Abstract

Many nurses travel internationally and provide nursing care around the world. The current literature provides evidence that international nursing experiences have numerous positive outcomes. Understanding the positive impacts and the challenges of the international nursing experiences can lead to a greater awareness of the benefits that come from these experiences.

This study examines the experiences of nurses who have travelled and practiced nursing internationally. Using the qualitative survey, I sought to understand 1) Why nurses participated in international nursing experiences 2) How international nursing experiences affect a nurse’s personal and professional developments and 3) The role that reflective practice plays in the international nursing experience.

Hearing the perspectives of nurses who have participated in international nursing experiences is crucial in order to enrich the current understanding and awareness. This study gave nurses an avenue to express their feelings regarding their experiences. The findings of this study may lead to nurses being recognized and supported more throughout their international nursing experiences. This recognition and support may eliminate some of the challenges that nurses face that in turn may lead to great, more successful international nursing experiences in the future that will continue to produce positive outcomes for health care in general.

The similarities and differences revealed, throughout the data findings and the literature review, facilitate gaining a deeper understanding of the positive impact and challenges of international nursing experiences. The experiences provide a positive impact to those in the host location, to the nurse themselves and to the nursing practice in their home health care institution. This evidence provides a perspective that could continue to have a positive impact on health care should health care institutions respond appropriately.
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INTRODUCTION

Overview

Nurses are taking the opportunity to travel and use their nursing skills in countries around the globe. “The world is really just a village, and the nursing workplace has become the globe”, say Hern, Vaugh, Mason, and Weitkamp (2005, p. 34).

A review of the literature on international nursing experiences uncovered many studies regarding nursing students and their international experiences, however there were very few articles that addressed international experiences involving practicing registered nurses. This gap has been identified by others who have also found that “most of the exchanges involved students or faculty” (McAuliffe, & Cohen, 2005, p. 22). This study seeks to add the perspectives of registered nurses to the current body of literature on international nursing experiences. Gaining a deeper understanding of how international nursing experiences can benefit those in the host location, the nurses themselves and their nursing knowledge, skill and practice in their home location can provide a perspective that may have a positive impact on health care.

Prior to examining the literature related to international nursing experiences, terms that will be used throughout this thesis will be defined. The literature review will focus on what is currently known about the positive outcomes of international experiences including: personal development, professional development, institutional benefits, an increase in multicultural awareness, and an increase in international partnerships. Factors that may affect the international experience, including the length of the experience, the experience occurring in a developed or developing country, language barriers, preparedness, and the value of incorporating reflective practice, will also be explored.
Purpose

The purpose of this research was to gain an in-depth understanding of the experiences of nurses who have travelled and practiced nursing internationally. The following research questions guided this study:

1. Why do nurses participate in international nursing experiences?
2. How do international nursing experiences affect a nurse’s personal and professional development?
3. What role does reflective practice play in the international nursing experience?

Rationale

Health care institutions are in a position where they could begin to support their nurses who travel and participate in international nursing experiences. The current literature provides evidence that international nursing experiences have numerous positive outcomes for many involved. Understanding the positive impacts and the challenges of international nursing experiences can lead to a greater awareness of the benefits that come from these experiences. Hearing the perspectives of nurses who have participated in international nursing experiences is crucial in order to enrich the current understanding and awareness of this topic. This enhanced awareness and understanding could lead to an increased support system for the nurses participating from their home health care institutions.

Personal experience

I have been a registered nurse for over thirteen years. Throughout my career I have participated in four international nursing experiences. My first three experiences were volunteer experiences through a reputable organization and my fourth experience was a paid experience representing the health care institution for which I was employed. My role throughout the
volunteer experiences was to provide pre and post operative care to children within the hospital setting. There were many days that I would care for over twenty children at once. Throughout these experiences I felt rewarded, overwhelmed, excited, and inspired. I was always exhausted when I returned from my experiences. I had mixed feelings regarding the positive impacts of the international nursing experience and the challenges that I faced.

These experiences inspired me to further my formal education and to conduct a research study in order to determine the experiences of other nurses who had participated in international nursing experiences. My hope is that by giving these nurses an avenue to express their feelings regarding their experiences, some light will be shed on the topic. It would be ideal if this study led to nurses gaining more recognition and support throughout their international experiences in order to eliminate some of the challenges that they face. Perhaps this study may lead to greater, more successful international nursing experiences in the future that will continue to produce positive outcomes for health care in general.

Significance of study

There is a significant body of literature that has studied the international nursing experience. The experiences that were studied included mostly student nurse experiences and omitted the registered nurse with years of knowledge and expertise. The present research focused on the personal experiences of registered nurses who had participated in international nursing experiences. Highlighting these experiences will provide a significant contribution to the current gap in the literature.

This study will also add to the existing knowledge base by raising awareness and expanding the understanding of the positive impacts and the challenges that registered nurses face throughout their international nursing experiences. Additionally, the data will contribute to
current research by generating recommendations as to why and how nurses should be supported to continue to participate in international nursing experiences.

**Definition of key terms**

1) International Nurse Exchange: the term international nursing exchange refers to international nursing experiences, or nurses traveling to another country to practice nursing for a predetermined amount of time. The exchange may or may not be reciprocated by both countries, in other words, the travelling nurse may be the only participant in the exchange and the host country may not send a nurse to do an exchange in the travelling nurses’ country. As reciprocated exchanges rarely happen with registered nurses, the term international nurse experience will be used in this thesis.

2) Host country: the host country refers to the country receiving the nurse who is participating in the international experience.

3) Travelling nurse: this refers to the nurse leaving his or her country and travelling to the host country in order to participate in the international experience.

4) Volunteer Experience: an international volunteer experience is an experience that the nurse is not paid for. Volunteering with medical organizations or religious organizations are typically not paid experiences.

5) Work Experience: an international work experience is an experience when the nurses are paid for their nursing skills. Pay for these experiences would vary.

6) Nurse: A term that refers to one who protects, promotes and optimizes health, prevents illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families, communities and populations (American Nursing Association, 2013).
Overview of thesis

Through the data findings from the questionnaires we are provided with stories and memories from registered nurses who had participated in international nursing experiences. The nurses shared the positive outcomes from their travels along with the challenges that they faced.

This thesis is organized into five chapters. The present chapter, Chapter 1, provides the introduction to the study and describes the purpose, rationale and significance of the study. Chapter 2 presents a review of the literature regarding international nursing experiences. Chapter 3 provides a detailed description of the methodology including a description of the selection process, a description of the nurse participants, the questionnaire and the data collection and analysis process used. Chapter 4 shares the findings of the nurse participants and the stories and experiences that they reported. Chapter 5 discusses the findings and limitations of the study, and looks at opportunities for further research.
CHAPTER 2
REVIEW OF THE LITERATURE

Positive Outcomes from International Nursing Experiences

In the literature many positive outcomes identified through international nursing experiences are discussed. Some of the outcomes include personal development, professional development, an increase in institutional benefits, an increase in multicultural awareness, and an increase in international partnerships. Each of these outcomes will be examined in greater detail. Leninger (1998) conducted a study with nursing students and confirmed a number of positive outcomes that came from international nursing experiences including:

- Faculty and students can have a wealth of new and different cultural experiences to enrich, expand and provide insight.
- Nurses can expand their worldview, knowledge of diverse cultural life-ways and different nursing practices.
- Faculty and students can learn to reduce cultural conflicts, lessen their ethnocentrism tendencies and prevent cultural imposition practices.
- Exchange learners can gain invaluable and new comparative knowledge about ways that nursing-care is provided in nonwestern cultures and ways to advance knowledge worldwide.
- Faculty and students learn how to expand their micro and macro views to develop a holistic comparative and global perspective.
- Exchange participants can learn how to build and sustain transnational nursing relationships with nurse leaders, staff nurses, students and community leaders.
- Learners can gain rich and important knowledge about generic epic traditional practices.
- Nurses can gain skills in use of new languages and consider historical, gender, racial and environmental factors for quality cultural care.
- Nurses can discover many new and different ways to prevent and deal with unfavorable human conditions based on fresh cultural insights and situations.
- Faculty and students can greatly expand their comparative body of nursing knowledge and learn how to use both culturally diverse and universal dimensions in teaching.
- Nurses can gain a deep appreciation for worldwide nursing education (p. 62).

While this list is extensive, I provide here what I found in the literature on the positive outcomes that are most applicable to practicing nurses.
**Personal Development**

Studies revealed that personal development was one of the most frequently reported positive outcomes from international nursing experiences. Nursing students reported personal development through international nursing experiences such as; facilitating a reassessment of outlook on life, affecting family decisions, affecting interpersonal relationships, increasing volunteer activity, contributing to self-confidence, increasing tolerance of others (Thompson, Boore, & Deeny, 2000, p. 488).

Throughout the literature there were five main themes of personal development that were reported predominantly by student nurses that had participated in international experiences. The first theme was that the international nursing experiences changed their outlook on life. “They learn to transcend their values, learn to sensitize their glasses to see the world as others see it, which in turn tints how they see their own world” according to Douglas, and Meleis (1985, p. 88). The second theme was that the international experience changed their attitudes and opened their minds. “Research findings indicate that exposure to people from other cultures does something to us personally. It improves attitudes, opens closed-mindedness, dispels ethnocentrism and generates a tolerance for ambiguity,” state Douglas, and Meleis (1985, p. 89). The third theme was that the experiences changed how the nursing students viewed themselves and their lives. “Personal experiences of those who have been involved in the hermanamiento [exchange] have had a profound effect on how the participants view themselves as to who they are and how they live” according to Ross (2000, p. 67). The fourth theme described how the international nursing experiences developed confidence in the participants. Lee (2004) quotes, “Lynn believed that the confidence gained from overcoming the personal challenges of the international experience appeared to help her adjust to the complex role of staff nurse” (p. 118).
The fifth theme was a report of personal development by adding assertiveness to nurses’ skill set, for example, “Sally explained that assertiveness skills had been acquired from negotiating and addressing problems directly” (Lee, 2004, p. 119).

While examining the literature on personal development and international nursing experiences a model was discovered that included many of the elements of personal development outcomes. This model developed by Wilson (1993) is entitled “The international experience model” and includes two main categories; one, gaining a global perspective that incorporated substantive knowledge and perceptual understanding, and two, developing self and relationships that incorporated personal growth and interpersonal connections (Wilson, 1993 p. 16). This model fits well with the other research described here and has themes parallel to other themes that were found in the literature on personal development (See Figure 1).

![Figure 1. The international experience model (Wilson, 1993, p. 16)](image-url)
Personal development was only one of the many positive outcomes stemming from international nursing experiences; another positive outcome was professional development.

**Professional Development**

Professional development was a recurring category that was discovered throughout this literature review. Throughout the review most nurses or nursing students reported substantial professional development throughout their international experiences including the knowledge of how to exchange information internationally, an amelioration of their nursing care, promotions on return from the international experiences, the desire to pursue further academic education, an increase in their effectiveness and efficiencies as a nurse, a change in their academic goals, an increase in critical thinking skills and clinical knowledge, an increase in communication skills, a change in the way they practice nursing and an increase in leadership skills.

The international experiences helped the nurses develop skills needed in order to exchange information internationally. Leinonen (2006) states, “One objective of the international nursing program is to facilitate the exchange of information about professional nursing practice, education, and research. This is accomplished through shadow experiences, direct observation, and dialogue throughout the visit” (p. 19). The nurses reported this as one of their professional developments throughout the international experiences.

The nurses not only shared their own knowledge in the host country but were also there to learn how to increase the quality of their own nursing care. “Another objective of the international nursing program is to enhance the quality of nursing care provided” according to Leinonen, (2006, p. 19). Nurses and nursing students indicated that these international experiences encouraged them to ameliorate their own nursing practice.
Several nurses developed professionally throughout the international nursing experiences and were then promoted on return from their travelling. Leinonen reported detail regarding these nurses and their professional development from the international exchanges. One staff nurse shared that she was promoted to sister-in-charge of the operating rooms. She described that the international experiences created a desire to pursue additional education and prepare for a role in leadership. Two nurse managers reported how they updated their policies, aseptic techniques, infection control standards and staffing patterns after participating in international exchanges. (2006, p. 19).

The international nursing experience seems to encourage the nurse and nursing students to challenge themselves academically, for instance, “Nurses have indicated that international experiences inspired them to continue their education by pursuing advanced degrees” (Leinonen, 2006, p. 20). Not only were the practicing nurses inspired, but the nursing students changed their academic goals as well. The nursing students reported an increase in professional developments such as; affecting selection of reading materials in their final year, affecting their ability to speak/read other languages other than English, and influencing intellectual development (Thompson, et al., 2000).

The nurses reported that when they returned from their international experiences they noticed a change in the way they practice nursing including their effectiveness, their efficiency, the way they care for their patients and their clinical knowledge. Thompson, et al. (2000) reported that international experiences as student nurses had long term impact on their practice as a professional nurse, enhanced effectiveness as a professional nurse, improved efficiency as a professional nurse, affected progress as a professional nurse (p. 487). Student nurses demonstrated that the experiences changed the way they cared for their patients. One student
reported that on return “[she was] more concerned about the patients who don’t speak the language and always got translators” (Duffy, Farmer, Ravert, & Huttinen, 2003, p. 404). Freda (1998) reported her view on how international nursing changes the way nurses practice when they return, “International nursing encompasses understanding the impact of world health problems, the importance of providing culturally competent care to a diverse group of clients seeking our services, and a desire to improve the practice of nursing throughout the world by improving the quality of international nursing education research” (p. 332).

International nursing experiences were also found to increase the nurses’ clinical knowledge, professional skills and critical thinking skills. “Expanding participants’ clinical knowledge base and expertise has been another noteworthy by-product of this exchange experience” according to Casey (1999, p. 149). The participants’ professional skills were ameliorated due to the international nursing experiences because “the experiences gained from participating in cross-nation work, has the potential of enhancing many of the needed professional skills.” (Douglas, & Meleis, 1985, p. 89). Along with the clinical knowledge and professional skills, nurses increased their critical thinking skills during the experiences. “I’ve become more critical of what I do…no matter how much you read in a book about it you would never understand unless you go there…you’ve got to go abroad to understand how it develops you as a person and a professional…it all builds up, especially the coping skills” reports Lee (2004, p. 119). The student nurses not only experienced a change in the way they practice nursing, but they also added to their communication skills and their confidence level.

Students transferred their experiences into their nursing practice, “examples included communicating with interdisciplinary team members with more confidence, the challenge to beliefs about culture and ethnicity, adjusting to a new work environment and the role of the staff
nurse” (Lee, 2004, p. 120). Communication skills and confidence are two assets to being a leader on an interdisciplinary team.

These skills must be nurtured when the nurse returns to the home country in order to sustain these skills and continue to develop professionally as “leadership and achievement demand ongoing and meaningful education to support the personal and professional transformation required for rapidly changing times” (Bunkers, Burgess, De Back, Ethridge, Koermer, Mcbeth, …Papenhsuen, 2004, p. 10).

These examples of professional development reveal that the international experiences not only benefit the nurses but they also benefit the institutions that the nurses return to.

**Increase in Institutional Benefits**

Douglas and Meleis (1985) reported that “Institutions also benefit from international nursing” (p. 91). They stated that the staff acquired new skills that continue to benefit their place of work: “The clinical institution benefits when its staff return home with new ideas for problem-solving strategies” (p. 91). They concluded by mentioning that “the results of international nursing can and do have the wide ranging effect of benefiting not only individual nurses, but also the profession as a whole and the institutions that employ them” (p. 91).

