



Should I stay or should I go? A systematic review of factors that influence healthcare students' decisions around study abroad programmes



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SUMMARY

Background: Study abroad programmes have been shown to have significant benefits for participating healthcare students such as promoting cultural awareness and understanding of different healthcare settings, policies and practices. Healthcare students are encouraged to undertake elective or Erasmus placements overseas to enhance personal and professional development and to broaden horizons through lived cultural experience. However, there is a relatively low uptake of such opportunities amongst this student group.

Objectives: This systematic review aimed to explore factors that influence healthcare students' decision making around study abroad opportunities within undergraduate training programmes.

Review design methods: A systematic review was undertaken utilising a narrative synthesis approach.

Data sources: A comprehensive literature search was conducted on MEDLINE, CINAHL, EMBASE, PsycINFO, ASSIA, and ERIC databases. Key institutions were contacted for grey literature. Studies that reported on factors that influence healthcare students' decisions regarding study abroad programmes were included in the review.

Results: Ten studies were identified for inclusion (5 qualitative studies, 5 surveys), indicating a paucity of research in this area. Data synthesis indicates that factors that influence healthcare students' decisions to participate in study abroad programmes are similar across different geographic locations and different professional groups. Factors that support decisions to study overseas include having sufficient information about study abroad programmes, especially early in an academic programme, having an interest in other cultures/countries and having academic staff and family as positive role models who motivate them to study abroad. Key barriers are cost and language issues. Language remains a significant barrier even when generous bursaries are available, as with the Erasmus scheme, when students are not proficient with the language spoken in host countries. Students tend to prefer destinations where language is not a problem or where countries have cultural or historical connections, such as being part of the Commonwealth countries.

Conclusions: Promotion of study abroad opportunities needs to start early in an academic programme. It should include detailed information and provision of language support. Faculty have an important part to play as enthusiastic role models.

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Background

Several benefits have been associated with the provision of study abroad programmes for healthcare students, including enhancing cultural awareness and providing a means of exchanging ideas and values that promote understanding of different healthcare settings, policies and practices (Lachat and Zerbe, 1992). In this way, students are able to learn about and appreciate cultural differences, compare healthcare systems, and enhance their personal and professional development (Button et al., 2005). In addition, study abroad is reported to improve the confidence of students in caring for clients from other cultures

(Casey and Murphy, 2008; Milne and Cowie, 2013). Experience of overseas study is also increasingly valued by healthcare employers and policy makers seeking to enhance the future mobility of the workforce. Several schemes exist to promote study abroad. For example, in Europe, the Erasmus + programme funds students to spend between 2 months to 1 year in another European country (Cowan, 2007; Koskinen and Tossavainen, 2003; Milne and Cowie, 2013).

Studying abroad has unique challenges and these include health and safety risks as well as potential culture shock for participants (Casey and Murphy, 2008). Preparation can be time-consuming (Shailer, 1997). Also, costs involved in study abroad programmes supersede those involved in domestic elective placements. The number of UK students studying abroad has been increasing in absolute terms in the last two decades, but other countries like Germany, France, Spain, Italy, Portugal and Greece report significantly higher number of students

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studying abroad (King et al., 2010) in comparison to the UK. Indeed, a recent report by the UK Higher Education International Unit (2012) identified that the UK ranks just 25th in the world in terms of the numbers of students studying abroad.

Most study abroad programmes involve semester or year exchanges. This kind of programme is rarely possible for undergraduate healthcare students. For those students where the curriculum does include clinical placements, timescales tend to be less flexible, mainly due to the demands of both theory and practice within the course. In addition, regulatory requirements for educational audit of clinical placements create additional complexity in trying to establish reciprocal placement exchange. For this reason, most study abroad experiences in the healthcare disciplines are limited to shorter exchanges (also referred to as 'electives') of between 2 and 12 weeks. Disaggregated data for study abroad in the healthcare disciplines is not available, however anecdotal evidence gleaned through the author's academic networks, which suggests that the overall percentage choosing to study abroad is relatively low.

There has been little research done to explore decision making amongst healthcare students in relation to studying abroad. To promote the numbers of healthcare students participating in study abroad programmes, a good understanding of the factors that motivate or deter them is essential.

