Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a Higher Education Institution

by

Sussara Maria (Suzette) du Rand

Submitted in fulfilment of the requirements for the degree of PhD: Nursing
in the Faculty of Health Sciences at the Nelson Mandela Metropolitan University

PROMOTER: PROF R M VAN ROOYEN
CO-PROMOTOR: DR B PRETORIUS
CO-PROMOTER: PROF L R UYS

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DECLARATION BY STUDENT

FULL NAME: Sussara Maria (Suzette) du Rand

STUDENT NUMBER: 209403246

QUALIFICATION: PhD: Nursing

TITLE OF THESIS: Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a Higher Education Institution

DECLARATION:

I hereby declare the above-mentioned thesis is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another university.

SIGNATURE:

DATE:
I dedicate this thesis to the Almighty God to acknowledge His grace and presence in this work.

This thesis is dedicated with love and gratitude to my late parents, Kobus and Sussa du Rand, for their sound upbringing and instilling the philosophy in me that anything is possible if you apply yourself and work hard.

You were right Mom…. “Kannie is lankal dood van kraiwa stoot!”

I also dedicate this thesis to my beloved sister, Adrie van Heerden, for always being there for me.
ACKNOWLEDGEMENT AND GRATITUDE

“There by the Grace of God, go I...”

To God, my Creator and Sustainer, I bring thanks for the gift of knowledge, the guidance, inspiration, and wisdom I received. May You be Glorified!

My heartfelt gratitude to my family, especially my sister, Adrie van Heerden, for all the support, encouragement, and love I received. Although the physical distance between us was at times enormous, in our hearts we are one.

Professor Dalena van Rooyen, please accept my sincere appreciation for your guidance and support and for making it possible for me to complete this degree.

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There are those close to me that were not always visible, who prayed for me, who shared their wisdom, reprimanded me, but supported me with love. I am sincerely grateful to you all.
To my colleagues that supported and helped me and took on extra responsibilities – from you I have learnt that there are a lot of good people in the world, people who care for others and are willing to go the extra mile. Thank you.

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All the participants that gave freely of their experience and knowledge – I thank you. I am acutely aware that I have not told your whole story, but I hope that I have extracted the essence of your experience and that I have given a valid representation of your truth in the research report. I also thank you on behalf of those coming after you, for making their experience a better one.

The following institutions and persons are also acknowledged:

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- The International Office for Education for providing information regarding international student affairs and internationalization – I hope this study will also contribute to the work you do.
- The South African Nursing Council for providing information about the foreign nurse’s registration process.

There are always those unsung heroes, in all walks of life and in all organizations that help us and give of their time and energy freely. Even if our encounters were brief, your knowledge and experience gave me new insights – I salute and thank you.
PREFACE

In research studies the preface provides a place to make a statement about the way the research links with the personal experience, expertise, and interests of the researcher. It can be used to include the information, views, and background of the researcher that will help the reader gain some form of understanding about the researcher and may influence the way the research is evaluated. Being separate from the main research report, this short statement can satisfy the interpretivists’ desire to know the personal biography of the researcher and the link to the research, at the same time, allowing the body of the report to be presented in a more impersonal tone (Denscombe, 2010b:37).

Suzette du Rand began her career in nursing in 1974, in South Africa. She completed her Diploma in General Nursing Science in Pretoria and then went on to do her Diploma in Midwifery in Middelburg (Gauteng - then Transvaal - Province). Thereafter, she worked for a private ambulance company until she started studying again, this time for her Bachelors of Nursing in Community Health Nursing, Nursing Administration, and Nursing Education at UNISA. During this period, she was working for a general surgeon in Pretoria. Thereafter, she went into Community Health Nursing and years later started her own private mobile nursing practice in Pretoria. She was awarded a Fulbright Scholarship and went to the Northern Illinois University in America to do her Master’s in Public Health and worked in the County Health Department in 1992/1993. The researcher experienced the phenomenon of culture shock first-hand, and semantic differences and the different instructional methods used in the university left a lasting impression on her. When she returned home she headed an emergency room in a private hospital in Pretoria, and thereafter left to gain more international experience in Australia. She worked in the Sydney Eye Hospital where she studied Ophthalmic Nursing. The programme entailed a large clinical component and the different expectations toward the clinical learning experience took some adaption on the researcher’s side. She then returned to South Africa to care for her mother and after her mother’s passing, she resumed her career at the Nelson Mandela Metropolitan University (2007), where she is still presently employed, and where she teaches Nursing Education and Nursing Administration. Research and community engagement are part of her functions and she manages study abroad programmes for two international universities. The researcher also had the privilege of going to Sweden with a group of South African nursing students for a two week study abroad programme in 2008. Her life and passion is nursing and the nursing profession.
ABSTRACT

Advances in technology have made globalization and internationalization a reality in the world. National borders are becoming more permeable and migration of goods, services, and health care workers takes place more readily. Higher Education Institutions (HEIs) have become competitors and vendors in the global knowledge economy and are expected to develop job seekers that are responsible and engaged global citizens and employees. Offering study abroad programmes is one of the ways that HEIs achieve this goal. It is estimated that in 2010, 4.7 million people studied abroad (OECD, 2012:360), and it is anticipated that this number will grow to 15 million by the year 2025 (Altbach & Knight, 2006:9). South Africa is emerging as a regional hub for study and research in sub-Saharan Africa (UNESCO: 2012b). Many organizations that train nurses are internationalizing their curriculum which effectively means that Schools of Nursing are seeking placement for students to study, gain insight into other cultures and practices, and to gain clinical experience in other countries. Students, the customers of the Higher Education Institutions, often pay large sums of money to undertake these study abroad programmes and therefore expect good quality learning experiences in return. The aim of this qualitative, contextual, exploratory, and descriptive study was to explore and describe the expectations and experiences of international nursing students and faculty members at a Higher Educational Institution in South Africa in order to develop standards that will enable HEIs to optimize the experiences of short-term study abroad nursing students. An in-depth contextual investigation was conducted on globalization and internationalization, as well as the higher education and health systems of three countries to understand the context of the study abroad programmes. Qualitative data was gathered from students and faculty members using focus groups and individual interviews to establish their expectations and experiences of the programme. Thematic synthesis was carried out on the contextual data and the qualitative data. Thereafter, thematic synthesis analysis was conducted using both sets of results to develop standards that can be used to optimize the experience of short-term study abroad nursing students at a HEI. A total of 35 standards were developed around the following main themes:

- the objectives of study abroad programmes should be stated clearly before arrival and include the expectations of the global, national, and local communities, the higher education institution and the staff and students;
- study abroad programmes should be managed in an ethical manner and in an enabling environment, as part of their strategic goals and plans of a HEI;
- students should be exposed to a variety of experiences and differences between the sending and hosting countries during their study abroad programmes;
• study abroad programmes should be evaluated at different intervals and levels to ensure quality of the programmes and to ensure that the objectives/outcomes are met.

A limitation of the study was the sampling of the clinical mentors which did not include representatives from the overseas universities. It is recommended that the standards that were developed in this study be introduced and tested in HEIs and that more research be conducted on different levels and groups with regard to study abroad programmes in future.
KEYWORDS OR PHRASES

Internationalization
Standard
Strategy/Strategies
Evaluate or assessing study abroad programmes
Exchange programme
Expectation
International student
Management
Tertiary education
Developing study abroad programme

* Keywords that are contained in the title are automatically included in electronic searches.
In order to facilitate further in-depth study and computer searches, keywords that are adjunct to the title and content of this study are therefore put forward.
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<td>AAMC</td>
<td>Association of American Medical Colleges</td>
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<td>AAU</td>
<td>Association of African Universities</td>
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<td>ACA</td>
<td>Patient Protection and Affordable Care Act</td>
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<td>AfriQAN</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>Association of International Student Advisers</td>
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<td>AUCC</td>
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<td>BBC</td>
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<tr>
<td>BSN</td>
<td>Bachelor of Science in Nursing</td>
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<td>CDC</td>
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<td>CEO</td>
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<td>CHEA</td>
<td>Council for Higher Education Accreditation</td>
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<tr>
<td>CNM</td>
<td>Certified Nurse Midwife</td>
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<td>Certified Registered Nurse Anaesthetics</td>
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<td>DALYs</td>
<td>Disability Adjusted Life Years</td>
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<td>DoE</td>
<td>Department of Education</td>
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<td>ECTS</td>
<td>European Credit Transfer and Accumulation System</td>
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<td>ENIC</td>
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<td>EU</td>
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<td>GDP</td>
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<td>GEI</td>
<td>Global Education Institute</td>
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<td>HEI</td>
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<td>HESA</td>
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<td>HEQC</td>
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<td>HEQF</td>
<td>Higher Education Qualifications Framework</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IAU</td>
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<td>IIE</td>
<td>Institute of International Education</td>
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<td>IPEDS</td>
<td>The Integrated Postsecondary Education Data System – database of NCES</td>
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<td>ISO</td>
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<td>MANCO</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MS/MSN</td>
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<td>NAFSA</td>
<td>Association of International Educators</td>
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<td>NARIC</td>
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<td>NCES</td>
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<td>NCLEX-RN</td>
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<td>NCQA</td>
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<td>NHEA</td>
<td>Norwegian Health Economics Administration</td>
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<td>NLNAC</td>
<td>National League of Nursing Accreditation Commission</td>
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<td>NMMU</td>
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<td>NOKUT</td>
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<td>NQF</td>
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<td>ODE</td>
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<td>QC</td>
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<td>PQM</td>
<td>Programme and Qualification Mix</td>
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<td>RN</td>
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<td>SAAHE</td>
<td>South African Association of Health Educationalists</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SAFH</td>
<td>Norwegian Registration Authority for Health Personnel</td>
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<td>SANC</td>
<td>South African Nursing Council</td>
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<tr>
<td>SAQA</td>
<td>South African Qualifications Authority</td>
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<tr>
<td>STTI</td>
<td>Sigma Theta Tau International</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TQM</td>
<td>Total Quality Management</td>
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<tr>
<td>UHR</td>
<td>Norwegian Association of Higher Education Institutions</td>
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<td>UK</td>
<td>United Kingdom</td>
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<td>UKCISA</td>
<td>UK Council of International Student Affairs</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>UMALUSI</td>
<td>Matriculation Board, South Africa</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organization</td>
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<td>UNISA</td>
<td>University of South Africa</td>
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<tr>
<td>US</td>
<td>United States (of America)</td>
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<td>USA</td>
<td>United States of America</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USD</td>
<td>United States Dollar</td>
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<td>VC</td>
<td>Vice Chancellor</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
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1.1. Conclusion
CHAPTER ONE: INTRODUCTION TO THE STUDY

“There is a flickering spark in us all which, if struck at just the right age… can light the rest of our lives, elevating our ideals, deepening our tolerance and sharpening our appetite for knowledge about the rest of the world. Educational and cultural exchanges … provide a perfect opportunity for this precious spark to grow, making us more sensitive and wiser international citizens through our careers.”