Douglas and Meleis went on to describe how exactly the nurse benefits the institution as “the nurse learns new methods of dealing with similar health care problems. And by working within a different form of health care delivery system, the professional gains a greater appreciation of the complexities and politics of the system at the home institution” (p. 91).

In 1999 Casey added that the international experiences contributed to the institutional goals: “Sharing through international nursing experiences fulfills our organizational goal to encourage a lifelong love of learning, to pursue and extend the boundaries of knowledge, and to
share all that we learn in order to prevent and treat illnesses, diseases and disorders of children” (p. 149). These authors revealed that indeed, international nursing experiences provide great benefits to their home institutions. The international nursing experience also affected the institutions by allowing the nurses to increase their multicultural awareness.

**Increase in Multicultural Awareness**

Throughout the literature it was clear that international nursing experiences affected nurses and student nurses: “Students from both types of experiences reported increased cultural sensitivity and a decrease in ethnocentrism. Students noted insight and growth from the experiences of being a “foreigner” and/or a minority, and they were able to relate the experience to their nursing practice” (Thompson, & Haloburdo, 1998, p. 16). The participants reported that they became kinder, that they learned tolerance, they learned to understand their own biases, that they were able to enhance their own nursing care and they learned to appreciate viewing the world in a different way.

The first finding was that the student nurses became kinder: “I guess it made me a kinder person toward people of other cultures” (Thompson, & Haloburdo, 1998, p. 17). The students were able to accept why they were participating in the international nursing experiences and how they could contribute, one said, “I realized that I couldn’t change stuff while I was there. I could make a difference by who I am and how I approach people, and that’s what I did” (Thompson, & Haloburdo, 1998, p. 16).

Student nurses not only reported an increase in their kindness but that they were now more accepting of others after their international exchanges: “from this experience I learned that tolerance and acceptance is achieved by acknowledging that all human beings are connected and that conflicts only arise when we deny or forget our universal connection” (Anders, 2011, p. 6).
The participants in the international nursing experiences recognized that this setting for learning was extremely beneficial to increasing their multicultural awareness. Colling and Wilson (1998) noted, “It offers a way to teach multiculturalism by experiencing cultural differences in everyday living situations, which participants said heightened their sensitivity to people from other cultures in a way that reading and discussion could not convey” (p. 3).

The third benefit was that the international nursing experiences encouraged the participants to see the world in a different way: “Never do we understand our own cultural biases as well as when we look through the lens of a different culture. No longer can we plan strategically for the future of nursing without understanding global health care needs and global strategies for meeting the needs” (Gennaro, 2000, p. 4). The nursing students learned to see things differently and to eliminate their biased opinions. They learned “how not to view the world through an Americanized lens. Learning through negotiation and to see other points of view, to be more open minded when it comes to other cultures and especially, health care practices, the difficulties of being a “foreigner” not being able to read directions, menus, bus schedules etc” (Duffy, Farmer, Ravert, & Huttinen, 2003, p. 403).

When the participants saw the world in a different light, they were able to appreciate their international colleagues and not only gain a great respect for them, but learn from their ways of nursing. “The American nursing students learned to appreciate their Nicaraguan colleagues particularly for their qualities of determination, courage, and desire to help each other and themselves through participatory involvement” says Ross (2000, p. 67). This example provided evidence that the students learned about teamwork through observing their international colleagues with a lens of respect and admiration.
All of these examples added to the fact that international nursing experiences do increase multicultural awareness in the participant. It was revealed in the literature that this is a valuable asset and skill as a nurse and that it may ameliorate their nursing practices upon return to their home country. “Through the international nursing exchange program, participants have shared their perception that this experience has enhanced the quality of nursing care provided to patients by being respectful of cultural variations” according to Leinonen (2006, p. 19). This increase in multicultural awareness may facilitate international relationship building, which may then increase the international partnerships that are developed around the globe.

**Increase in International Partnerships**

There are many benefits to developing international partnerships and international nursing experiences contribute directly to helping the partnerships develop: “One advantage of international partnerships in nursing education is the sharing of information, resources, time and expertise” (Tlou, 1998, p. 55). The development of these international partnerships along with the sharing of information, time and resources has been shown to increase the education of participants in involved countries, for example “Since 1988 Kellogg has offered fellowships to nurses from four Southern African countries…Now these four countries have many nurses boasting bachelor’s, masters and doctoral degrees” (Tlou, 1998, p. 56). Not only does the partnership contribute to an increase in participants having degrees but their informal learning may also be affected: “International partnerships in nursing education promote both formal and informal learning for nurses in a variety of settings” (Tlou, 1998, p. 57).

Education is a beneficial outcome from the international partnerships developed through international nursing experiences, but another valuable outcome is merely providing an outlet of communication for nurses that may not have had one. McAuliffe and Cohen suggest that
“Strategic networks and partnerships are needed to give voice to developing countries in the international arena” (2005, p. 22).

The literature did provide data that indicated in order to develop international partnerships it should be done properly and several authors gave suggestions on how this could happen. Girot, Enders and Wright (2005) gave their recommendations to others undertaking partnerships: “agree [on] achievable outcomes, understand the impact of culture and politics on different relationships of those involved and be supportive of people’s emotional needs; make best use of reciprocal visits to promote good communication, ownership and commitment” (p. 658). Bentley and Ellison (2007) provided data regarding the lessons they learned along the way stating, “An important lesson learned was the importance of working with an organization with connections in the area being visited. Having a local staff who is sensitive to potential unintended outcomes and provides guidance in specific approaches is critical to maximizing benefit for the project” (p. 210).

The literature supported that international partnerships through international nursing experiences are possible. They gave suggestions for how to approach the relationships successfully. Lastly, they highlighted the benefits of the international partnerships: “The faculty’s initial feelings of nervousness and doubt have been replaced with an overwhelming sense of joy and pride in knowing that this project was and is both viable and helpful to both members of the hermanamiento (exchange) collaboration” (Ross, 2000, p. 67).

Factors Affecting International Nursing Experiences

Length of Experience (short-term versus long-term exchanges)

Throughout the literature there are differing opinions regarding the benefits of short-term versus long-term international experiences. Many authors described short-term experiences as
those lasting between one and four weeks, and the long-term international experiences were described as being over four weeks long. I will first discuss the literature supporting the benefits of short-term experiences and then I will contrast those points revealing the literature supporting the long-term experiences.

The short-term experiences were described as those that last one to four weeks. Hern, Vaughn, Mason and Weitkamp (2005) insisted that a short-term experience should last at least two weeks. The duration of the experience is a factor: “Based on the experience at both the hospital and the college, a weeklong exchange is not sufficient to gain sensitivity to the other culture. It takes more time than a week for several people to travel and assimilate large quantities of new cultural and nursing information. A minimum of a 2-week exchange is now recommended.” (p. 41).

The literature did state that some short-term experiences provided a setting for the participants to increase their knowledge and cultural sensitivity. Colling and Wilson (1998) reported their findings of the benefits, “this short-term exchange offers a way to introduce cultural differences to students and help them gain specific information about another health care system and nursing practices in a different country” (p. 3). Another study in the literature agreed with the benefit of increasing cultural sensitivity through short-term experiences. A two week international nursing experience for American nursing students in South Korea enabled students to “have the opportunity to explore aspects of the Korean culture…This indicated self-awareness that is fundamental to developing cultural sensitivity” (Wallace, 2007, p. 12).

In contrast, there was more evidence in the literature that supported that long-term international experiences (over four weeks) were more beneficial to the participants. One author even mentioned that the long-term placement should be at least three months: “Although
learning about other cultures may be accomplished though exposure to other ethnic groups within one’s own society, Garvey suggested that immersion in another culture for at least 3 months is the most effective means of obtaining such an education” (McAuliffe, & Cohen, 2005, p. 23). The majority of the authors did support that long-term international experiences could be over four weeks.

The literature indicated that the longer the international nursing experience the greater the effect of it. Regarding the benefits of short-term (1-4 weeks) and long-term (4 weeks +) placement programs, it has been claimed that longer placement programs have a greater impact on participants (Button, Green, Tengnah, Johansson, & Baker, 2005, p. 319).

Button et al. (2005) described why they found that longer-term placements were more effective than shorter-term placements. During a 4-week placement in Barbados, students worked shifts at the hospital. Their journals indicated that they had developed an increased awareness of the country’s culture and health care system: “However, it took nearly 2 weeks for the students to properly adjust to some of the cultural differences. This indicated that, although short-term placements are valuable, long-term placements might have more of an impact” (p. 319). They also stated that the effects would last longer if the international experiences were longer: “When comparing a 12-16 week placement with a 3-4 week placement the findings concluded that the long-term placement (12-16 weeks) allowed for extensive immersion in the culture which resulted in a longer and more sustained influence” (Button et al., 2005, p. 320).

Although there were varying views on the value of short-term versus long-term international nursing experiences throughout the literature, it was evident that the longer the experience, the more intense the learning and that the effects would last longer. Therefore, whenever possible participants should partake in long-term international nursing experiences, but
if time only allows for a short-term experience then it should last at least two weeks in order to receive the benefits of the international experiences. Not only was the length of the term considered a factor of international experiences, but the location of the experience was a factor as well.

**Technologically Developed versus Technologically Developing Countries**

In the literature it was discussed that there was a difference in outcomes between international nursing experiences in developed and developing countries. Most authors indicated that the benefits of traveling to a developing country far surpassed the benefits of traveling to a developed country. Button et al. (2005) agreed, “students who had undertaken their placement in developing countries gained significantly more in relation to international perspectives, and personal and intellectual expansion than those who visited developed countries” (p. 322).

The main theme throughout the literature was that the increase in difference of host and home country was related to the increase in benefits to the international experiences. Button, et al. (2005, p. 322) explained it well: “The researchers decided that the differences between cultures, living conditions, language, health problems and values increased the student’s personal and professional values. They concluded that the more different the host country is from home then the greater the personal and professional development of the student”.

**Language Barriers**

The literature revealed that language was also a factor affecting international nursing experiences. Authors indicated that if not addressed prior to departure it may be challenging to overcome this barrier: “The language of the host country must be considered in planning exchanges and student preparation. Although language difficulties were an immediate barrier for some students, this difficulty provided an important lesson in the need for translators” (Duffy, et
The literature revealed risks of not addressing these needs and the way it could affect the international experience. Leininger (1998) reported that “language skills of even common daily expressions remain important to prevent misunderstandings, distrust and to grasp accurately the stranger’s world with meaning” (p. 62).

There were two positive outcomes of language barriers revealed in this literature review. One was that the authors identified the need for translators: “Although fluency in the language of the host country is ideal, the language barrier can be over-come by the use of interpreters” (Lange, & Ailinger, 2001, p. 112). And the second was that Lee (2004) discovered benefits to the language barriers, “Students believed that they became more intuitive, learning to recognize and interpret non-verbal communication” (p. 119). The literature supported that even though the language barriers is a challenging factor, there are ways to prepare and to continue to gain the benefits and successes from the international nursing exchanges. Language was not the only aspect requiring preparation.

**Preparedness**

What appeared consistent in the literature was how preparing for the experience prior to travelling would affect the international nursing experience. Button, Green, Tenghah, Johansson, and Baker (2005) described the importance of planning when they mentioned “the intensity of the learning experience and pre-trip preparation had a greater influence than length of the program” (p. 320).

Most authors agreed that the preparation stage was extremely important to the success of the international experience and they also agreed that there must be some type of structure to the preparation periods. “With careful planning and preparation of faculty and students before,
during and after the exchange, these worthy endeavors can be successfully conducted within a scholarly framework” according to McAuliffe, & Cohen (2005, p. 23).

One strategy that organizations have used in the past is to use a defined preparation phase approach. Five different approaches to the preparation phase are reviewed here. The first approach is the Regis Group Strategic Planning Model. The Regis Group Strategic Planning Model includes a mission statement, a vision statement, a current assessment, goals, objectives, strategies, a tactical plan, reality checks, ownership, facilitation, and a cyclical review process (Carty & White, 1996, p. 90).

The second approach is the cultural preparation course. The cultural preparation course “included language instruction, as needed, and topics such as geographic setting, historical roots; politics; natural resources; economics; food preferences; art forms; folk tales and stories; myths, symbols, and rituals; and community health care services” (Duffy et al., 2003, p. 403).

The third approach is the international module. The international module was created and “included health policy, policy empowerment, health care system and finances, descriptive epidemiology, public health movements and projects, health education and the care of aggregates and groups” (Duffy et al., 2003, p. 403).

The fourth approach was the pre-exchange checklist. The pre-exchange planning checklist included; expectations, educational level of students and faculty, library resources, electronic databases, internet and email access, academic and public holidays, university events and customs, dress code, living arrangements, transportation, church, shopping locations, work contact, country visa, money management (Lange & Ailinger, 2001, p. 111).

Lastly, the fifth approach was a list of criteria to be addressed during the pre-exchange period. To ensure a successful experience, accept the role of synergy, be prepared, be flexible,
keep an open mind, induct social interaction, express learning bilaterally, define strengths and limitations, be as fluent in the language as possible, share teaching methods, do “real work” (Lange & Ailinger, 2001, p. 115). The authors did differ in their strategies but they seemed to agree that,

developing and following a strategic plan in international nursing education is a necessity, rather than a luxury, in order to provide the necessary direction for your future providing a suggested “blueprint for action”. Employing an effective strategic plan as your individualized “blueprint for action” can mean the difference between success and failure in your international “bridge-building efforts (Carty, & White, 1996, p. 93).

Leninger (1998) stated that unplanned international experiences might produce undesirable outcomes in the international nursing experience process: “If exchanges are well planned and carried out with cultural knowledge and sensitivity with the participating host faculty favorable outcomes can occur. However, poorly planned exchanges with inadequately prepared faculty and students can lead to unfavorable and destructive outcomes” (p. 62).

Carty and White (1996) were able to shed some light on how to avoid destructive international nursing experiences.

During the planning process it is important to avoid; planning the detail before the direction is set, plans without owners, solutions without measurable results, actions without a schedule, leaving intended actions out of the plan, including actions the group does not intend to pursue, allowing personality to obscure process, “telling” when “asking” is the way to ensure commitment, “asking” when the answer has already been decided, assuming that what is unspoken is understood. (p. 93)

In order to ensure that the students or nurses are prepared for their international experiences it is important to allow for enough time to complete a learning module, course or blueprint. Duffy et al. (2003) wrote: “We did not have enough time to prepare our students” (p. 403). They mentioned that adequate preparation for student exchanges is essential: “Preparation for an international experience typically includes personal reflection on and education about the
history, culture and nursing roles of the host country.” (p. 400). I will further discuss the importance of reflective practice during international nursing exchanges.

**Reflective Practice**

Bolton (2010) presented some great benefits to reflection itself. One benefit was very simple “Write to learn” (p. 45). Another benefit included the fact that

Reflections enables practitioners to explore and experiment with areas of experience difficult otherwise to approach: what you can change in your context; how to work with what you cannot, how to value the perspective of others, however different they are to you, how others perceive you, and their feelings and thoughts about events, why you become stressed, and its impact on life and practice, how to counteract seemingly given social, cultural and political structures (p. 4).

He also mentioned that “reflective practice can enable enquiry into: what you know but do not know you know, what you do not know and want to know, what you think, feel, believe, value, understand about your role and boundaries, how your actions match up with what you believe, how to value and take into account personal feelings (p. 3). Given the benefits of reflective practice, it is looked at there in its application and relevance to international nursing experiences.

