



Education and Culture DG

Lifelong Learning Programme



Training Requirements and Nursing
Skills for Mobility in health care

Report for Leonardo International Partners

TRaNSforM Project

Work Package 4 Report, 5th Mobility Meeting

This work report has been completed by the Finish and Irish partners: Ms. Evelyn McManus, St. Angela's College, Sligo, Ireland, and Ms. Elina Jouppila-Kupiainen, University of Applied Sciences, Mikkeli, Finland. Work Package 4 took place from the 8th to the 9th September 2011 at the University of Applied Sciences Mikkeli, Finland. This report details the outcomes of the work package for this mobility meeting.

Introduction:

Twenty one partners of the TRaNSforM team participated in this work package: Ms Elina Jouppila-Kupiainen, Salla Seppanen and Sari Takkinen, Mikkeli University of Applied Science, Finland; Prof. Dr. Betsi Üstün, Dr. Samiye Mete and Dr. Nurcan Uysal, Universitesi Hemsirelik Yuksekokulu, Izmir, Turkey; Mr. Marc Dhaeze and Ms Patricia Vanleerberghe, Hogeschool Gent, Belgium; Dr Carol Hall, Ms Maggie Roberts and Ms Mary Brown, University of Nottingham, England; Ms Henrike Greuel, Ms Suzanne Zöske, Mr Cyrus Pfau, Ms Inge Bergmann-Tyacke and Mr Andrew Tyacke, Fachhochschule Bielefeld, Germany; Ms Evelyn McManus, Ms Edel McSharry and Ms Lisa Winters O'Donnell, St Angela's College Sligo, Ireland and Dr Margarida Reis Santo and Professor Josefina Frada, Escola Superior de Enfermagem do Porto, Portugal.

The specific content of this work package emanated during a 'mobility' with another work package which took place in June 2011 in Sligo. The content identification in this manner is fitting with the philosophical approach of Appreciative Enquiry underpinning the project of TRaNSforM. Specifically this package was to address the question "Given what we know now about mobility, what is important for Nursing Education?" This question recognised and appreciated knowledge gained about mobility previously discovered in other work packages from a population of registered nurses. (See reports of Work Package 2 and 3). In relation to knowledge and skills for mobility, nurse educators in the TRaNSforM project began to look at what was best practice in relation to nurses achieving knowledge and skills for mobility. This report details the response to this question "Given what we know now about mobility what is important for Nursing Education?"

The overall approach to processes in this TRaNSforM project correspond with the subject matter of the project. The subject is mobility and the project partners mobilise to another country to undertake elements of the project. To a degree the partners involved in the project are experiencing some of what the life long nurse learners have been sharing. Additionally some of these partners have experienced mobility earlier in their professional careers. These perspectives fit with the methodological approach in that there is the opportunity for focusing of minds on the subject of mobility and assist in immersion on the topic of mobility. Moreover partners mobilise to each other's country which lends the opportunity to consider the specific elements required for a good experience within a host country. This report will firstly set out the aims of the work package and then detail how the aims were addressed during the mobility. The findings are presented in table format as working definitions. A discussion on the findings follows supported by international literature. The provocative statements are then presented.

Aims: Specific aims for this work package were identified at the outset:

- To gain an appreciation and develop individual knowledge of Finland and specifically the town of Mikkeli;
- Gain insights into the Finnish culture, the governance structures and the organisation of health and education.
- Gain understanding of the provision, organisation and development of nursing education for life long learners in Finland.
- Develop further the relationship between partners in the TRaNSforM to promote intercultural networks and intercultural learning.
- To identify the skills and knowledge for mentoring and supporting learning.

