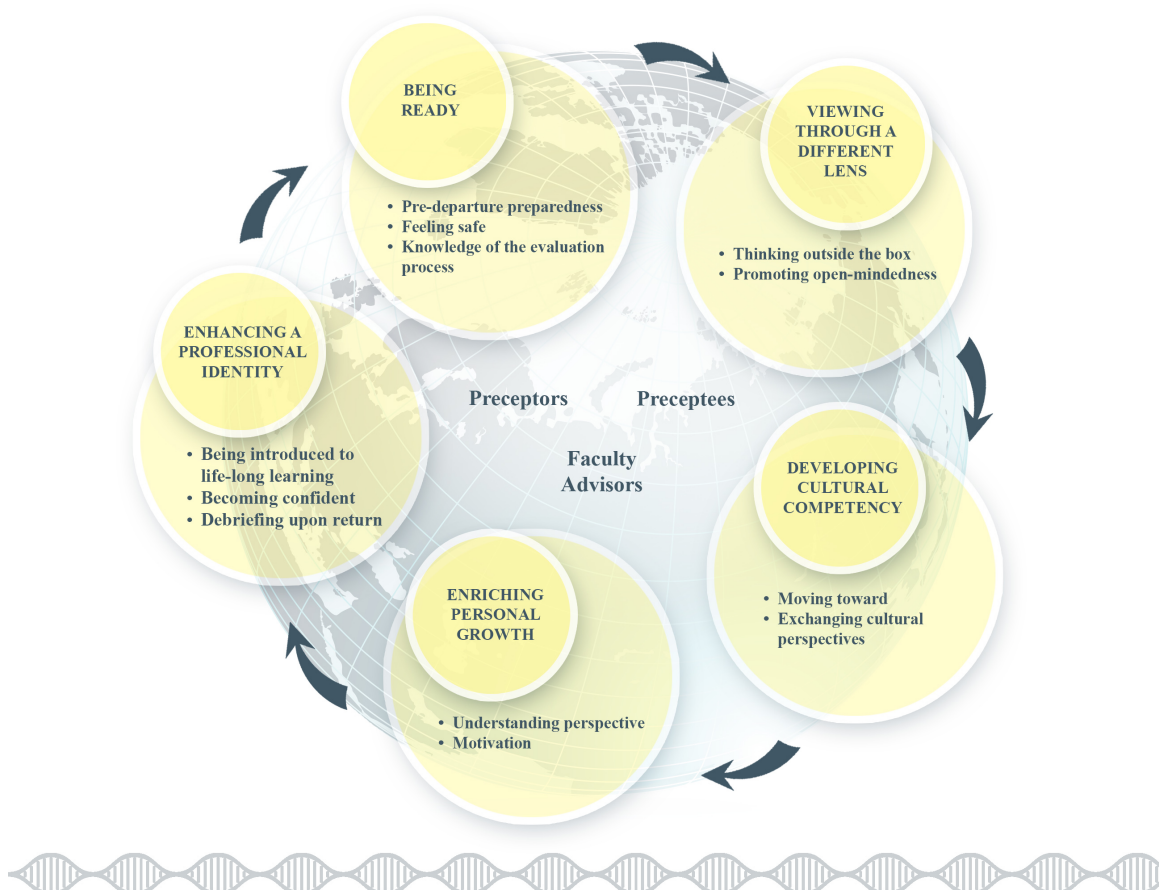


Diagram 1: The Process Involved in International Preceptorship in Undergraduate Nursing Education

Being Ready

One key factor found to be integral to the success of the international preceptorship was *being ready* to engage in the process. *Being ready* for the international placement entailed considerable preparation well before it occurred. Several subthemes were identified as being intrinsic to *being ready*, namely: *predeparture preparedness, feeling safe, and knowledge of the evaluation process.*

Predeparture preparedness

Well-planned predeparture workshops serve to equip the student for a potentially smoother international placement abroad with a lesser probability of experiencing negative incidences while away. Both formal and informal preparation are equally important. For example, in this study, students were prepared formally by the faculty and staff who assisted them in obtaining a work permit and visa, locate lodgings, and connect with other Canadian students. Students and preceptors were also equipped for language training (Mill, et al., 2005), cultural familiarity, and were prepared to become emotionally braced for different eventualities that might arise. While this process was carried out directly with the participants prior to departure, an alternative to such preparation could also be provided informally by way of a packet as described by Wright (2010). In her study, for example, participants were provided with an information packet containing the necessary information concerning the placement site, the time schedule, fees, regulations, and additional points of relevance. Such a packet, Wright indicated, could also include a delineation of the requisite policies and rules to be followed and an explanation of the grading criteria regarding the course or courses offered while abroad.

In keeping with the findings of this current study, the predeparture meetings that occurred prior to the placements served to inform students, faculty advisors, and preceptors specifically with regard to assignment preparation, transportation arrangements, and any potential issues or concerns that might arise. Several books and other readings were recommended to acquaint participants with the country and the customs which they were about to encounter. The process of acquiring

passports and the necessary visas was completed as soon as possible if students had not already acquired them.

One student commented how the predeparture workshops had helped her:

“I think just having things set up beforehand would be best because you don’t know what’s going to happen once you get there” (Suzie [preceptee]).

A preceptor explained:

“I have to plan for their coming like three to four months before their arrival” (Sippy [preceptor]).

In addition to organizing from a practical perspective for the international placement, it was also important to discuss and impress upon the participants the need for flexibility insofar as learning was concerned. Specifically, the preceptees needed to be prepared to be open to allow for spontaneous learning to occur, a key factor found by Bell and Anscombe (2013) as being integral to a successful preceptorship in the international context. One student commented:

“We’ll just see what happens and allow the learning to come to you sometimes” (Suzie, [preceptee]).

Faculty advisors needed to be equally flexible. One faculty advisor commented:

“Although pedagogical structure is an important part of the preparation in terms of international preceptorship, it’s very important to also be adaptive and permit the learning to

simply happen in a natural way at times as well” (Addie [faculty advisor]).

Emotional preparation was an area of focus in predeparture preparedness and included, for example, discussion regarding the need on the part of the student to be able to adjust to a different or foreign climate and culture. One preceptor from Canada who accompanied the Canadian students on the international placement described:

“I’m not a camper and I knew we were going to go and live in tents and how was I going to do that?” (Sally [preceptor]).

A major advantage of participating in predeparture workshops was to facilitate adaptation to what may be a completely new and unfamiliar environment. A student described how the predeparture workshops helped to prepare her:

“we were kind of warned, ‘this is what you might see, this is what you might experience, and this is what you might feel when you get back, and so those sessions were very helpful and then you’re able to recognize, ‘oh, okay, they warned us that this would happen and it’s happening, nothing to worry about” (J.C. [preceptee]).

The predeparture sessions were thus found to be an invaluable factor in the students’ *being ready* for the international preceptorship (Pawar, et al., 2004; Tesoriero & Rajaratnam, 2001; Heron, 2005). Appropriate preparation for international placement is essential if a positive and fulfilling learning placement is to take place. In this study, such sessions

were found not only to prepare undergraduate nursing students emotionally, mentally, and academically for what the placement would entail but also forearmed them with the relevant information with regard to the potential dangers and risks but more especially how to mitigate such risks should they occur. This process instilled them with a sense of safety prior to embarking upon this international placement. The predeparture sessions also prepared preceptors participating in the placement as well as faculty advisors with the educational materials and assignments that would be relevant for the specific placement. These types of preparation measures contributed to the participants' reduction in anxiety and helped the triad to effectively prepare for the placement.

Feeling safe

Feeling safe while engaging in the international placement emerged from the data as an integral component of *being ready*. Invariably, *feeling safe* was found to be critical to students, preceptors, and faculty advisors and emanated from how well the student felt ready to embark upon this particular placement. Embarking upon an international placement for students can be a daunting undertaking. The safety of the student and the accompanying faculty was a key requisite of the international preceptorship with university staff and faculty involved assuming the responsibility and liability for student safety (Wittman-Price, Anselmi, & Espinal, 2010).

Knowledge of the country's current political environment, religious and cultural practices, and any potential civil unrest was reviewed during the planning phase of the placement and repeated again closer to the departure date. Up-to-date

information concerning the stability of the country's government, how local populations react to foreigners, crime rates, and major health concerns were thoroughly reviewed prior to embarking upon the placement. To address international preceptorship safety, an effective method was to ensure all participants attended these predeparture sessions in which safety concerns and questions were directly and openly addressed. In other words, to be adequately prepared, students, faculty advisors, and preceptors needed to be informed regarding potential safety concerns well before their departure. For example, students were required to have had the requisite immunizations delineated by their School of Nursing, as well as any additional immunizations deemed necessary (according to the public health department for international travel) for the international placement location and any prescriptions for required medications such as antimalarial drugs. Students, preceptors, and faculty advisors were required to bring their own over-the-counter medications for headaches, minor discomforts, and gastrointestinal upsets, and any medications as prescribed by their primary care provider. In the event that participants were traveling to an area in which there was a high risk of potential exposure to HIV/AIDS, a post exposure prophylactic kit was made available. Health insurance essentials were addressed based on potentially harmful considerations such as the risk of exposure to communicable disease, the rate of motor vehicle accidents, and access to adequate health care. Participants needed to be educated about the potable water of the area and the safest means and locations to eat should they eat in the community (Wright, 2010). If feasible, ground transportation from the airport to the destination was arranged so that participants

could travel as one group thereby further ensuring the sense of safety. As well, participants were advised to pack lightly in the event they needed to travel via a smaller sized aircraft.

Professionally, communication was found to be intrinsic to a sense of safety for participants. Integral to the communication process was consideration of the cultural context, in particular the need for participants to be aware of that which constituted appropriate personal and professional interaction with local residents, hospital staff, and patients. They also needed to be sensitive to the potential for the use of interpreters in the event that this need should arise. From a personal perspective, to ensure the participants' sense of safety, arrangements were made to establish a means by which they and their families could communicate readily throughout the placement. For example, the sooner the students were able to contact their families to assure them they had arrived safely, the sooner the level of anxiety was found to decrease in the students as well as their families. While a satellite phone was required in some situations in the international setting, participants were able to readily purchase a local cell phone or use a phone for most instances (Wright, 2010). Communication between the School of Nursing staff and faculty and the students and faculty abroad was a major priority. Thus, students were contacted on an ongoing basis via the Internet, telephone, or local fax numbers. In addition to these particular considerations, to ensure a sense of safety, it was also important for students and faculty alike to consider such basics as the daily supplies of living. These included such items as hand soap, towels, toilet paper, drinking water, and laundry facilities. For example, one participant commented:

“I wasn’t used to living in such conditions. We were living in a straw hut, with a dirt floor, in bunk beds, right beside each other. It was certainly different than what I was used to”
(Sally [preceptor]).

As well, meal preparation was specifically addressed in the event that the host organization did not offer cafeteria facilities. These considerations were important to address inasmuch as many of these comforts were not afforded participants during their international preceptorship. Knowledge of the lack of some comforts of western living becomes particularly important for participants to assist them in mentally preparing for their placement as they immerse themselves in a new country and culture.

In a study by Mill, Yonge, and Cameron (2005), the researchers described a process in which students needed to develop a general knowledge about the country in which the preceptorship takes place prior to embarking upon it, including “specific knowledge about the cultural beliefs and practices, health care system, role of nurses, and common health conditions in the country” (p. 6). This prerequisite was quite evident in this current study, as recounted by one preceptor regarding preparation:

“[the predeparture workshop] gave me a lot of comfort as well knowing that our personal safety and security issues were not going to be part of my responsibility, or burden, or fear for that matter” (Sally [preceptor]).