A number of studies revealed that not only was reflective practice being used but that it had specific benefits for international nursing experiences. As regards writing, Wallace wrote: “As part of the practicum, all students were required to keep a journal and write a formal paper on a topic of interest in Korean healthcare” (2007, p. 5).

Thompson et al. (2000) gave a great example of how a nursing student valued her reflective practice and how it was beneficial to her international experience: “We were required to keep a log, kind of put our experiences and thought on paper. I think that helped me to put things into perspective; make you reflect on the day…Since I’ve been home, I’ve read what I had
Another benefit of reflective practice was how it increased the participants’ critical thinking patterns: “Participants keep daily field notes of their observations so that impressions are recorded while they are fresh…The intent of the course is to promote critical analysis of issues and practices which will be reflected in nurses’ work” (Colling, & Wilson, 1998, p. 2). Duffy et al. (2003) added that the skill of critical thinking is valuable: “Students need the skills to critically reflect on what they are experiencing professionally and personally” (p. 400).

Lastly the literature revealed the importance of not only reflecting during the international nursing experience but that there should be reflection included after the travels and it should be included in the debriefing process. “There are several ways to overcome the worst culture shocks. The agency should arrange a good debriefing. Opportunities should be made to hand over projects, to update the central office, and to talk through some of the difficult tasks with people who know about the country you worked in” according to Johnstone (1995, p. 114). The literature is clear that there should be reflective practice included in international nursing experiences.

**Limitations to International Exchanges**

The literature revealed a large number of positive outcomes that come from international nursing experiences. One might ask why more nurses do not partake in the opportunity to travel and develop personally and professionally in another country. The literature also revealed limitations to the experiences. Two of the limitations include the lack of funding and lack of support from the employer.
**Lack of Funding**

The literature discussed the type of support and funding that the programs for international nursing experiences need in order to be successful. Leinonen (2006) described some of the costs that are related to these exchanges. “All nurse visitors are responsible for the visit’s flights, accommodations, and daily living expenses. Some nurses receive stipends or scholarships from various philanthropic organizations, but many provide their own funding and are on limited budgets” (p. 17). Many of the nurses are responsible for covering their own costs and this is a large limiting factor to participating in the international experiences. Tlou (1998) mentioned that there are often supports that may be tapped into, but even those require certain criteria in order to be successful: “Sustaining partnerships in nursing education often requires the efforts of a funding agency with enough charisma and dedication to encourage the partnership to benefit as many people as possible” (p. 56).

Although the lack of funding is one of the limitations affecting international nursing experiences, the literature pointed out that the benefits of the experiences were worth the money: “The benefits have far exceeded the cost of the programs’ implementation. The international exchange programs cost less than sending a nurse to a national conference. The program improved practice for the nurses in each hospital” (Casey, 1999, p. 148).

Knowing that the benefits exceed the cost of the exchanges it would be useful to know how to overcome these limitations. Donahue and Williams (2002) gave some ideas on how to facilitate the exchanges and overcome some of the limitations: “To be successful, the program requires strong financial backing, collaboration with political groups, the existence of a nursing association, hospitals who are willing to contribute their time” (p. 82). The literature pointed out
that hospitals do need to be willing to contribute the nurses’ time, but they must also financially support their nurses in participating in the international nursing exchanges.

**Lack of Support from Employer**

Throughout the literature there are a limited number of studies on practicing nurses and not student nurses. The studies that were conducted indicated that the majority of the time the practicing nurse was forced to use vacation time to participate in international nursing experiences. Volunteering is the easiest way to participate, “The most appropriate agency for a new recruit with little overseas experience is probably a volunteer organization” (Johnstone, 1995, p. 114). If there were more information in the literature regarding the benefits of international nursing experiences in regards to the practicing nurse and not necessarily the student nurse, then perhaps institutions might increase their support. Encouraging practicing nurses to take part in international nursing experiences may benefit their institutions and in turn the benefits would by far outweigh the cost of supporting the nurses and their international experiences.

**Conceptual Frameworks**

Wilson’s Model and Kolb’s theory were both used in order to frame the discussion throughout the research. Wilson’s Model provides a framework to examine the impact of the international nursing experiences. This model was relevant to the study because the study examined the international nursing experience. Kolb’s theory of experiential learning provided an additional framework which was able to capture how the nurses learned through international experiences. I will now describe these frameworks in more detail.
Wilson’s Model: the impact of an international experience

The conceptual framework “the impact of an international experience” was developed by Wilson (1991). The framework included two main categories; 1) gaining a global perspective and 2) developing self and relationships. The subcategories within gaining a global perspective were 1) substantive knowledge and 2) perceptual understanding. The subcategories within developing self and relationships were 1) growth and 2) interpersonal connections (Wilson). Wilson’s model will be used in order to frame the discussion of the international nursing experiences while comparing and contrasting it to the literature. Some of the data will not fit into Wilson’s two subcategories, in those instances Kolb’s (1999) theory of experiential learning will be used to frame the final points.

Kolb’s: theory of experiential learning

Kolb’s theory of experiential learning “provides a holistic model of the learning process and a multilinear model of adult development, both of which are consistent with what we know about how people learn, grow and develop” (Boyatziz, Kolb & Mainemelis, 1999, p.2). This theory supports adult learning through experience and at the same time it highlights the importance of continuous professional development, reflective practice, clinical supervision and work-based learning (McCormack & Ward, 2000).

Nurses in Ontario are expected to perform formal professional self-reflection and submit this to the college of Nurses on a yearly basis (College of Nurses, 2012). Kolb’s theory emphasizes the importance of self-reflection as a learning opportunity. The theory indicates that self-reflection is an integral part of experiential learning and the development of practical knowledge; that it leads to better practice; that it is necessary for effective nursing; that it brings universal benefits; and that practice models enhance professional status (Clarke, & James, 1994).
Identified Gap in the Literature

Throughout the literature reviewed it is evident that when considering the factors that affect international nursing experiences, there are a large number of positive outcomes from them. A number of gaps were uncovered in the literature: a lack of studies involving practicing nurses, unanswered questions for practicing nurses, the impact of previous travel experience, and the potential benefits to increasing the number of practicing nurses who participate in international nursing exchanges.

Unfortunately, the majority of the studies that reveal these outcomes are studies involving only student nurses. In the literature it is stated that there is a difference between the student nurse and the practicing nurse. Duffy et al. (2003) described one of the differences by indicating that “Many nursing administrators and faculty perceive the demands of undergraduate education as barriers to student exchanges. The pressure to teach students an expanding body of knowledge in a restricted time frame reinforces the need to control the educational experience” (p. 400).

Some of the knowledge that may come automatically for practicing nurses does not come automatically for the students: “Knowledge of professional issues can be heightened for participating students either through seminar presentations, clinical visits or more informal discussions.” (Lee, 1997, p. 363). These authors clarified that there are several differences between the student nurse and the practicing nurse. These differences highlight that a study with registered nurses may provide different results from a study involving student nurses.

It is important to examine and take a closer look at the practicing nurses and how international nursing experiences affect them personally and professionally. The benefits to these experiences may be revealed after asking some of the nurses these unanswered questions. “Why did you decide to work abroad (participate in an international nursing exchange)? What do you
consider the benefit of an international nursing exchange? What do you consider the greatest challenge of working as a nurse abroad?” (Van Hoof, & Verbeeten, 2005, p. 10).

Another question that remained unanswered throughout the review of the literature was if previous travel experience made a difference in the international nursing experience. Duffy et al. (2003) pointed out: “Previous travel experiences and personalities influenced individual responses.” (p. 405). Unfortunately they failed to mention why previous travel influenced the responses about the international nursing experiences. It is important to learn if previous travel experience affects the practicing nurses and their international experiences.

**Summary**

After searching the literature regarding international nursing experiences it was confirmed that there are many positive outcomes from these experiences including; personal development, professional development, institutional benefits, an increase in multicultural awareness and an increase in international partnerships. There were multiple factors that did affect the success of the experiences including; the length of the experience, the experience occurring in a developed or developing country, the language barrier, the pre-international nursing experience preparation, and the use of reflective practice. Unfortunately there were some limitations to the experiences including the lack of funding and lack of institutional support.

After the literature was reviewed and the outcomes, factors and limitations were revealed, one thing was evident: “Locally and globally, professional nurses must come together through practical experiences. They must come together to share and collect knowledge and experiences toward achieving optimal outcomes for patients and their families” (Casey, 1999, p. 148). The purpose of this study is to investigate how practicing nurses benefit personally and professionally from international nursing experiences, and to add evidence that the practicing nurses and their
international experiences will not only benefit the nurses themselves but also the institutions that support them emotionally and financially.
CHAPTER 3

METHODS

Overview

This study was conducted using a qualitative research approach namely a case study with questionnaires. By choosing qualitative research the aim was to obtain data that is rich in depth. The next five sections describe the method that was used to complete this study including: 1) the design, 2) the participants, 3) data collection, 4) the role of the researcher, 5) data analysis and 6) ethical considerations.

Design

A qualitative research design was used to complete this study. The qualitative design was chosen in order to collect data with the intention to reveal participant perspectives. It was important to determine what the registered nurses had to say in regards to their international nursing experiences. “The goal in qualitative research is to understand participants from their own point of view, in their own voice” according to McMillan (2010, p. 323).

Participants

Participant Selection

Participants for this qualitative study were selected through two sampling strategies 1) comprehensive sampling, and 2) network sampling also referred to as snowball sampling. The comprehensive sample type was used in order to capture a diverse amount of significant data for the study through questionnaires (McMillan, 2010, p. 327). The goal was to obtain a sample size of fifty registered nurses or more. This size of sample was an adequate and ideal number of participants for this qualitative design (McMillan, p. 328). This sample group included registered practicing nurses who had participated in international nursing experiences and had volunteered
to participate in the study. This selection strategy allowed the researcher to enroll participants from varying locations and health care institutions: “This strategy may be used in situations in which the individuals sought do not form a naturally bounded group but are scattered throughout populations” (McMillan, p. 327).

The second sampling strategy that was used was network sampling. Nurses were recruited through word of mouth and social networking sites. The researcher had been a nurse for over thirteen years and therefore had a network of nurse colleagues who knew many other nurses, who in turn knew many other nurses. Once nurses were recruited for the study, they were asked if they knew of any other nurses who had participated in international nursing experiences who may be interested in participating in the study. Fifty nurses were contacted and asked if they would like to participate in the study and twenty-four nurses responded and volunteered to participate. The data that was received from these nurses was rich in depth and there was no need to recruit additional nurses for the study.

The criteria for the participant selection, was that the volunteers must have participated in an international nursing experience as a registered nurse. There were no criteria as to the number of years of experience that the nurses had to have, nor the countries they had travelled to, nor the number of international experiences that they had to have participated in. The nurses were not coerced nor convinced to participate but were merely enrolled in the study on a strictly volunteer basis. This volunteer element added to the validity of the study.

**Participant Description**

The participants chosen for this study were nurses who had international nursing experience(s). The participants were all North American, the majority being from Canada, and a few nurses were from the United States of America. The participants were all Registered Nurses.
Their experience varied from two to over ten years of nursing experience. The number of
international nursing experiences that they had varied between one and twenty. The nurses were
all asked to choose a pseudonym. Some of the names chosen would have made the final research
document confusing and difficult to read therefore the researcher gave the participants a new
pseudonym. The pseudonym was used within the written document in order to ensure
confidentiality.
Table 1

Summary of Survey Participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Country of Origin</th>
<th>Number of Years of Nursing Experience</th>
<th>Number of International Nursing Experiences</th>
<th>Number of Countries visited during International Nursing Experiences</th>
</tr>
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<tbody>
<tr>
<td>Sally</td>
<td>Canada</td>
<td>&gt; 10 years</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Canada</td>
<td>5-10 years</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Brenda</td>
<td>Canada</td>
<td>5-10 years</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Abigail</td>
<td>Canada</td>
<td>&gt;10 years</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Summer</td>
<td>Canada</td>
<td>&gt; 10 years</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Ben</td>
<td>United States</td>
<td>5-10 years</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Kate</td>
<td>United States</td>
<td>&gt; 10 years</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Michelle</td>
<td>Canada</td>
<td>&gt; 10 years</td>
<td>2</td>
<td>1</td>
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<td>Liz</td>
<td>Canada</td>
<td>2-5 years</td>
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<td>3</td>
</tr>
<tr>
<td>Laura</td>
<td>Canada</td>
<td>&gt; 10 years</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Maggie</td>
<td>Canada</td>
<td>5-10 years</td>
<td>5</td>
<td>3</td>
</tr>
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<td>Molly</td>
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<td>&gt; 10 years</td>
<td>3</td>
<td>3</td>
</tr>
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<td>&gt; 15</td>
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<td>Jenna</td>
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<td>3</td>
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</tr>
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<td>2</td>
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<td>Rita</td>
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<td>Nancy</td>
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<td>1</td>
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<tr>
<td>Martha</td>
<td>Canada</td>
<td>5-10 years</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
Data Collection

Data collection was conducted over a two-month period. The researcher contacted the participants via email and the participants were given the opportunity to read about the study and decide if they would like to continue to participate. Once they had agreed, an online questionnaire was sent to them in order to be completed. Once completed, the questionnaire was returned to the researcher online.

Description of the questionnaire

A questionnaire was used based on the purposes that it serves as a “questionnaire is relatively economical, has the same questions for all subjects, and can ensure anonymity” (McMillan, p. 195). When designing the questionnaire the literature was reviewed in order to examine survey tools that other similar studies had used in the past. This was done in order to increase reliability and validity of the questionnaire (McMillan, p. 195).

The questions that were designed included questions that were similar to those that were used in an international nursing study regarding nurses’ personal and professional development (Callister, 2006). Several factors were taken into consideration when creating this survey tool. The researcher ensured that the questionnaire 1) had clear items, 2) avoided double-barreled questions, 3) had questions the respondents were competent to answer, 4) questions were relevant, 5) was based on the knowledge that short, simple items were ideal, 6) avoided negative items, 7) avoided biased items and terms, 8) avoided loaded or leading questions (McMillan, p. 196). The questionnaire included both open and closed forms. Open forms refer to a question that the participant would answer with any response they would like. A closed form refers to a response that is chosen from the selections provided (McMillan, p. 197).
The questionnaire included items on the participants’ demographic data, how long had the participant been practicing as a registered nurse, how many international nursing experiences the nurse participated in and where the experiences took place.

Some of the questions that were asked in order to collect the data needed for the purpose of the study were; What was the purpose of your international nursing experience(s)?, What inspired you to participate in international nursing?, How did your international experience(s) affect your professional development?, How has your international experience affected your outlook on cultural diversity? How has your international nursing experience(s) affected your life long learning process as a registered nurse? Did you pursue further formal education before or after your international nursing experience(s)? In general, what did you enjoy the most about your international nursing experience(s)? In general, what did you enjoy the least about your international nursing experiences?

This is only a sample of some of the questions that were included in the questionnaire in order to collect data that would contribute towards answering the research questions. See appendix D for the questionnaire in its entirety.

**Questionnaire Pretest**

A questionnaire pretest was conducted in order to ensure that the questionnaire was worded clearly, that the meanings of the items were clear, to assess if there was any difficulty understanding the items, to determine if there were spelling or grammatical errors, and to determine if there were any improvements that needed to be made (McMillan, p. 204). Once the pretest was complete, there were minor grammatical changes that were made to the questionnaire. The next step was to conduct a questionnaire pilot test.
**Questionnaire Pilot Test**

The questionnaire pilot test was conducted in order to assess how long it takes to complete the questionnaire and if the items were clear. It was confirmed that the questionnaire took approximately fifteen minutes to complete and that the items were clear. The questionnaire was then sent out to the nursing participants.