The first four aims are an inherent part of the overall TRaNSforM project and therefore only a brief discussion of these will be presented at this point. Belonging and fitting in are very important features of any mobility regardless of the duration or reason for mobility. Experiences of mobility have been documented with some highlighting the challenges and difficulties that can arise (Blake, 2010; Kingma, 2008). The partners involved in the TRaNSforM project are nurse educators who themselves have experienced mobility and have an awareness of the potential benefits of mobilisation for a host country and also for the individual undertaking mobility. The organisation and planning of this mobility by the host country Finland was evident. In-depth thought was given to the requirements of participants who were mobilising. Such consideration gives the impression of excited anticipation of the presence of others and a respect for individual needs. The in-depth planning, hospitality and positive regard for those mobilising became more evident as the mobility progressed. The introductions to the University, health care systems, governing structures, and education system were given in a knowledgeable objective way, and enhanced by organised practical experiences. This enabled participants of the project not only to appreciate historical perspectives of the systems of Finland but to make some comparisons with other systems and to engage in discussion about outcomes of different approaches. The brief immersion into the Finnish culture permitted participants to experience the culture of Finland and appreciate 'the way of being' for Finnish people.

The fourth aim of this work package was to develop further the relationship between partners in the TRaNSforM project enhancing the development of intercultural networks and intercultural learning. Immersion in the topic of nurse mobility in this project has enabled nurse educators to progress beyond the essentialist view of culture integration as termed by Vandenberg (2010) to gain broader perspectives of the complex nature of cultural integration. Interpersonal attributes of openness and respect have supported the achievement of a broader vision. Cognisance too was given to each partner's personal orientation to the subject of mobility. What is evident within the working relationship of the partners is the desire to gain an in-depth understanding of the experience of nurse mobility for progression toward interculturalisation. Interculturalisation not only with respect to the nurse undertaking mobility, but also the possible benefits toward health outcomes for patients and health care providers. Sharing of different cultural perspectives on health and health living affords opportunities for different approaches to the same or similar difficulties.

At this point more evidence has been gained for a discussion on the final aim which asked all partners involved in the TRaNSforM to identify the skills and knowledge required for mentoring and supporting learning. It is useful to look briefly at the approach and methods utilized to achieving this aim.

Previous work package reports (see work package 2 and 3) have involved partners gaining information from nurses in their own countries. The processes of these inquiries were agreed to support not only some standardisation and rigour in approach and methodology but also to recognise the uniqueness of each partner (Davies and Dodd, 2002). The inquiries sought to find out about the experiences of nurses in relation to mobility. The information from the seven countries were collated and organized within themes. This organisation and thematisation involved recognising and appreciating the evidence discovered. The appreciation of the evidence was enhanced by discussion with cultural perspectives. Having completed all these processes and gained a lot of knowledge the partners sought to find out what would educators view as appropriate from an educational perspective for achievement of knowledge and skills for successful mobility.

To discover what educators view as appropriate to successful mobility and in keeping with the approach of Appreciative Inquiry focus groups were identified as the most appropriate method to collect this data. Focus groups are frequently used as a method of data collection (Parahoo, 2007). The choice of focus groups for this knowledge discovery was particularly appropriate as it provided the opportunity not only of getting the views of individuals but also in-depth discussion. The organisation and structure of the groups were important to elicit not only information directly on the topic but to have discussion on the cultural elements of the question. Three groups were identified as sufficient to achieve this aim (Webb and Kevern, 2001). Careful selection of the partners for each group was also important to achieve the cultural perspectives within the responses. Each group had a mixture from each of the seven partners involved in the project. **The biographical information of the participants** is included in *Table 1*.

Table 1

Findings

A moderator from each group recorded the data. The data from the three focus groups was then collated. There was a striking similarity in the content and focus of each group’s discussion.

Content analysis enabled the identification of four key working definitions included in *Tables 2-6*.