Research Aim

The aim of this review was to identify and synthesise evidence that explores factors that influence healthcare students' decisions regarding participation in study abroad programmes.

Methodology and Methods

A systematic review was undertaken based on a narrative synthesis approach, defined by Popay et al. (2006:5) as "an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis". Popay et al. (2006) describe four elements in their framework for narrative synthesis:

1. Describing a theory of how the intervention works, why and for whom
2. Developing a preliminary synthesis of findings of included studies
3. Exploring relationships in the data
4. Assessing the robustness of the synthesis

Utilisation of these steps for synthesis of data for this review is described in more detail in the Data Synthesis section.

Inclusion Criteria

For the purposes of this study, 'healthcare students' are defined as dentistry, medical, nursing, midwifery, physiotherapy, physician assistant, pharmacology and pharmacy students. Articles were included in the review if they included data on healthcare students' prospective or retrospective accounts of factors that influenced their decision making to participate (or not) in a study abroad or elective programme in the course of their training. Papers from any regional or healthcare context were considered. Articles were excluded if they focussed only on students' general experiences or learning from studying abroad or if they gave accounts of healthcare professionals instead of healthcare students.

Search Strategy

A four-step search strategy sought to identify both published and unpublished studies but was limited to articles in the English language. No date restrictions were applied. MEDLINE, CINAHL and Google

Scholar were searched as a first step and keywords in the titles and abstracts as well as the index terms used to describe identified articles were noted. Secondly, the keywords and index terms were used in a comprehensive search across all included databases. Table 1 shows the list of databases searched, including dates for the search. Searches were run on all included databases on 5th August 2014 and updated 3rd and 13th July 2015. Thirdly, reference lists of full-text articles assessed were searched for studies that met the inclusion criteria. Finally, the websites of the Higher Education Statistics Agency (HESA) and Higher Education Academy (HEA) were searched for unpublished reports on study abroad programmes, especially amongst healthcare students. The official website of the British Council was also searched for any publications on study abroad amongst UK students.

Critical Appraisal of Studies

Included studies were critically appraised using the Critical Appraisal Skills Programme (2013) checklist for qualitative studies and the Centre for Evidence-Based Management (2014) checklist for surveys. All papers assessed for quality were included in the review. The role of critical appraisal, particularly in qualitative evidence synthesis, is contested and there is a lack of agreement over the appropriateness of excluding studies, the potential impact (or not) of excluding eligible papers on review outcomes, and, indeed, over the criteria on which quality should be established. (Carroll et al., 2012; Cohen and Crabtree, 2008; Hannes et al., 2010; Toye et al., 2013). For these reasons, the review team (two academics with an interest in study abroad and a research assistant), took an inclusive approach and did not exclude studies on the basis of quality. Rather, the critical appraisal process was used to enable an in-depth understanding of each paper and to facilitate a critical, questioning approach to the study findings.

Data Extraction

A specific data extraction tool was developed to extract data such as year of publication, students' home country, students' healthcare discipline, preferred host country (if stated), number of students involved in the study, study methods, and findings. These are presented in Table 2. Findings that were extracted included students' interests in studying abroad and prospective or retrospective accounts of factors that influenced their decision making to participate in a study abroad programme in the course of their training.

Data Synthesis

This narrative synthesis did not employ the first step of Popay et al.'s (2006) 4 step process (outlined above) as this review was not evaluating an intervention. The remaining 3 elements of the framework were used in an iterative manner (Pope et al., 2007). A preliminary synthesis was carried out by organising studies according to their design, participants and findings in a table. This enabled the reviewers to identify and compare key findings across the various studies. Reviewers then read all the studies again to explore nuances and relationships in the data, paying attention to factors that accounted for similarities as well as differences in the findings through textual descriptions. The findings were organised into three main categories, based on similarity of meaning

Table 1
List of databases searched.

Database	Dates searched
MEDLINE via Ovid	1948 to 3rd July 2015
CINAHL plus with full text (EBSCO)	From inception to 3rd July 2015
EMBASE via Ovid	From inception to 3rd July 2015
PsycINFO via Ovid	From inception to 3rd July 2015
ASSIA and ERIC via ProQuest	From inception to 13th July 2015

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