**Role of the Researcher**

Given this researcher’s background as a registered nurse for over thirteen years who had participated in four international nursing experiences, the opportunity to design and conduct a research study in order to examine the experiences of nurses who participate in international nursing was a welcoming one. The challenge, however, came in approaching the study as a researcher rather than a nurse participant. It was important for the researcher to keep this new role in mind when designing the questionnaire and analyzing the data findings.

The experience and networks that the researcher had developed made her a good candidate to find participants for the survey. The fact that the researcher had participated in international nursing experiences gave her an idea of what types of questions to ask the nurse participants. The researcher was diligent to review the literature in order to ensure that she was not bringing her own bias to the study.

**Data Analysis**

The results of the questionnaires were analyzed by standard qualitative analysis. In order to ensure that the data collected was interpreted accurately, it was crucial to perform appropriate data analysis. “Data analysis is a relatively systematic process of coding, categorizing and interpreting data to provide explanations of a single phenomenon of interest” states McMillan (p.
367). The following steps were followed in the data analysis, 1) the data were organized, 2) the data were coded, and 3) the data were grouped into identified themes.

**Data organization**

Before the data were organized there were five sources that were reviewed by the researcher including the research question, the research questionnaire, themes used by other researchers, prior knowledge of the research from personal experience, and the data itself. McMillan indicated that this was an effective way to start to prepare the data (p. 369). In order to organize the data, all of the questionnaire results were compiled into one document and printed. Pseudonyms were used where required to replace the names that the nursing participants had given themselves. The researcher was then able to view the data as a whole and not as twenty-four individual questionnaire results. After the data were organized they were then coded.

**Data coding**

“Data coding begins by identifying small pieces of data that stand alone”, states McMillan (p. 370). There were strategic steps taken to identify and refine the data codes. The researcher included the following steps; developed a sense of the data as a whole, generated initial codes from the data, compared codes for duplication, and refined the coding system. In order to develop a sense of the data as a whole, all data were printed and read as an entire document several times. Throughout the readings the researcher highlighted text, took notes and wrote down ideas that were related to the research questions and to the international nursing experiences. The next step was to generate initial codes from the data.

In order to generate initial codes from the data, the researcher examined closely the words that the nursing participants used in the data, and determined the detail that the
participants were stating in their answers. Each code that was found within the data was documented. The next step was to compare the codes for duplication.

The codes found in the initial phase of the analysis were then documented on individual pieces of paper to compile a list in order to compare them in order to avoid duplication. Once this process was complete, the duplicated codes were then regrouped and recoded into a new list. The last phase of the data coding was refining the data codes. During this phase some codes were added and other codes were removed in order to identify themes.

**Identified themes**

The codes that were developed in the second step were used in order to identify the themes from the data. The method called dining room table analysis was used to identify themes. The following describes the dining room table analysis strategy. Each code had been written on a piece of paper. The pieces of paper were then sorted and rearranged in order to identify themes within the data. McMillan stated that “the sorting and rearranging that are needed are more controlled by the researcher when done by hand and hard copy” (p. 377). The end result was that the themes that were chosen represented several of the coded data combined. Some codes were represented in more than one theme. The data was organized, coded, and categorized into identified themes as a form of completed data analysis.

**Ethics**

This research study abided by qualitative ethical research guidelines. Confidentiality and anonymity were respected and taken into consideration. The participants were provided with a clear explanation of what the research study was about and what the data would be used for. The nurses were assured confidentiality during the study. The participants were informed that the data collection material would be stored in a locked and secure area. Along with keeping the data
collected confidential the participants were ensured that they would remain anonymous throughout the research study. There were no names used on any of the data that was collected. Each participant was given a pseudonym. Berg stated “Researchers commonly assure subjects that anything discussed between them will be kept in strict confidence, but what exactly does this mean? Naturally, this requires that researchers systematically change each subject’s real name to a pseudonym or case number when reporting data” (2009, p. 90).

**Summary**

This chapter outlined the methodology used to recruit participants for this study, and to collect and analyze the data they provided. The detail from the questionnaires highlighting the participants and their international nursing experiences are shared in Chapter 4. The following chapter, Chapter 5, includes a contrast and comparison of the data findings from the questionnaire to the literature.
CHAPTER 4

FINDINGS

This chapter reports the findings of the survey completed by twenty-four nurses who had previously participated in international nursing experiences. The chapter includes details on the demographics of the participants and on themes that emerged from the data. The demographic section describes the nurse participants’ years of experience, number of trips and locations of international experiences to provide a deeper understanding of the nurses who completed the survey. The theme section is divided into the five main themes that emerged from the data related to the international nursing experiences. These themes are 1) facilitated learning, 2) making a difference, 3) increased cultural awareness, 4) fulfilled a personal desire, and 5) barriers and challenges to the international nursing experience.

Each of the five main themes is broken down into subthemes to better unpack each theme. Finally, the overall experience of the participating nurses is summarized.

Demographics

Four demographic characteristics that provide context and understanding of the international nurse experience were examined. These were years of experience, number of international nursing experiences, countries where the experiences took place, and type of international experience.

Years of Nursing Experience

Of the twenty-four nurses who completed the study, the majority (60%) had been practicing nursing for over ten years (See Figure 1). Only one participant had less than five years of nursing experience and the remainder had between five and ten years’ experience. For this study, the nurse participants reporting on their international nursing were experienced
practitioners who were bringing a high level of expertise in clinical skill into their international nursing experience.

Figure 2. Years of nursing experience

**Number of International Nursing Experiences**

Collectively the 24 nurses who responded to the survey had participated in 95 international nursing experiences. The number of international experiences that the nurses participated in varied between one and ten, with the mean number of trips taken being 5.2 (See Figure 2). The majority of the nurses (n = 15, 60%) had been on either two or three trips, while 20% of respondents (n = 5) had been on seven or more trips, and 12% (n = 3) had only been on one international nursing trip.
Global Nature of Experience

The nurses reporting in this study had travelled around the globe for their international nursing and together reported on experiences in thirty different countries (See Figure 4). While the most common locations were India and Bolivia, the geographic diversity of experiences represented four continents and a truly diverse global experience.
Types of International Nursing Experiences

Two types of international nurse experiences were represented in the study data. Seventy-five percent of the nurses reported the purpose of their experience was to volunteer. This referred to unpaid trips, and mission type trips taken with charitable organizations and religious establishments. Often the nurses had travelled together with other work colleagues on these volunteer trips and the trips were organized and all arrangements made by an organization with local connections. These trips typically were to provide hands-on nursing care (i.e. pre and post surgical care) to support local hospitals and clinics. In contrast, twenty five percent of the nurses’ international experiences were described as having a work-related purpose. These trips were typically organized by the sending hospital and were paid experiences. The focus of the work-related trips was more often on developing networks, needs assessments and supporting education and training of medical and nursing staff in the international location.

Summary

Overall, all of the nurses who completed the survey reported that their international nursing experiences had been positive ones. This unanimous positive response was also reflected in that 100% of nurse participants indicated that they would recommend an international nursing experience to other nurses.

The data provided here tells us that the participants responding in this study were experienced nurses, had considerable international experiences, represented a broad geographic area, and had been on both paid and unpaid trips.

We now examine the four ‘positive’ themes that emerged from the data. The ‘barriers and challenges’ of the international nursing experiences will be discussed separately at the end of this chapter.
Themes

Four main themes that emerged from the survey findings are that international nurse experiences 1) facilitated learning, 2) allowed them to make a difference, 3) increased cultural awareness, and 4) fulfilled a personal desire. Each theme and its respective subthemes are examined here in greater detail.

The international nursing experience facilitated learning

“I went expecting to better the lives of people I met, to educate them. What happened was that they educated me,” writes Jenna (question 9). A main theme that survey respondents spoke to in describing their international nursing experiences was the learning that took place through participation in these trips. The learning that was facilitated by the international experiences has been broken down into four subthemes. The subthemes are 1) learned new skills, 2) learned about teamwork, 3) learned new way of thinking, and 4) increased awareness of waste.

Learned new skills

A subtheme that emerged was that the international nursing experience facilitated learning new skills. The learned skills varied from clinical assessment skills to learning new negotiation and problem solving skills. Martha (question 10) described that the experience helped her to “further develop current skills and develop new ones”.

Many of the nurses reported that the international nursing experience enhanced their clinical skills and assessments. Frequently during their experiences the nurses would care for 30-40 patients at a time, allowing them greater skill and organizational practice than they would have at home where they would typically care for 4-5 patients at a time. Stella (question 14) reported that since her international experience, “[she] find[s] [her] assessments are more detailed and [she is] thinking more about what is wrong with the patient.” Similarly, Brooke
(question 10) stated that the experience “enhanced the way [she] provided care to [her] patients”, showing positive benefits to her current practice. One participant, Reaghan (question 6) indicated that the international nursing experience allowed her to feel that she had “developed expertise in [her] clinical areas”. Stacey (question 14) wrote that more generally, “it has improved [her] assessment skills”.

A second theme of new learning that was frequently mentioned by respondents was increased life skills (ie. problem-solving, decision making). The nurses talked about the increased number of patients requiring care at once and the minimal medical resources available to them. These nurses had to be creative, when accustomed to working with high tech medical equipment in their home countries they were forced to make due with the limited resources that were available. The simplest form of equipment such as blood pressure cuffs and thermometers were a luxury in most of these countries. This required the nurses to be creative and use their problem solving skills in order to ensure that their patients’ assessments remained accurate with the lack of resources. One survey participant described the situation well when she stated,

Too often [she] think(s) we get spoiled with supplied and diagnostic tools we have at our disposal in the West. When you go on these missions you tend to have to go back to your basic skills. It is amazing the things you can do and diagnose by using just your eyes, nose and touch. To take a pulse instead of using machinery, to smell the drainage from a wound, to feel a head or hand for a temperature all speak volumes that [she thinks] we forget about when we have computers and tools at our disposal. Besides that it is a challenge when you know what you need to make things happen and you don’t have it. It never ceases to amaze [her] how things come together for the good. (Kate, question 9)

The challenge of the experience remained positive for Janice (question 11), who described that the experience “affected [her] learning process positively”, and Maggie (question 9) reported that the experience “increased [her] creativity and problem solving skills”. Laura wrote that as well as enhancing her “everyday problem solving skills”, her experiences also “helped [her] develop independence” (question 11 and 12). Another participant (Reaghan,
question 10) identified that her learning had benefited in a number of areas stating, “it increased [her] assessment skills, problem solving skills and decision making skills in [her] own practice, and advanced [her] communication and negotiation skills”. The international nursing experiences provided a work environment that facilitated learning these skills where otherwise this type of opportunity (increased patient loads and limited medical resources) may not be available in their home countries.

Along with skills mentioned above, the experience provided a diverse range of opportunities for learning. Elizabeth (question 9) wrote how her “experiences as a clinical instructor while in Ghana has helped [her] to improve [her] teaching skills”. In a different vein, Molly (question 10) attributed her newly “develop(ed) skills of improvising, scavaging, and packing that puts [her] friends in awe” to her recent international nursing experience.

**Learned about team work**

The international nursing experiences also provided opportunities for the nurses to work with others and to learn about teamwork in a different way than they had at home. Martha described her experience by saying “Each mission experience enhanced [her] team work skills by meeting new people and collaborating with different healthcare professionals” (question 11). Many of the teams were comprised of professionals from other countries and other disciplines, meeting for the first time at the work site. This aspect of working with a new team in each location and in coming together to help others contributed to Stacey’s comment that she “loves the sense of team bonding that [she] develop(s) with those that [she is] working with” (question 19). Michelle highlighted the close quarters that the team lives and works in during the international nursing experience “improved [her] ability to work as a member of a team” (question 10). Kate mentioned “[she] enjoy(s) getting to know team members from around the
world who join [her] to do the same thing” (question 19). This shared experience and being put in a new and challenging situation, with new people in a foreign location contributed to learning about working effectively as a team.

**Learned new ways of thinking**

There was an overwhelming response that the international nursing experience taught the nurses to “think outside the box”. The nurses indicated that they were challenged by new ways of thinking and looking at life. Molly indicated that international nursing provided her with the opportunity to “learn to improvise…”(question 10). Laura stated that her international experience “gave [her] the ability to think outside the box compared to someone who has only practiced at one hospital or in one country” (question 10). The experience also changed Rita’s way of viewing life, “it changed [her] completely as a person. [She could] see life through a different lens.”(question 11). This alteration in perspective was echoed by other respondents as well. Janice stated “These experiences have altered [her] whole way of thinking and [her] perception of what is really important in life.” Janice mentioned, “[she] learned to focus on changing or improving the things [she] can, and not become overwhelmed by the scale of the problems or needs in a situation” (question 11).

While these new ways of thinking were beneficial to the respondents personally, Elizabeth specifically spoke to how they had shaped her professional choices stating, “After [her] international nursing experiences [she] developed an improved understanding and awareness of the issues affecting the underprivileged people in [her] own city and country and [has] plans to incorporate that type of nursing in [her] career in the future.” (question 9). From a broader perspective, Janice explains, “[her] experience has inspired [her] to think globally.” (question 11) The exposure to situations and people that participants would not have encountered at home and
the need to be able to quickly respond and adapt to a new environment supported new ways of thinking.

**Increased awareness of waste**

The majority of nurses in the study stated that through their international nursing experience they became aware of how much excess there is at home. Tanya described it well when she stated “[she] was made aware of how shockingly wasteful [they were] compared to these countries-the garbage [they] made daily was absolutely unseen there. [She] would see people digging through [their] messy waste pulling out things to reuse” (question 10). The reality of the amount of waste at home in contrast with the needs seen in their international experiences was emotional for some nurses. Molly stated “[she] is ashamed at the huge waste of health care resources that is taken for granted in our province. We waste so much, expect so much more and demand, without being empowered to truly understand how to use our health resources more efficiently”. (question 10)

This new awareness of waste changed some of the nurses and how they practiced nursing at home. Brooke stated, “It allows us to appreciate the equipment we use, and be cognizant of minimizing waste” (question 9). Ben provided some detail regarding how the international experience changed even the little things in his practice, “when an alcohol pad falls on the floor, [he] still use[s] it as long as it’s still in the wrapper” (question 15). Similarly, the international nursing experience changed Jena’s awareness of product waste reflected in her statement that “from a product stand-point [she is] more cautious about [her] waste with supplies knowing how costly supplies are, and that [she’s] fortunate to have the supplies [that she has]” (question 14). The nurses expressed that they now noticed at home how much waste occurred at their hospitals and as Stella says, she is now “more aware of what resources [she] use(s)” (question 11).
Summary

Under this theme we can see that the new experience of providing nursing care in a foreign country facilitated learning within the nursing group. The increased number of patients to care for, limited medical resources and foreign working environments facilitated the nurses in learning new skills, learning about teamwork, learning new ways of thinking, and increasing their awareness of waste. Although when described these working environments sound stressful and sometimes scary, the nurses were consistent in reporting that their international experiences remained positive ones.

Nurses who participated in international nursing experiences did so in order to make a difference

Throughout the survey findings it was evident that the nurses who participated in international nursing experiences did so in order to make a difference. The main subthemes under this theme are the goals of the nurses to 1) contribute to the health of others, 2) assisting in remote areas, 3) make positive impacts on health in developing countries, and 4) help educate and empower people. Making a difference added to their feelings of satisfaction and to their choice to engage into future international nursing experiences.