Professional Perspectives:
<p>All students will identify and acknowledge the professional attributes of nursing theory, nursing practice, and nursing research within Europe. All students will demonstrate an appreciation of the Registered European Nurse incorporating professional perspectives in relation to the following:</p> <ul style="list-style-type: none"> ⊙ European Nursing from political, economical and social perspectives ⊙ The contribution of European Nursing to health care provision and achievement of European Health outcomes. ⊙ The professional development of European Nursing in relation to: Professional nursing values; Roles of Nurses; Continuing nurse development; Organisation of nursing; Evidence based nursing; Professional language (specific terminology and meaning); ⊙ Development of attitudes and values which facilitate engagement with diversity to enable inclusive holistic person centred health outcomes ⊙ Demonstration of European competencies of the Registered Nurse ⊙ Self assess own competencies in relation to the competencies of the Registered European Nurse
Table 2

Mobility Programmes
<p>All students will experience another culture. This will be achieved through:</p> <ul style="list-style-type: none"> ⊙ Mobility programmes ⊙ Encouragement to participate in mobility programmes from students who are already involved ⊙ Integration of culture early and continuously in all programmes ⊙ Educators promote interculturalism at micro and macro level ⊙ All participants will demonstrate evidence of learning from intercultural experience ⊙ Comprehensive learning arrangements with specific learning outcomes. Encompassing cultural similarities and specific cultural differences – eye contact, personal space, touching, timing and positioning tone of voice. Using a framework to ask and to understand non verbal communication. ⊙ All teachers should have international experience ⊙ Invite teachers from other countries to teach on programmes or virtual
Table 3

Methodologies
<p>All educators facilitate intercultural learning through:</p> <ul style="list-style-type: none"> ⊙ Create international culture in school. Educators influence philosophy of learning /facilitating in relation to intercultural learning at micro and macro level i.e dept school, curriculum development ⊙ All educators actively and contribute to support integrating intercultural learning ⊙ All educators will select appropriate methodologies to facilitate intercultural learning in any situation ⊙ Reflect on intercultural methodologies selected and the outcomes achieved (portfolio etc) ⊙ Continuously evaluate methodologies selected and personal skills to select and use other methodologies through personal professional development portfolio ⊙ Educators will use all means to develop and maintain and develop skill to use methodologies selected ⊙ Teacher valorisation. ⊙ Communication and the development of relationships between countries so that sharing of resources may be maximised. ⊙ Innovative and creative methodologies E.G. Case studies, problem based learning, creating scenarios to increase the students cultural awareness and sensitivity; interactive discussion, Role play; Oxfam game Stereotypes etc.
Table 4

Resources:
<p>All students have an intercultural experience during their education programme</p> <p>Specific education prior to an experience</p> <ul style="list-style-type: none"> ⊗ Placement aimed at appreciation of one's own culture ⊗ Placement aimed at gaining an appreciation of a different culture within ones country. ⊗ Placement in another country ⊗ Partnerships ⊗ Accessible ⊗ Learning e.g. blended learning ⊗ Internet skype ⊗ financial support ⊗ time ⊗ software – the spoken language – professional terminology. The meaning of language and interpretation of non verbal communication. ⊗ Communication laboratories for simulation of non verbal communication ⊗ videos, Dvd's e.g Video material from other countries with patients and nurses speaking ⊗ Selection of appropriate frameworks to assist in facilitating the identification of cultural knowledge in relation to health e.g. Kleinann's tool to elicit health beliefs in clinical encounters ⊗ support mechanisms ⊗ Invite students and nurses from other countries to tell the students about their experiences and share them (vicarious) <p style="text-align: right;"><i>Table 5</i></p>

Reflection
<p>All students become immersed in another culture to enable reflective learning which will promote respectful, professional practice through the following:</p> <ul style="list-style-type: none"> ⊗ Frameworks to assist with reflection ⊗ Facilitated reflection ⊗ Literature to assist perception of culture and understanding of culture ⊗ Sharing experiences following reflection using a variety of medium i.e. Written and electronic e.g. twitter, virtual exchange, video recording, presentations to specific groups of nurses, lecturers and clinical leaders. <p style="text-align: right;"><i>Table 6</i></p>