Integral to student preparation and key to a sense of safety was the need to be informed about the potential risks involved prior to departure for the international placement (Mill, et al., 2005; Wright, 2010). Indeed, being informed about safety issues allowed participants to garner the most out of the placement and served to alleviate worry about health and safety. Such awareness provided reassurance so that the focus could be placed on the participants' professional and personal growth rather than on worry regarding personal safety. Indeed, awareness is essential if a response is to be appropriate when confronted with any unsafe situation (Wittman-Price, et al., 2010). For example, in the predeparture phase in this study, students were assured that: a) they could rely on the support of their university and faculty who would be there to intervene on their behalf should the need arise; and b) on any occasion when breeches of safety might potentially occur, the University and Faculty would be prepared to intervene or take legal action as warranted. As well, in such a situation, the appropriate union delegate would be made available to both preceptors and faculty advisors. In the literature, Morgan (2012) investigated the risks identified by undergraduate nursing students from the United Kingdom (UK) who participated in international preceptorships, their perceptions of the potential risks involved, and how these risks allowed for personal and professional growth. The three risks identified included: physical risk to person (risks related to the environment, infrastructure or local population); clinical-professional risks (risk of litigation and being accused of malpractice in environments in which corruption occurred frequently); and socio-cultural risks (the feeling of not fitting in, and being at risk for isolation and negative comments from local persons). Despite these risks,

the participants reported that such exposure had led to their personal development and an increase in cultural competence. The researchers found that the major or seminal factor in actually reducing the risks associated with international preceptorship placement was adequate preparation prior to their departure. In other words, being informed of the risks associated with an international preceptorship cannot only create a sense of safety for the student but also facilitate learning and mitigate negative occurrences while away. One student commented:

“After the predeparture workshops, I definitely felt a sense of safety. I felt assured that we were going with the best planning possible, that I was free to experience this placement and learn from it, not worrying about the safety issue as much”
(Bobby [preceptee]).

In addition to feeling safe, a second important aspect of *being ready* identified by the participants was their actual knowledge of the evaluation process and how it would ensue during the placement. Not only did the evaluation process impact students’ progress during their placement but it also had the potential to inform how evaluation could be structured specifically for future preceptorship placements for faculty advisors.

Knowledge of the evaluation process

The participants in this study clearly articulated the importance of the evaluation process in the international preceptorship, their need for accurately understanding it and most especially for it reflecting the international context. Indeed, in discussing the evaluation they reflected that in retrospect the process in

this particular kind of preceptorship placement, vis a vis international, should have differed from the evaluation process that transpires in the context of a local placement which from their perspective was no different. As described by one participant:

“Additional material is needed on the international preceptorship final evaluation tool to capture the non-nursing learning that is happening”
(Bryan [faculty advisor]).

Another preceptor recounted:

“I found the evaluation that I had to write and submit was not really structured for international or a third world experience so that was difficult to try to complete that for each student that really reflected what ended up happening. I think that probably – I don’t know if really the measurements of this experience are the same measurements that you would use for working in a local community (Sally [preceptor]).

In keeping with this finding then, in retrospect a narrative report might have been more facilitative in helping to capture student growth on an individual basis. For example, in addition to the standardized final evaluation form, a specific section pertaining solely to international preceptorship to capture these personal elements could be addressed. Some participants in this study suggested adding a summative component that could serve to address the student’s capacity to rearrange their teaching or care plan to accommodate the international environment, which may be different from that of the Canadian system. One student reflected:

“You get one patient who is from a different culture or a French-speaking individual. I think a lot of those concepts could still be incorporated into everybody’s evaluation but those with the international experience could obviously elaborate and have more in-depth evaluation...their narrative might be longer in that section” (Bobby [preceptee]).

A preceptor participant shared:

“I probably would have preferred to write a written report – a summary on each student on what I felt their strengths were, what they had learned and where I would encourage them to explore additional opportunities to support their learning but probably mostly, because it was such an exceptional experience for every one of them. There was such growth with [student name] from the beginning...to the end. She really let down this sort of coat that she wore of what she wanted us to think she was and how important it was to her what we thought” (Sally [preceptor]).

Currently, there is no undergraduate nursing evaluation tool specifically designed for the international preceptorship placement. In this study, it became readily apparent that of considerable benefit to the participants would have been an evaluation component as part of the process to address and articulate succinctly the specific competencies and achievements of the students while they were engaging in the international preceptorship. In particular, the acknowledgement of the various

skills developed such as personal growth, knowledge of the global political context, language learned, etcetera, would have allowed for a more accurate reflection of the students' achievements within the international preceptorship context. In this study then, participants clearly acknowledged that the process of evaluation needed to be specific to the international placement. While they recognized that the elements of the local evaluation process were facilitative, they suggested that inclusion of more internationally focused evaluation criteria would have provided both students and preceptors alike with a greater sense of cohesion in the teaching and learning process and reflected a more accurate portrait of their evolution in the international context.

Viewing Through a Different Lens

The second major category that emerged from the data in the process of *making a cognitive shift in the global learning context* was *viewing through a different lens*. *Viewing through a different lens*, to the participants of this study, implied that there is not always one way in which to perceive the world and, more specifically, the international preceptorship. Participants revealed how *viewing through a different lens* served to enrich learning significantly while engaging in the global nursing pedagogy of international preceptorship. Intrinsic to the condition of *viewing through a different lens* were two ambient conditions: *thinking outside the box*; and *promoting open-mindedness*.

Thinking outside the box.

From the participants' perspective, *viewing through a different lens* encompassed being able to think outside the box. Specifically, they reflected that

while engaged in the teaching and learning process in the international preceptorship there was no one right way of performing a task. In other words, there were multiple ways of performing tasks correctly.

“We were using a no-touch technique to access our dialysis catheters and here we come back a hundred years, well, not a hundred years but the [local hospital] and they use a sterile technique still to open their lines and I’m like, Whoa.”

(Michelle [preceptee]).

Participants also indicated that *thinking outside the box* was actually honed more effectively during an international placement as compared to a local preceptorship placement. For example, one student reflected:

“If anything, I find that [the international setting] got me thinking outside of the box because if you don’t get those experiences, maybe you aren’t thinking outside the box because you don’t know any difference. So, it sort of makes you a little bit worldly, a little bit more aware, and little bit more understanding” (Julie [preceptee]).

The international nursing preceptorship provided opportunities for students, faculty advisors, and preceptors to think outside their normal boundaries by engaging in a process that encouraged them to consider innovative approaches to nursing care. Indeed, the participants in the study reflected that being able to think outside the box actually allowed them to view the client and the learning

environment in a more holistic way, and not just be viewed as a single problem. One preceptor commented:

“I think the tendency, because it’s an easy thing to do –
humanity often falls into the easiest thing is to look after the
problem that’s presenting and to hell with the rest” (Sally
[preceptor]).

In this study, in the international preceptorship context, participants found they authentically viewed the whole patient and not just regarded them as a single problem or ailment.

Thinking outside the box also implied being flexible and adaptable. According to Green et al. (2008), being able to think outside the box has been found to be beneficial for participants in international preceptorships in developing countries especially when confronted with situations in which they are contending with limited resources and subsequently have to become creative and self-reliant. Being able to competently care for a client with limited technology, materials, and knowledge of their culture (making do with what you’ve got) emerged in this study as being indicative of the concept of *thinking outside the box*. One participant reported:

“[I have] very few resources so how do I make sure that the
learning goals are appropriate, are manageable, are of value?”
(Megan [faculty advisor]).

As care was being provided to patients who were typically outside one’s comfort level, thinking in such a way (outside the box) thus was perceived to

promote improved patient care in these particular circumstances. Participants found there were more ways of performing and thinking about a patient's illness. In other words, one's approach or way of thinking that precipitated increased problem solving ability could serve to structure patient care more specific to each individual thus meeting the needs of the patient. In keeping with the findings of this study then, being out of one's comfort level, being away from home, practicing and living within an international health care system different from one's home country can coalesce to create the opportunity to nurse outside one's comfort zone, vis a vis outside the box. One participant reflected:

“I became more flexible and confident being able to adapt to whatever environment I've been thrown into because you're not 100% sure what you're going to get yourself into”
(Michelle [preceptee]).

Moreover, the participant who engages in an international placement may come to better understand first-hand what it means to be truly out of one's own environment and comfort zone, a process which was found in this study to promote not only their flexibility but also their self-confidence.

Thinking outside the box has been identified elsewhere in the literature.

Mendes (2015), for example, uses an alternative method of care (thinking outside the box) to reach out to dementia patients. Meaningful engagement using 'outside the box' methods such as music, dance, and cooking was found to reduce the need for pharmaceutical intervention with this patient population and to improve quality of life. As well, Aoun and Nekolaichuk (2014), outline the unique challenges that

influence the conducting of research in the palliative care field. They suggest using 'outside the box' research approaches such as pilot feasibility studies to determine whether a particular setting is appropriate for the proposed research that would, in turn, benefit both clinicians and researchers to adequately and accurately address issues in this specialized field. Mattiske (2010), outlines a business model of thinking outside the box to encourage employees to use creativity to challenge existing perspectives and consider other ways of working. In the international preceptorship context in this study, being able to think outside the box was found to promote less repetition of tasks which, in turn, allowed students to reach a professional comfort level much more quickly than they themselves had anticipated.

In keeping with *thinking outside the box*, *promoting open-mindedness* was identified by the participants as being conducive to the larger category of *viewing through a different lens*. Indeed, to be able to *think outside the box*, the participants reflected that if indeed their comfort level with such thinking was to be facilitated, open-mindedness had to be promoted.

Promoting open-mindedness.

Open-mindedness in the context of the international preceptorship was fostered through exposure to and ultimately the ability to be able to accept the more traditional approaches to healthcare. In turn, such exposure fostered the ability to relate to the diverse views and knowledge of others. Understanding the term traditional health care as the sum total of the knowledge, skills, and practices derived from the theories and beliefs indigenous to a particular culture, whether explicable or not, was found to be a first step in the learning process of enabling the

participants to be accepting and open to different health care practices. An increasing emphasis on maintaining open-mindedness has been recognized by various scholars as being necessary to effectively provide health care in today's global context (Sellman, 2003; Good, Harris, Jessop, & Abraham, 2015). According to Larson, Ott, and Miles (2010), Long (2014), and Zanchetta, Schwind, Aksenchuk, Gorospe, and Santiago (2013), for example, students who participate in international preceptorship, particularly in cultures wherein traditional health beliefs and customs are practiced, more likely become aware of alternatives to modern pharmaceuticals and medicine. Indeed, in this context participants are found to develop an understanding of other traditions and set aside personal beliefs and assumptions about modern medicine thus enabling them to open their minds to alternative, traditional practices. Moreover, preceptors, preceptees, and faculty advisors acquired new knowledge, new ways of thinking and problem solving by being exposed to traditional practices. In keeping with these findings, the participants in this study were found to acquire knowledge not only about the process of relating to people but also how to respond to the different situations to which they might never have been otherwise exposed. One participant reflected:

“Not everything needs to be so structured; not everything needs to be driven by policy; not everything is about looking it up in a book” (Suzie [preceptee]).

Through the process of engaging in this preceptorship, this participant found that the limits of her knowledge and nursing experience were expanded. Her scope as a nurse was enhanced thus predisposing her to be more readily open to change.