Contribute to the health of others

Nurses stated that they received great satisfaction in contributing to the health of others. Reaghan stated, “it was an opportunity to give back and make a difference in the growth and development of health care professionals, and in the delivery of health care” (question 19). The nurses reported the health needs of the local people became extremely apparent when they arrived to their destinations. They expressed that they were excited to have knowledge and skill that could facilitate contributing to the health of the local people. Maggie was happy that it
“gave [her] a chance to use [her] professional skills to help those who do not have the same access to care as [she does] at home” (question 6). The nurses felt rewarded when contributing to the health of others.

Assist in remote nursing areas

The nurses described the remote areas that they worked in and were always surprised at the lack of resources available to them. Practicing nursing in these remote areas gave the nurses a sense of accomplishment that they had the ability to assist these remote communities that were clearly in need. Martha expressed it well when she said “International experiences provide opportunity to offer caring and support to often rural and poverty stricken locations” (question 9). Gertie agreed with her by highlighting her intentions during her experiences “[she] realized the good fortune that [she] and [her] patients have in the United States. [Her] desire is to level the playing field and give others access to the same quality of care by working in less-fortunate places”(question 6).

Throughout the data the notion that the nurses were grateful for the opportunities to give back in these remote communities was reiterated over and over again. Molly was one of the nurses that described her gratitude by saying that “[She has] always been interested in assisting in remote nursing areas and leapt at the chance when the opportunities presented themselves.” (question 6). Not only did nurses report making a difference in remote communities but another subtheme that emerged was making a positive impact on the health and economy of developing countries.

To make a positive impact on health and economy of developing countries

The data findings revealed that the nurses hoped to make a positive impact on health and in turn the economy of developing countries. If unaware before they left their home countries,
the nurses quickly learned that they had the ability to use their nursing skills in a new way that would make a huge impact.

The nurses described that it was personally rewarding to feel as though they were making a difference in the world. Abigail described the reward that the experience provided when she said that “Satisfaction and feel good for being able to help in other parts of the world where underprivileged children and families would otherwise be unable to get access to medical/surgical help” (question 9). Similarly, survey participant Reaghan described how rewarding the experience was for her by stating “It makes [her] feel good to make a difference in the growth of a local professional and a difference in improving the care of the child and family” (question 9). Elizabeth echoed her intentions when she stated that “[She has] always had an interest in international health and socioeconomic issues so [she] want(s) to be able to make a positive impact on the overall health and economy of developing countries” (question 6).

Although the desire to have a positive impact was a common notion within the survey participant group, Martha provided a comment that “the stark contrast between third world medical assistance/medicine and Canadian medicine/health care system can be drastic” (question 12). Even though the differences in health care and nursing in developing countries can be extremely different and challenging, Stacey said that the international nursing experiences “made [her] realize that [she has] a responsibility to act in support for the organizations working in these developing countries” (question 11). Just like Stacey, Stella wanted the opportunity to continue to give of herself which was reflected in her statement that “[She is] passionate about access to health care throughout the developing world. [She is] concerned about and wanted the opportunity to assist people who need basic health care” (question 6). Not only did the nurses
want to give of themselves to impact health and economy, but they also wanted to share their nursing knowledge and expertise.

*To help educate and empower people*

Some of the nursing participants were using their nursing expertise to travel in order to educate other nurses around the world. The survey findings indicated that nurses were fulfilled by the ability to educate and empower other health care professionals during their international nursing experiences. Elizabeth’s experience “helped the nurses become more confident in their nursing knowledge and skills, and encouraged them to question practices so they can make improvements in their own parts of the world” (question 18). Similarly, Allie found satisfaction in teaching “it was satisfying to be able to teach new nursing techniques” (question 18).

Many of the nurses felt obliged to share their knowledge and skill in order to attempt to ameliorate health care and make a difference when they could. Reaghan highlighted that “We are so lucky as a country for the resources and opportunities we have, [she] felt it was an opportunity to give back and share what [she] knew” (question 19). Brooke echoed Reaghan’s response that it was an obligation when she mentioned that “Having an opportunity to educate and support others in providing the best nursing is, in [her] opinion, part of nursing” (question 6).

Not only was it important to the nurses to share their knowledge and skill, but it became apparent that they were attempting to build capacity in order to encourage independence and confidence. Rita was honest when she said “ [she] now believes that instead, we need to give them the tools and capacity to live within their circumstances, but to be able to succeed…[she is]a believer in building capacity within their own culture and world – ie through education or other opportunity” (question 12). It was clearly important to her to avoid providing a band-aid solution and to build sustainability. Elizabeth echoed her thoughts reflected in her statement that
“[she] believes it is important to not only help but educate and empower the people of countries in need in order to create sustainable and appropriate projects/improvements” (question 18).

Educating and teaching healthcare professionals was mentioned multiple times throughout the data findings. Liz and Ben brought forward more detail regarding the importance and the reward of educating parents and families. Liz stated that “as a nurse, [she] always wanted to provide care and foster knowledge to patients and families in countries where quality care is not always available” (question 6). Ben provided a great example of a parent teaching opportunities that came up during one of his international nursing experience. He stated that he felt

like it is [his] way of giving back, to share what [he has] learned and train nurses in other countries, and vice versa” “[he has] seen the lack of education in mothers who feed their infants tea instead of milk because they do not like the idea of breastfeeding. [He has] also seen the difference in what people can do to change another person’s life (question 14).

The data was clear that nurses who participated in international nursing experiences did so in order to make a difference. The nurses made a difference during their nursing experiences but they were also able to deepen their cultural sensitivity at the same time.

The international nursing experience deepened cultural sensitivity

“It has helped me to be more tolerant to those who are different than me, and learn that ‘our’ way isn’t the only way”, says Stacey (question 12)

A third prominent theme that emerged throughout the data was that the international nursing experiences deepened the nurses’ cultural sensitivity in several different ways. The experiences 1) increased their understandings of other cultures, 2) heightened their awareness of, and sensitivity to, cultural differences, and 3) changed how they interacted with people. These three subthemes are explored here to better understand this theme. These findings were not
surprising due to the extreme change of environment that these nurses were exposing themselves to. Immersing themselves in cultures with different languages, communication styles, food, traditions, modes of transportation and medical equipment would make it impossible not to increase their cultural sensitivity.

**Increased their understanding of other cultures**

“(I) Will always remember the attitudes of the gangs in Kingston, how the public school principal warned us not to let little children with the “wrong” school uniform out in the yard because they’d be in danger of being shot”, reports Tanya (question 10).

Practicing nursing in a foreign country meant that the nurses had the opportunity to experience cultures that were different from their own. This experience not only meant that they had greater cultural sensitivity while travelling internationally but as Kate puts it, “[Her] travels with nursing abroad have helped [her] to have a deeper understanding of [her] patients at home and where it is they come from” (question 12). Brenda’s international nursing experience provided her with a similar increase in cultural awareness. She stated that, “cultural diversity has impacted [her] practice and [her] missions have made [her] more aware of how important it is to recognize cultural diversity” (question 11). For Brooke, developing cultural awareness was one of the reasons for taking part in international nursing experiences. She described wanting to “learn about different cultures and hopefully apply this information to [her]own practice once [she] return(ed)” (question 9).

Sally was able to describe how the international experience “in Bangladesh where [she] visited numerous refugee camps” helped her in her nursing career. She says, “Today in [her] work, [she] visit(s) women’s shelters where [she] see(s) refugees from various countries. [She’s] more able to understand their difficulties and the path they took to eventually come here: war,
child soldiers, from countries where rape is common…” (question14). Being able to apply what she learned about the cultures she travelled to have been instrumental to her practice. This was true as well for Gertie whose travels to a Hispanic country “made [her] more culturally aware of the Hispanic culture and patients that [she] serve[s]” here at home (question 9).

The deepened understanding of culture also extended to other dimensions. Janice wrote that for her the experience “provides a broader perspective on life and healthcare” (question 24), whereas for Liz this exposure to different cultures had made her “more open to different ways of thinking” (question 10). Speaking of a specific culture she worked in Rita wrote: “I now know to include a spiritual assessment of their situation.” For some the learning about cultures had a broader influence. In Reaghan’s case she says that “it increased [her] knowledge base regarding cultural beliefs and how the specific cultures influence health care provided” (question 14). Another participant, Molly, was even more expansive, stating “meeting people of different cultures, educational skills and political ideology provides a better understanding of world issues and the impact each country has on global health” (question 9).

**Heightened awareness of and sensitivity to cultural differences**

The international nursing experience heightened a large number of the nurses’ sensitivity to cultural differences. Respondent Brooke indicated that her experiences made her “more aware of traditions, cultural differences and how to be more sensitive to others and consider this when providing care” (question 12). Similarly, Martha states “international experiences and exposure to different cultures gives [her] an appreciation for the diversity among patients [she] see(s) in [her] westernized place of work” (question 12). In contrast, Janice reflects on the similarities between cultures and how her international experiences made her conscious of “common threads
between cultures” and that “we all have the same anatomy, and have very similar aspirations for our lives and our children” (question 12).

A few respondents articulated that the international experience had challenged the assumptions and biases they held and that through their travels they had “become less judgmental on cultural practices and beliefs” (Elizabeth, question 11)). Ben describes growing up in New York City and how he had a stereotyped view of “Muslims and Arabs” in part due to living through September 11, 2001. He wrote that “after doing a mission in Cairo and Amman, [he] found [himself] appreciating the people and the culture. So far, they [had] been the nicest people [he had] ever worked with” (question 12). Spending time immersed in this culture gave him a completely different view than the one he had held from earlier experiences. For Sally her eyes were opened to being “more aware of gender discrimination…[she is] very much aware now that we still live in a society where not everyone is treated equitably” (question 12).

The experiential aspect was what seemed to be the most important in increasing cultural sensitivity. Reagan describes this well when she says “actually experiencing the different cultures as opposed to reading about the differences in a book has been very beneficial to [her]” (question 12). While the focus for the international experiences was on nursing care, Kate reflects “what better way to experience how cultures celebrate, how they mourn, who is the leader of the family, and what is acceptable” (question 19) than to go and experience it firsthand.

**Changed how they interacted with people**

The findings from the data indicated that the international nursing experience changed how nurses interact with people. The experiences changed communication, connections with others and relationships in their lives. Martha stated that she is “now able to communicate with families” (question 14) and Jenna says that she “now listen(s) more to what people have to say”
(question 14). Rita described more detail regarding how her communication style changed after her international nursing experience in that “it has expanded [her] approach with patients to ask more open ended questions about how we can help them, not assuming the obvious western approach is what they believe to be true” (question 14).

Not only did the experience change communication styles, but it also changed the way that the nurses interacted with others and sometimes changed their relationships as a whole. Stella revealed that “It has allowed [her] to become a more compassionate and open person towards individuals who [she] come(s) in contact with who are not first born Canadians” (question 11). Additionally for others, these experiences increased confidence in providing patient care. Nancy describes how following her international experience she “feels a huge relaxed comfort with various different cultural groups” (question 13).

Unfortunately the change in relationships was not always a positive one. Jenna made a shocking statement that her increased cultural awareness and sensitivity “caused a disconnect with many of [her] family and friends… in fact it may have been a leading cause of [her] divorce” (question 11). The international experience had impacted and changed her in ways that those around her struggled to relate to.

The findings revealed that some nurses recognized language differences and barriers more when they returned from their international experiences. Reaghan stated “[she is] now a stickler about ensuring an interpreter is present” (question 12). She also stated that the experience improved her communication skills in general. The data was consistent in revealing that international nursing experiences led to increased cultural sensitivity and this in turn changed how nurses interacted with people.
The international nursing experience fulfilled a personal goal

“It is an experience that challenges the professional, spiritual, physical, and moral character of the participant and will change you forever in ways you have yet to discover” reports Molly (question 9).

A very prominent theme that emerged from the data was that the international nursing experience fulfilled a personal need or goal. In this theme, the three subthemes that emerge are 1) love of travel, 2) personally rewarding, and 3) develop a desire to further education.

Love of travel and adventure

Many of the nurses expressed their love for travel like Stacey who indicated she has “always loved traveling, and experiencing new cultures. The main reason [she] went into nursing, was because [she] knew it could open doors to travel” (question 6). The international nursing experience provided these nurses with an “easy way to travel and see unusual parts of the world” (Maggie, question 6). Similarly Elizabeth stated her reasons for pursuing the international nursing experience were because, “[She] enjoy(s) traveling and nursing, so the combination of the two is exciting to [her]” (question 6). For Kate the opportunity to “immerse [herself] in the culture” was an exciting addition to other types of travel (question 19).

For other nurses, traveling had additional benefits. Some nurses took advantage of the fact that the opportunity allowed them to escape winter weather. Laura described why she decided to pursue an international nursing experience “To live in a tropical climate! It was more a lifestyle decision than a professional one” (question 7). For Summer travelling was “stress relief from current nursing situation in our health care system” (question 9). Regardless of their motivation, not only were the nurses looking for the opportunity to travel, but also many of them were excited about the sense of adventure it provided.
Stacey writes, “there is an aspect of adventure that [she] really enjoy(s) as [she] head(s) to a new place and culture” (question 19) when describing reasons why she chose to pursue an international nursing experience. Brenda’s reasoning was slightly different but she also liked the sense of adventure that it may provide. She stated that “It seemed like an adventure that would be a fun way to give back and meet people from a culture so different than [her] own” (question 6). Bringing adventure into their lives through travel was also an escape from the boredom of daily routines. Jenna described that, “It was refreshing. [She] had grown tired of the routine of the ER” (question 10).

The international nursing experience provided a type of opportunity for travel and adventure that may not have been otherwise available to these nurses. Providing nursing care in other parts of the world gave them the opportunities they were seeking to fulfill some personal goals.

**Personally rewarding**

There was an overwhelming response to the notion that the international nursing experience was found to be personally rewarding. The large majority of nurses shared stories and statements that described how they personally gained from the experience in different ways that had a lasting impact. Stacey’s statement represented many of the nurses when she said that, “it was an extremely rewarding and thought provoking experience that changed [her] as a person and as a nurse” (question 9).

Both Liz and Martha agreed that their international nursing experiences were personally rewarding. Their feelings were reflected in their respective statements: “I ended up getting more from the experience then I believe I was able to give” (question 8) and “I always feel that I receive more than I give on a mission trip. It is a very fulfilling and satisfying way to contribute
to people who need medical care” (question 11). Throughout the data findings, nurses often mentioned how they were surprised at how appreciative the patients and families were for their contributions. Stacey described her experience by saying “The patients and families are so grateful, which is part of why it is so rewarding” (question 9). Similarly Tanya mentioned that it is “heartwarming to have such grateful patients” (question 10). This heartfelt thankfulness for the nursing care they had provided made their work feel worthwhile.

Beyond providing a feeling of appreciation and reward, for many the experience provided an avenue for personal change. Molly’s experience led her to boldly state that “international nursing is something that will change everyone forever” (question 24). Another respondent (Martha, question 14) noted that her international experience “allowed [her] to develop personal confidence as a competent professional”. For Reaghan the experience was life changing, “it made [her] a better person; more humble, more tolerant, more thankful and more motivated to continue to offer [her] expertise when able” (question 11). These statements reflect the sentiment of many of the respondents on how the international nursing experience changed them as individuals.