(Ronald Reagan, 1982).

1.1. Introduction

Globalization and internationalization have become part of the daily lives of academics in the 21st century. As globalization increases, boundaries between countries become less pronounced, greater economic, political, and social interaction takes place, and people, goods, technology, capital, and services move almost freely across borders, shrinking time and space (Herdman, 2004:237; Baumann & Blythe, 2008:1; Egron-Polak & Hudson, 2010:10). With the growing need for highly skilled and qualified workers in the world, demand for higher education has increased (Egron-Polak & Hudson, 2010:10). Local Higher Education Institutions (HEIs) are not always able to supply the needed higher education and therefore students move across borders to prepare themselves for the job market or they use technology to access previously unavailable options, for instance, e-learning. Employers are also increasingly seeking employees who can work in a global environment and who can use the strengths of international contacts and experiences locally. Higher education has therefore become a major “export” commodity in the global economy, which is subject to supply and demand (Obst, 2007:2). With the commercialization of international higher education, a growing number of students seek a diversity of experiences in their training, and the profession of nursing is no exception. At present, studying abroad is a multi-billion dollar industry, and it is said to grow substantially over the next few decades (Obst, 2007:2). The number of study abroad programmes has, in the last decade, grown exponentially and South Africa, in particular, has shown an increase of 28% since 2006 (Institute of International Education (IIE), 2008). Nursing educators and students from abroad are also increasingly seeking more opportunities for international exposure and experiential learning at HEIs where exchange programmes are deemed to be accessible and cost-effective.

With the current weakening of the global economy and the expected growth in shorter term study abroad programmes, competition within the higher education marketplace is
expanding, with more emphasis being placed on the quality of the learning experience. This competitive environment necessitates the development of innovative and quality collaborative programmes which cater for the needs of institutions and students.

The question then arises whether the present study abroad programmes provided by HEIs provide for the needs of these institutions and students, and furthermore, if the processes that are in place and followed are indeed responsive and flexible enough to provide for an optimal student experience. In the study, the researcher will therefore analyse the context in which study abroad programmes take place as well as explore and describe the expectations and experiences of international nursing students and faculty during their study abroad programmes. Thereafter, standards will be developed that could assist HEIs (and Nursing Departments) to optimize the experiences of short-term study abroad nursing students.

1.2. Background of the Study

The following section will present the factors that were taken into consideration when the research goal for this study was established.

1.2.1. Globalization and Internationalization

The terms, globalization and internationalization are often used interchangeably, yet they differ in many respects. Sklair (2000:67) suggests that there are three general definitions (understandings) of globalization. The first is the international conception of globalization where internationalization and globalization are used interchangeably; this definition signals the fact that the basic unit of analysis is still nation-states and pre-existing even in a changing system of nation-states (Sklair, 2000:67). The second definition of globalization is the transnational conception of globalization, where the basic unit of analysis is transnational practices, forces, and institutions and where states, or more accurately, state agents and agencies are the principal role players (Sklair, 2000:67). The third definition is the globalist conception of globalization in which the state is actually said to be in the process of disappearing and diversity, independence, and uniqueness (exclusivity) is said to diminish in favour of a more general standardized generic order, that is, the global village or so-called global compact (Sklair, 2000:67).

Inda and Rosaldo (2008:12) describe globalization as a spatial-temporal process, operating on a global scale that rapidly cuts across national boundaries, drawing more and more of the
world into webs of interconnectedness, integrating and stretching cultures and communities across space and time, and compressing human spatial and temporal horizons. The term globalization is used to describe the increasing internationalization of markets, including goods and services, the means of production, financial systems, competition, corporations, technology, and industries. Amongst other things, globalization gives rise to increased mobility of capital, faster propagation of technological innovations, and an increasing interdependency and uniformity of national markets (OECD, 2003:G).

Globalization therefore refers to the growing integration of economies and societies around the world, which includes the accelerated flow of information, mobility of goods, services, labour, technology and capital across political and economic boundaries, and the growing interdependence and interconnectedness amongst the world’s people and markets (Allen & Ogilvie, 2004:74; Baumann & Blythe, 2008:1; Boysens, 2008:291; Kotzé, Armstrong, Geyer, Mngomezulu, Potgieter and Subedar, 2008:62). Trade in gold or perishables on the global market could be cited as examples of globalization in economic terms. The establishment of cross-national universities such as the Central European University with campuses in Italy, the Czech Republic, and Hungary, and the University of South Africa (UNISA) which has campuses in many countries, is an illustration of globalization in higher education (Mouton, 2006:53).

The meaning of the term internationalization is elusive and dynamic. It can be described as:

- “to make (something) international or to bring something under control or protection of two or more nations” (Oxford dictionaries)
- “Is the design and development of a product application or document content that enables easy localization of target audiences that vary in culture, region or language” (Ishida & Miller, 2010).

Allen and Ogilvie (2004:74) suggest that with internationalization each country is perceived as an autonomous unit, but that there might be a relationship amongst and between the countries. Carlson (2006:57) also argues that internationalization can mean “inter–national” activities, that is, the sharing of cultural and social norms at regional and national level, as well as networks and alliances amongst organizations such as universities, businesses, and policy agencies. Fleury and Fleury (2011:24) further contend that internationalization is a phenomenon that is connected with social actors, for example, private, multinational organizations or governments that take part in the globalization process. According to Wissen and Brand (2011:4) internationalization of the state means the reproduction and contestation of domination through the transformation of the state. In other words, there is
an altered state in which the power relationship creates new strategies and structures that shape societies giving rise to new opportunities for articulation, conflicts, negotiation, and compromise and which brings about a degree of generalization of interests. Therefore, it can be argued that internationalization is an intentional decision or action to apply/utilize something from another country in a recipient country, and this application has an impact on the recipient which is focused on the specific issue/application. The receiver can, for instance, be an individual, institution, or profession. Internationalization of the curriculum of a university, and the application of best practice guidelines in nursing, could be cited as examples of internationalization.

In this study, globalization can therefore be understood as worldwide, for instance global movement of goods, services and finance. Internationalization will mean “inter–national” or between countries i.e. application or acceptance of a certain commodity or aspect from another country in a home country for example, use of best practice guidelines developed in the “donor” country.

Both globalization and internationalization have positive and negative consequences for countries, communities, and health care in general. Positive impacts include technological advances and spread of communication and media across the world (Orme, Powell, Taylor & Grey, 2008:204; Booysens, 2008:4). Indeed, global “flattening” has created the “global village”, and the concept of mutuality amongst nations (Baumann & Blythe, 2008:1; Orme, et al., 2008:204–207). The proponents of globalization indicate that it has created opportunities to cooperate, collaborate, and join forces with other health professionals to gain insight into and tackle health threats across international borders. Those opposing globalization point out that there are winners and losers in trade, a growing poverty gap which gives rise to health inequalities, financial volatility, and marginalisation of communities, especially those that do not have access to technology (Booysens, 2008:5). The relaxation of borders and the subsequent increased movement of goods and people have augmented the risk of rapid spread of diseases to other countries and the migration of health professionals (Orme, et al., 2008:204; Booysens, 2008:4-6; Adams & Stilwell, 2004:560). As a result of globalization communities, individuals and health professionals can no longer consider themselves to be separate from one another, nor can countries educate their students exclusively within the contexts of their own nation (Baumann & Blythe, 2008:2).
1.2.2. Study Abroad

The term study abroad can be confusing due to its many synonyms, for instance, exchange programmes, overseas study, foreign study, or education abroad (Forum on Education Abroad, 2011). However, study abroad could be understood in terms of the pursuit of educational opportunities in an international setting (outside the participant’s native/home country). The duration of studying abroad differs between short-term (mostly shorter than six months) and long-term (which could be four years, for a professional degree) programmes. The Institute for International Education (2012: Fast facts) maintains that long-term study abroad programmes are longer than one year, short-term programmes shorter than eight weeks, and those in between are medium term. Some short-term programmes are led by faculty from a local university to a host university. These programmes could include experiential learning or voluntary work and normally include some lectures at the host university. These programmes usually form part of the curriculum of the local university. Other programmes are specially designed for visiting students at a host university (and are not necessarily faculty led) and the duration and content differ according to the needs of the participants (Forum on Education Abroad, 2011). The term occasional student is quite frequently used for short-term study abroad students. Activities could include classroom study, research, intern- or externships, or service learning. There are also students who participate in travel seminars – they visit many cities in different countries and attend lectures at different institutions, or they attend programmes at a local university campus that is outside their home country, that is, a university with multiple campuses outside the home country (Forum on Education Abroad, 2011). Lastly, degree seeking students are enrolled for degree programmes at a host university (international destination) and attend classes with the local students for the duration of the programme, for example, one year full-time study for a postgraduate diploma in engineering. In most cases (especially the short-term programmes), there are corporate arrangements or formal agreements (with financial arrangements) between the countries, universities, institutions, or stakeholders. The programmes could be credit bearing or non-credit bearing and the criteria for entrance is set by both countries and institutions, for example, study permits and academic preparation (Forum on Education Abroad, 2011).