Discussion

European Nursing is not a familiar term within everyday nursing practice, however there is acknowledgment of the term in relation to equivalence of some aspect of undergraduate educational programmes. One example of this would be the requirement of the number of hours in relation to clinical practice and theory in Article 31 of the European Directive 2005/36/EC77/453/EEC (Keighley, 2009). While European Nursing is not a commonly used term the notion and vision of a European perspective is becoming evident. A literature search on CINAHL database revealed 1978 responses to the keywords European and Nursing. A keyword search on the WWW also supports the view that within nursing there is indeed progression with nurses coming together to work on areas of interest for example FINE (European Federation of Nurse Educators) and European Federation of Critical Care Nursing or the Federation of European Nurses in Diabetes (FEND). There is evidence in the literature also of close collaboration in relation to research studies for example Burton et al, (2011) and Demol et al, (2006). However there are many more issues that European countries could work together on to find more comprehensive solutions. One issue is the recruitment and retention of nurses (Imison et al, 2009;

Rafferty et al, 2007; Jian Li, 2011). Attree et al's (2011) review of policies in relation to five European settings suggests that there is scope for countries to work together on issues of common concern to the benefit of the workforce planning in nursing and consequently patient health outcomes. The first theme acknowledged that there was a need at local levels within all countries of a promotion of the term European Nursing. This acknowledgement was supported by the view that sharing of experience would lead to a more comprehensive understanding of issues relevant to nursing and there is much to gain from each other to promote a more evidence based and effective nursing in health care. This is congruent with the vision aspired to by European Health Ministers in 2000 in Munich (World Health Organisation, 2000). Studies identifying specific shortcomings at individual country level serve to illustrate gaps that could be addressed by countries working together (Festini, 2009). Studies support the view of beneficial outcomes gained through close collaboration for the patient and professional approaches within nursing (Onder et al, 2007; Palese, 2011). Currently there are issues of retention and shortages in various countries in Europe and further studies conducted by nurses may be beneficial in addressing the causes of these issues and increasing the satisfaction of the population of Registered Nurses (Buchan and Aiken, 2008).

The increase in “partnership projects” will increase the awareness and understanding for those involved of another country. This theme recognises that for many nurses participation in such projects involving a period of mobility or experience in another country is not possible. However, European citizenship entitles Europeans to freedom of travel and residence within any European country (European Commission, 2010). Consequently health care provision must be cognisant of health care needs of citizens residing in another European country other than their birth country (Tebit et al, 2011). Therefore, every registered nurse would require skills and knowledge to address health needs from many different cultural dimensions. The theme of professional perspectives embraced this view and advocates the recognition of European competencies for the Registered Nurse. This theme overall espouses to the professionalism of nursing within Europe cognisant of the processes that would be developed to achieve this. Competence in intercultural nursing would be one important aspect (Berlin et al, 2010). Nurses as professionals then would benefit from a framework which would assist them in identifying and maintaining competence in intercultural nursing. The participants envisaged that for competence in intercultural nursing to become reality “mobility” would be addressed from a variety of approaches.

The participants envisaged that nurse educators are in ideal positions to influence the subject of mobility within education provision for Registered Nurses across all countries in the European Union. Engagement with mobility in the form of an actual experience was viewed as one way to gain insights and for new beginnings for nurse educators who had not considered mobility previously. The benefits of such exposure is documented in studies (Montanari et al 2010; Green et al, 2011; Taylor et al, 2011). Educators were also viewed to be in positions to influence the content of nursing programmes and therefore cultural

nursing may be added to curriculae. However, this addition was not merely in a specific aspect or occurring at a specific time but was viewed as integrated across a programme as in a spiral curriculum model (Ozek et al, 2008). To support such an approach, teachers from other European countries would be invited to actively contribute to programme delivery. The intercultural content of programmes would be supported by well planned experiences of other cultures. These experiences would occur either within the country or in another European country. This cultural immersion would be supported by specific content of the programme in important aspects e.g. communication and professional language and other aspects as identified by the literature for example Jirwi et al, (2009); Cowan and Norman, (2006) Fulbright Sumpter, and Brooks Carthon, (2011). The interest and motivation required to gain the immersion would be promoted through exposure to the positive experiences of other persons who have undertaken mobilities within other cultures (Larsen et al, 2011). The achievement of cultural mobility was viewed from a broad to a narrow perspective and from this many suggestions for promoting, and gaining successful cultural integration were advanced. These suggestions are congruent with the findings and discussions outlined by Taylor et al (2011).