*Developed their desire to pursue further formal education*

For many the international experience led to the development of a desire to pursue further education. Forty-four percent of the nurses had completed or were working on completing a bachelor degree and thirty-six percent had completed or were working on completing their Masters (See Figure 4).
Figure 5. Education completed/working towards completing

Rita stated that without the international nursing experience she would not have had the confidence to go back to school (question 17). She reflects that her international experience led to “a newer expanded world view and life changing experience” and that due to this, “[she] was able to complete [her] nursing degrees, then Masters with a level of confidence and insight [she] would not have otherwise had. It [international nursing experience] completely gave [her] confidence to do it” (question 10). She continued to describe her journey towards her Masters as “[Her] Master’s work also was focused upon how to educate nurses in an international setting (she taught 4 or 5 years in Kenya) without this experience [she] most likely would not have had the interest to move into [her] Master’s work” (question 17). Rita’s experience clarified that some of the international nursing experiences inspired the nurses to pursue further formal education (See Figure 6).
For other nurses, their international nursing experiences led to the development of newfound interests, particularly in global health. Liz stated that “International nursing has made [her] more interested in global health policy. [She] completed a course in health policy and will be taking a second course in 2012” (question 12). Ben stated that he had a similar experience, “[He has] become more interested in global healthcare and would like to pursue a masters degree in global public health” (question 18). Their travels had made them aware of their own education related needs and gave them the drive to pursue those as life-long learners. Ben had been unsure of an education path until his international experience and had since taken action, writing that “[he has] applied to go back to school for education on global level health” (question 18).

Those that did not indicate intentions to officially pursue further formal education still remained interested and inspired to learn. Brenda stated that “[She] enjoyed the fulfillment [she] had during and after [her] experiences and would like to continue to enhance [her] professional educational development” (question 16). One of the participants, Martha who was already in a

Figure 6. Pursued further formal education before or after the experiences
graduate program stated that “[her] international experiences prompted [her] to pursue international courses during [her] Masters program” (question 13). The development of new interests and confidence that the international experience provided led to a drive to continue their professional learning.

The data was consistent in reporting that the nurses were able to fulfill personal goals during their international nursing experiences including travelling, feeling rewarded and fulfilling their desire for further education. Although these reported themes revealed many positive outcomes from the international nursing experiences, there were also some not so positive aspects of the experiences.

**Barriers and challenges to the international nursing experience**

After being overseas 6 times… I am feeling that sometimes we as Canadians come into a country and do more harm than good. If we assess and treat anyone who has an ongoing health issue, how do we treat, then leave. I also think that a lot of the times we go into these third world situations as a knight on a white horse. We also come into these very impoverished third world situations with our North American attitudes. I do feel very strongly that if we do go into a third world environment, that we are partnered with a local organization that is very involved with the local communities. (Stella, question 9)

Stella’s statement presented her very honest impression of how she felt after participating in several international nursing experiences. Her words highlighted a theme that emerged from the data in that there are definitely some barriers and challenges with the international nursing experience. Throughout this theme there were three subthemes that emerged including 1) environment and accommodations, 2) feelings of being overwhelmed and 3) financial challenges.

**Environment and accommodations**

Although the nurses spoke very highly regarding their international nursing experiences, they did mention the challenges to the living arrangements. Nurses were accustomed to living in
warm houses, with running water and all the comforts of home. They often felt challenged to change their routine and live in poverty. Sally stated that “It required some hardship ie living in tents” (question 20). Not only were the living arrangements challenging, but Michelle mentioned that what she found most challenging about her international nursing experiences were the “washroom facilities” (question 19). The accommodations were usually completely foreign to most of the nurses.

The nurses not only found the accommodations challenging, but also found it challenging to eat the local food that was provided for them throughout their experiences. At times the nurses would experience gastrointestinal issues, most likely due to the changes in food and perhaps food preparation at the international site. Brenda mentioned that one of her challenges was “the culture shock of having food so different from [her] own, living conditions much more modest than [her] own” (question 19). Molly summarized the challenges in dealing with different living conditions well when she stated that she disliked “the high amount of salt used in food. [She didn’t] enjoy cold showers! [She missed her] hot water tank” (question 20). Stella gave detail when describing one international experience that she participated in, in Guatemala, “[they] were working up in the mountains. [They] were told it would be chilly but every night it was below zero and [they] were not dressed or prepared for this type of climate” (question 20). Nancy simply stated that she disliked “the dirt” that she had to deal with throughout her experiences (question 20).

The nurses found their physical environments challenging. Included in the nurses’ assessment of their environment was the notion of time change. Often nurses were using their vacation time from full-time jobs at home, boarding a plane, traveling for sometimes over ten hours and then starting a long journey of extremely busy work days at the local hospital. The
nurses were not necessarily given a day to recover after traveling and were expected to work 12-14 hour days immediately after their day of travel. This created a challenging working environment. Liz was subtle in her response when she mentioned that “time changes can be difficult on you, especially when working long hours during the mission” (question 19). Perhaps their fatigue may have contributed to the next subtheme that emerged from the data that the nurses had feelings of being overwhelmed.

Feeling Overwhelmed

My first mission experience to India was a particularly emotional one!! Though I had been to India as a child with my family and did still have an idea about the conditions, poverty, etc…was still very emotionally impacted after my first assessment day. Perhaps was a bit in shock, after we saw about 300 families and patients and had an unexpected moment once back at the hotel with a couple of my teammates when we were discussing the days events etc…I guess best described as a “highly emotional, profoundly sad and deeply moving in-your-gut kind of evening where I broke down sobbing for a good 30 minutes or so (Abigail, question 11).

The shock that Abigail experienced during her first mission experience seemed to resonate in different ways with many of the survey participants. They often felt overwhelmed that they were not able to provide enough or do enough for the community they were visiting. Janice stated that she felt “like [she] was providing a band-aid approach to health problems with limited resources” (question 19). Like Janice, Tanya had similar feelings of “frustration with being unable to provide more ongoing care” (question 19). Allie stated that she was overwhelmed with the healthcare that lacked and it bothered her “to know that what [they] did and accomplished was just a drop in the bucket to what needed to be done” (question 19).

Some nurses mentioned that it became emotionally challenging. Brooke mentioned that it was hard “seeing children in pain because analgesia wasn’t adequate” (question 19). Most of the international nursing destinations did not have pharmaceuticals available as they do in North America. Although this made the nurses appreciate the resources they had available to them at
home, they were challenged to accept that they could not offer this type of care to their patients during their international nursing experience. Elizabeth mentioned that she “found it difficult working in a low-resource and fairly foreign setting on [her] own and with limited support” (question 19). Martha reported detail that echoed Elizabeth’s thoughts in this statement about how “as a recovery room nurse in the Dominican Republic [she] often felt overwhelmed with the expectation of managing airway support in a setting with minimal supplies” (question 19).

Working in environments with limited resources contributed to the overwhelming feeling that nurses reported. The data revealed that the nurses were constantly challenged with the notion that the world is not fair and that all people and countries do not have similar resources in healthcare. Janice summarized her thoughts on how overwhelmed she was with the inequality in healthcare throughout the world when she stated that she,

Remember(s) sites where children had reactive airway disease because they lived in homes with indoor fires and no chimneys. Or families spend time and money getting to a hospital and are cancelled because their child gets sick. People in poor countries face more obstacles and have fewer options than people in rich countries, and the unfairness of it is hard to see (Janice, question 20).

Some nurses felt overwhelmed throughout their international nursing experiences and the feelings last after they leave their international destination. Stacey stated that “when leaving the place, there is a sense of the sadness and a bit of guilt, knowing that the patients and families will still be living in poverty. Knowing that really, there is not much you can do to help them in their everyday life, no matter what your good intentions are” (question 20). The feelings of being emotionally overwhelmed were challenging for the nurses during their experiences and after their experiences. Another challenge that was stressful during and after the international nursing experiences was the financial challenge that came with traveling as a nurse.
**Financially Challenging**

The majority of the nurses (75%) were participating in the international nursing experience through volunteer organizations or missions. This typically meant that the nurses were using their own personal vacation time from their employment and they were unpaid for their work as a nurse. Some organizations did help with some of the costs related to the travel itself and the accommodations, but all other expenses were the responsibility of the traveling nurse. Reaghan mentioned her frustrations with using vacation time: “It is time consuming and it is done on your vacation time. There is never enough time or vacation” (question 20). Although Reaghan was frustrated with her minimal vacation time available, some nurses did not have paid vacation and therefore sacrificed their salary in order to volunteer providing nursing care around the world.

Some nurses were actually paid for their experiences however Laura still considered it financially challenging because “[they] weren’t paid very well. If [they] wanted to further [their] learning [they] had to commit a few years to the hospital. Because it was a private hospital [they] were constantly being reminded how much things cost” (question 20). Although the nurses did report financial challenges throughout the international nursing experience they continued to highlight mostly positive outcomes from their experiences.

**Summary**

The purpose of this study was to gain an in-depth understanding of the experiences of nurses who have travelled and practiced nursing internationally. To accomplish this goal, three specific questions were formulated to drive this research.

1. Why do nurses participate in international nursing experiences?
2. How do international nursing experiences affect a nurse’s personal and professional development?

3. What role does reflective practice play in the international nursing experience?

The nurses participated in international experiences because it provided many positive impacts on their lives. One hundred percent of the survey participants described their international experience as a positive one. Similarly one hundred percent of the survey participants indicated that they would recommend the experience to other nurses. The nurses highlighted more positive impacts of their international nursing experience than negative impacts. The nurses reported that their experiences facilitated learning, provided an opportunity to make a difference in the world, and allowed them to fulfill personal goals. These reasons make it understandable as to why nurses would consider participating in international nursing experiences.

International nursing experiences affected the nurses’ personal and professional developments by providing them with unique learning opportunities. The international experiences enabled the nurses to build their clinical skills, enhance their assessments, increase their decision-making skills, better their teamwork skills, increase their ability to think outside the box, and changed their awareness of waste. The opportunity also provided a way for them to practice educating others, to deepen their cultural understandings and awareness, and increase their communication skills. Many of the nurses developed a desire to pursue further formal education after participating in the international nursing experience. These outcomes from the data findings provide clear evidence that yes; international nursing experiences do facilitate personal and professional development for the participating nurse.
Reflective practice played a significant role throughout the international nursing experience. Some nurses reported that their reflective practice included journal writing, completing college requirements, presentations, and scholarly papers. Twenty five percent of the nurses stated that they did not participate in reflective practice; however completing the survey itself was a form of reflective practice. The nurses’ ability to reflect on their experience and provide rich data and detailed stories regarding their positive experiences and challenging aspects of the international nursing experience provided evidence of the development of professional judgment and increased awareness overall. Reflective practice played a role in learning and recollecting events and memories from the international experience.
CHAPTER 5

DISCUSSION AND CONCLUSIONS

The previous chapter revealed the international nursing experiences of 24 registered nurses. The purpose of this research was to generate rich data through a qualitative study design in order to enhance our understanding of the international nursing experience; and to highlight the positive and negative outcomes from these experiences. Gaining a deeper understanding of the positive and negative impacts may benefit the healthcare institution where the nurses practice in their home countries and in turn may have a positive impact on health care as a whole. This chapter serves to connect the themes that emerged to current research.

The discussion follows, beginning with the impact of an international nursing experience using Wilson’s framework.

**The impact of the international nursing experience: gaining a global perspective**

*Substantive knowledge gain in three categories: teamwork abilities, increased awareness of waste, and increased understanding of other cultures*

Substantive knowledge includes an “increased understanding of the world in general, cultural values and norms, global awareness, current problem areas, present conditions, other options and future directions of the country can also be included in the substantive dimension (Killar, & Ailinger, 2002, p. 29). The survey data and literature both provided evidence that the international nursing experience increases substantive knowledge. Increasing substantive knowledge in the individual nurse provides a form of personal and professional development. Health care institutions would benefit from nurses who were continually developing personally and professionally.
The literature was clear that the international experiences changed the nurses and increased their substantive knowledge (Douglas, & Meleis, 1985) (Ross, 2000) (Lee, 2004). The data collected from the 24 nurses who had participated in international nursing experiences confirmed that their knowledge had been increased through their reports that the experience enhanced 1) teamwork abilities, (Martha, question 10) (Stacey, question 19) (Michelle, question 10) (Kate, question 19) 2) increased their awareness of waste (Tanya, question 10) (Molly, question 10) (Brooke, question 9) and 3) increased their understanding of other cultures (Stacey, question 12) (Tanya, question 11) (Brenda, question 11) (Kate, question 19) (Sally, question 19) (Rita, question 14).

Most registered nurses work within teams of professionals including physicians, therapists, dieticians, and administrative staff among others. Increasing their ability to work within these teams effectively would not only enhance the skill of the individual nurse, but it would also enhance the healthcare team collectively and in turn benefit the health care institution. Unfortunately there are not many opportunities of formal education for nurses to learn how to increase their teamwork abilities. Researchers report: “Although the benefits of teamwork seem intuitive to healthcare providers, little formal training of the required skills or assessment of the effectiveness of teamwork exists” (Barrett, Gifford, Morey, Risser, & Salisbury, 2001, p. 67). The survey data were clear; the international nursing experience provides the opportunity for nurses to ameliorate their teamwork skills and abilities. This was one of the positive outcomes of the international nursing experience.

Another positive outcome of the international nursing experience is that the nurses increase their substantive knowledge and awareness of waste. Although throughout the literature the awareness of waste was not mentioned as a positive outcome of international nursing, it was
a prominent theme throughout the 24 nursing survey participants. The nurses reported that their experiences not only increased their awareness of waste but they actually changed their practice when they returned home. When nurses change their practices through their awareness of waste it creates a positive impact on the health care system. Lausten (2007) mentioned some of the benefits of staff changing their practices regarding waste: “Greening the perioperative setting may help improve staff member morale, and it promotes both economic savings and ecological sustainability” (2007, p. 727). The international nursing experience would benefit health care institutions by providing a learning experience that would improve staff morale, promote financial savings and support ecological sustainability.

An additional substantive increase in knowledge that the 24 nurses reported was an increase in their understanding of other cultures and in turn how it changed their outlook on life. The literature supported this concept by providing many studies involving student nurses participating in international nursing experiences and reporting an increase in their cultural understandings. The compared reports between the 24 nurse survey participants in this study and the student nurse participants throughout the literature seemed very similar in their benefits to cultural awareness from the experiences.

Both the literature and the survey participants revealed that the international nursing experience heightened their awareness of other cultures and then changed how the nurses interacted with people from other cultures by increasing their understandings and cultural awareness. Since the mid 2000’s the Canadian Nurses Association has been promoting the importance of cultural awareness and the need for health care institutions to increase cultural competency among nurses. According to the Canadian Nurses Association “individual nurses in all domains of nursing practice are responsible and accountable for acquiring and incorporating
cultural competencies in relationships with clients and co-workers. Employers are responsible for creating environments that value diversity. They are responsible for organizing and evaluating physical and psychological structures/systems that support and promote cultural awareness, sensitivity and safety” (2010, p. 2).

Both the literature and the survey findings support that the international nursing experience is an effective way to facilitate an increase in cultural awareness among nurses. Although the literature presents the findings from the student nurse perspective and the survey data present the findings from the registered nurse perspective, the results remain consistent. International nursing experiences produce positive outcomes by creating learning opportunities to increase multicultural awareness.