The Institute for International Education’s (Open door data, 2006/7; Fast facts, 2012) reports show that the largest growth area is short-term study. In 2004/2005 the majority (56%) of all students from the United States of America (USA) who studied abroad chose summer, January term, and other programmes of eight weeks or less. Although long-term programmes have attracted a fairly consistent number of students over the past ten years
(ranging from 11,300 to 12,770 students per year), their overall share has declined in comparison with short- and mid-length programmes (Obst, Bhandari & Witherell, 2007:14-15).

Much of the debate about the duration of study abroad sojourns revolves around the relative value of short-term programmes which do not provide the same opportunity for immersion in the culture and language of the host destination as do programmes of longer duration. However, short-term programmes have played an important role in increasing enrolments in study abroad and can play an even more significant role in the goal of diversifying the range of student experiences. Short-term (as opposed to long-term) study opportunities also offer more flexibility in study abroad opportunities for students that might not otherwise be able to participate in such experiences due to financial, academic, personal, or other limitations (Obst, Bhandari & Witherell, 2007:18).

In the USA, a Study Abroad Foundation has been formed with the goal of increasing the number of American students studying abroad to one million by 2018 (five times the present number) by awarding money to HEIs to provide students with semester-long study abroad grants (Hudzik, 2008:1; Padelford & Hudson, 2008:1). With 20 years of sustained and marked growth, the USA international education study abroad experience has moved well beyond the typical junior year abroad, with students seeking educational experiences of various durations, at different points, and sometimes more than once in their academic careers (Obst, Bhandari & Witherell, 2007:6; Institute of International Education, 2006).

In general, students (the customers in higher education) participate in these international study opportunities for a variety of reasons inter alia their own perceived lack of knowledge, for the cross-cultural experience, to have the capacity of comparison, and to learn new approaches to health care that they might not utilize in their own countries. Students want to make a “real difference” in a situation where there is a dire need for example, where financial there is a lack of resources or services. If they get the opportunity to immerse themselves in such situations it makes their contribution explicit, and gives them more meaning as they can see the difference they make. Some students indicate that going overseas makes their experience “real”, or “solidifies their learning”, and they not only learn and share knowledge, but get opportunities to train other people (Ladika, 2008:30-32).

Obst, Bhandari and Witherell (2007:7) state that the main reasons agencies give for the higher volume of USA students participating in study abroad programmes are:
• American campuses are providing more opportunities for students to have an international experience by offering more and different types of study abroad experiences that appeal to a broader range of students.

• A wide range of activities sponsored by the USA Government and other foundations help USA students gain access to international experiences.

• The availability of more programmes taught in English at institutions around the world has also helped to attract USA students.

• USA students and their parents increasingly recognize the value of studying abroad in order to be prepared for leadership roles in the global economy and an increasingly interconnected world.

• Studying abroad gives students a career skill set that is increasingly valued by employers.

The majority of USA students that participate in study abroad programmes major in the social sciences (23%) and the humanities (13%). Although there has been a decline in the number of enrolments over the past 15 years, compared to other disciplines, these fields still accounted for the largest proportion (36%) of study abroad students in 2004/2005 (Obst, Bhandari & Witherell, 2007:18). According to the Institute of International Education’s (2012:Fast facts) 2009/2010 and 2010/2011 reports, most American students still study the social sciences abroad, followed by business and the humanities. The Institute of International Education (2012:Fast facts) further reported that students travelling to the USA in 2009/2010 and 2010/2011 were mostly studying business and management, engineering, and maths and computer sciences.

1.2.3. Global Higher Education

The market for highly skilled workers has expanded, placing increased demands on Higher Education Institutions globally (Forest and Altbach, 2006:214).

1.2.3.1. Knowledge Economy

With the development and growth of the global economy, global capital has, for the first time, invested heavily in knowledge industries worldwide, including higher education and advanced training, which now reflects the emergence of the “knowledge society” (Altbach & Knight, 2006:1). Education and training has subsequently become a major commodity for
trade and export, and one of the most rapidly growing areas of transnational education is nursing (Altbach & Knight, 2006:2; Baumann & Blythe, 2008:2).

It is estimated that at present two million people study abroad annually and that this number will grow to 15 million by the year 2025 (Altbach & Knight, 2006:9). The United Kingdom is the second largest recipient of foreign students in the world, numbering 351,470 at present (Olds, 2008) with an annual market worth of £20 billion (BBC News Channel, 2004). According to the Institute of International Education, American students continue to study abroad in record numbers, reaching 205,983 students (in 2006) – an increase of 8% over the prior year’s report (Institute of International Education, 2006). In fact, Collins (2009) states that the number of American college students who studied abroad during the 2006-2007 academic year was 150% higher than a decade earlier and the largest group of students who travelled abroad did so for eight weeks or less. The number of American students studying abroad has since then grown from 270,604 in 2009/2010 to 273,996 in 2010/2011. The number of students studying in African during the period of 2010 and 2011 numbered 14,738 (5.5%) (Institute of International Education, 2012: Fast facts).

1.2.3.1.1. Internationalization of Nursing

Internationally, there is also a growing awareness of globalization in nursing (Ladika, 2008:29). The importance of global citizenship associated with nursing education programmes and a growing recognition of nursing as an international resource has become apparent (Hall, 2005:634). The increased migration of nurses has created the need to prepare nursing students to be globally competent individuals by the time they graduate. Many nursing schools have had a strong presence in the international arena for years, but have been prompted by the present drive for internationalization to increase and rejuvenate their international programmes (Ladika, 2008:29). Students are enthusiastic about these new developments and are demanding that programmes provide a diverse range of short-term training and service experiences because they want to experience global health issues first-hand (Crump & Sugarman, 2008:1456). Globalization and internationalization have therefore become central to academic discourses, particularly in the setting of international standards and core competencies for nurses and midwives. Recognition of prior learning across borders, internationalization of curricula, and public health issues such as HIV/AIDS are being addressed in many programmes around the world. This move towards internationalization has resulted in the rise in demand for opportunities for international clinical experience and research, and joint master’s degrees in nursing and public health.
Creating an opportunity for an international learning experience is an effective tool for internationalizing nursing curricula (Pross, 2003:396). Many schools are therefore incorporating compulsory international experiential learning programmes with an international focus in their curricula (Ladika, 2008:28; Hudzik, 2008:3). In the United Kingdom and Europe for instance, some schools have compulsory study abroad semesters for graduate nursing students (Glass, 2006:387). These students also gather “critical mass for nursing leadership”, sharing their knowledge and advancing the nursing profession worldwide (Ladika, 2008:320). The accent of such international experiential learning programmes is on diversity of discourse and experiences of global health issues. These programmes can be very rewarding and difficult at the same time. Language and cultural differences and the concern about learning outcomes can be challenging, but it creates an opportunity for mutual learning (Koskinen & Tossavainen, 2003a:283).

At Yale and Johns Hopkins Universities, only a few faculty members were involved in collaborative exchange programmes, but due to growing interest in internationalization the HEI has devised their policies and plans to drive these programmes. The international experiences also help faculty members with academic scholarship (research), tracking service delivery, and identifying health trends in other countries where they have a large number of students (Ladika, 2008:290).

There is a disconcerting pattern developing across the globe, one which started in the USA and is already affecting Australia and the UK, in which students receive very little or no practical experience during their nursing studies. In the UK, hospitals are becoming more independent of the government, thus dramatically reducing clinical training placements for students, and in some states in Australia, student nurses only gain experience in their third year of study (Jolley, 2008:12). Educators therefore seek clinical placements and experiences for these students elsewhere.

**1.2.3.1.2. Developing Versus Developed Country Placements**

Research on the effects of student exposure to international experience has found that students visiting developing countries became more mature personally and intellectually than those that visited developed countries (Tosvik & Hedlund, 2008:389; Hall, 2005:634). Developing countries host a significant number of international students, although they produce a small minority of the worldwide student flow. Developing countries host international students because they seek human resources, finances, improvement of the quality and cultural composition of their student body, and also to gain prestige (Altbach &
Knight, 2006:3). Third World countries can also provide students with opportunities and exposure to conditions that are extreme, and situations that students cannot acquire in their own countries. The reasonable cost of such study abroad programmes and the lower cost of living in the host (developing) country make them a popular choice for placement. Unfortunately, opportunities in the less developed countries come with risks for the students such as safety, language and cultural barriers, logistical problems, and the potential for abuse and discrimination (Lee, 2006).

According to MacGregor (2007) the number of international students at South Africa's 23 public universities has quadrupled since the first democratic elections in 1994, from 12,557 to 53,733 in 2006. According to figures from the Department of Education (South Africa), only about a quarter of them are postgraduate students (MacGregor, 2007). Furthermore, two out of three international students, some 36,000, are from the 14 member Southern African Development Community (SADC) states. Zimbabwe is the major ‘source’ country for South Africa, sending 18% of international students, followed by Namibia, Botswana, Lesotho, and Swaziland. Therefore, the biggest expansion in foreign student numbers in South Africa has been from other African countries. MacGregor (2007) also noted that non SADC African student enrolment numbers nearly doubled in the five years leading up to 2006, representing 16% of all foreign students, or 8,569, while the number from the rest of the world swelled by more than a third, to 14% or 7,673 in South African Universities. Europe is the biggest ‘rest of world’ supplier of foreign students to South Africa, followed by Asia and North America (MacGregor, 2007).

1.2.3.2. Economic Issues

Traditionally, internationalization was rarely a profit making activity, but it enhanced the competitive, prestigious, and strategic alliances of institutions (Altbach & Knight, 2006:2-3). With the commercialization of international higher education there has been a shift in thinking in HEIs from that of public responsibility to private, profit-orientated businesses. International trade in education has been encouraged and service related industries have become part of the negotiated agreements. The agreements could include e-learning (cross-border supply), movement of the consumer to the provider (student mobility), service providers establishing facilities in other countries or having joint ventures, and/or faculty members that travel abroad temporarily to provide services in another country (Altbach & Knight, 2006:2-3).
In countries where public funding for higher education is being cut, recruiting international students to earn profits by charging higher fees for international students has become a means to address the shortfall, and in some cases (in Canada), make up 10% of the total income of universities (Sharpe, 2010:1). In Britain, there are instances where the income generated from international students equals the funding councils grant universities (Gill, 2008:1). In Canada, international undergraduate students can expect to pay at least three times more than their local counterparts (Sharpe, 2010:1). International students also provide other benefits to the universities where they enrol, for example, research and teaching services for modest compensation which makes it a viable business venture (Altbach & Knight, 2006:2-3).