According to Ruddock and Turner (2007), students who study abroad, tend to develop a more flexible and open attitude which, in turn, assists them to interact more readily with clients whose values differ significantly from their own, a perspective also corroborated by the findings in this study. For example, one student reported:

“I found that the international experience had allowed me to gain insight on how to keep an open mind working with cultures that differ from my own. Even though his life was very different from my own, I kept an open mind about what it must be like to be him. I don’t think I would have gained that insight if I had not gone over there” (Danny [preceptee]).

Participants became more open-minded owing to the fact that they had to learn to communicate with patients and academic staff with whom they did not share a common language, a situation to which they were unaccustomed. Consequently, they identified themselves as having become more intuitive and able to interpret nonverbal communication cues. According to Kokko (2011) and Smith and Tremethick (2014), language is an obvious barrier which, at times, can impede rather than facilitate learning and communication. When verbal communication is impaired owing to a language barrier, nonverbal tactics may be drawn on to effectively relay information. Indeed, communication does not solely mean effective verbal interaction. It also includes nonverbal and graphic action. Facial expressions, gestures, eye contact, posture, and tone of voice all comprise the most effective ways by which to communicate and relay information. The participants in this study came

to realize that there are benefits from nonverbal cues. They identified that the benefits of increased exposure to situations in which they were required to use their nonverbal skills throughout the international placement triggered their ability to develop rapport with others. One student recounted:

“I learned Spanish and learned how to communicate more with nonverbal communication” (Barb [preceptee]).

Another reflected:

“It did challenge you in using your communication skills, communication styles, you’re learning a teaching role that is important in the nursing profession, you’re teaching all the time, you know, different parts of health care. So, that experience got us probably better at becoming teachers, at communication styles. There was a bit of a communication barrier” (Julie [preceptee]).

In the process of being confronted with a language barrier, participants came to hone their communication skills, in particular their nonverbal ability. Being able to enhance nonverbal communication is advantageous to the learning process (Hagen, et al., 2009; Kaddoura, Puri, & Dominick, 2014; Smit & Tremethick, 2014). The participants had to rely considerably on gestures, facial expressions, and simple phrases intrinsic to the local language to truly connect with patients, families, and other health professionals (Kaddoura, Puri, & Dominick, 2014; Smit & Tremethick, 2014). One student remarked:

“A lot of the village people are low-education type people and they didn’t speak English... they preferred to speak... Twi. So I had to rely on what they showed me with their hands to get a sense of how they were feeling or what type of health issue they were having.” (Suzie [preceptee]).

By utilizing these nonverbal communication strategies, participants found they became better communicators and in fact also enhanced their conflict resolution skills inasmuch as they were compelled to find resolution to the challenge of being able to communicate. One student reported:

“You got really good at understanding their body language. It got so that I was able to speak with the village people without even opening my mouth. I felt more connected to them this way too I think.” (Danny [preceptee]).

Participants were thus motivated to enhance their communication ability by being placed in a situation whereby they were required to be open to seeking alternative ways to communicate and with which to engage effectively with patients who communicated in a language different from their own.

Promoting open-mindedness in the international preceptorship placement can be perceived to be grounded in a pedagogy that requires constructivist epistemology, one that cultivates a questioning attitude and genuine interest in students. In other words, being open-minded can be a robust agent of critical thinking in undergraduate students. Hare (1998) supports this finding. He reports that being open-minded in the educational setting fosters critical thinking and sets

the stage for further understanding and developing the profession. It is the undergraduate nursing student who can begin to make advances in this area for the future of the profession. As one student reflected:

“I had never really thought of nursing in that way. Like, I didn’t realize that being a nurse and being out there could make such a difference for the profession. I was thinking I was going for me. But I realize now, the experiences I had made me think in a bigger way...made me think about nursing as a whole” (Julie [preceptee]).

Remaining open-minded can promote this perspective but in contrast, being closed-minded may do the opposite. Hunt and Miller (1968), for example, suggest that closed-minded individuals display less tolerance for cognitive inconsistency and therefore less potential for critical thinking. Theoretically, Leddy (2000) concludes that critical thinking and open-mindedness are “essential to the development of cognitive flexibility and creativity” for professional nursing practice and need to be fostered in nursing curricula at all levels (p. 219).

Viewing through a different lens emerged from the data as a major category. It was found to entail two distinct conditions: *thinking outside the box* and *promoting open-mindedness*. The international preceptorship allowed for the participants in this study to engage in a teaching-learning approach in a different realm. In other words, they were exposed to and performed nursing tasks in a variety of ways that differed from their usual routine. This process, in turn, promoted a deeper understanding and meaning of what it meant for them to be practicing nursing.

Participants identified how engaging in nursing practice through this different lens promoted in them a greater sense of understanding, and a perspective that differed from their own which, in turn, led them to a broader comprehension of nursing in a more global context. Comprehending nursing in a global setting and being mindful of the other, generated for them profound meaning which enhanced positive change in the participants.

The need to be able to come to understand patients' meanings, to communicate, and to effectively care for a patient population with whom they were not accustomed, exposed the participants to a multitude of culturally different variables which, in turn, fostered a process in which they were *developing cultural competency*.

Developing Cultural Competency

The importance of cultural education within the nursing profession has become increasingly evident (Button, et al., 2005). In particular, nursing students need to be competent in providing appropriate care for patients from culturally diverse backgrounds (Duffy, 2001; McCann & Baker, 2001; McElmurry, Misner, & Busch, 2003) and faculty are tasked with providing this educational milestone. In the context of international preceptorship, the concept of cultural competence was found to be critical to the teaching learning process. In the literature, discussion regarding cultural competence continues to emerge and expand. Today, for example, cultural competence is defined as cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs. Furthermore, a

culturally competent system is founded from an awareness of the integration and interaction of health beliefs and behaviours, disease prevalence, and incidence, and treatment outcomes for different patient populations (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003).

Key to *developing cultural competency* were two distinct conditions, namely; *moving toward* and *exchanging cultural perspectives*.

Moving toward

The participants identified *moving toward* cultural competence as a prominent feature of international preceptorship. Participating in the international preceptorship brought to light for the participants a range of issues related to cultural competence that may otherwise not have been encountered within the context of the Canadian nursing system.

“I think cultural sensitivity is a huge thing, especially here...we don’t see a lot of it and a lot of nurses...harp on that. We’re really not culturally aware that much because we haven’t had to be and I think [international preceptorship] really opened my eyes and I’m always culturally thinking” now (Barb [preceptee]).

Participation in the international preceptorship in this study was found to achieve more, for the undergraduate nursing student, than mere exposure to a different culture. Indeed, it allowed participants to engage in hands-on nursing care in the clinical setting, to acquire insight into family-centered traditional and alternative medicines (Kokko, 2011; Larson, Ott, & Miles, 2010), and allowed faculty

to use non-traditional pedagogical strategies to do so. In some studies, it has been found that students who participate in an international preceptorship tend to feel more prepared and confident in their ability to perform hands-on care (Kaddoura, Puri, & Dominick, 2014). Case in point, Larson, Ott, and Miles (2010) found that students participating in an international preceptorship placement in Guatemala who had an opportunity to experience traditional and alternative medicine may have, beforehand, found such practice to be 'strange' and a barrier to providing care. Following such exposure, however, they perceived and ultimately addressed these practices with respect and an understanding that such practices were a natural aspect of the culture. Moreover, the opportunity to provide nursing care while simultaneously observing traditional medicine was viewed as a benefit for the participants of this study. As one student recounted:

"I really got to see a different part of nursing. I see it clearly now. Knowing what I do about nursing in Canada and remembering what I saw and experienced in Africa, the two are very different. But I respect their cultural ways of nursing. It has helped me gain an appreciation and understanding of how they do things over there." (J.C. [preceptee]).

Whether or not international preceptorship does indeed allow for participants to become culturally competent is widely debated (Axley, 2009; Harrowing, Gregory, Sullivan, Lee, & Doolittle, 2012; Ruddock & Turner, 2007). A culture extends far beyond language, dress, food, and traditions, and in order to understand a culture one must also understand the historical and political context in which it exists

(Axley, 2009). Whether or not students participating in an international preceptorship can truly develop this complex understanding may be arguable. While they are exposed to a new culture other than their own, they may only encounter a limited number of individuals, and typically do so only in the clinical setting. One student recounted:

“In the NICU, we saw a lot of indigenous babies who were methadone babies. And getting to see them outside of their context and not understanding the whole piece of how this fits into Canada’s cultural socio-dynamic was a little upsetting because you just got knee-jerk responses from nurses or doctors about why they were here and that wasn’t really fair. So, it would have been nice if [the international placement] had been possible to include another component further outside the hospital where I was stationed or do some sort of community piece as well in relation to that preceptorship.”
(Kristen [preceptee]).

As a result of this limited exposure in the clinical or patient care context, it could be assumed that students may tend to make generalizations about the culture based entirely on these unique interactions with individuals they have encountered during their international preceptorship (Harrowing, et al., 2012). For example, one faculty participant acknowledged:

“I began to realize that students were making assumptions about the entire nation or culture based on what they were

seeing about a few patients in a particular setting.” (Mike [faculty advisor]).

Acknowledging such potential, however, one cannot assume that participants do not gain anything valuable from the international preceptorship. In other words, through exposure to another culture, it can also be argued that participants may be more likely to develop cultural awareness, if not cultural competence. That is to say, being exposed to the family life, belief system, healthcare system, and language of another culture can engender an appreciation, respect, and acceptance that can be identified as cultural awareness (Ruddock & Turner, 2007). Invariably, such exposure to another culture is quite valuable to participants and this allows them to grow as professionals (Wagner & Christensen, 2015). Participants can then become enabled to integrate this knowledge well into their careers as nurses (Evanson & Zust, 2004) both at the bedside and as nurse educators. International preceptorship, at the least, can be said to expose participants to a new culture and sow the seeds of cross-cultural understanding. One student described that such a placement can afford:

“...opportunities to be able to sow the seeds of learning how to understand diversity and cultural competence” (Sally [preceptor]).

That is not to say that cultural competence can be acquired only via international preceptorship. Such a placement, as was the case in this study, can expose and allow the participants to begin to directly understand what it means to be culturally competent in action. Furthermore, it was found that in engaging in the international

placement, participants, through the teaching and learning process, actively exchanged or shared cultural perspectives rather than simply being exposed to an alternate culture.

Exchanging cultural perspectives

It became evident in this study that throughout the teaching and learning process, there emerged a cultural exchange among both the preceptees and the preceptors alike, one that truly could be described as a 'two-way street' or more specifically one of reciprocity. In addition to the preceptee, the preceptor also brought a different perspective to the process. Not only did the preceptee learn about and engage in a different culture, but the preceptor from the host nation also gained, culturally speaking. One participant recounted:

"And it was nice to have a bit of an exchange. Not only me learning from her about the way things are handled with socialized health care but then her asking me and being able to have that exchange as to what parts were maybe better, what parts were worse and realizing that no system is necessarily better than the other but just being able to examine that together" (Kristen [preceptee]).

One faculty advisor elaborated:

"[The gentleman said] 'you're so rich and we're so poor'. My concern was I'm here with the gentleman who has his entire family living within a radius of two kilometers. He has fields that he manages for his cousin, his grandfather, and himself

that rotate within the family. They grow 90% of their own food. They store it. They have a cow that provides fresh milk, yogurt, and rice pudding every morning and just the sustainable way of life that was far beyond anything I have in my life in the time as a single traveler from Canada.

Culturally speaking, I was the poor one” (Mike [faculty advisor]).

