



Taking part in Nordic collaboration; nursing students' experiences and perceptions from a learning perspective: A qualitative study



Margareta Westerbotn^{a,b,*}, Åsa Kneck^{b,c,1,2}, Olav Johannes Hovland^{d,3}, Malene Elrond^{e,4}, Ingrid Pedersen^{f,5}, Gun-Britt Lejonqvist^{g,6}, Johild Dulavik^{h,7}, Tove Ecklon^{i,8}, Inga-Lill Nilsson^{j,9}, Árun K. Sigurdardottir^{k,10}

^a Sophiahemmet University, Box 5605, 114 86 Stockholm, Sweden

^b Sciences Karolinska Institutet, Division of Nursing, Department of Neurobiology, Care Sciences and Society, Sweden

^c Ersta Sköndal University College, Department of Health Care, P.O. Box 11189, 10061 Stockholm, Sweden

^d University of Agder, Faculty of Health and Sport Sciences, Institute of Health and Nursing Science, Postbox 422, 4604 Kristiansand, Norway

^e University College Sjælland (UCSJ), Sygeplejerskeuddannelsen, Ingemannsvej 17, 4200 Slagelse, Denmark

^f University College Lillebaelt, 5220 Odense SØ, Denmark

^g Arcada University of Applied Sciences, Jan-Magnus Janssons plats 1, 00550 Helsingfors, Finland

^h Faculty of Natural and Health Sciences, Department of Nursing, University of the Faroe Islands, Jónas Broncksgøta 25, Fo 100 Tórshavn, Faroe Islands

ⁱ University College Lillebaelt, Department of Nursing, Svendborg, Baagoesalle 8 b, 5700 Svendborg, Denmark

^j University of Borås, School of Health Sciences, Allégatan 1, 501 90 Borås, Sweden

^k School of Health Sciences, University of Akureyri, Nordurslod, 600 Akureyri, Iceland

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SUMMARY

Background: Nordic networking of different kinds has a long tradition aiming to increase collaboration and understanding between citizens in different countries. Cultural competence in relation to health care and nursing is important for clinical nurses and is a central issue in nurse education.

Objective: To gain an understanding of what nurse students experienced and learned during an intensive course in diabetes together with students and nurse educators from Denmark, Finland, Iceland, Norway, Sweden and the Faroe Islands.

Methods: In 2012, an intensive course within the Nordic network, Nordkvist, was conducted in Faroe Islands with the theme “Nursing – to live a good life with diabetes”. To answer the objective of the study, 26 students conducted written reflections based on two questions. The data was analyzed using qualitative content analysis.

Results: Through meetings with nurse students and educators from the Nordic countries the intensive course strengthened the students' identification with the nursing profession. The students gained new perspectives on diabetes, such as how complex it can be to live with a chronic illness. Because of the difficulties in understanding one another and because of different mother tongues, the students gained a better understanding of patients' vulnerability in relation to hospital jargon and how it felt to be in an unfamiliar place.

Conclusions: The intensive course increased the students' personal and professional growth, cross-cultural competence, and their identification with nursing. Students' understanding of health care in the Nordic countries improved as similarities and differences were recognized.

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* Corresponding author. Tel.: +46 84062894 (office); fax: +46 8102909.

E-mail addresses: margareta.westerbotn@shh.se (M. Westerbotn), asa.kneck@esh.se

(Å. Kneck), johannes.hovland@uia.no (O.J. Hovland), mel@ucsj.dk (M. Elrond),

inpe@ucl.dk (I. Pedersen), gun-britt.lejonqvist@arcada.fi (G.-B. Lejonqvist),

johild.dulavik@skulin.fo (J. Dulavik), toke@ucl.dk (T. Ecklon), inga-lill.nilsson@hb.se

(I.-L. Nilsson), arun@unak.is (Á.K. Sigurdardottir).

¹ Margareta Westerbotn and Åsa Kneck contributed equally as first authors.

² Tel.: +46 8 55505079 (office).

³ Tel.: +47 3814 1877 (office).

⁴ Tel.: +45 7248 2166 (office).

⁵ Tel.: +45 63 18 32 71 (office).

⁶ Tel.: +358 407200708 (office).

⁷ Tel.: +298 292265 (office).

⁸ Tel.: +45 6318 3100 (office).

⁹ Tel.: +46 33 435 47 60 (office).

¹⁰ Tel.: +354 460 8464 (office).

Introduction

New and different demands will be experienced by nurse practitioners in the future as a result of an aging population and increased numbers of people living with chronic illnesses such as diabetes (IDF, 2013). Globalization of the world economy and society has also encouraged nurse educators to become more internationally focused (Heller et al., 2000). Several studies propound that opportunities for student and educator mobility should be improved, as it enhances knowledge about different societies and cross-cultural activities (Jackson et al., 2009; Salminen et al., 2010). International exchange may assist the nurse students in developing a global perspective so that they may become competent caregivers within a global society. Furthermore,

international exchange gives both students and nurse educators opportunities to share good practices in patient care and evidence-based nursing (Pitkajarvi et al., 2013).