1.2.3.3. Challenges

Delivering study abroad programmes involves challenges and risks which include the ethical management of such programmes, creating capacity in learning institutions to provide quality and expertise in teaching, and providing academic and socio-cultural support for students. Offices for International Education find it difficult to infuse global perspectives on campus and provide adequate processes for student support as they do not always have the capacity to render quality and supportive preparation, guidance, and support to the international student. Other examples of challenges facing Offices for International Education include ensuring relevance and consistency of study abroad programmes, international recognition of providers, recognition of prior learning, a lack of leadership or political will to make changes, and regulatory restrictions in host countries (Baumann & Blythe, 2008:1; Fischer & McMurtrie, 2008; Altbach & Knight, 2006:2-3, Hellstén & Prescott, 2004:344).

For nurses who want to participate in study abroad programmes in South Africa registration at the South African Nursing Council is compulsory. The Nursing Act, 2005 (no. 33 of 2005) section 33 (1) d, states that “The Council may provide limited registration to a person ... in the Republic for a limited period for the purpose of practice, research or education”. Please see Chapter Three, Section 3.3.1.1 for further information.

Although international nursing education may acknowledge current and necessary trends (aspects that need improvement), its practice can be burdensome and negatively affect nursing in both educational and clinical arenas. Principles of nursing may be universally accepted or aligned, but they translate into different practices in different cultural settings and places for instance differences in health care practices in different nationalities or
religions. Part of the problem is that there is a perception that one’s home institution is the “best place and space” (Glass, 2006:387). In the USA, for example, there is a sense of “we know it all” or “we are the best” or “we are the ones who can teach others” (Ladika, 2008:30). Inherent in this perception is the devaluation of people who are not as technologically advanced or who are perceived to be different in so far as they cannot speak English, or do not have all the resources available to them in practice. Dealing with the diverse needs, viewpoints, and cultures of health care practitioners, patients, and students can be challenging at times because the practitioners perceptions might be different for instance regarding role delineation or expectations regarding the type of care to be rendered e.g. in a clinic. Placing international nursing students in clinical settings can also become a negative, costly exercise, placing enormous strain on already limited resources, with very little reward for the host or provider (Wilson, 2002:417). In a study done by Immonen, Anderson and Lvova (2008:841), they identified the following practical challenges in cross-border projects: cultural differences which were obvious and overlooked; challenges with language; organizational variations; technological challenges; and logistical challenges. These challenges necessitate universities and especially departments within these institutions, which are at the interface between the international student and their study or experiential learning opportunity, to have strategies in place to make critical and informed decisions about the quality of programmes being offered.

Study abroad programmes can also create challenges on an operational level for the host institutions, such as undue pressure on the host institution’s budgets and logistics, pressure on already overburdened local staff, exploitation of the students by the host country’s service providers, or the compromise of the culturally appropriate, safe, and effective health care provided in the local setting (Crump & Sugarman, 2008:1457). In clinical settings local and international trainees sometimes have to deal with the limited capacity of local staff who lack the ‘will’ to provide adequate experiences to students. As a result, trainees’ support, guidance, and opportunities for training are limited (Pross, 2003:396). Sometimes the local staff also expects students to do things that they are not capable of doing (Pross, 2003:396).

International students entering into study abroad programmes in HEIs in South Africa have diverse cultural backgrounds, training, and exposure to nursing practice. Australian nursing students are only placed within the clinical field in their third year of study, thus making it difficult for the host nation to place the student into the appropriate clinical setting (Jolley, 2008:12). If such a student was placed in South Africa, the local nurses would expect (and assume) that they had the knowledge and skill of a third-year South African nursing student or to participate fully in clinical practice because they are used to nursing students being
placed in clinical settings from their first year. In a study done in Iran by Sharif and Masoumi (2005) it was noted that international students experienced anxiety as a result of their feelings of incompetence and their lack of professional nursing skills and knowledge when placed in clinical settings during their study abroad programmes.

There are studies that mention that stereotyping of international students occurs and there is a perception that all international students have problems adapting in the new cultural environment, that all students have language problems and that they react differently in class meaning that they do not participate in discussions and do not enjoy the collaborative learning mode, for example group discussions (LaMarche, 2008; Arkoudis, 2008). Other researchers have however found that local and international students’ needs are very similar but that their perceptions and priorities are different (Hellstén & Prescott, 2004:345; Mahat & Hourigan 2006). Nevertheless, most international students will experience some degree of culture shock as they move from one culture to another. Pross (2003: 399-401) and Bamford (2008:3) noted that some international students experience difficulty in adjusting to the different culture, feelings of loneliness and social isolation and a lack of interaction with the locals, and finding it difficult to adapt to the difference in academic discourse such as the study methods and the emphasis on independent study.

According to Heuer and Bengiamin (2001:128), international students frequently assume that they will have a smooth, enjoyable, and memorable experience, but for some, the effects of the culture shock may negatively impact their travel, memories, and lives. In addition, there have been instances of “broken promises and administrative failures from study permits to accommodation and poor quality programmes” (Jooste & Naude, 2004:95). In a study by Green, Johansson, Rosser, Tengnah and Segrott (2008:981) it was found that there was a “need for change in preparation, support and monitoring of students, greater engagement with the partner institution, and more effective mentoring of staff”. Wang, Singh, Bird and Ives (2008:140) conducted a study on the learning experiences of Taiwanese students studying in Australia, in which international students advocated for “institutional and faculty support, including mentorship for international students”. Additionally, in an interview with Hoffenberg (Manager Mobility and Linkages) and Ojwang (Manager International Full Degree Students, University of Cape Town: International Office) (2008), they expressed the often unrealistic expectations of students, the lack of preparation of faculty members to support the international student, difficulties with placements, and challenges with adaptation within the cultural settings.
1.2.3.4. Quality and Ethics

Global customers are increasingly interested in the quality of the product and the quality of the organization that backs it up (Goetsch & Davis, 2010:21). As Altbach and Knight (2006:3) point out, “Most of the world’s two million international students are self-funded [...] making them the largest source of funds for international education – not governments, academic institutions, or philanthropies.” Students expect to get value for money, affordable programmes, a diversity of learning experiences, good quality programmes and services, reliable delivery, and support which will contribute to their preparation for the future (Glass, 2006:387; Goetsch & Davis, 2010:21). Universities are therefore faced with the challenge of creating learning environments relevant to the internationalization of society and culture, and also building their brand and reputation (Pross, 2003:396).

The exorbitant cost of some study abroad programmes and incidences of conflict of interest (for example, undue payment for evaluations done by providers or payment for surveillance visits) has sparked debate about ethical conduct of centres responsible for international education. As such, international codes of conduct were developed to try to curtail the exploitation of the international students (Redden, 2008:1). An example of such a code is the Code of Ethics for Education Abroad developed by the Forum on Education Abroad (2011:1-19). Please see Chapter 3, Section 3.2.3 for further examples.

On another note, students do have positive experiences such as internal transformation and social acceptance (Pross, 2003:399-401). Ladika (2008:28-29) suggests that the experiences in foreign settings can also help shape graduate nurses’ work at home as many students want to learn new techniques and see how things are done in another country, and then return to their own country with their expertise.

It is therefore imperative to set up transnational educational opportunities and inter-university partnerships in such a manner that there is indeed reciprocity and mutual benefit in the system (and not one-way traffic from ‘rich’ to ‘poor’) (Jooste & Naude, 2004:96; Crump & Sugarman, 2008:1456). Innovative models of collaboration should be sought with diverse programmes amongst different nations to strengthen the capacity and skills of nursing students, to improve their knowledge about international health, to increase cultural sensitivity, effect easy access to international experiential learning, accommodate the global migration of nurses, help combat nursing workforce issues, and enable nursing students to become true global citizens (Baumann & Blythe, 2008:2).
As discussed above, study abroad programmes hold implications for human resource development, institutional infrastructure, and organization. The goal of HEI is to provide international activities and partnerships to prepare competent nurses with a global view of health, who can function in local, national, and international environments. There is also a need for flexibility, student-centred teaching, and responsiveness toward the expectations and needs of the international student and faculty members, in order to ensure sustainability of such programmes in the competitive environment. In an attempt to react to the demands and ever increasing pressures from its stakeholders, higher education thus finds itself in a market-oriented environment wherein “delighting the customer” is the rule for survival in the long run (Sahney, Banwet & Karunes, 2004:145).

According to Sahney, Banwet and Karunes (2004:145), “delighting the customer” is the core message of total quality management (TQM). Sims and Sims (1995:7) assert that TQM is a set of management principles and core values that are based on four common themes of the founders (Demming, Juran and Crosby): customer focus; commitment to continuous improvement; involvement; and systems thinking. TQM is therefore an overall approach to ensure that all aspects of the services rendered by a company is of good quality, for instance, that the information the student receives prior to enrolment is accurate and comprehensive, that the students’ actual experiential experience is positive, and that the preparation they receive before departure is useful. In other words, TQM implies that all links in the value chain provide acceptable services.

Societies depend on higher education institutions to prepare their workforce, and social confidence in these institutions demands quality. Accreditation is demanded as a measure of the quality, so the processes are becoming more internationalized and commercialized. In South Africa, a regulatory system has also been developed, by the government, to register and monitor the quality of foreign providers (Altbach & Knight, 2006:7). Universities must therefore collaborate with each other to build systems that facilitate and ensure the quality and integrity of cross-border education, and one way of doing this is by modelling programmes on empirical evidence (research).

1.3. Rationale for the Study

The South African Association for Health Educationalists (SAAHE) (2008) maintains that health science educators should engage in research that enhances the understanding of who the students are, identifying students’ needs for academic support, as well as exploring effective ways of providing this support and development. Given the large number of
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international students enrolled at South African Universities, contextualizing the international students’ experience is vital. Institutions and nursing faculties have a responsibility to develop standards and strategies to address the unique didactic, academic, clinical, and socio-cultural needs of international students.