An authentic cultural exchange thus emerged in which the preceptor, the preceptee and the faculty advisor similarly began to develop a genuine personal understanding that no system is better. Rather, cultural norms are different, vis a vis, one is not better than the other, only different. The participants thus became directly engaged in a process of examining these assumptions and dynamic together in a bona fide sharing of each other’s culture. This particular finding is in keeping with that of a study by McDermott-Levy, Cantrell, and Reynolds (2014) who describe a project in which six undergraduate nursing students (three American and three from Oman) were placed into dyads for the entire length of their clinical practicum. The Omani students were paired with American nurse preceptors. The nurse preceptors described acquiring a different perspective of nursing care and reflected that the most positive aspect of the program for them was learning about the Omani students’ culture and how nurses from another culture provided care. In keeping with this finding then, the process of sharing what transpired between the participants in this study was clearly also one of reciprocity in nature. Such a reciprocating process has been discussed in the literature (Standeven, 1988; Pires,

2000) and has been identified as being critical to the teaching and learning process. Peer (2015), for example, discusses the necessity to reflect and learn from one another in the educational context. Jackman (2011), in her study of rural preceptorship, reports that the term reciprocating confidence denotes a shared or exchanged confidence between the student and the preceptor to foster student learning. "Students' individual ability to acquire self-assurance in their clinical performance, in coalition with the preceptor's belief in the student's ability to perform was identified...as reciprocal confidence" (Jackman, 2011, p. 74). The reciprocating nature of the preceptor student relationship identified in Jackman's study was thus further reflected in this study in the reciprocating nature of the cultural exchange that readily occurred between the student and their preceptor. Hence, the exchange or reciprocation of knowledge, customs, and culture became a valuable and meaningful component of the international preceptorship.

The participants in this study also identified that they were actually engaging with patients who themselves could be identified as being outside of their own natural environment (i.e. sick in a hospital). Consequently, the participants reflected that while they were able to readily engage in one aspect of the culture, they were unable to derive an authentic sense of the natural culture owing to the fact that they were engaging in that culture primarily from the perspective of the ill patient or a health care context. While the students were interacting with individual patients from a culture foreign to their own, more than they had been previously able to up to this point, they did question whether in fact it provided them with a full perspective of the actual culture. The exposure to a different culture truly existed more broadly

and from a more societal perspective, outside of the health care system, recognizing that elements were evident in the health care context. In other words, they felt they would have learned a great deal more about the culture had they had an opportunity to either: live with a local family, participate in their cultural traditions and celebrations, visit primary schools with the children, or even shopping in local stores. The GoAbroad blog, a resource for meaningful travel, identifies several suggestions by which to engage or fully immerse into a different culture. These include: eating the foods that are traditional to that culture and interacting with the public by engaging and performing in local festivals (GoAbroadblog.com). An alternative option to immerse in a different culture identified by participants in this study was to participate in school activities with youth by providing educational classes.

As one participant commented:

“Most people spoke English but there was still a different type of communication... you had to understand that you were to open this big door of family issues, more emotional, and behavioural on top of their acute issue. So, it wasn't just – you go into a doctor's office and, I have a sniffle.” It was a lot larger than that and that was a consistent pattern I found with a lot of the patients who came in. To understand their cultural practices in terms of their diets, even education in terms of nutrition and the importance of that – smoking, drugs, alcohol,

it kind of shows you – you really need to understand the history” (Julie [preceptee]).

Understanding these social elements was found to be important for participants to fully appreciate the new culture.

Interestingly, maturity was also acknowledged by the participants as being a key personal attribute to appreciating and developing cultural competence and the ability to be able to exchange cultural perspectives. Specifically, possessing a mature attitude when embarking upon an international preceptorship was recognized by participants as being essential if the participant was to appreciate and develop a true understanding of a different cultural climate. One student expressed:

“So, you definitely need a high level of maturity to be able to tolerate difference and not have it totally haunt you for the rest of your life” (Dori [preceptee]).

Participants identified that maturity was required if they were to learn effectively in the international context and provide appropriate care for patients who, at times, presented with limited resources and supplies. For example, one student commented:

“It took a lot of maturity to observe someone ill and not have the tools to be able to do anything for them. It was, like, hard to watch but maturity and wisdom allowed me to just help in any way I could” (Danny [preceptee]).

In Chapter one, reference was made to John Dewey (1938) and his work with regard to understanding the student learning process. Dewey’s research can be

considered most relevant to the context of student learning in international preceptorship. Dewey promoted a pragmatic approach to education, believing in the amalgamation of theory and practice (1938). Through his research, Dewey found that learning is influenced by the environment in which the student is engaged as they progress through the learning process (1938). He developed and contrasted between traditional and progressive education (classroom and practicum), by viewing society through a combined rather than a binary or either/or lens. In his book, 'Experience and Education' (1938), Dewey argued that neither 'traditional' nor 'progressive' ideas are adequate. He outlines a deeper point of view building on the best of both. This theoretical perspective is most applicable to the fundamental premise of this international preceptorship, as it too integrated both traditional learning and in-field practicality. Dewey believed that education needs to inhere practicality (1938). Indeed, he continued to perform analyses on the importance of students engaging in the practical aspect of education and how such a process can directly influence education to ensure that it is more effective in conjunction with theoretical study (1938). Dewey posited that a practicum which is integrated into education and grounded in theoretical content is critical for students to form a foundation of intelligence. Thus, while the students participating in this study had been introduced and familiarized with the notion of cultural competence in the theoretical sense via the classroom setting, it was actually in their practical engagement in the international preceptorship teaching and learning process that they directly formed a foundation of knowledge directly related to cultural competence and appreciation for diversity.

Dewey also postulated that progressive education entails experience, freedom, purposeful learning, and experiments. He explained that education based learning operates in confusion until facts are recognized and solutions are found (1938). The way to find these solutions is through a practicum or a practice placement. A preceptorship approach of nursing education thus allows the students to engage in a social and interactive learning process of applying their knowledge derived from theory to a practical learning environment. Dewey argued that in some cases in learning, it is more beneficial to use one's hands or other body parts than simply one's brain (1938). This perspective can be considered most relevant to the findings of this study. Indeed, the process of teaching and learning engaged in by both the students and their preceptors derived not only from a place of theoretical knowledge but from a place of engaging in the process of experiential learning. In other words, their learning did not emanate from a binary or an either or, or singular approach but rather it emerged from a combination of both theory and the practical.

Dewey further posited that it is impossible to teach someone how to think; moreover, it is a function that cannot be taught (1910). In the nursing curriculum, instructors do not merely impart knowledge but rather generate a creative stimulus that derives from an external reality. Education derives from observing and collecting evidence rather than from reading facts and merely believing in them (1910), using one's critical thinking ability to question and to be questioned about the evidence. In this international preceptorship students engaged in a teaching and learning process within an environment that could at times be under considerable stress with, and from time to time, limited supplies. Situations arose that required

the students to think critically when confronted with situations to which they were unaccustomed. Subsequently, their ability to think critically, if they were to perform in a confident and competent manner and be efficient providers of care in such an unfamiliar environment, became particularly important. For example, one participant reflected:

“And it’s the critical thinking that’s so important to nursing.

How can I think this through so that I can follow the principles
in this foreign environment” (Sally [preceptor]).

This international preceptorship placement thus provided for participants an environment ripe in a learning process that required their ability to apply their theoretical knowledge to the practice environment and the challenge to be able to use that knowledge in a way that would allow them to respond to new and culturally unfamiliar situations. The international preceptorship practicum could be said to have fostered growth professionally, personally, and promoted cultural competence under dynamic circumstances.

Understanding how participants in an international preceptorship can move toward becoming culturally competent provides a window into understanding further how individuals grow personally. The fourth major category in the process of *making a cognitive shift in the global learning context*, which was identified as *enriching personal growth* will now be discussed. This category comprises two components: *motivation* and *understanding perspective*.

Enriching Personal Growth

Personal growth was identified by participants as being integral to the process of learning involved in their international preceptorship placement, a process that served to shape them positively in a variety of ways. Becoming grounded and not wavering from who one is and what one believes were identified as being intrinsic to that personal growth. In other words, understanding who you are as a person and subsequently what you can bring to the international preceptorship and the people of the host country were identified as key positive growth trajectories. Participants expressed how the international preceptorship ultimately influenced their own personal growth and development as a human being. One student, for example, commented:

“Not only are you gaining nursing experience, you’re gaining as a person, you’re learning a whole lot more about yourself when you go and do something like that and your strengths and your weaknesses. I would say that it has changed me as a person” (Julie [preceptee]).

Participants in this study were found to develop self-reliance, self-confidence, and self-awareness throughout their preceptorship learning process (Green, Johansson, Rosser, Tegnah, & Segrott, 2008; Kokko, 2011; Kent-Wilkinson, Dietrich, Luimes, Ferguson, & Murray, 2015). Their confidence derived from a sense of accomplishment that they lived and worked in a foreign country, and had a unique opportunity to not only utilize their nursing skills and knowledge but could build upon them from a cultural perspective (Green, et al., 2008; Puri, Kaddoura, &

Dominick, 2013). The international preceptorship thus bolstered their confidence.

As expressed by one participant: “Look what I can do. Look what I am able to accomplish with rudimentary tools and few of them” (Sally [preceptor]).

Understanding perspective

As a consequence of engaging in this global learning process, participants described a type of metamorphosis or a sense of becoming a different person from the one they had been at the commencement of the preceptorship, having acquired a broader world-view in the process. They found they developed patient awareness of their own privileges, reflected on who they were as professionals, and what was important to them (Asenso, Reimer-Kirkham, & Astle, 2013; Green, et al., 2008). This study is suggesting that those who engage in international placements tend to develop a better sense of who they are, an appreciation from where they come, and an enhanced view of the world. It can thus be implied that individuals with a deeper understanding of who they are may be able to engage in more meaningful self-reflection, an essential component of safe and ethical nursing care (Canadian Nurses Association, 2015a).

Owing to the foreign nature of the international placement, throughout the process participants came to understand that life does not need to be micro-managed all of the time; that nurses need to develop a greater appreciation of what others might have to offer. Participants came to appreciate an environment in which nurse preceptors tended to be more easy-going while conscientious, all the while encouraging them to attempt different experiences, a process that was new, challenging, and exciting. One preceptee recounted:

“I have since noticed how sheltered and narrow minded I guess you could say, my parents are as they have not been abroad to Europe or Asia etcetera and have no desire to learn about different cultures and immersing themselves in another foreign culture...meanwhile, I am so eager to travel now and learn how different cultures manage on the other side of the earth...You become more easy going, open to change and willing to try new things” (Danny [preceptee]).

According to Smit and Tremethick (2014), the international preceptorship climate can serve to build both skills and confidence in one’s ability. One student in this study reflected she has learned about herself and what she “...liked and didn’t like about nursing” (Michelle [preceptee]), a development which resulted in fast-tracking her career to an area about which she was passionate. The process of engaging in the international preceptorship encouraged participants to reflect on who they were as professionals and what was important to them; they began to perceive themselves differently (Asenso, et al., 2013).

The enhancement of cultural knowledge generated by the international placement provided the participants of this study with an opportunity that led to personal growth. This process was manifested in the development of both increased self-reliance and self-confidence. Personal growth was reflected in the participants’ heightened appreciation for international cooperation (Torsvik & Hedlund, 2008) and their reinforced motivation to work globally. Through successfully engaging in a learning process that allowed them to live and work in a foreign country, they were

further prompted to entertain the potential for future possibilities abroad (Green, et al., 2008). For example, one student commented:

“There are things I learned during the international preceptorship that will help me later. I want to do travel nursing. I really want to but it hasn’t happened yet and I don’t know if it will but I think that being able to cope and live abroad really helped.” (Danny [preceptee]).