Background

Students who participate in an exchange program develop cultural competence, a skill generally considered important and desirable (Kokko, 2011). Cultural competence is the ability of the practitioner to think and behave in ways that support effective interactions with members of other cultures (Campinha-Bacote, 2008). Nurse educators play an important role in developing students' cultural competence (Green et al., 2008). Traditionally, nurse students learned cultural competence by reading textbooks, participating in classroom lectures, discussions, and caring for diverse patients in clinical settings (Coffman et al., 2013). Today, cultural competence is also developed through exchange programs between educational institutions. Such programs yield best results if well prepared (Greatrex-White, 2008; Koskinen and Tossavainen, 2004; Kulbok et al., 2012). Generally, exchange collaboration focuses on students and nurse educators (Sandin et al., 2009). Participation in an exchange program aims to engage students in learning and interaction within a multicultural environment (Cowan, 2007), which often is demanding for them (Kokko, 2011). Studies have shown that international experience of nurse students and nurse educators enhances their intercultural competence, as well as personal and professional growth (Duffy et al., 2005; Green et al., 2008). Although exchange programs provide a unique cultural experience, only few students are able to participate, and participation is voluntary (Coffman et al., 2013; Kokko, 2011).

Nordic collaboration on health and education is based on joint values that underpin the Nordic welfare model (Nordic Council of Ministers, n.d.). The Nordic network Nordkvist, which is part of the Nordic Council of Ministers' NordPlus program, is a network for future registered nurses (RNs) in Northern Europe. The purpose of a Nordic students' exchange collaboration is to promote the development of Nordic languages and cultures among students (Nordic Council of Ministers, n.d.). The first collaboration agreement was established in 1994, and has since been revised and updated periodically, the latest revision taking place in autumn 2012. The agreement aims to promote collaboration between universities or departments providing nurse education in the northern countries: Denmark, Finland, Iceland, Norway, Sweden, the Faroe Islands and Greenland. In 2007, the network was highlighted by the International Programme Office in Sweden as a praiseworthy example of collaboration in the Nordic region (FIVU.dk, 2011).

Within Nordkvist, a one-week intensive course on a given topic is held every three years. An intensive course was organized in the Faroe Islands with the theme "Nursing – to live a good life with diabetes". The aim of the course was to highlight certain areas relevant to nursing students in the Nordic countries, as an increase in diabetes is a common trend in the population in the Nordic countries (IDF, 2013).

Although Nordic exchange projects have existed for a while, the outcome from the intensive courses has been scantily studied. More research in the field of nurse education, and particularly in cross-cultural projects, is needed (Salminen et al., 2010). Therefore, the aim of the study was to gain an understanding of what nurse students experienced and learned during an intensive course in diabetes in the Nordkvist network.

Methods

Study design

A descriptive qualitative design was used.

Participants

The sample consisted of 26 students in nursing science in semester 4–6 from Norway (n = 4), Sweden (n = 5), Finland (n = 2), the Faroe Islands (n = 4), Iceland (n = 2), and Denmark (n = 9).

Context

The program for the one-week intensive course was both subject-oriented and social. The course was organized as lectures on diabetes and living with chronic illness, and specific goals stated what students should achieve during the week. During the afternoons students worked in groups of 5–7 consisting of students from each country and based on patient cases they had encountered in their own clinical training. Group discussions promoted exchange of personal experiences and learning. The social program took place in the late afternoons and evenings and consisted of different excursions such as sailing, a bus tour, traditional food tasting, as well as visiting a local hospital. It was designed to allow the students and nurse educators to experience Faroe Island culture and nature in September 2012. The students spend almost 24 h together as they shared rooms in a hostel. During collective meals and excursions students were encouraged to engage with students and nurse educators from other countries.

Data collection

All students received oral information about the planned study on day three of the course. As a final moment in the intensive course, all students (n = 27) were asked to give a written reflection over two research questions; "What has the course week given you?" and "What will you take with you from this course week?" Before writing the reflections, the students signed written informed consents, and after writing the reflections, they had the opportunity to decide if they would like to participate in the study by returning their reflections to one of the nurse educators (ÅK). All but one student chose to participate (n = 26).

Data analysis and rigor

Data were analyzed using a qualitative inductive content analysis (Graneheim and Lundman, 2004). Anonymized reflection sheets were distributed randomly by ÅK, who had a master list over the participating students. Nurse educators did not analyze reflections written by students from their own university but mainly received text written in their own language. Every nurse educator read through one to three written reflections separately and performed the first two steps in the analysis process. In the first step, meaning units (e.g. a word, sentence or a whole paragraph) with the same meaning were identified. In the second step, meaning units were condensed into a description of their content. Then the nurse educators sent their analysis to ÅK. Next, the entire data, including meaning units and condensed meaning units from all nurse educators, were read through by MW and ÅK separately from each other as important insights can emerge from different ways two people look at the same data (Sandelowski, 1998). Thereafter, MW and ÅK coordinated their separate analysis to obtain an understanding of the entire data, based on the aim of the study. Subsequently, the condensed meaning units were analyzed and organized into categories based on similarities and differences. The main theme, as an expression of the latent content of the text, was understood to be a common core through the categories (Graneheim and Lundman, 2004) (Table 1). An example of the analysis process is shown in Table 2. Lastly, all nurse educators reviewed the analysis, aiming to reach a consensus of the findings regarding categories and themes reflecting the nurse students' experiences of the intensive course. When disagreements emerged, they were discussed until consensus was reached as a way of achieving trustworthiness.

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