Education has evolved over time and internationalization has been brought to the forefront of discussions in higher education globally. Many questions have been raised regarding the process of internationalization, including questions about the quantity and quality of study abroad programmes. De Wit (in MacGregor, 2012:1), editor of The Journal of Studies in International Education, suggested that there is a pressing need for better understanding of internationalization and that “There is a lack of clear data on what we are talking about, so we don’t have really concrete facts.” De Wit (in MacGregor, 2012:1) further stated that many would like to see a greater emphasis on the content and quality of the international experience rather than just the numbers. The International Education Association of South Africa (IEASA) (n.d.) points out that if South Africa is to remain competitive within the global economic environment, it is important that higher education provides opportunities for students to obtain a global perspective in order to be prepared for the global marketplace.

1.4. Problem Statement

In the HEI where the researcher is working, study abroad nursing students have been doing experiential learning for some years, and faculty members in the department have expressed their concern about the negative experiences some study abroad nursing students have had in clinical placement areas whilst in South Africa. During evaluation sessions (held after each study abroad sojourn by department members) negative experiences mentioned by students were for example, shock about the conditions of the hospitals in South Africa, culture shock and the lack of caring of nurses in health care facilities.

Faculty members of the HEI also expressed a number of concerns about the quality of the experiences that international nursing students have at times, and have mentioned challenges with placements and students and administrative/organizational matters - the internal and external stakeholders of the HEI for instance, arrangements for placements that were not filtered down to the interface with the international visitors, and role delineation between internal stakeholders of the HEI. To date, there has also not been a formal description of the expectations and experiences of students and faculty members working with study abroad students in this particular HEI. The researcher has found paucity in the
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literature with regard to the expectations and experiences of the international nursing students and faculty that undertake short-term study abroad programmes at HEIs in South Africa.

The researcher therefore hopes to learn from the international nursing students’ and faculty members’ how they experience their study abroad programme in South Africa. South African nursing students also partake in study abroad programmes and this study could provide information to better prepare them for such experiences.

1.5. Research Questions

The researcher will answer the following questions:

1. What is the current legislative, educational and health context that could influence the experience of the study abroad nursing student in South Africa and its international partners?

2. What are the expectations and experiences of the study abroad nursing students at a HEI in South Africa or its partners internationally?

3. What are the expectations and experiences of the host and visiting faculty members of the Department of Nursing Science at the HEI involved with study abroad nursing students?

4. What could be put in place to optimize the experiences of study abroad nursing students at a HEI?

1.6. The Aim of the Study

The aim of this qualitative study is to develop standards to facilitate optimal experiences of short-term study abroad nursing students at a Higher Education Institution.

1.7. Research Objectives

According to Mouton (2006:101), “The research objective or purpose gives a broad indication of what researchers wish to achieve in their research.” Burns and Grove (2009:165-166) add that the research objective clarifies the foci, identifies variables and the population, and directs the researcher’s investigation.
The objectives of the study are to:
1. Describe and analyse the context in which study abroad nursing students engage in study abroad experiences
2. Describe and analyse the expectations and experiences of short-term study abroad nursing students and faculty members of Higher Education Institutions.
3. Develop standards to facilitate optimal experiences of short-term study abroad nursing students at a Higher Education Institution.

1.8. Concept Clarification

Garbers (1996:290) states that multiplicity of interpretations of concepts in the human sciences necessitates that the main concepts be clarified and operationalized in research. Theoretical definitions and explanations are therefore given for the following concepts:

1.8.1. Standards

The Oxford Dictionary of English (2005) defines standards as the norm or level of quality of behaviour that is expected from people or organizations and against which something can be benchmarked or measured. The South African Qualification Authority (SAQA) (2000:8) states that a standard is a statement of education and training outcomes and associated assessment criteria, that describes the quality of the expected performance of a student, and administrative matters that are associated with the attainment of the standards. Further discussion of this concept will take place in Chapter Five, Section 5.3.1.

1.8.2. Facilitate

To facilitate is to make (an action or a process) easy or easier or to enhance something (Oxford Dictionary of English, 2005). Facilitation also means evoking discussion and critical debate about what is the present situation and where changes (improvements) need to be made (Billings & Halstead, 2012:408). Furthermore, in 1987, deTornay and Thompson (cited in Bastable, 2010:222) propose that facilitation means bringing about change and it includes actions such as explaining, analysing, dividing complex skills, demonstrating, practicing, questioning and providing closure. In this study facilitation will mean taking action to enhance the experiences of short-term study abroad programmes and the actions will include all the actions suggested in this section.
1.8.3. Optimal

The Oxford Dictionary of English (2005) describes ‘optimal’ as the best or most favourable or optimum. According to Brown (1993b:2011), to optimize means “to make the best of, make the most of and effective use of situations or resource to attain your ends”. Brown (1993b:2011) further adds that to optimize means “develop to the utmost, develop in size and enlarge or to take a favourable view of circumstances” (Brown, 1993b:2011). In terms of this study, the term optimize will refer to the creation of systems, processes and strategies (within the educational environment) that will best satisfy the educational needs of the international nursing student and enable the student to have the best possible study abroad experience, as the customer of the HEI.

1.8.4. Experience

Brown (1993a:886) describes an experience as the actual observation of or practical acquaintance with facts or events considered as a source of knowledge, and is furthermore a state, condition or event that consciously affects a person or the fact or process of being affected. Wehmeier (2005:513) adds that an experience is “the knowledge and skill that you have gained through doing something for a period of time.” For the purpose of this study, experience will refer to living through the encounter of the study abroad programme and the effect of the experience on the participant, be it the knowledge gained, skills learnt, or changes in their social or emotional demeanour, during their study or clinical placement.

1.8.5. Short-term Study Abroad

Study abroad means that a person travels across a national boundary to a country other than their home country to undertake all or part of their higher education study there (Institute of International Education, Project Atlas, Glossary of terms). Study abroad is also described as the pursuit of educational opportunities and activities in an international setting (University of Illinois, 2010). The activities could include classroom study, research, intern or externships and service learning (Brzezinski, 2013).

According to the Immigration Act (13 of 2002:8, 20) of South Africa, a ‘foreigner’ [international] refers to an individual who is neither a citizen nor a resident, but is not an illegal ‘foreigner’, who only needs a study permit if they intend to study for longer than three (3) months. In this study, short-term study abroad programmes therefore mean that a programme is offered to students from or in another country at a HEI that is less than three
months in order for them to learn and gain experience in their discipline of choice (in this case nursing).

1.8.6. Nursing Student

A student is a person who is studying at a university or an institute of higher education in order to enter a particular profession (Oxford Dictionary of English, 2005). Study abroad students are regarded as persons admitted by a country other than their own, usually requiring special permits or visas (because they are non-resident, non-nationals), for the specific purpose of following a particular programme of study in an accredited institution of the receiving country, and who return to their home country on completion of their study (Egron-Polak & Hudson, 2010:232; Organization for Economic Co-operation and Development, 2003:1).

Nursing is the profession or practice of providing care for the sick and infirm (Oxford Dictionary of English, 2005). A professional nurse is a person who is registered by the South African Nursing Council in terms of the Nursing Act (33 of 2005), after receiving education and training at an accredited nursing education institution and has complied with the prescribed educational requirements of the programme for professional nurses (South African Government, 2013, R174: 2(a)).

For the purpose of this research, a study abroad nursing student will refer to a student that is registered or enrolled at an HEI, in pursuit of educational activities (theoretical scholarship or experiential learning) as part of their education as nurses, that do not reside in the country they are visiting, is a non-immigrating person, and visiting for less than 3 months on a visitor’s visa (not a study permit-visa).

All non-South African nurses/student nurses that participate in study abroad programmes require limited registration at the South African Nursing Council to enable them to participate in a ‘hands on’ experiential nursing experience. These nurses are required to return to their country of origin on completion of the study abroad programme.

1.8.7. Higher Education Institution (HEI)

For the purpose of this research study, a HEI refers to an institution that provides higher education on a full-time or part-time basis and which is established and is declared as a
public Higher Education Institution under the Higher Education Act (101 of 1997) in South Africa or the equivalent in the visiting institution.

1.8.8. Faculty Members

A faculty member is a group of university departments concerned with a major division of knowledge, someone who teaches a subject or does research, or a member of a particular profession (Oxford Dictionary of English, 2005). For the purpose of this research study, a faculty member will refer to an employee (educator) of an HEI that is associated with and teaches nurses in the Department of Nursing Science and is licenced to practice nursing in terms of their regulatory body.

1.8.9. Expectations

Brown (1993a:885) defines expectations as anticipations of the perceived probability of an event or happening. In other words, expectations are a future orientated prospect of an assumed event or happening to look forward to (Brown, 1993a:885). In the context of this study, an expectation will refer to the preconceived ideas/assumptions international nursing participants have of the anticipated experience they will have during their study abroad programme. It will also be the preconceived ideas that faculty members have in terms of the study abroad programme. This concept will be discussed further in Chapter Five, Section 5.6.2.

1.9. Philosophical Assumptions and Interpretive Framework

Researchers bring certain personal and professional beliefs and philosophical assumptions to research due to their concept of self, socialization, and education. Some assumptions influence the researcher’s decisions and should therefore be made known to the reader.

1.9.1. Philosophical Assumptions

According to Burns and Grove (2009:53, 712) each type of qualitative research is guided by a particular philosophical stance. These beliefs are called paradigms, philosophical assumptions, epistemologies, ontologies, broadly conceived methodologies, and alternative knowledge claims (Creswell, 2013:19-20). The beliefs (philosophical assumptions) revolve around ontology (nature of reality or ‘being’), epistemology (what counts as knowledge and
how knowledge claims are justified), axiology (the role of values in research), and methodology (the process of research) (Creswell, 2013:20; Mouton, 2006:8, 37, 46-47).