This finding is in keeping with a study by Kokko (2011), in which it was reported that one student alluded to how they are ready to work anywhere in the world, for instance with the Red Cross in Afghanistan. This evolution in the students’ cognitive shift was evidenced by their sense of being a different person after the exchange, a process which they described as the expansion of their world-view (Watt, Law, Ots, & Waagø, 2002; Kokko, 2011). They reflected on how they had become more tolerant since embarking upon the international placement, a development which was further supported in the literature (Watt, et al., 2002; Kokko, 2011; Torsvik & Hedlund, 2008). One student in this study reported:

“I think the professional growth is pretty apparent and pretty quantifiable to say, “I had this experience here which I don’t think I would have had in my home country,” or, “I had this conversation with somebody who comes from a different perspective and that’s something I wouldn’t have had before,” but personally as well, just becoming more grounded in yourself and more confident that you’re not going to waiver

from who you are and what you know is right or wrong as a nurse or as a person by being put in a different context, it's invaluable." (Kristen [preceptee]).

Much of the learning in the international preceptorship thus emanated from an environment which encouraged and facilitated the participants to learn not only about the provision of care in the international context but also about their own individual and professional values, the importance of being open to other possibilities, and to accepting without judgment the values of others (Ruddock & Turner, 2007).

Participating in the international preceptorship placement fostered an environment which, also promoted empathy. For example, as part of their learning process, participants found that they developed not only an increase in empathy but in nonjudgmental attitudes toward patients as well as the ability to be able to communicate more effectively with patients who presented with life situations exceedingly different from their own (Curtin, Martins, & Schwartz-Barcott, 2015).

One student expressed:

"Where you are from and how you've lived is who you are. You're not just a patient with an illness, you are this background, and all your experiences, this all makes you a better person, a better practitioner" (J.C. [preceptee]).

Worthy of note is the fact that students participating in this international preceptorship acknowledged that reflection became an important component of their learning process:

“I think there is a lot of realism and critical thinking that happens through the process, and a lot of reflection... is needed to follow-up... more reflection after because I felt kind of lost after. Okay, I did this great experience, but now what?”
(Bobby [preceptee]).

In his work, *The Reflective Practitioner: How Professionals Think in Action*, Schön (1983) theorizes that individuals act and acquire knowledge through reflecting-in-action and reflecting-on-action. Reflecting-in-action occurs during situations in which the practitioner may have to think on their feet in the moment; for example, “the practitioner may encounter a surprise or unexpected situation when assessing a client and need to reflect on information collected to use their clinical judgment to quickly decide a course of action for treatments or interventions” (p. 52). Reflecting-on-action occurs after the situation has already occurred, when the practitioner reflects on what has transpired and the course of action taken, and is subsequently able to assimilate this learning into their own body of knowledge (Borduas, Gagnon, Lacoursière, & Laprise 2001).

Reflection during and after an educational placement is identified in the research by Hunt and Swiggum (2007), who describe reflection as being recognized as an essential component of successful learning at all stages: before, during, and after the experience. In this current study, participants reflected on their professional values, beliefs, and what was important to them personally and as nurses (Evanson & Zust, 2004; Asenso, Reimer-Kirkham & Astle, 2013). Axley (2009) describes discussion and reflection as being vital to making sense of what

students witness during their placements and to allow for exploration of culture and cultural shock. In light of such findings then, it is important that faculty members who are organizing and planning international preceptorships integrate time for reflection into the pedagogical process of the placement and to encourage participants to reflect on their actions both in the moment (reflection-in-action) and after the fact (reflection-on-action). Reflection is essential for participants to make the most of the placement and to fulfill the purpose of the preceptorship; to become culturally competent, to improve as professionals, and to grow as individuals.

Motivation

Understanding why one is motivated to participate in an international preceptorship can help guide and structure the placement from a pedagogical perspective. As the data emerged, two main aspects of motivation became apparent: *external motivators*; and *internal motivators*. External or extrinsic motivators are those persuading factors that are rationally explored. They are positive factors that influence the decision to seek out an international placement. For example, one participant commented that they had decided to go abroad because it was: "...going to get me into med school" (Suzie [preceptee]). Other external reasons emerged that included: "It's going to look good for international nursing jobs" (Mike [faculty advisor]), and "I want to be a consultant for WHO" (Megan [faculty advisor]), and "It sounds like fun" (Bobby [preceptee]).

Internal (intrinsic) motivators are those factors that influence a decision to participate in an international preceptorship which are found 'within' the participant. They are feelings or natural instincts and are, for the most part,

humanitarian in nature. According to the British Council, which is the United Kingdom's international organization for cultural relations and educational opportunities, internal motivators include the desire to: participate in other cultures; become more internationally aware; and become a global citizen (British Council, 2015). One participant in this particular study decided to go abroad because he reflected, "I had this altruistic, euphoric idea. Everyone is going to be so happy. I'm here to help" (Bobby [preceptee]). Another participant commented, "I wanted to go because I felt that I could really make a difference in the lives of people over there" (J.C. [preceptee]).

Motivation, however, is not static (Viets, Walker, & Miller, 2002). It can evolve as the participant's understanding of the nature of their motivation deepens. Originally, one may choose to participate in an international preceptorship for particular reasons and as the process unfolds, they may come to realize their motivating factors for participating have evolved or that the original motivators were in fact different. For example, one student decided to participate because: "I broke up with my boyfriend that Fall and had a self-discovery crisis" (Suzie [preceptee]).

Another student who participated in the study described her understanding of her particular motivation as follows:

"At first, I wanted to go for selfish reasons. I thought it was trendy to go abroad. It sounded cool. It has always been a goal of mine to like go overseas. I wanted to experience something different and I thought that my family would be

glad that I was going over there to help. Once I was there though, my reasons for going seemed to change. I started to realize that I could make some real change, I could really help. I could make a difference. I could do something for somebody else” (Michelle [preceptee]).

As the international preceptorship continued and neared completion, one student expressed:

“I realized that I learned more from the people in the host country than I gave. We worked together but I’m the one who learned. I learned about them, I learned about myself. The reasons for going totally changed” (Julie [preceptee]).

Burgess, Reimer-Kirkham, and Astle (2014), conducted a study with students who participated in an international placement to elucidate the motivation of the students to seek such a placement option. Although the students in this study appeared to have a sincere desire to make a difference in the world, a closer examination of the data revealed that the majority of students approached their international placement in ways that could be construed as paternalistic, rather than reflective of broader professional imperatives such as social justice. This finding suggests that additional education preparation may be needed prior to these experiences; global citizenship frameworks may be helpful in shifting perspectives towards a more critical inquiry of global issues.

By recognizing how participants in an international preceptorship grow personally as individuals, we can truly come to understand further how professional

identities are developed and shaped. Integral to that growth was the fifth major category in this process, *making a cognitive shift in the global learning context*, which is described as *enhancing a professional identity* inherent in which are: *being introduced to life-long learning, becoming confident, and debriefing upon return*.

Enhancing a Professional Identity

The international preceptorship entails not only travelling abroad and contributing to the health care environment in a foreign country. As we garner from the findings of this study, it also entails a process of learning about oneself as a professional nurse and translating that learning into action, one that ultimately influences one's practice not only in the international context but also in transferring that learning upon return.

As one student reflected:

"Even if you have a bad experience, it's still an experience and it's an experience that you might not ever have again because going back and being an experienced nurse, you have pre-conceived ideas about things" (Suzie [preceptee]).

This participant's sentiment captures the essence of enhancing a professional identity.

"Allowing and accepting the learning that comes your way in an international preceptorship experience expands the view of nursing and allows for professional growth. It taught me to be an independent thinker" (J.C. [preceptee]).

The process that emerged was found to support students in their ability to be able to connect theory and practice, giving specific attention to the cultural context of their practice. For example, the students were able to care for patients with HIV/AIDS and tuberculosis and contend with global health issues they may never have encountered previously in their local or home practice settings (Asenso, et al., 2013). Moreover, the international practicum afforded participants the opportunity to become socialized into the nursing profession beyond the local institution which, in turn, served to expand their understanding of the health care system in general. One student reflected: “They wanted to know about the Canadian health care system and how we were socialized and what the differences were” (Michelle [preceptee]).

As well as providing insight into international nursing practice, the learning process also afforded participants the opportunity to develop new insight into their own understanding of the Canadian health care system and the opportunity to compare that system to others. As one participant intimated:

“It was nice to nurse [within another] health care system.

That makes me appreciate the Canadian health care system a little bit and see our benefits and our downfalls as well – the two systems” (Barb [preceptee]).

Observing the unequal distribution of wealth also emerged as an apparent social factor which, forced students to explore issues such as global health and social justice (Asenso, et al., 2013; Wros & Archer, 2010). One student observed:

“It taught me to be mindful of waste and to not misuse equipment because we have so much in Canada compared to other nations in the world” (Barb [preceptee]).

Learning about health care systems did not cease, however, when the international preceptorship placement was completed, the debriefing sessions provided much insight for the triad of individuals involved related to learning about health care systems and professions. For example, students who had participated in the international preceptorship indicated that once they became a bona fide Registered Nurse, their perception of nursing became more concrete, and their notion of what it means to be a nurse tended to decelerate, owing primarily to a sense that one must conform to working within the confines of the profession and the institution in which one practices. Participants indicated that they were expected to become more focused on the here and now and the task at hand rather than reflecting on that. As one participant indicated,

“It was the perfect time to travel and go away. I was still a blank slate so-to-speak and my notion of what it was to be a nurse were still forming” (J.C. [preceptee]).

Professional growth, however, continued upon return when participants applied what they had learned. Moreover, the process in which the participants of this study had engaged in the international preceptorship placement continued to help shape their views of the nursing profession. For example, one participant reflected:

“Patients respect a nurse who has some worldly experiences. They realize that you’ve lived some life and have some knowledge to share” (Danny [preceptee]).

Maintaining the motivation to acquire knowledge and insight into international nursing upon return to the participant’s home country can be said to be a direct example of a type of life-long learning that international preceptorship afforded these participants. Life-long learning was thus identified as a subtheme of *enhancing a professional identity* and will be discussed here.

Being introduced to life-long learning

According to Wros and Archer (2010), international preceptorship sets participants up for life-long learning. Participants learn to think creatively and critically, to problem-solve, and to think outside the box. Such abilities have the capacity to be motivating to continue learning long after returning home and well into their future careers. Possessing a greater sense of other cultures and what it feels like to be in a position wherein one is unable to understand the language is the kind of practical knowledge that can influence one throughout their career (Ruddock & Turner, 2007). One participant in this study described life-long learning in the following way:

“I still reflect today on [my international placement] because I work in the Sexual Health Clinical and we do HIV counseling and we do testing for HIV and the risk factors for clientele that we’d see in a northern Canadian community compared to the risk factors that we would see for clientele

who lived in an epidemic area such as Kenya which are dramatically different” (Julie [preceptee]).

Another participant stated: “each time I send students abroad, I use that experience and knowledge to shape how I do things the next time.” (Megan [faculty advisor]).

As described by researchers of one study (Evanson & Zust, 2006), their findings revealed that the participants indicated they were able to use the knowledge they had acquired in their daily work as nurses at home. Kokko (2011) found students reported that having been outsiders in a foreign country and unable to communicate and express one’s self effectively had increased infinitely their tolerance of people in the same situation (Kokko, 2011).

Two additional subthemes found to be intrinsic to the category of *enhancing a professional identity* encompassed *becoming confident* and *debriefing upon return*, both of which will now be discussed.