**Perceptual understanding gain: change in mindset, added kindness**

Both the literature and the study findings revealed that the international nursing experience provides an increase in perceptual understanding for the nurses involved. This concept includes a change in mind set and new abilities to relate to others as “there is clearly a gain in the perceptual understanding of the individuals who participate in international educational experiences.” “Open-mindedness, a resistance to stereotyping, the ability to empathize with others, and nonchauvinism…” (Kollar, & Ailinger, 2002, p. 29) were aspects that were uncovered.

Once again, the literature revealed evidence examining the student nurse international experience and the survey data findings revealed evidence examining the registered nurse experience and this did not seem to play a role in providing differing results. Both the nursing students in the literature and the registered nurse participants in the study benefited from the international nursing experience by increasing their perceptual understanding.
In the literature, one of the studies involving student nurses reported that the international nursing experience made them kinder nurses. Kindness, and the notion of being kind could be interpreted in many different ways. The nursing survey participants were able to provide more depth to this statement. The participants reported that the international nursing experiences made them more accepting of others, allowed them to appreciate their international colleagues in a new way, changed how they interacted with people and allowed them to contribute to the health of others. It would be difficult to argue that these acts did not have kind intentions.

The nurse participants in the study’s new perceptual understandings of other cultures learned throughout their international nursing experiences may have contributed to their appreciation of differences and changing their ways of interacting with others.

**The impact of the international nursing experience: developing self and relationships**

*Personal growth gain in: increased clinical skills, change in nursing practice, change in academic goals*

Kollar stated that the concept of personal growth included expanding beliefs, career choices and possibly global perspectives (2002). The study revealed that yes the international nursing experiences expanded beliefs, career choices, and global perspectives. Rita mentioned that the experience allowed her to see life through a different lens, Ben stated that international nursing prompted him to focus, on a career within global healthcare, and Liz became more interested in global health policy. The study also provided a significant amount of evidence that the international nursing experience provided an opportunity for the nurses to learn new skills and set new academic goals. This was confirmed in two statements from both Martha and Brenda. Martha stated that the experience helped her to “further develop current skills and develop new ones”. Brenda expressed that she “enjoyed the fulfillment [she] had during and after
[her] experiences and would like to continue to enhance [her] professional educational development”.

The registered nurses reported that they experienced personal growth from the international nursing experience. They were able to increase their current clinical skills, increase their effectiveness and efficiencies in nursing, ameliorate their nursing care, and change the way they practiced nursing. The participants also reported that they changed their academic goals, pursued further formal education and at times were promoted on return from their international experiences. Forty-four percent of the nurses had completed or were working on completing their degree and thirty-six percent had completed their Masters. Rita mentioned that without the international nursing experience she would not have had the confidence to go back to school. Thirty-three percent of the nurses pursued further formal education after the experiences and twenty-five percent of the nurses pursued formal education before and after the international nursing experiences.

Sixty percent of the nursing participants involved in this study had over ten years of nursing experience. These findings of personal growth are difficult to compare to the experiences of the student nurses found in the literature who may have had a couple of years of practice as a student nurse but no experience as a registered nurse. There is a significant difference between the nursing skills of the student nurse and the registered nurse with ten years of experience. The registered nurse with ten years of experience has had the time to learn, grow and develop as a professional. Most nurses would admit that their environment is one of constant learning. Ten years of learning contributes to a wealth of knowledge and skill that could not be learned in a few years of nursing school. Therefore the statement about improved learning by these experiences is very meaningful.
The international nursing experience provided the registered nurse participants in the study with an irreplaceable learning environment. Nurses who had perfected organizing a patient assignment of four to five patients at home were challenged with providing care to thirty and sometimes forty patients at once. This challenge is not one that could be mimicked or taught in their institutions at home. These nursing assignments would not be considered safe to provide quality care. However, the international nursing environment leaves no choice but to subject the nurse to these working conditions. Although the conditions seem challenging and perhaps even grueling, the nurse participants in the study reported their learning opportunities as positive outcomes from their international nursing experiences. This no doubt expanded their horizon to increased possibilities. This finding highlights that the international nursing experience provides extremely valuable learning opportunities for nursing within real life situations.

The registered nurses not only reported an increase in learning but they also reported a change in their academic goals. Some nurses stated that after their international experiences they were inspired to pursue further formal education. Forty-four percent of the nursing participants had completed or were working towards completing their bachelor degree and thirty-six percent had completed or were working towards completing their Masters.

There was one study that was found in the literature involving registered nurses and discussed by Leinonen (2006) who reported nurses’ personal growth and professional development. She stated that the international nursing experiences did inspire these nurses to pursue additional education and prepared them for new and exciting leadership roles. These results were comparable to what the data revealed from the 24 registered nursing participants.

Although there is a significant amount of data that connects the international nursing experience to the inspiration of setting new academic goals of further formal education, it
remains challenging to compare these results to reports in the literature, which provided the majority of reports on student nurses.

**Interpersonal Connections gain in: increased communication skills, ability to educate and empower others**

Developing successful interpersonal connections include the ability to be open-minded, to open up to people and to use effective communication skills (Kollar, 2002). It would be beneficial for nursing staff to develop these qualities throughout their career but it is challenging to find an educational opportunity that would provide these teachings. Fortunately the survey data and the reviewed literature both agreed that the international nursing experience provides a learning opportunity for nurses to improve their interpersonal connections.

The survey data revealed that the nurses indicated their international nursing experiences changed the way they interact with people. The nurses reported that their communication skills were enhanced. They did not indicate why or how they thought this may have happened but perhaps it was linked to their statements that they increased their awareness of cultural sensitivity, they enhanced their skills working within a team and they became more accepting of others. Improving these skills supports the idea of increasing interpersonal connections.

This increase in interpersonal connections may have contributed to the positive outcomes of international nursing experiences including the ability to educate and empower others, the ability to contribute to the health of others, the knowledge of how to exchange information internationally, the ability to assist in remote nursing areas and the ability to make a positive impact on the health and economy of developing countries (Reaghan, question 9) (Martha, question 12)(Abigail, question 9).
Kolb’s Theory of experiential learning

In order to compare and contrast the data findings with the literature that did not fit into Wilson’s framework, Kolb’s theory of experiential learning will be used to frame the remainder of the discussion. Kolb’s theory talks about the process of adult learning through experience. It states the importance of reflective practice throughout the learning process. The literature was clear to point out that reflective practice enables the international nursing participants to maximize their learning experience.

The role of reflective Practice

Many of the student nurses in the literature spoke about how using reflective practice through journals, logs and writing deepened their international nursing experience. Reflective practice gave the student nurses the opportunity to examine their experiences from a different angle and provided perspective (Thompson, Boore, & Deeny, 2000). They were able to review their clinical days and their learning in order to critically reflect on their experiences (Colling, & Wilson, 1998). The literature provided ample evidence that international nursing experiences should always include a form of reflective practice following the trip. This was said to minimize culture shock and ameliorate the learning process and experience itself (Johnstone, 1995).

The literature spoke about how important reflective practice is in order to maximize the learning process, facilitate personal and professional development, and to create positive international experiences. Although it did not emerge as a theme throughout the data, the survey data findings revealed that most nurses did participate in some form of reflective practice. Forty-six percent used journal writing as their form of reflective practice, twenty-one percent carried this out to complete their college requirements (formal yearly professional self evaluations designed by the colleges of nurses), thirty-eight percent prepared presentations, and eight percent
wrote scholarly papers. There were a small number of nurses (twenty-five percent) who stated that they did not participate in a recorded form of reflective practice. However in the course of practice one usually is engaged in some sort of reflexivity. Perhaps not all the nurses had an understanding of different forms of reflective practice. The nurses who participated in this study did use reflexivity in order to complete the questionnaire. This will be discussed further in the limitations to the study.

According to the benefits of reflective practice that the literature revealed, this may have been one of the reasons that one hundred percent of the nurses stated that their international nursing experiences was a positive experience and that one hundred percent stated that they would recommend the experience to other nurses. The positive impact that reflective practice has on international nursing experiences suggests that it should be a mandatory element of international nursing. Organizations and institutions facilitating these trips should ensure to incorporate a mandatory reflective practice element into their programs in order to maximize the nurses’ learning experience.

The institutions should suggest a variety of forms of reflective practice, including presentations to their colleagues or hosting a “lunch and learn” through which the travel experiences are shared. Both of these sessions would not only provide an opportunity for the nurses to reflect on their experiences but would also provide a learning opportunity for other nurses who did not participate. Institutions could also support the nurses to share their experiences through a written document (ie: journal or newsletter). These forms of reflective practice and information sharing would benefit the participating nurses’ learning experience and also provide a learning opportunity for other nurses who had not participated in international
nursing experiences. Both of these elements would produce positive outcomes for the home health care institutions.

**Positive impacts of international nursing experiences expressed through reflective practice**

The survey participants indicated that some of the positive experiences were that the international placement 1) facilitated their love of travel and adventure, and 2) provided a personally rewarding experience. Unfortunately every aspect of the experience was not positive. Following the discussion on some of the positive aspects, some of the negative aspects will be examined.

The positive outcomes of international nursing specifically, facilitating their love of travel and adventure and providing a personally rewarding experience were two of the many themes that emerged throughout the data. These particular elements of the international nursing experiences provided positive memories for the participants. They stated how the experience facilitated this process, they sounded content and at times excited. They used the terms, fun, refreshing, enjoyed, and often-used exclamation points when they referred to their travel and adventure. Stacey (question 19) stated: “There is an aspect of adventure, that I really enjoy as you head to a new place and culture”. Laura (question 7) expressed the positive travel aspects of the experience by using an exclamation point when indicating that it allowed her to “live in a tropical climate!”

The literature involving student nurses did not report evidence that the students were participating to fulfill their desires for travel and adventure. Perhaps this may be due to their focus on nursing and completing their schooling. The nurse participants involved in the study had been working for sometimes more than ten years and it would make sense that these nurses were ready for a change and therefore welcoming the adventure.
The survey participants reported detail in regards to how rewarding the international nursing experience was at a personal level. Caring for heartwarming and grateful patients, and getting more from the experience than they were able to give were only some of the comments that were made (Liz, & Martha, survey participants). The nurses highlighted that the personal reward changed them as people by making them more humble, thankful and motivated (Reaghan, question 9). The student nurses throughout the literature expressed how the experiences changed them by changing their attitudes, opening their minds (Douglas, & Meleis, 1985), developing confidence (Lee, 2004), developing skills (Leinonen, 2006), and increasing their communication skills (Lee).

The positive impacts of international nursing including opportunities for travel and adventure and providing a personally rewarding experience are both impacts that would be difficult to achieve in the same way at home. The travel, adventure and cultural experiences could not be duplicated in the home environment. Watching documentaries on television and reading books on different cultures and countries are unable to replace the real life experience. It is impossible to fully understand the environment without seeing with your own eyes, the traffic, the ways of life, smelling the food, and hearing the sounds in the environment. Traveling adventure cannot be replaced by simply reading about the country and culture.

The data and literature provide clear examples that the international nursing experience is beneficial to the nurse involved. Health care institutions must take these positive impacts into consideration when deciding whether or not to support their nursing staff in their experiences. They must consider that the experiences may increase staff morale, along with providing an opportunity for personal and professional development in a unique setting. The nurses who participate in international nursing overall truly benefit from their experiences. Health care
institutions should take advantage of this opportunity to support and encourage their nursing staff to participate in international nursing in order to facilitate personal and professional development among their nursing staff.

Negative impacts of international nursing experiences expressed through reflective practice

All aspects of the international nursing experience were not positive. The nurses’ reflective practice enabled them to express some negative aspects of their experiences including 1) environment and accommodation challenges, 2) feelings of being overwhelmed 3) language barriers, 4) financial challenges, 5) lack of funding and 6) lack of support from employers.

Throughout the data the nurses reported a variety of environmental and accommodation challenges including washroom facilities, food, temperature, dirt, and time changes (Michelle, Brenda, Molly, Nancy, & Liz, survey participants). When the nurses reflected back to these elements they viewed them as negative memories from the experiences. These were often conditions that would be found in developing countries.

Although these were negative memories, the review of the literature tends to suggest that nurses who participate in international nursing experiences in developing countries benefit more from the experiences than those who participate in developed countries. The literature indicated the experiences in the developing countries increased international perspectives, expanded intellect (Button, Green, Tengnah, Johansson, & Baker, 2005). According to the literature, the more different the environment was from the nurses’ home environment, the greater their personal and professional development would be (Button, 2005).

It is true that environment and accommodations did play a role in producing negative memories for the nursing participants, but the literature supports the idea that this would only have maximized their learning experiences. One aspect that may ease the negative memories
would be the level of preparedness of the nurse. Although ninety percent of the nurse participants indicated that they felt prepared for the experience, only one nurse discussed that she had formal preparation. Rita, (question 22) described that she participated in a three week preparation course including five psychiatric tests, she was evaluated by psychologists, was given cultural information, medical preparation and re entry shock literature. Rita traveled with others who had not had formal preparation and she indicated that she was concerned regarding their lack of preparation.

Rita’s lived experiences do suggest that pre travel preparation is beneficial to prepare the nurses for physical and emotional conditions that they may be forced to face. It is clear that a recommendation would be that health care institutions and organizations ensure that there is a formal preparation protocol in place. This protocol may include teaching modules, videos on the culture and country, coping guides and preparation for the medical mission itself.

The discussion continues now with other negative factors that may be minimized with appropriate preparedness, the first were due to physical aspects, the next set impact emotions.

Throughout the data findings one of the themes that emerged was that nurses had negative memories of feeling overwhelmed. The nurses reported culture shock (Abigail, question 11), feeling like their hands were tied and they were unable to do enough (Janice, question 20), frustrated that they had to leave an unfortunate situation (Tanya, question 19), and overwhelmed with the nursing responsibilities considering the limited resources available (Martha, question 20). The nurses reported feeling extremely emotional following their international nursing experiences.

The literature did not reveal similar findings among the student nurses. Perhaps this was due to their lack of experience as a nurse. They may not have known what a typical day caring
for patients may look like. As a student nurse they may have been used to being overwhelmed with new knowledge and learning on a daily basis. Registered nurses who have been practicing for some time have had the opportunity to develop their own routine and perhaps become comfortable with the daily duties expected of them. They would have a sense of what quality health care should look like. Student nurses are still learning and refining their skills and may not have had the opportunity to look at the big picture. Student nurses may still be adjusting to their new roles where everything seems new and overwhelming. The lack of experience and lack of routines that the student nurses faced may have contributed to the difference that they did not feel overwhelmed, or perhaps more overwhelmed than usual.

The student nurses did report that they were often challenged by the language barrier that existed between themselves and the locals. Perhaps this was a question of transitioning into a new environment and everything that comes along with it, being confronted with new ways of doing and being and having to adapt oneself. Then comes the question of what was going on in the nurses’ minds especially because they knew they were not going to stay. Was it a possibility that the experience was too short? Did they need more time in order to accommodate to their environment? These questions may also depend on the individual’s emotional strength. Culture shock can have a significant impact on experiences.

The literature did report that one way to overcome this challenge was to increase the preparedness of the student nurse. This method of reducing the negative impacts of language barriers would be useful to reduce the challenges reported by the data participants.

**The significance of preparation**

The literature discussed the importance of the level of preparedness of the nurse before the international nursing experience. The data findings revealed that ninety-six percent of the
nursing participants felt prepared for their experience. The majority of the nurses reported a form of informal preparation including reading about the culture, and chatting with others. There was only one nurse who reported an intense preparation course involving psychiatric testing, studying cultural information, medical preparation, and re entry shock literature (Rita, question 21). Although the majority of the nurses stated that they felt prepared, perhaps their lack of formal preparation contributed to some of the negative aspects they reported of their international nursing experiences.