1.9.1.1. Ontological Assumptions

In qualitative research, ontological assumptions relate to the nature of reality and its characteristics. The researcher, participant, and reader embrace multiple realities (Creswell, 2013:20). The qualitative researcher sets out to report on the different realities which are expressed in different forms of evidence in themes using the actual words of different participants and presenting different perspectives, for instance, how participants view their experiences differently (Creswell, 2013:20). Botma, Greeff, Mulaudsi and Wright (2010:288) state that qualitative researchers believe that people construct their own reality through their experiences (ontological perspective). In this research study, the researcher will report on the context from which the students come and where they do their study abroad programme. The different experiences of the students (their realities) will also be reported. The researcher will create the standards (new knowledge) that approximate as closely as possible to the external reality (scientific realism) of the context of the study (Barnett-Page, 2009:5).

1.9.1.2. Epistemological Assumptions

In the Oxford Dictionary of English (2005), epistemology is described as the theory of knowledge, especially with regard to its methods, validity, scope, and the distinction between justified belief and opinion. Epistemology is what and how someone knows and can explain phenomena using principles and rules (Chinn & Kramer, 2011:132). Knowledge of a discipline like nursing is knowledge that has been collectively judged by standards and is shared by its members and regarded as a valid, accurate understanding of elements and features that comprise the discipline (Chinn & Kramer, 2011:4-5). Botma, et al. (2010:288) state that knowledge is developed by interacting with people and that people then construct their own meaning of the experience (epistemological perspective). When conducting a qualitative inquiry, the researcher gets as close as possible to the participants (where they are at) for as long as possible to assemble subjective evidence of people’s real experiences (Creswell, 2013:20). In this study, the researcher will utilize prolonged engagement and formal and informal discussion with different groups and individuals to triangulate the data before reporting the findings. The researcher will also provide evidence of the participants’ interpretations of their expectations and experiences by providing verbatim quotations from
the interviews. The researcher will create standards founded in the study results which include the participant experiences (Barnett-Page and Thomas, 2009:5).

1.9.1.3. Axiological Assumptions

All researchers bring their values to research, but the qualitative researchers make these values known in a study. The researcher admits to the value-laden nature of the study (also of the results) and admits to biases (Creswell, 2013:20). The researcher’s meta-theoretical assumptions will be explained below in Section 1.9.2.2.

1.9.1.4. Methodological Assumptions

In qualitative research, the researcher uses inductive logic, studies the topic, and uses an emergent design. The logic that the researcher follows is from the ground up rather than from a theory or from the perspective of the researcher. The study is therefore more fluid as questions or data collection strategies can change in the middle of a study to reflect a better understanding of the problem. Once analysis of the data is done, the researcher develops an increasingly detailed knowledge of the topic (inductive process) (Creswell, 2013:20). The researcher will use logical inductive reasoning and analysis to synthesize newly conceptualized information.

1.9.2. Interpretive Framework

Not all studies state their philosophical assumptions, but each study has its own interpretive framework depending on the intent of the research (Creswell, 2013:35). Creswell (2013:22-37) identifies a number of interpretive frameworks such as postpositivism, social constructivism, transformative frameworks, postmodern perspectives, pragmatism, feminist theories, critical theory and critical race theory, queer theory, and disability theories.

The interpretive framework of this study is mostly grounded in social constructivism in which multiple realities are constructed through experiences and interactions with others. The researcher’s and participants’ realities are co-constructed between the researcher and participant and shaped by the individual experience of each participant. The values of all the individuals are esteemed and honoured. An inductive method of inquiry will be used to obtain emergent ideas by interviewing participants, and analysing the data into themes which will then be discussed. All inferences and theory (knowledge) development will be firmly ‘grounded’ in the data.
1.9.2.1. Theoretical Paradigms and Perspectives

The researcher brings to the inquiry certain theories, paradigms, and perspectives, and a basic set of beliefs that guide their actions (Creswell, 2013:18). Denscombe (2010b:118) views a paradigm as a “Particular way of viewing a phenomenon in the world”. A paradigm can be described as a theoretical model or conceptual framework for observation and understanding something and it shapes both what we see and how we understand it. These theories or paradigms often reflect the nature of the professional discourse (accepted shared knowledge) and is demonstrated in certain logical assertions (cognitions or attitudes) and behaviours. According to Babbie and Mouton (2008:645) and Burns and Grove (2009:53) a paradigm refers to an accepted tradition and set of beliefs and values that guide our research, and is demonstrated in the presentation of the research problem, as well as the methods and analysis used by the researcher.

The researcher’s own beliefs and philosophical assumptions will, however, influence the decisions made regarding the research, for instance, selection of the research questions or the research method, and should consequently be stated (Botma, et al., 2010:41).

The researcher’s paradigm has been strongly influenced by the Nursing Accompaniment Theory of Professor W.J. Kotzé. The Nursing Accompaniment Theory of Kotzé is built around axiological (philosophical), anthropological (human science which is humans as physical, psyche and spiritual beings), technologic (scientific principles), and agogic fundamentals (accompaniment fundamentals). Chapter Five, Section 5.5.1 will refer to the above mentioned fundamentals again.

Kotzé’s (1998:3-4) theory has four meta-theoretical dimensions: man (human being) as a unitary, multidimensional being; the world in which the human being find himself but also his/her internal world; health which is the state of wellness and disease and the degree to which the human can maintain himself, and the nurse that provides an interpersonal comprehensive service to mankind in all stages of life. Accompaniment is the essence of nursing in as much as it is concerned with the care, support and guidance provided by the person accompanying (‘going with’) the patient or in this case the student (accompanee). Please see Chapter Four, Section 4.3.5 for further clarification. According to Kotzé (1998:10) accompaniment has four observable and essential structures (elements) which are: relationship structures; course structures; actualization structures; and goal structures. The relationship structure is based on the assumption that the sense of security is a prerequisite for successful accompaniment. Recognition and understanding, and trust and
acceptance of authority underpin the building and sustenance of the relationships (Kotzé, 1998:10-12). The course structures are dynamic because of the degree of dependence of the accompanee and is built on the association relationship of togetherness, the meeting or engagement relationship in which problems are identified and possible solutions are found, an intervention relationship where the accompanist takes distance to assess the data and situation objectively, and then intervenes to help and support the accompanee, and the return and association relationship as described above, but where the accompanist periodically leaves the relationship (Kotzé, 1998:10-12). The actualization structures are built around the scientific approach in nursing interventions (nursing process) (Kotzé, 1998:10-12). This could include aspects such as the preparedness of the accompanist (in this case the HEI coordinator or mentor), their expectations, the assistance and guidance they are able to give the accompanee, and then the degree to which separation from the accompanee is possible as the accompanee becomes independent again (Kotzé, 1998:10-12). For the accompanee, actualization structures also include aspects such as their expectations of the accompanist, the perception of their own role and responsibility, their willingness and acceptance of the support and guidance that can be given by the accompanist, and then the degree to which independence can be reached (Kotzé, 1998:10-12). Accompaniment is the means in which the previously mentioned structures are realized and in which both parties are active participants (interactional dynamic process) and the degree of accompaniment matches the need of the accompanee to move from dependence to interdependence (Kotzé, 1998:10-11). The theorist believes that the change in the life world of the accompanee brings about a conflict in their own life world and creates the need to investigate and entertain new relationships and experiences in order to re-establish and restore the harmony into the accompanee’s relationship with the world, time, and fellow beings (Kotzé, 1998:10-12). The balance is restored by means of personalized co-operation between the accompanist and accompanee in which mutual understanding, trust, and recognition of authority transpires, in a conducive environment (Kotzé, 1998:10-12). The goal structures are based on the realization of the goals that need to be reached during the accompaniment. The goal structures include the new relationships that are built, the acceptance of the changes that need to take place, the realistic self-assessment, and emotional or spiritual maturity that the process brings (Kotzé, 1998:12-13).

1.9.2.2. The Researcher’s Meta-theoretical Assumptions

According to Botes (1995:9), the meta-theoretical assumptions are based on the researcher’s view of the world and society. Polit and Beck (2008:530) therefore suggest that
analysis should be done of the theoretical underpinnings on which the study is grounded. The researcher’s beliefs will therefore be stated.

The researcher views people (human beings) as living whole beings (physical, social, emotional, spiritual, and metaphysical) within the context of their own unique reality, and independent of their environment, but also dependant and interdependent of the reality of their physical, inter-personal, socio-cultural, economic, and political environment. People are dynamic beings who influence their environment but who are also influenced by themselves (their thoughts) and learn from their environment, meaning people, situations, and circumstances and their physical and internal environment. This internal influence/reaction is unique and independent of what others think or say. People bring who they are into the new environment, their values and beliefs, and their frame of reference meaning their past and present learning, understanding and response to/of the world that they have been and are living in e.g. their culture. The researcher also believes that people have an inherent stability and equilibrium which is self-regulating, dynamic, and interdependent (all at the same time). The degree of disequilibrium between what people know and the reality (environment as discussed above) stimulates or necessitates people to learn - to accept or reject the change that is necessary to reach equilibrium again. The researcher believes that people are inherently good and want to be/do good, and that they want to live in a symbiotic relationship with themselves and their world (environment) and the people who comes into contact with them.

The researcher views a nurse to be a person, that has a desire to do good, and to help, care for, protect, and support others when they are in need (mostly, but not only people). These people (nurses) have a need to demonstrate their caring/love for others and are prepared to sacrifice their time, efforts, and personal needs to do so. The researcher believes that nurses base their practice on scientific knowledge, inherent feelings, and a knowingness of appropriateness, and that they must demonstrate a certain amount of skill in doing so. The researcher also believes that the nurse is committed to the care of others, meaning that they will preserve life, but also improve the quality of people’s lives and circumstances where they can, given the unique situations and circumstances in which they find themselves. Nurses are proactive and reactive in their conduct, and utilize all their senses and abilities (unique knowledge, skill set and experience, extraordinary communication, and interpersonal skills) in terms of the Nursing Act (33 of 2005:Section 30). The researcher believes that the nurse brings their unique self, with their frame of reference (culture, norms, value and belief system) to their workplace/environment and influences others, and is influenced by their surroundings, interactions with other beings, and circumstances and interprets the
information in their own unique way. This influence (the amount and degree of change/transformation) is ‘regulated’ by their unique perception and choice, equilibrium at the time of the interaction, the professional environment and culture in which they find themselves, and the expertise and experience of the particular nurse.