Becoming confident

Intrinsic to *enhancing a professional identity* was the notion of *becoming confident*. Indeed, the international preceptorship was found to afford participants the opportunity to engage in a process in which they were encouraged to hone the following confidence markers. The participants indicated that through the process of teaching and learning within the international preceptorship placement, they:

- Became less intimidated as nurses;
- Were empowered through knowledge transfer;

- Moved beyond their comfort zone thereby becoming more readily predisposed to being open to learning more about nursing, him/herself, and how to help others;
- Embraced new challenges which, in turn, increased their confidence.

One preceptor participant described confidence building as follows;

“I felt there could be some significant growth... for these young professionals to learn to identify quickly that you can provide a service, provide care, carry out your nursing way outside of your comfort zone; way outside of what is traditionally thought of as a nursing role and you can – so it gives, I felt... an opportunity to begin to really build some confidence levels”

(Sally [preceptor]).

In a study by Ruddock and Turner (2007), they found that participants who engaged in international placements tended to become more confident, independent, adaptable in new situations, and able to develop an appreciation of a different way of caring. Students learned to be more assertive and confident as a consequence of being required to negotiate new problems and barriers they had never before confronted in their home countries (Hagen, Munkhondya, & Myhre, 2009).

Moreover, they were forced to move outside their own comfort zone. Subsequently, they became less reluctant to speak up and in fact began to develop advocacy skills (Asenso, et al., 2013). Their new found confidence thus emerged as a result of their ability to negotiate the diverse challenges and barriers they encountered as they

engaged in the learning process in the international context (Hagen, et al., 2009).

Such findings are corroborated in this study. As one participant reflected:

“It gives you confidence to try new things and just go for it”

(Michelle [preceptee]).

Debriefing sessions in which students participated upon their return from the placement were also found to be integral to category of *enhancing a professional identity*. These sessions allowed for the fostering of further reflection and learning well after the placement has ceased.

Debriefing upon return

Debriefing sessions have been demonstrated to be a valuable teaching-learning tool in the health care field to prevent burnout (Gunasingam, Burns, Edwards, Dinh, & Walton. 2015), to assist with grief and bereavement following a death (Keene, Hutton, Hall, & Rushton, 2010), and in knowledge acquisition in nursing simulation (Zulkosky, 2010). Regarding the international nursing preceptorship, debriefing sessions are an important educational tool to solidify knowledge, expand on concepts encountered throughout the placement, and they offer an opportunity for those involved to share their knowledge with others.

For some participants in this study, as indicated previously, the learning that was achieved during the international preceptorship continued upon their return home country owing, in part, to the debriefing sessions that occurred. Indeed, one student reflected:

“I learned a lot while I was away but I think I learned the most

once I returned. I gained insight into what I had experienced

once I reflected upon it when I was back home. [My teacher] asked me questions and made me think about what I had seen, learned, experienced. It was really inspiring to keep learning about my placement even after I came home" (Bobby [preceptee]).

A faculty participant added:

"I often receive notes or emails from students whom I have mentored and they tell me how much they learned once they returned home, once they had time to reflect on what they had learned and seen. Very powerful" (Addie [faculty advisor]).

One student commented:

"[It was] enlightening to return to the Canadian system and apply what was learned. As a senior student, we are a blank slate and it is an ideal time to experience an international perception of nursing" (Julie [preceptee]).

These debriefing sessions thus helped participants to solidify the knowledge, insight and depth into the learning that was achieved, and further allowed them to engage in thought-provoking discussions as to how to embed that learning into their professional practice. In these debriefing sessions, preceptees, preceptors, and faculty advisors were encouraged to: "i) identify the most successful aspects of the placement; ii) discuss the challenges with the placement; and iii) propose changes to improve the international placement program" (Balandin, Lincoln, Sen, Wilkins, &

Trembath, 2007, p. 876). Also, the knowledge gleaned from these debriefing sessions “forms the basis for discussion between home and international host institutions to determine whether, and how, the clinical placement program is to be restructured” or changed in any way (Balandin, et al., 2007, p 876). An additional benefit of the debriefing sessions was that students invariably returned from their international placement eager to discuss their experience and the value of their placement away. Such enthusiasm “may well be diminished if there is apparently no recognition by others, particularly those who hold authority for their university education, of the learning process they have undergone” (Balandin, et al., 2007, p. 875).

The Exception: The Negative Case

“The negative or deviant case challenges the researcher to develop fuller understanding at a higher level of abstraction of the phenomenon” (Schreiber, 2001, p. 79). The negative case encompasses data collected during the course of the research from a particular participant that clearly contrasts to other data that are emerging. Attending to negative cases that emerge during the analysis of the data is particularly important in grounded theory research (Schreiber, 2001). The negative case draws the researcher’s attention to the need to develop a more precise level of understanding in order to conceptualize the data in an in-depth and meaningful way. “Seeking negative cases is essential, ensuring validity by indicating aspects of the developing analysis that are initially less than obvious” (Morse, Barrett, Mayan, Olson & Spiers, 2002, p. 18). In other words, a negative case allows the researcher to analyze the data so as to ensure that the categories are truly reflective of the

participants' perspectives. Throughout the course of this study, one negative case emerged in the nature of one student's placement. This particular student's international preceptorship was ostensibly different from the other participants thus prompting the researcher, to scrutinize the data even more closely. This student indicated that she had received little predeparture preparation, had no contact with her faculty advisor while abroad and had endured personal safety risks during the placement. Subsequently, this student was questioned further and more specifically on her placement for the purposes of ensuring the data collected were both accurate and credible. The student stated:

"I think it was a bad thing [that I didn't have a preceptor nurse there..."I wasn't sure what to do. I did have a man who was sort of in charge of my care but he wasn't in health care and he wasn't involved with the clinical that I was supposed to be at...they didn't really know what to do with me...they didn't really know what was going on. It was like the blind leading the blind. I just kind of existed around them and nobody really worked together...I didn't have anybody specifically in charge of me and I had to find my own things" (Suzie [preceptee]).

The student went on to express:

"It was really hot there and I'm always getting heat stroke. So, I thought that that's what I had so I had just been really tired and sleeping a lot...by the second day...I had diarrhea. Then it

got really bad... by the morning of the fourth day I was dry-heaving. I was feeling awful and I was totally dehydrated by then. I was not taking anything in...So, anyway I go to the emergency department and...the doctor saw me and he was outraged. He was like, "Why didn't you come in? You're so sick. You could have died" ...it turned out that I was quite sick so they admitted me and I stayed there. I had IV Flagyl" (Suzie [preceptee]).

This particular participant's reflections served to confirm the aforementioned ambient condition of *being ready* and the subtheme of *feeling safe*. After further interviews and analysis with this participant, it became apparent that this student's placement was indeed a negative case scenario and therefore only affirmed additional findings/data obtained. In this instance, further scrutinization of the data served to affirm that this particular student's international preceptorship placement was different from that of the other participant students as there was no identified overlapping or similar data to other participants. This process thus contributed to the density and variation of the findings of this research study (Strauss & Corbin, 1998).

Summary

Taken together and evident throughout the entire course of conducting this study, the data generated revealed that the social-psychological process involved in international preceptorship was *making a cognitive shift in the global learning context*. The participants highlighted a process that explained what was actually

occurring throughout the international preceptorship placement. Five major categories emerged from this data that served to explain the process. *Being ready, viewing through a different lens, developing cultural competency, enriching personal growth, and enhancing a professional identity* all of which were found to be intrinsic to the process of international preceptorship. In the ensuing chapter, the implications and recommendations for the adaptation and use of these findings will be addressed.

Chapter 5: Summary and Conclusions

In this study, a grounded theory method was used to elucidate an understanding of the process involved in international preceptorship. The underpinnings of social constructionism and symbolic interactionism informed the analysis of the data whereby participants provided their understanding regarding international preceptorship in a socially constructed manner. In this study, the rigorous yet flexible grounded theory method, as delineated by Glaser, was adhered to in order to explore the process used to educate undergraduate nursing students within the international preceptorship context. The goals of this study were to: a) generate data regarding the social-psychological process that occurred in the international preceptorship; b) determine how educational theory/pedagogy guided nursing faculty in the use of international preceptorship as a clinical teaching/learning approach; and c) acquire an understanding as to how international preceptorship could best be structured to respond to the learning needs of today's adult learner. These three goals will be discussed in this chapter in a summative manner, drawing from the literature to support the conclusions. As data analysis proceeded throughout this study, a multidimensional process emerged that occurred as undergraduate nursing students engaged in their international preceptorship. This process was identified as *making a cognitive shift in the global learning context* which, in turn, comprised five main categories, each with a set of subthemes: 1) Being ready; 2) Viewing through a different lens; 3) Developing cultural competency; 4) Enriching personal growth; and 5) Enhancing a professional

identity. The following summary and conclusion are made with the aforementioned categories in mind.

A thematic conceptualization of the social-psychological process involved in international preceptorship was generated via the meanings that emerged from the data. This schematic dialogue can serve to inform nursing faculty decisions regarding the adoption of international nursing preceptorship and provide sound pedagogical structures for such placements. It is also anticipated that the empirical knowledge generated from this research can lead to a more coherent understanding of the undergraduate nursing students' own perceptions of international preceptorship and how engaging in this international educational process can meet the actual needs and preferences of today's nursing student. The following is a summary of the implications this research may have on nursing and nursing education.

Implications

In keeping with the findings of this study and the data generated, it should be offered that nurse educators have a prime opportunity to embrace a more authenticated approach to international preceptorship in undergraduate nursing education and, in turn, more effectively and precisely expand the discussion of teaching and learning in the global nursing context. In keeping with the social constructionist view, a harmonization of perspectives as nurse educators with the students' cognitive shift can occur. A discussion of the issues related to teaching and learning from a global perspective by exploring how educators actually come to understand such issues and how they are constructed can thus be generated. Only

then can nurse educators begin to further that knowledge and bring depth to undergraduate nursing education that best fits with the international placement (Macgilchrist & Christophe, 2011). This implication of harmonizing educators' perspective will be discussed with specific emphasis on how educators can mirror the cognitive shift that students make in the global pedagogical context by addressing undergraduate nursing curricula.

Harmonizing educator perspective.

Harmonizing educator perspective implies that nurse educators can align themselves, their thinking, and ultimately pedagogical strategies to that of the students who participate in an international preceptorship. This harmonization can promote a deeper understanding and appreciation of the learning that is actually occurring in the international preceptorship and ultimately improve and enhance the learning that occurs in that context. By understanding the actual process involved in engaging in international preceptorship, a design of curricula deliberately mindful of the actual process involved in how students can engage more effectively in international placements, rather than merely responding to its perceived need for integration into the curriculum, can commence. In today's world of nursing education, it is prudent to comprehend more clearly global issues and how students and others are actually affected by such issues in an international placement and beyond. In other words, an authentic comprehension of the actual process engaged in by participants in international preceptorship can assist educators to deconstruct how such a process can impact the students' acquisition and internalization of knowledge in that particular context. Moreover, rather than

remote issues discussed in the classroom environment, global connectiveness and interdependence, cultural diversity, and global citizenship can be more effectively and accurately be addressed. As reflected by one student:

“[the international preceptorship provided advantages such as] open-mindedness and motivation to expand my global citizenship” (Bobby [preceptor]).