The theme of methodologies had a broad perspective and viewed the educator as a key facilitator in intercultural and transcultural learning. Recognising that a broad education was required within each country the role of the educator included educating at local levels with members of the profession and also within educational institutions. It was expressed that educators as developers of curriculae may be in the unique position to include cultural learning within all programmes (Munoz, et al, 2009). Furthermore it was also expressed that educators within their own institutions would facilitate recognition of the benefits of intercultural learning within all fields of learning in institutions (Steefal, 2010). At individual levels educators were viewed as being capable of selecting appropriate methodologies to support and facilitate intercultural learning. This selection would be informed by evaluation of learning by learners and personal evaluation in using the particular methodologies. Previous research of different methodologies within different cultures would also inform the selection for example the work of Klunkin et al, 2011 who looked at problem solving learning in Thailand. The educational culture within Thailand meant that initial exposure revealed challenges for students.

The selection would also be informed by interactions with educators from other cultures. This communication between educators of other cultures would permit testing of methodologies and sharing of resources as no one methodology would suit all learning. This approach to appropriate methodological selection would require innovation and creativity and would be continuous and would address the difficulties identified by Jeong, et al (2011). Given that any culture is complex and evolving, it would be appropriate that the methods chosen would be capable of achieving learning (Purdy, 1997). Practical experiences and exposure would also be useful for learning within complex situations and increasing transcultural competence (Onder et al, 2007; Amerson, 2010; Green et al, 2011). No one methodology will

suit the learning style of each learner and furthermore it is important that the method should relate respectfully to the culture so innovation is very important (Jeffries and O'Donnell, 2011).

The theme of resources recognised that transcultural learning could not be taken for granted. Rather such learning should be planned and facilitated. This is not confining the learning to what is planned as it is recognised that considerable learning may take place for individuals that was not previously defined (Purdy, 1997). The resources that would support transcultural learning therefore would need to be varied. An emphasis was placed on using resources currently available. However the usage and planning of resources would be given prior consideration. The first resource is one's own culture. Immersed in one's own country and culture gives knowledge, however this knowledge may be restricted and taken for granted and therefore limiting new knowledge and insights to be gained. Planned exposure to one's own culture with a different learning objective may yield new knowledge and ways of being as a professional nurse within that culture.

Within the European Union there are now many Europeans who are residing in countries other than their birth country. Therefore experiences of working within one's own country would bring other benefits although the focus of the experience would need to be clearly planned. Not a comparison of how 'non natives' are living but how their health needs are perceived and met from that person's culture.

Gaining clinical experience in another country is ideal for intercultural learning with in nursing. The learning would include personal and professional skills required to meet health needs. This concurs with the findings of Taylor et al (2011). Such an experience would also expose the professional to the health requirements in relation to the process of adaptation. Interculturalisation is viewed as more than a move to another country. Rather it is viewed as integrating into another country and feeling a part of that country. In the process of clinical experience in another country the deeper personal learning that is required may be evident to the person gaining the experience (Waite, and Calamaro, 2010).