The researcher’s opinion about the environment is that a person finds himself/herself in an internal and external environment simultaneously. The internal environment is made up of a person’s physical and non-physical self (matter and non-matter and the space in-between) and is unique to the person, and demonstrates his/her past and present reality and his/her perception of it and reaction/learning towards/from it. This internal environment is a dynamic environment influenced by physical (internal and external) and emotional triggers as well as spiritual, metaphysical (non-defined), and social influences.

There is an interface between the internal and external environment of a person, and the quality and quantity of the energy at that interface, and the perception of the receiver determines the reaction towards that interface, meaning the internal reaction as well as the external reaction. A person does, however, influence his/her reaction to the environment by choice. A person can also allow himself or herself to be defined/characterized by his/her environment. The external environment is that which surrounds a person, and can take many forms, for example, spiritual or physical form. There is a fusion into the environment or a degree of interaction to it, as his/her perception of the circumstances that surround him/her change. The external environment is also dynamic and there are extraneous energies that are constantly interacting with each other and with a person. There is a natural ebb and flow in this environment that is routine (in which a person seeks/commands equilibrium). The intensity of the environment, for example, exposure to other traditions, knowledge or culture, can be regulated or stimulated by extraneous forces (a teacher) decreased or strained, to change the degree of influence it has on the person (meaning it influences/shapes their behaviour, thought patterns, emotional and spiritual being). A person cannot be outside of an environment, but he/she can distance himself or herself from it if the tension field between the internal and external forces are perceived to be untenable.

Therefore, the researcher believes that an international nursing student is a multidimensional person within a given environment. The international nursing student has already identified that there is disequilibrium in their learning/existence and has travelled to South Africa to retain a level of ‘stability’. The international student has come (by choice) to place himself or herself in a different environment where there is a large tension field between the known and unknown (culture, traditions, norms, values, beliefs, nursing knowledge, and skill) and is
prepared to be influenced by this environment, be it people, circumstances, or the knowledge deficit. The study abroad students bring with them their own culture and frame of reference, and will therefore undergo a unique quantity, quality, or nature of change depending on their perceptions of their own tension field and their need to regain equilibrium. The change can take place on physical, social, emotional, spiritual, and metaphysical levels.

The researcher therefore assumes that the international nursing student (a person still learning/studying to become a nurse) has made the choice to be exposed to a different environment (as discussed above) to bring about learning/change. The researcher also assumes that the student will be able to express the tension field between the internal and external environment that brought them to South Africa to gain this learning experience, in the form of their expectations. Furthermore, students would be expected to bring about, accept, or allow the change to take place by accepting the experiential learning process to take place (also accepting responsibility for the own learning, and accepting the authority of the accompanist), and again express the ‘change’ that has taken place in the form of their experience.

The researcher believes that the health care environment is a place or circumstance where a person or people find themselves when they are in need of health care. People are dynamic beings, and at times they find themselves depleted of their natural stability, self-regenerating energy, or equilibrium. It is in those circumstances that people needs care and help to regain their stability. They may need extraneous help/support, but if allowed to, they will probably heal by themselves. The health care providers (in this case nurses) are people present in the health care environment that uses their unique skill and knowledge to assess the deviation (internal and external environment), and supports or guides the person, or helps change the circumstances/environment to regain the stability that is sought/needed. The researcher therefore believes that the health care environment is the place where the study abroad nursing student takes part in their experiential learning and performs the functions of the nurse as prescribed in the health care environment.

In the opinion of the researcher, the HEI is the place where formal and informal teaching and learning takes place. The teaching and learning will influence and change people (they are there by choice) in so far as it equips them with appropriate, up-to-date knowledge and enables them to apply the principles in their practice (meaning it influences/shapes their behaviour, thought patterns, emotional, and spiritual being). Furthermore, the HEI is a place where experimentation can take place within a safe and controlled environment which will enhance/develop and test the body of knowledge about the universe and everything in it.
The institution will provide the student with recognition of such learning by bestowing upon them a degree, as long as that learning has been at a pre-determined significant level.

1.10. Research Design and Method

According to Burns and Grove (2009:236) “A research design is a blueprint for conducting a study that maximises control over factors that could interfere with the validity of the findings”. In qualitative research many techniques can be used such as descriptive designs, comparative designs, time dimensional designs, or case study designs (Burns & Grove, 2009: 240-244).

The research method refers to how a study will be conducted in order to generate truthful knowledge using objective methods and procedures to attain validity (Mouton, 2006:35). This study is a qualitative, exploratory, contextual, descriptive study involving a thematic synthesis analysis (Thomas and Harden, 2008). Initially, a study of the context (macro-, meso- and micro) of study abroad programmes in nursing will be conducted and descriptive themes will be developed. Thereafter, a qualitative study using focus groups and interviews to ascertain the expectations, experiences, and suggestions of study abroad students and their faculty members related to study abroad programmes, will be conducted. The data will then be analysed and descriptive themes developed. Thereafter, standards will be developed utilizing both sets of data and suggestions will be made to operationalize the standards. The methodology will be described in detail in Chapter Two.

1.11. Chapters in the Study

The research study is presented in six chapters and will be formatted as follows:

Chapter One: Introduction to the study
Chapter Two: Research design and method
Chapter Three: Context of the study (Phase one)
Chapter Four: Discussion of qualitative research results and literature control (Phase two)
Chapter Five: Development of standards to facilitate optimal experiences of short-term study abroad nursing students at a HEI (Phase three)
Chapter Six: Conclusions, limitations and recommendations
1.12. Conclusion

This chapter provided the rationale and introduction to the study. The research problem was stated and the study objectives posed. The philosophical assumptions and interpretive framework were also presented. A short description of the research design and method was provided and mention was made of the study population and means of data collection. The next chapter will discuss the research design and method in detail.
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CHAPTER TWO: RESEARCH DESIGN AND METHOD

“Our moment in time includes an increasing emphasis on the internationalization of science: its methods and design across disciplines and national interests, its assessment and measurement, the breadth of its audience and applications, the belief systems in which assumptions are rooted”
(Neal King, 2013:1).

2.1. Introduction

The main function of the research design was to enable the researcher to anticipate research decisions to maximise the validity of the eventual results (Mouton 2006:108). The researcher’s interest was to develop standards to facilitate optimal experiences of short-term study abroad nursing students, within the given context by utilizing first-hand data obtained from students and host and visiting faculty members in conjunction with the information gathered from the context analysis.

2.2. Research Design

According to Denscombe (2010b:iix, 100), the research design is the blueprint for the research that specifies the key components of the research, how they fit together, and how they will produce the appropriate information to answer the research question. It therefore stands to reason that a research design should be coherent and fit the purpose of the research. Mouton (2006:x) states that a well-defined research design is a precondition for any study and follows logically from a research problem. The design also maximizes the control over factors that could interfere with a study’s desired outcomes (Burns & Grove, 2009:41). The researcher selected a qualitative design in which exploration, contextualization, and description took place. The research was planned in three phases, which will be described separately.

2.2.1. Qualitative Research

In qualitative research the choice of the research method is informed by a theoretical design which provides a framework for the research as discussed in Chapter One in the paradigmatic approach section and in the section above. Naturalistic methods in qualitative
research utilize inquiry that deals with the issues of human complexity by exploring it directly. Researchers in this tradition emphasize the inherent depth of individuals and their ability to shape and create their own experiences and in which the idea of truth is a composite of their reality. The naturalist investigation therefore examines the human experience (holistically) using qualitative materials for data collection and analysis, for example, narratives or in-depth interviews in an attempt to elicit the meaning of the experience. Flexible and evolving procedures are used to capitalize on findings during the course of the study and the inquiry is usually done in the natural setting for an extended period of time. The inductive process begins by gathering data (Bowling, 2009:128). Collection and analysis of information typically progress concurrently and as information becomes available new questions emerge; thus new inquiries are made to amplify, confirm, or clarify insights. Description of phenomena or theory development is then also done utilizing the inductive process (Polit & Beck, 2010:17-18,22; Moule & Goodman, 2009:205-206; Pope, Mays & Popay, 2007:72-73).

The qualitative design therefore best suited the goal of the study, which was to explore poorly understood aspects of study abroad programmes, to provide a rich description of the phenomena (which in this case was the expectations and experiences of the international nursing students and faculty members), and the context within which such programmes operate. The contribution to the body of knowledge was the standards and accompanying strategies that were developed for a Higher Education Institution.

2.2.1.1. Exploratory Research

Exploratory research is very valuable to social research as it breaks new ground and yields new insights into phenomena. Qualitative exploratory research leads to a better understanding, insight, and comprehension of a phenomenon. It is not easily replicated or used for generalization because there is often a small sample size; it is very specific regarding the sample or phenomenon under investigation; and is contextually bound. Exploratory research begins with a phenomenon of interest; the researcher then investigates the full nature of the phenomena, the manner in which it manifests, and other factors to which it is related, including potential factors that could be causing it. Researchers usually wield flexible and inductive strategies to create a holistic understanding of the content, relationship, and context of the phenomena. One of the strengths of exploratory research design is that the researcher can do interviews and return to the informants to clarify and verify information where there is still a lacuna in elucidated information (Polit & Beck, 2010:22). Please see Chapter One, Section 1.4.
If international nursing students are regarded as the customers of HEIs and the goal is to improve customer focus and ensure customer satisfaction, the providers of such programmes have to be aware of the student’s expectations on arrival (what they want to experience or think they are going to experience) as well as their experiences at the end of their study visit, in order to provide a better service to the ‘customer’.

The goal of the study was not to conduct a customer satisfaction survey, but to gain new knowledge and insight into international nursing students’ expectations and ‘quality’ of the actual experience (through their eyes) during their stay in order to develop formal management standards and strategies to facilitate and optimize their experiences. No formal inquiry had previously been done in the Department of Nursing Science at the HEI regarding the topic.

There was also no formal uniform documentation (policy) regarding the roles and responsibilities of the lecturers coordinating the programmes for the international nursing students at the HEI where the study took place. It was therefore necessary to explore their functions in order to formalize the management of study abroad programmes. The challenges mentioned in Chapter One, Section 1.4, also needed to be highlighted so that they could be dealt with and taken into consideration when developing the standards and strategies to optimize the processes mentioned above, as these processes influence the experience of the international nursing students.