Pedagogically, the findings of this study provide evidence which can enable educators, as they prepare students for the placement, to challenge their own perception of teaching and learning and its potential challenges in the international context. For example, as a result of such reflection derived from this knowledge, faculty can create classroom activities that would foster an environment in which students could readily engage in discussion about diversity with a global view. The National Curriculum in England, for example, has stated that students should be taught to use their imagination to consider other people’s experiences so they can think about, express, explain, and critically evaluate views that are not their own (Qualifications & Curriculum Authority, 1999). From the findings of this study, it is evident that the participants in fact, did engage in a different perspective and from another point of view, and that international preceptorship did promote such thinking. A cognitive shift and therefore a change reflecting such a shift in undergraduate nursing curricula could occur. It is incumbent upon undergraduate nurse educators to provide students the opportunity to engage in a discussion and exploration of global issues as well as to generate a discourse that will inform the epistemology of the discipline and the profession and how nursing is viewed in the

international context. Rather than merely instructing about concepts related to global issues, nurse educators can further or heighten thinking related to these concepts and eventually generate new knowledge regarding international issues and ultimately, strengthen the epistemology of nursing globally. In keeping with the constructivist position and the philosophical underpinnings inherent in the method used for this study, students, educators and others who engage in international preceptorship can begin then to genuinely comprehend international nursing concepts and knowledge rather than reacting to them. In turn, this discourse can provide the foundation for integrating such knowledge into the curriculum in a pedagogically sound way.

International curricula

There are a variety of ways in which international preceptorship can occur at the undergraduate level. Most international educational experiences endeavors to involve a group of students travelling to a developing country with a faculty member for a length of time that can range from one to two weeks. Some trips involve only a few students, or even a student on their own, travelling for up to an entire semester, typically three months (Egenes, 2012; Kaddoura, et al., 2014; Wagner & Christensen, 2015). The structure and goals of international preceptorship may vary depending on the philosophy and objectives of the nursing program (Mill, et al., 2005).

With these goals and objectives in mind, one common challenge or question endures for undergraduate nursing faculty, namely, how do they embed international preceptorship, or at least the concepts of internationalization in nursing, into undergraduate curricula effectively? Developing and delivering an

undergraduate nursing curriculum or courses in which international nursing is addressed inheres many advantages for students. One advantage is the possibility for students who are unable to travel abroad to learn from their peers who do have the opportunity to participate in international placements. For example, by focusing on global learning both abroad and at home, students can acquire knowledge and understanding as to how cultural competence can be applied in international and domestic settings alike (Parcells & Baernholdt, 2014).

In 2013, Stephens and Hennefer examined how blended learning via a combination of traditional learning and some form of e-learning (such as computer mediated tools including Skype and weblogs) can be used to support and connect nursing students learning abroad with their on-campus peers and faculty members. These researchers found that such an approach can, in fact, be beneficial in the form of online communication. Insofar as the academic benefits of this approach with regard to improving cultural competence is concerned, the researchers found that “although the use of blended learning allowed home students to take into account social and cultural differences in practice, it did not allow for the self-examination of their own beliefs, biases, and prejudices as would occur in students who experienced international mobility” (Stephens & Hennefer, 2013, p. 173). This is not to say, however, that home students did not benefit at all. Indeed, it was found that they did learn about providing care in another country vicariously from their peers who had been abroad. Conversely, the students who were actively participating in the international placement also benefitted from being able to interact with peers, faculty, friends, and family back home to help them contend with issues such as

homesickness. The authors note that more work is required to ensure that students abroad can meet online with students from all levels of nursing education to discuss their experiences. Such an approach can, in turn, contribute to their feeling valued or sense of accomplishment in being able to contribute to their peer's understanding of global nursing.

In 2014, Parcels and Baernholdt described an initiative to develop an on-campus global curriculum in a school of nursing. These researchers described how a specific task force was established to survey faculty and to perform a review of relevant literature. This task force then created two workshops for the express purpose of educating faculty; the objective of the first workshop was to establish a better understanding of how cultural values and beliefs influence teaching and learning and provided an opportunity for participants to develop strategies and ideas for integrating global components into their courses. The second workshop focused specifically on how to integrate a global learning objective into a course syllabus. Attendees at this workshop were provided tools for assessing students' cultural competence. As a consequence of these workshops, additional undergraduate and graduate courses have been created that contain new global learning objectives (Parcells & Baernholdt, 2014). In other words, using a task force to evaluate course content and creating workshops in which faculty could participate was found to be an effective way to engender a knowledge of cultural competence which in turn could be authentically integrated into the curriculum.

While evidence exists in the literature regarding a growing recognition of the effects of globalization on health and nursing practice, references to global health in

the nursing curricula are limited. Nursing faculty are challenged to uncover ways to prepare future nurses who are required to provide care in an environment that is increasingly influenced by global issues. Hodson-Carlton et al. (2007), for example, outline the titles of courses that could be offered in the undergraduate nursing curriculum that specifically address global health issues. These include: Current Perspectives in Global Health, International Dynamics, Global Health, and Global Health Care Systems. Other suggestions for integrating global health content into the curriculum and enhancing awareness of internationalization in a nursing program could include: presentations by international students or students who have previously engaged in an international preceptorship, guest speakers, and recruitment of a diverse student body, a required global study course, and faculty development. Specific lectures can also be provided that: compare health care systems; address a global perspective on ethics; explore health care accessibility; address health promotion on a global scale; address bioterrorism; and discuss the relevance of population growth.

Today, more than ever before, technology offers avenues for the integration of these global health concepts across the curriculum. Specifically, social media can offer an ease of communication between faculty and students in relation to learning and sharing of global concepts. Skype, the internet, and email offer modes of communication that did not exist even a short time ago. A global digital library that could be accessed by all schools of nursing also has potential for the future. This facility can be of great benefit as universities experience economic shortfall. These forms of global communication serve to facilitate the ease with which universities

share information. Indeed, there is a need for creative ideas if new trends and evolving issues are to be adequately addressed in the curriculum. While some faculty may view global health as a luxury for the nursing curricula, it is a disservice to future nurses to neglect to expose them to the impact of changing conditions on the various populations around the world. The inclusion of the different aspects of global health across the curriculum will serve to strengthen awareness and appreciation for all nurses everywhere. Furthermore, offering global content to nursing students will foster the generation of nursing knowledge and add to the discussion regarding the epistemology of the discipline and profession.

This study has the potential to contribute to a further understanding of the process involved in international preceptorship as a teaching-learning approach in undergraduate nursing education. The data generated can serve to create new possibilities and foster ground-breaking ways of thinking about international teaching and learning to inform the development of an innovative nursing pedagogy in the undergraduate curriculum from an evidence-based perspective.

Potential Impact

As a result of this study, several potential impacts for nursing education have emerged. As previously alluded, *making a cognitive shift in the global learning context*, in part, relies on undergraduate nursing students', faculty advisors', and preceptors' exposure to the global aspects of nursing today. Such exposure to international issues related to nursing, in turn, largely depends on an authentic cultural understanding in nursing.

With increasing globalization, a focus on international health concerns, and cultural diversity amongst patient populations, the importance of cultural education within the nursing profession has become increasingly evident (Button, et al., 2005; Egenes 2012; Harrowing, et al., 2012; Kokko, 2011). Moreover, nursing students need to be competent in providing appropriate care for patients who are from culturally diverse backgrounds (Duffy, 2001; McCann & Baker, 2001; McElmurry, et al., 2003). In recent years, increasing attention has been directed towards integrating cultural competence and cultural safety into Canadian nursing schools (Rowan, et al., 2013; CNO, 2015). One such way to integrate cultural safety into curricula is through the undergraduate international preceptorship placement (Egenes, 2012), which in turn, has become more popular with students owing to the opportunities it presents for student development of cultural awareness and the understanding of alternative health practices and opportunities for immersion in a culturally different system of health care (Egenes, 2012).

The findings from this study can significantly inform the evidence to support international preceptorship placements. Also, this knowledge may be extrapolated to:

- Contribute to and increase our understanding of the social-psychological process that occurs throughout international preceptorship placements.
- Include a knowledge base for pedagogical structuring of international preceptorship placements;

- Generate a better understanding of participants' own perceptions of international preceptorship placements so that curricula can be modified to best meet the needs of today's undergraduate nursing student;
- Foster increased insight into the process involved in integrating educational theory into nursing faculties' development of international preceptorship placements;
- Create an enhanced awareness for faculty's teaching practices as they pertain to this teaching/learning approach; and
- Inform other health related disciplines to assist them in their international clinical/field placements.

Limitations and Recommendations

The researcher's presence during data gathering, which was unavoidable during this study, may have affected subjects' responses and may be considered a limitation of the study. Participants' responses may have been influenced, as participants may have felt obligated to answer questions in a specific way so as to please the researcher. However, considerable care was taken not to permit bias to influence the findings and results. This study and the findings have the potential to inform areas of nursing, both in practice and the profession in general.

This researcher has had several years of experience in teaching undergraduate nursing students as well as participated in assigning students to international placements for preceptorship. Therefore, a personal bias may be a potential underlying factor when the research question was formulated. In light of this acknowledged bias, throughout the data collection process, this researcher had

to be particularly mindful so as not to influence participant responses. To that end, in the interview process, open-ended questions were purposefully utilized which was in keeping with the grounded theory method and allowed the conversation with the participants to flow naturally. The ongoing process of recording field notes, memoing, and journaling allowed awareness of feelings and thoughts with regard to the discussion points, a process which was found particularly helpful in maintaining control of any bias.

Another potential limitation is that this study may not be applicable to all undergraduate nursing students nor programs of nursing. Data collection occurred at a small university in Central Canada and the results may not be transferable to all universities and programs of nursing. Future research in this area could include a broader study focusing on larger institutions.

Based on the findings of this study, there are several recommendations that can be offered. These include:

- 1) A formal orientation program to international preceptorship needs to occur prior to departure. This orientation program would include: predeparture workshops that address such aspects of the placement as safety, cultural awareness and competency discussions, preparation with regard to the roles and responsibilities of the preceptor, preceptee, and faculty advisor, and an opportunity to address frequently asked questions.
- 2) An evaluation process designed and implemented to specifically address the unique placement opportunity that is the international preceptorship.

- 3) As a result of this study, it is recommended that administrators and faculty in undergraduate nursing programs carefully analyze whether an international preceptorship placement is an appropriate fit for their institutional goals, vision, and mission. Invariably, specific resources are required for such a program to be successful and not all institutions, programs of nursing, and faculty may be equipped to engage in such a program.
- 4) International preceptorship incentives need to be grounded in theoretical underpinnings that include research, teaching, and service components.

Dissemination Strategies

Upon request, the results of the study can and will be shared with the research participants. Scholarly papers will be submitted for publication in refereed journals which will include but will not be limited to the International Journal of Nursing Education Scholarship, the International Journal of Nursing Studies, Quality Advances in Nursing Education, Nurse Education Today, and the Journal of Nursing Education. In addition, scholarly presentations will be provided to academic institutions and practice settings and will include the Margaret Scott Wright Research Day, the 19th Annual Qualitative Health Research Conference, NETNEP Conference (abstract submitted), the Dr. Olive Yonge Teaching and Learning Scholarship Day (completed in March, 2016), The International Congress of Nursing Conference, and the Canadian Association of Schools of Nursing Conference.