Educators viewed that partnerships between countries were a good medium for the development of planned intercultural learning experiences and achievements. Partnerships lend an opportunity for planning of learning experiences that give consideration to the student and their personal perspectives which are an important part of interculturalisation (Koskinen, and Tossavainen, 2004; Kingma, 2007; Wellard and Stockhausen, 2010). Within the focus group discussions the existing relationships between partners enabled fresh perspectives on current methodologies and innovative thinking in relation to educational methodologies. For example videos and DVD's produced by nurses in each country with real case studies from practice. Such DVD'S would include active clips of patients. These would provide a medium for nurses to identify the specific learning needs in discussion with colleagues from other countries. To illustrate with one specific example of language. The words the patient might use to describe

his experience of living with the illness. This could lead to learning regarding: Word choice and their meaning in that culture; how these words are used; how they are combined with other body language to accentuate meaning or give an alternative meaning. The real experiences make the learning alive and meaningful in addition to giving informal support between the participants. The language laboratory with appropriate software would focus on the words patients use in their culture, the pronunciation and the written word. The medium of Skype and online tutorial which would contribute to equitable access would be very appropriate. The resources to provide these experiences would have to be available and require ongoing support from technological and educational perspectives. Providing professional nursing means that the nurse not only has to speak the language of that country but be very familiar with the accompanying body language in addition to views of health, meaning of health and all the frameworks to assist in giving professional nursing. It is essential also that the nurse has the professional language to be an active participant in nursing provision. Prior to any nursing experience in another culture these were viewed as essential. The provision of financial support to undertake experiences in another country were viewed as important. This was a point emphasised by other studies (Koskinen and Tossavainen, 2004; Green et al, 2011).

An overarching and important theme was reflection. Reflection was viewed as an integral part of intercultural personal and professional learning. The process of reflection is gaining momentum as one method of achieving deeper learning (Gustafsson, 2004; Kuiper, 2004). Additionally reflection has been viewed as beneficial to intercultural engagement (Larson et al, 2010). The impetus for reflection was perceived to be experiences on any aspect of the process of interculturalisation. Reflection could be triggered by incidents during the preparation for practice, while in practice and post experience a view in keeping with Schon (1983). Developing critical thinking in the higher conscientness as explicated by Meizerow (1990) would require the skills of experienced nurse facilitators who have experienced interculturalism and actively engaging in reflection themselves (Waite, and Calamaro, 2010).

Experienced facilitators will be able to select appropriate frameworks to support the reflective process for example Meizerow (1933); Boud et al, (1993); Kolb, (1994). Additionally facilitators who are actively engaging in cultural understandings will be able to select literature to encourage critical thinking and value explication in relation to aspects of culture. Underwood (2006) highlights this important viewpoint in relation to values. Reflection would permit a challenge to those values and therefore prevent any unintentional impact on professional nursing. The experienced facilitator will be able to think critically about methods selected to engage nurses in reflection and be innovative in approaches to achieve the outcome (McGill and Beatty, 1995). What would also be important is engaging the participants before reflection so that their experiences make them ponder and consider other alternatives what one would call preparing the ground for transformative ways of thinking and being in practice in relation to interculturalisation. Cultural know how is extensive and could be over whelming and challenging to the

beginner (Parker, 2010-2011; Campinha-Bacote, 2011; Leever, 2011). The experienced facilitator working with participants engaging them at their own pace and self acknowledgment of learning by the learner results in motivation to continue on the journey of learning and the discovery of new knowledge for intercultural professional nursing in Europe.

Provisional Provocative Statements:

Registered European nurses are actively engaged in developing best nursing practice both individually and collectively within Europe. Each individual nurse uses a framework to assist in identifying key areas of personal development in maintaining the European competency standard. Each nurse shares their professional transcultural knowledge and skills through a virtual portfolio.

The core values of European nursing are evident in the ways in which the person of the patient is assisting and motivated to achieve personal health outcomes while acknowledging the individual patient cultural preferences. The nurses share their expertise in the nursing literature.

Prior to Registration as a European Nurse each learner receives active support to enable the achievement of transcultural outcomes. A wide variety of learning supports including facilitated reflective practice enables the achievement of European Competencies.

Provocative Statements:

Nurses within the E.U. embrace the same professional values and standards

Students of nursing actively experience other cultures in their professional education

Nurse Educators embrace cultural diversity in their educational practice