Comparing the data findings and the literature review confirmed that nurses must participate in a form of preparation before their placement abroad. Considering that the majority of the survey participants indicated that they felt prepared, yet they remained challenged with several aspects of the international nursing experience, suggests that their preparation was not sufficient. In light of these findings it is imperative that nurses who are participating in international nursing experiences complete a number of formal preparation courses.

Health care institutions and volunteer organizations should consider the following preparation methods that were found in the literature, a cultural preparation course (Duffy et al., 2003), the Regis group strategic planning model (Carty & White, 1996), the international module (Duffy et al., 2003), the pre-exchange checklist (Lange & Ailinger, 2001). The literature did state proper support and preparation was one way to minimize negative international nursing experiences and maximize personal and professional developments. Appropriate preparation is one way that health care institutions can support the nurse participant, but at the same time the institutions should admit the financial challenges that the nurses face and should consider supporting them in a financial aspect throughout their international nursing experiences.
Financial barriers and challenges

Throughout the literature there were a number of financial barriers and challenges to international nursing experiences mentioned. Two of the most prominent themes in the literature were 1) the lack of funding, and 2) the lack of support from employers. The literature revealed that most nurses provided their own funding on limited budgets (Leinonen, 2006). It was determined that the financial aspect of the international experience was a large limiting factor.

Similarly throughout the data findings the nurses reported that the international nursing experience was financially challenging. Seventy five percent of the nurses who participated in international nursing experiences did so through volunteer organizations or missions. These nurses were not paid for their work. There were however a couple of nurses who were paid for their work. Unfortunately the pay was minimal and supporting themselves remained challenging. Although not being paid was a financial challenge found within the data, it was not the main theme.

The main financial theme referred to the time that the nurses were obligated to take off of work in order to participate in these experiences. The nurses who worked full time had to use their vacation time in order to participate in these international nursing experiences. Due to the extensive travel time, the strenuous working conditions and the emotionally exhausting experience, using vacation time to practice nursing around the world is not ideal for the nursing participant nor the health care institution for whom they return home to work for. The nurses reported that they returned from their experiences exhausted and drained (Reaghan, question 20). It would be challenging to return home to work immediately following an international nursing experience.
Comparing the financial challenges of international nursing experiences discovered, within both the literature and the data, brought forth remaining elements for health care institutions to consider. The positive impacts of international nursing experiences as described by the participants, no doubt largely benefit the home health care institutions where the nurses are from. It would make sense for the health care institutions to support their nurses financially throughout their experiences. There are several ways that the institutions may provide financial support. They could pay their nurses during their travels and consider the paid days as education time. The institutions could also help the nurse who has used all her vacation time to provide nursing around the world by adding on additional vacation time in order for the nurses returning from their travels to recover from their hard work, in a way rewarding them with a bonus of free time. Financially supporting the nurses throughout their international nursing experience would decrease some of their financial challenges.

**Study Limitations**

A number of limitations were evident in the research design adopted for this study. Because I did not ask participants about the length of their international experiences, I cannot compare various outcomes nor recommend what length of stay would be transformative. I was not able to ask the nurses who reported ‘not having engaged in reflective practice’ whether they did not in fact reflect upon their practices without recording them, or taking notes, but just talking with colleagues and thinking about their work and how to improve it or change their habits for differentiated applications.

Another limitation to the study may have been one that occurs when using a qualitative questionnaire by design. These limitations include 1) the inability to probe and clarify the statements of the participant and 2) the possibility that the participant may be providing answers
that are socially desirable. These possibilities may limit the depth of understanding of the participants’ experience.

**Implications for Practice and Future Research**

This research highlights the need for further research examining the international nursing experience involving registered nurses. Additional evidence that the international nursing experience provides positive outcomes and benefits health care institutions through nurses’ personal and professional development may push the institutions to examine the possibility of supporting nurses throughout these experiences.

A second direction for future practice includes examining the nurses and health care institutions that eventually develop a program to support their nurses throughout their international nursing experiences. Future studies should compare institutions who support exchange programs and those who don’t in order to provide further evidence that through supporting their nurses throughout the experience, the health care institutions end up with far more positive outcomes for their staff and teams than they would be able to somewhat implement without the international nursing experience.

**Conclusion**

The similarities and differences revealed, throughout the data findings and the literature review, facilitated gaining a deeper understanding of the positive impacts and challenges of international nursing experiences. This information provided an understanding of the pragmatic impacts of international nursing experiences, and the impacts on theory development.

**Pragmatic impacts of international nursing experiences**

The practical implications of how the international experiences affect nurses, their nursing skills, and their home health care institutions revealed from this study were:
1) An increased awareness of waste, resulting in a better use of supplies.

2) An increased awareness of needs of other cultures, resulting in an increased cultural sensitivity.

3) An increased use of interpreter services, resulting in better communication.

4) An increase in problem solving skills, resulting in increased effectiveness.

5) An amelioration in clinical skills, resulting in increased quality of patient care.

6) An increase in time management skills, resulting in increased efficiencies.

**Impacts on theory development**

This research study added to Wilson’s model: the impact of an international nursing experience. The notion of gaining global perspective perhaps should question the role of the World Health Organization and maybe the role of non-governmental organizations. Perhaps their perspective should involve more of a give and take. Nurses expressed that they learned a lot from the international experiences and did not just bring their own ways of doing and thinking.

This research study also added to Kolb’s theory of experiential learning. In particular, it added to the perspective of learning and sharing experiences through dialogues in relation to the research design although only survey questions were asked. These professional nurses provided rich detailed answers by sharing their stories which also means that the way the questions were worded allowed an insight beyond what was expected of a survey in the sense that these “nurturing” participants offered to provide information that could have been asked of them in an interview, going beyond what is usually communicated by answering a questionnaire. Although nurses answered questions, their diverse way of answering questions showed that the nurses almost started to engage in dialogues with the researcher.
This study also added to Kolb’s theory through the nurses’ reports of the barriers and challenges of the international nursing experiences. The professional nurses had more concerns than what previous studies had identified as being the case with younger student nurses. The nurses reported language and accommodations as barriers to their experiences, however these barriers continued to provide a learning experience for the nurses despite their challenges. The nurses became more sensitive to language barriers and increased their use of the interpreters. Their challenges with accommodations allowed them to appreciate the comforts of home and to increase their creative skills. Although the barriers may have been negative aspects of the travels, the nurses continued to learn from the challenging aspects of the international nursing experiences.

As a nurse who had participated in four international nursing experiences I was not surprised that certain topics were discovered within the themes of the data. I was however surprised that the feelings and emotions that I felt after participating in the international nursing experiences were very similar to the feelings of the majority of the survey participants. I had not engaged in conversation with a large number of nurses who had similar experiences therefore I was unable to predict how the majority of the nurses felt. The similar reports from multiple nurses were definitely surprising to me.

The international experiences provide a positive impact to those in the host location, to the nurses themselves and to their nursing practice in their home health care institution. This evidence provides a perspective that could continue to have a positive impact on health care if health care institutions respond appropriately. The institutions should 1) acknowledge the positive outcomes that occur when their nurses participate in international nursing experiences, 2) ensure that the nurses are thoroughly prepared for the experience, and 3) support their nurses
financially through funding or additional vacation time. Through these efforts the health care institutions would minimize the challenges these nurses face and they would continue to profit from the positive outcomes that international nursing experiences have to offer in a transformative way.
REFERENCES


The revised paper appears in:


and students for an international nursing education experience. The Journal of Continuing Education in Nursing, 37(1), 21-29.


Appendix A

EMAIL DOCUMENT

International Nursing Exchanges: a report of personal and professional development through practical experiences

Hello,

I am writing to ask for your participation in research that is aimed at investigating how international nurse exchanges affect nurses’ personal and professional development. This study was granted clearance by the General Research Ethics Board for compliance with the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans, and Queen’s policies. The ultimate goal of this research is to share your experience traveling internationally as a nurse.

I would like to collect information and learn from your international nursing experience. I will first ask you to complete a brief questionnaire to see what type of experience you had. I would then like to possibly invite you to participate in an interview. As a thank you for participating you will receive a small gift certificate.

The questionnaire may be filled out at a time that is convenient and comfortable for you. The interview will be audio-taped and I may take notes while you are talking. The taped interview will be transcribed. You may decide to participate in solely the questionnaire or you may participate in both the questionnaire and the interviews. None of the data will contain your name or any other information that might identify you. You will be asked to choose a pseudonym (code name) that we will use on any documentation to ensure your anonymity. Data will be secured in a locked office and confidentiality is ensured.

Your participation is entirely voluntary. I do not foresee any major risks in your participation in this research however you can ask at any time to stop the interview and you are not obliged to answer any questions you find objectionable. You are free to withdraw from the study without having to give a reason at any point, and you may request removal of all or part of your data. Following the questionnaire and/or interview I may contact you to clarify some information if I have any questions. You are also welcome to contact me if there is anything you wish to add or wish you had said during the interview.

This research may result in publications of various types, including journal articles, professional publications, newsletters and books. Before anything is published if you wish, I will show it to you to ensure that you are in agreement with what is written. If I have taken any quotes from your interview I will show them to you before using them upon request. Your name will not be on anything that is published and neither will your name be known to anyone else who sees the data. All data will be stored in a locked file and destroyed after five years in accordance with Queen’s policy. If data is used for secondary analysis it will contain no identifying information.

If you have any questions about this project, please contact Monica Brannan at telephone 416-994-3347 or at internationalnurseexchange@yahoo.com. For questions, concerns or complaints about the research ethics of this study, contact the Dean of the Faculty of Education, Dr Stephen Elliot 613-533-6210 or the chair of the Queen’s University General Research Ethics Board, Dr Joan Stevenson 613-533-6081.
Appendix B

Letter of Information

International Nursing Experiences
International Nursing Experiences: a report of personal and professional development through practical experiences

LETTER OF INFORMATION
Hello,

I am writing to ask for your participation in research that is aimed at investigating how international nursing experiences affect a nurses’ personal and professional development. This study has been granted clearance according to the recommended principles of Canadian ethics guidelines and Queen’s policies. The ultimate goal of this research is to share your experience travelling internationally as a nurse.

I would like to collect information and learn from your international nursing experience. I will first ask you to complete a brief questionnaire to hear about what type of experience you had. I may then invite you to participate in an interview that may be thirty to sixty minutes in length. The interview participants will be chosen among those who agreed to a follow-up interview. As a thank you for participating in the interview you will receive a small gift certificate.

The questionnaire will take approximately twenty minutes to complete. The interview will be audio-taped and I may take notes while you are talking. The taped interview will be transcribed. You are not obliged to answer any objectionable or discomforting questions. You may decide to participate in solely the questionnaire or you may participate in the questionnaire and the interview as well. None of the data will contain your name or any other information that might identify you. You will be asked to choose a pseudonym (code name) that we will use on any documentation to ensure your anonymity. Data will be secured in a locked office and the researcher will maintain confidentiality to the furthest extent possible. The researcher and researcher’s supervisor will have access to the data collected. The results of the study may be disseminated.

Your participation is entirely voluntary. I do not foresee any major risks in your participation in this research however you can ask at any time to stop the interview and you are not obliged to answer any questions you find objectionable. This study will in no way affect your employment or college membership status. You are free to withdraw from the study without having to give a reason, and you may request removal of all or part of your data should you decide to withdraw from the study. Following the interview I may contact you to clarify some information if I have any questions. You are also welcome to contact me if there is anything you wish to add or wish you had said during the interview.

This research may result in publications and dissemination of various types, including journal articles, professional publications, newsletters and books. Your name will not be on anything that is published and neither will your name be known to anyone else who sees the data. All data will be stored in a locked file and destroyed after five years in accordance with Queen’s policy. If data is used for secondary analysis it will contain no identifying information.

Any questions about study participation may be directed to Monica Brannan at monica.brannan@gmail.com or my supervisor Dr Marie J. Myers at myersmj@queensu.ca (613) 533-3032. Any ethical concerns about the study may be directed to the Chair of the General Research Ethics Board at (613) 533-6081 or chair.GREB@queensu.ca.
Sincerely,

Monica Brannan
Appendix C

Consent

International Nursing Experiences: a report of personal and professional development through practical experiences

I have read the letter of information concerning the study International Nursing Experiences: a report of personal and professional development through practical experiences, and all my questions have been sufficiently answered.

I am aware of the purpose and procedures of this study, comprised of a questionnaire and possibly an interview, and I have been informed that the interview will be recorded by audiotape.

I am aware of the amount of time that may be required. I have been notified that participation is voluntary and that I may withdraw at any point during the study and I may request the removal of all or part of my data without consequence.

I have also been told the steps that will be taken to maintain confidentiality to the extent possible.

I understand that the researchers intend to publish the findings of the study.

Any questions about study participation may be directed to Monica Brannan at monica.brannan@gmail.com or my supervisor Dr. Marie J. Myers at myersmj@queensu.ca or (613) 533-3032. Any ethical concerns about the study may be directed to the Chair of the General Research Ethics Board at (613) 533-6081 or chair.GREB@queensu.ca

I HAVE READ AND UNDERSTOOD THIS CONSENT FORM AND I AGREE TO PARTICIPATE IN THE STUDY

Yes

No
Appendix D

Questionnaire

**International Nursing Experiences**

*International Nursing Experiences: a report of personal and professional development through practical experiences*

**Name**

Please choose a pseudonym (name) that we will use on any documentation to ensure your anonymity

**Permission to contact for possible interview**

I would be willing to be contacted at a later date by Monica Brannan (the researcher) for a possible interview regarding my international nursing experiences.

Yes

No

**Contact Information**

If you answered YES to a possible interview, please provide your contact information below (email or phone)

**Where do you live? (Country)**

**How long have you been practicing as a registered nurse?**

- < 2 yrs
- 2-5 yrs
- 5-10 yrs
- > 10 yrs

**How many international nursing experiences have you had?**

**Where did your international nursing experience(s) take place (country/city)?**

**What was the purpose of your international nursing experience(s)?**

- Volunteer
- Mission
- Work-related
What inspired you to participate in international nursing?

Was your overall international nursing experience(s) positive or negative?

Positive
Negative

Would you recommend international nursing experiences to other nurses?

Yes
No
If you answered yes to recommending an international nursing experience to other nurses please indicate why.

How did your international nursing experience(s) affect your professional development?

How did your international nursing experience(s) affect your personal development?

How has your international nursing experience(s) affected your outlook on cultural diversity?

How has your international nursing experience(s) affected your life long learning process as a registered nurse?

How have you changed the way that you practice nursing since your international nursing experience(s)?

What level of education have you completed/currently working towards completing?

Diploma
Degree
Masters
PhD
Did you pursue further formal education before or after your international nursing experience(s)?
Before

After

Before and After

I have not pursued further formal education

How did your international nursing experience(s) influence your decision to pursue further formal education?

Please skip this question if your international nursing experience(s) did not influence your decision to pursue further formal education

What classes/courses/conferences have you pursued since your international nursing experience(s)?

In general, what did you enjoy the MOST about your international nursing experience(s)?

In general, what did you enjoy the LEAST about your international nursing experience(s)?

During your international nursing experience(s), did you feel prepared?

Yes

No

What did you do to prepare yourself for your international nursing experience(s)?

What type of "reflective practice" did you participate in after your international experience(s)?

Journal Writing

College requirements

Presentations

Scholarly Paper

Other

I did not participate in "reflective practice"
Please feel free to add comments regarding your international nursing experience(s) that have not been addressed.