Epilogue

As a result of this rigorous process, I have come to reflect on my own understanding and interpretation of the findings and how these findings translate to my practice as a nurse educator. Reflecting on this process has left me with more questions than answers, in some respects. As I ponder the ramifications of the findings of this research, I question the validity of such concepts as cultural voyeurism and cultural tourism as they relate to international preceptorship. Although cultural voyeurism did not emerge as evidence in this study directly, I feel it necessary to address this concept here now as I apply the findings. International nursing placements are becoming more commonplace and yet, still, violations of human rights and freedoms, environmental disasters, and other conflicts still create dire conditions for people around the world. Nurses possess an ethical duty to respond to issues of social justice and global health as a means to fulfilling nursing's social mandate, especially as it relates to international placements. However, international preceptorships raise some concerns. How can undergraduate nursing students participate in international preceptorship placements whilst not infringing upon the natural cultural environment and inflicting their own social justice and beliefs upon the Other? Drawing on the works of postcolonial theorists such as Gates, (1986), Culley, (2006), Quayson, (2000), and Reimer-Kirkham and Anderson, (2002) in nursing and social sciences, we examine the risk of replicating colonialist practices and discourses of health in international clinical placements. International nursing placements should not be a mere experience in cultural voyeurism. In reflecting upon the findings of this study and with subsequent reading around these

potential issues, I would suggest that perhaps we should explore the intricacies of cultural and race relations in everyday nursing practice and regard these as the premise upon which nurses can come to understand the broader historic, racial, political, and economic contexts of global health issues. And finally, perhaps nursing can make suggestions for developing culturally safe learning opportunities in international preceptorship without minimizing the impact of dialogical cultural encounters occurring at the local and community levels and, more importantly, without marginalizing the voice of the Other. As a nurse educator, it is incumbent upon me to continue to reflect critically and to ask these pertinent questions as I engage in international preceptorship and develop curricula with regard to this important pedagogical approach.

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Appendix A:

Information Sheet

Research Project: The Process involved in International Preceptorship in
Undergraduate Nursing Education

Investigator: Karey D. McCullough, RN, MSc, PhD student	Co-investigator: Florence Myrick, RN, BN, MScN, PhD
Assistant Professor School of Nursing, Nipissing University 100 College Dr. P.O. Box 5002 North Bay, ON P1B 8L7 Email: kareym_nipissingu.ca Phone: (705) 474-3461 ext. 4552	Professor Faculty of Nursing Level 3, Edmonton Clinic Health Academy University of Alberta Edmonton, AB, T6G 2G3 Email: flo.myrick_ualberta.ca Phone: (403) 492-0251

Invitation to Participate and Study Purpose

As an undergraduate nursing student, preceptor, or faculty member, you are invited to participate in a qualitative research study that aims to investigate the perceived learning in an international preceptorship placement. The main goal is to explore how you and your peers collectively engage in developing knowledge and skills in an international preceptorship experience. Funding for this study is through Nipissing University.

Voluntary Participation

If you choose, your participation is completely voluntary and you can withdraw your consent to participate at any time during the study. If you ever chose to withdraw your consent, any information you have passed onto the researchers will be deleted and no longer be part of the study. Also you will be free to refuse to answer any questions or discuss any topics you do not wish to.

Participating in the Study

If you decide to participate, you will be asked to take part in a 1-hour individual interview with one of the researchers listed above (most likely Karey D. McCullough). There may also be a need for a follow-up interview. The interview(s) will take place at a time and location that is convenient for both you and the researcher. The possible subsequent interview will be shorter lasting from 20 to 30 minutes. All interviews will be tape-recorded and the discussion transcribed for analysis by the researcher. To protect your identity only the researcher will know your name and the tape-recorded interviews will be coded with a number.

After the initial interview the researcher might need to contact you briefly to clarify

or expand on a topic already discussed. This may also serve to ensure that we are correctly capturing your feedback. This part of the study, if needed, would also be completely voluntary and you would not have to do this follow-up to be able to participate in the initial interview.

Confidentiality

Your participation is completely voluntary and confidential. No other faculty member from another program or School will know you are participating in this study unless you chose to share that information. All information that you provide will be kept confidential, only to be shared between the two investigators for the purpose of analyzing the findings. All tape recordings, transcriptions of your comments, and written notes we collect from you will be locked in a safe that is only accessible by the investigators of this study.

Upon completion of the study, all tape recordings and documents of your specific comments will be destroyed. Also it is our intention to publish and distribute the findings, therefore it is possible that some specific comments you make will be incorporated into study reports but your name and identifying information will not appear in any way.

Benefits and Risks

There will likely be no direct or immediate benefit to you for participating in this study but your participation will be beneficial in helping nurse educators develop and improve international preceptorship experiences for other nursing students. Based on the literature there is no foreseeable risks for you in participating in this study. This study is for the purpose of improving knowledge and understanding of how nursing students (preceptees), nurses (preceptors), and teachers (faculty advisors) generally progress through an international preceptorship experience and will in no way impact your academic progress in the nursing program or other career.

It is our intention that there will be no expenses incurred by you as a result of participating in this study. A parking voucher can be made available to you on the day of your interview(s) and there will be snacks and beverages available.

Please contact either of the two investigators listed above for any questions or concerns you may have about participating in this study. Thank you for your time in reading this information and considering participation in our study.

Sincerely,

Karey D. McCullough, RN, MSc, PhD (Candidate)

Appendix B:



Consent Form

Title of Project: The Process involved in International Preceptorship in

Undergraduate Nursing Education

Investigator:

Karey D. McCullough, RN, MSc, PhD (Candidate)

Phone: (705) 474-3461 ext. 4552

Fax: (705) 474-6111

Email: kareym_nipissingu.ca

Co-investigator:

Dr. Florence Myrick, RN, BN, MScN, PhD

Phone: (403) 492-0251

Email: flo.myrick@ualberta.ca

The following is to be completed by the study participants:

Do you understand that you have been asked to be in a research study?	Yes	No
Have you received a copy of the attached information sheet?	Yes	No
Have you had the opportunity to ask questions and discuss the study?	Yes	No
Has the issue of confidentiality been explained to you?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time without giving a reason?	Yes	No
Do you consent to being interviewed?	Yes	No
Do you consent to being audio taped when interviewed?	Yes	No
Do you agree to have your data reviewed at a later date?	Yes	No
Do you understand who will have access to your information and comments made during your interview(s)?	Yes	No
This study was explained to me by:		Date:

I agree to participate in this study.

Signature of Participant

Printed Name

Date

I believe the person signing this consent form understands what is involved in this study and voluntarily agrees to participate.

Signature of Investigator

Printed Name

Date

*A copy of this consent form can be given to the subjects.

Appendix C:

Permission to Contact Form

I would like to be contacted about the possibility of participating in Karey D. McCullough and Dr. Florence Myrick's study titled: The Process involved in International Preceptorship in Undergraduate Nursing Education.

Name: Address: E-mail: Phone number: Best time to telephone:

Appendix D:
Demographic Data

Demographic Data – Former Nursing Student

1. Code: _____
2. Age: 17-20, 21-24, 25-30, 30+ _____
3. Gender: Male Female
4. Other University Education: _____
5. Brief description of experience with international preceptorship placements: _____

Demographic Data – Faculty Advisor

1. Code: _____
2. Birth Date: _____
3. Gender: Male Female
4. Nursing Education: Baccalaureate Masters PhD Other
5. Post graduate education: _____ 6.
Continuing education: _____
7. Total years as a nurse educator at the undergraduate level: _____
8. Brief description of current work experience and major responsibilities as a nurse educator:

9. Brief description of previous instructional/facilitator experience in

international preceptorship placements: _____

10. Briefly describe how you have been prepared for an international faculty facilitator role:

11. What are the previous levels of students for which you have facilitated an international preceptorship experience? _____

Demographic Data - Preceptor

1. Code: _____

2. Birth Date: _____

3. Gender: Male Female

4. Nursing Education: Diploma Baccalaureate Masters PhD Other

5. Continuing education: _____

6. Total years as a nurse: _____

7. Brief description of current work experience and major responsibilities as a nurse:

8. Brief description of previous instructional/nursing experience in international preceptorship placements: _____

9. Briefly describe how you have been prepared for an international preceptorship

role as a nurse:_____

_____ 11. What are the

previous levels of students for which you have facilitated an international

preceptorship experience?_____

Appendix E: Interview Guide

Example of Guiding Questions – Preceptee

These questions will be used as a guide in the first interview with nursing students to provide systematic data collection for all participants. Because it is not possible to determine in advance what successive interviews will include, subsequent interviews will be used to obtain explanations from interviewees regarding areas that need further clarification. These identified areas will further direct questioning, which will provide a more complete description for theory development.

1. How would you describe the international preceptorship placement?
2. How would you say you learn during the international preceptorship? In other words, how would you describe the process that you go through when you participate in the international preceptorship?
3. How do others influence your learning during an international preceptorship?
4. What are you learning in an international preceptorship experience that you think will help you in your career?
5. What specifically are you learning in an international preceptorship placement that will help you be a nurse?
6. How does your preceptor assist your learning throughout the international preceptorship?
7. How does the faculty assist your learning throughout the international preceptorship?

Appendix F: Interview Guide

Example of Guiding Questions – Faculty Advisor

These questions will be used as a guide in the first interview with the faculty member to provide systematic data collection for all participants. Because it is not possible to determine in advance what successive interviews will include, subsequent interviews will be used to obtain explanations from interviewees regarding areas that need further clarification. These identified areas will further direct questioning, which will provide a more complete description for theory development.

1. Tell me about your role as faculty in an international preceptorship.
2. How would you describe the process that you go through during the facilitation of the international preceptorship experience for undergraduate nursing students?
3. What do you in particular in the planning, implementation, and evaluation of an international preceptorship for nursing students?
4. What teaching/learning/educational theories do you use/incorporate when planning, implementing, and evaluating an international preceptorship placement?
5. How do you think an undergraduate nursing student learns in an international preceptorship placement?
6. What kinds of knowledge and skills do you think are important for the students to gain during an international preceptorship experience? And why?
7. Were there any particular stresses that you encountered during this

experience?

8. What highlights/challenges will the student encounter?

Appendix G: Interview Guide

Example of Guiding Questions – Preceptor

These questions will be used as a guide in the first interview with preceptors to provide systematic data collection for all participants. Because it is not possible to determine in advance what successive interviews will include, subsequent interviews will be used to obtain explanations from interviewees regarding areas that need further clarification. These identified areas will further direct questioning, which will provide a more complete description for theory development.

1. Tell me about your role as a preceptor in an international preceptorship experience.
2. How would you describe the process that you go through while working with a nursing student in an international preceptorship placement?
3. Is there anything that you do in particular in the planning, implementation, and evaluation of an international preceptorship for nursing students?
4. What teaching/learning/educational theories do you use/incorporate when planning, implementing, and evaluating an international preceptorship student placement?
5. How do you think an undergraduate nursing student learns in an international preceptorship placement?
6. What kinds of knowledge and skills do you think are important for the student to gain during an international preceptorship experience?
7. What do you believe is essential for undergraduate nursing students to learn in an international setting?

Appendix H:
Research Budget

Item	Rationale	Cost
Office space	Needed for conducting interviews	\$200/month = \$1800 (October – June)
Panasonic IC Digital Voice Recorder	For recording interviews	\$185
Assorted memory devices	USB drive, CDs for saving interviews	\$50
Microsoft Word and Powerpoint	Word processor and presentation software (for dissemination)	\$0 (already obtained)
Transcription/transcriptionist	Aid in data analysis	\$15/hr. X 3hr/interview X 40 interviews = \$1800
Food & Beverages	Coffee/tea and snacks for interview participants	\$5 X 40 = \$200
Parking passes	For researcher to attend interviews and observation sessions. Also to ensure no costs are incurred by participants	Researcher: \$8 X 6 = \$48 Participants: \$8 X 12 = \$96 Total = \$144
Safe	To store audio recordings and documents in a secure location	\$120
Computer	Laptop & desktop needed for field notes, transcription and document preparation	\$0 (already obtained)
Photocopying/printing costs/ printer ink	Document preparation & dissemination of findings	\$200 (access to photocopying at work)
Travel costs (airfare, accommodations, meals, registration)	Dissemination of findings to a national conference and an international conference	National = \$2500 International = \$5000 Total = \$4500

Total = \$11,999