A number of studies regarding the experiences of international students for overseas countries were found by the researcher. A paucity of research was found with reference to short-term study abroad students or short-term study abroad nursing students, in particular study abroad nursing students coming to or going out of South Africa for short-term study abroad programmes. A scarcity of research pertaining to the expectations of the students both internationally and nationally was also established. The exploratory research design was therefore befitting of this study.

2.2.1.2. Contextual Research

The phenomenon of globalization means that most local events are embedded in larger networks and social relations, and cannot escape the influence of the broader context. Conversely, local events are increasingly influencing global trends. This is especially true in the case of science. Indeed, international electronic networks promote immediate scientific communication or research findings, but also alert global communities about any dangers,
for example, H1N1 Swine flu pandemic in 2009. Therefore, in scientific enquiry, there is no point in discussing techniques and methods in a vacuum because the circumstances can determine the sample, the collection method, and how inferences can be drawn from the data (Mouton, 2006:37). The qualitative researcher argues that a phenomenon cannot be truly understood if the context is not taken into account.

The aim of the qualitative researcher is therefore to describe and understand events within the concrete, natural context in which they occur (Babbie & Mouton, 2008:272). The reader, as opposed to the researcher, has little understanding of the participants or phenomena under study unless an explanation of the environment is sketched, that is, the reality of the participant. Generalizations or inferences from qualitative studies are problematic unless the milieu can be shown to be similar. The need to supply contextual information therefore rests on the premise that the reader of research should be supplied sufficient information so that in principle the study could be reproduced – even though it should be recognized that any attempt to do so will face substantial, probably insurmountable difficulties (Denscombe, 2010b:162).

The concept of contextualism is closely linked to holism as it emphasizes the various macro and micro contexts of the individual and how these contexts dynamically interact with one another (Struwig & Stead, 2007:12). The researcher decided not to utilize a case study design for the study because the study abroad phenomenon was broader than just the one HEI. It was therefore necessary to include aspects of the affiliated international HEIs, for instance, the roles of the faculty members in their organizations. Different sources of information were also needed to contextualize the study and to build an international argumentative base for the development of the standards. The researcher therefore elected to utilize a contextual design to ‘paint the picture’ for the reader. Chapter Three in its entirety was therefore designated to the contextualization of this research study.

### 2.2.1.3. Descriptive Research

Many qualitative studies aim primarily at the description of phenomena (Babbie & Mouton, 2008:81). The purpose of non-experimental descriptive studies is to observe, describe, classify, and document aspects of a situation as it naturally occurs and can be used to serve as a starting point for theory development (Polit & Beck, 2008:274). The aim is to provide or present the picture of what the real situation is and to give a detailed account of events or situations and categorize information (Denscombe, 2010b:10; Burns & Grove, 2009:25). With descriptive research, variables are not manipulated and there is no intervention and the
relationship between the variables presents a holistic view of the phenomenon being examined. In descriptive qualitative research, interviews are often used for data collection purposes because during an interview the participant describes their experience and in doing so helps the researcher understand the experience from the participant’s point of view (Greeff, 2010:287), as was the case in this study.

Experiences of people are diverse and complex and differ from context to context. The descriptive design was not only chosen to facilitate the understanding of the experiences of the international nursing students and faculty, but also to illuminate the complexities of the processes and systems pertaining to the international nursing students’ study abroad programmes, that is, the stakeholders and regulatory processes involved, health care environments, and the departments within the HEI in which the students participated in their short-term study abroad programmes.

2.3. Research Method

The research design directs the research method and the research methods are the techniques researchers use to operationalize (gather and analyse relevant information) the research. The chosen paradigm has strong implications for the research method as it focuses on different ontological (the nature of the reality), epistemological (the relationship between the researcher and the participant), axiological (the role of values in the inquiry), and methodological (how is evidence best obtained) assumptions (Polit & Beck, 2008:15).

2.3.1 The Research Setting

This study mainly took place at a HEI in the Eastern Cape, South Africa, but also included Nursing Schools from the HEI’s main international partner institutions in the USA and Norway. The nursing schools involved represented two developed countries and one developing country. Furthermore, two of the schools were involved in sending and hosting study abroad students, while the other school only sent students abroad, and did not host any international students. Faculty members from the participating South African and American HEIs were involved in the study; however, the faculty members from Norway’s HEI do not accompany their students during their study abroad programmes, and thus were not involved in the study.
2.3.2. The Research Process Map

The research process in this study consisted of three phases. A map of the process (Figure 2.1) is included for the benefit of the reader.

Figure 2.1 Map of the research process undertaken in this study

2.3.3. Phase One: Contextual Investigation and Development of the Descriptive Themes

In Phase One, a contextual (situational) investigation was done to describe the context (circumstances that form the setting and gives it meaning (Business dictionary)) in which study abroad programmes take place in an HEI (globally, internationally, nationally and locally). Please see Chapter Three, Section 3.1, for more clarification of the terms context and situational analysis. The aim of this contextual investigation was to describe the context and systems from which the study abroad students came and that to which they went, in order to develop descriptive themes that were fundamental to the standards development that took place and described in Chapter Five. Informal interviews were conducted with the
relevant stakeholders, for example, persons from the Offices for International Education, and
literature and documents were consulted to gain a deeper understanding of the context and
to achieve the aforementioned aim. Documents included official documents from the HEI
(policies, published books, and articles), legislation for instance the Immigration Act, other
relevant documents (series from colloquia), and internet sources (statistics). The context
was described in the first instance and then the information was analysed and descriptive
themes synthesized (Thomas & Harden, 2008). Please see Chapter Three, Section 3.6, for
the process of theme development.

Chapter Three of this research thesis was allotted to the context of the study. The
description and discussion was centred around the following:

**Macro level:**
Globalization and internationalization and how these phenomena relate to higher education
health systems and nursing.

**Meso Level:**
The three countries (South Africa, USA, and Norway) that were included in the study. South
Africa was assumed to be an example of a developing country, while America and Norway
were considered examples of developed countries. Facts and relevant information that
related to these three countries was discussed in terms of the following:

- General governance
- Legislation
- Higher education
- Health care sector
- Nursing

**Micro Level:**
The South African HEI’s policies and practices were described as an example of the
management of study abroad programmes. The main policies and procedures and
administrative processes pertaining to the planning and organization of these programmes
were included in the discussion in Chapter Three. The roles and responsibilities of the
lecturers that pertain to study abroad programmes were discussed in Chapter Four under
the data collected.
2.3.4. Phase Two: Qualitative Data Collection

Phase Two consisted of data collection from participants of the study. Data collection is deemed critically important to the success and quality of a research study, and to the accuracy of the conclusions (Brink, 2008:141). Brink (2008:11) draws attention to the fact that in qualitative research sustained interaction with research participants in their own language and on their own turf is preferable. Thus, the research was undertaken in the natural setting of the HEI because the study abroad students became part of the student body of the HEI during their stay at the host university and they participated in their experiential learning in the clinical placement areas along with the local students.

In this phase of the study, information was gathered by utilizing first-person accounts of expectations and experiences in formal semi-structured individual interviews with faculty members and focus group interviews with students. Interviews were conducted until data saturation was reached.

2.3.4.1. Research Population

According to Polit and Hungler (1993:173) “A population is the entire aggregation of cases that meets a designated set of criteria”. Burns and Grove (2009:42) state that the research population has all the elements, for example, individuals that meet the criteria for inclusion into the generalized population. The research populations in this study comprised of all nursing students that participate in study abroad programmes (host and affiliated universities abroad) and faculty members from the host and visiting universities that work in/with study abroad programmes or students.

2.3.4.1.1. Sample

Burns and Grove (2009:42) state that a sample is a subset of the accessible population that is selected for a particular study. There are two basic types of sampling – probability and non-probability sampling. In probability sampling the researcher can calculate the probability of a subject (person or element) being included in the sample and in non-probability sampling the researcher cannot estimate the chance that a person has to be included in a study (Botma, et al., 2010:125) In this study, non-probability sampling was used. Convenience sampling is used when participants are not selected, but rather included in the study because they happen to be in the right place at the right time (Burns & Grove, 2009:353). Convenience sampling was used in this study because it is not always known
how many international groups will come to the Department of Nursing Science at the HEI in a year, which university will come and what the constitution of the group will be when they arrive. There is no rule in sample size in qualitative research - it is usually determined by the informational needs, that is, until saturation of the data is reached (Polit & Beck, 2010:321).

It was therefore convenient to include all study abroad nursing students that participated in the short-term study abroad programmes in the sample until data saturation was reached. The short-term study abroad programmes are offered throughout the year and participating HEIs have a choice in when they would like to visit. The visiting HEI (in collaboration with the host HEI) determine the maximum group size. All faculty members who accompanied the nursing students to South Africa, and all faculty members that participated or arranged study abroad programmes in the Department of Nursing Science at the HEI (where the study was done) were included. All the South African nursing students that had participated in a short-term study abroad programme were included in the study. All faculty members in the Department of Nursing Science at the HEI were also included in the study. Each faculty member is assigned an international university (or more than one) that is interested in sending a group or does send groups of students or faculty members to South Africa, by the Head of the Department of Nursing Science at the HEI. All clinical mentors appointed for the specific purpose of accompanying groups of study abroad students in clinical areas by the Department of Nursing Science at the HEI were included. The timeframe of this study was determined by the arrival of the first international group after ethical clearance for the study had been received and the end of the study period was determined by the saturation of the data.

**Inclusion Criteria:**

The following persons were included in Phase Two of this study:

**Short-term study abroad nursing students:**

The groups consisted of:

- Groups One and Two: Included all visiting Norwegian (Group One) and American (Group Two) study abroad nursing students that agreed to participate in the study. All students had to be visiting (non-resident), undergraduate study abroad nursing students, that did not require a study visa/permit in South Africa, and were enrolled/registered at the HEI for a specific short course (non-credit earning course) in nursing. There is a specific module code for which the students register at the HEI. Please see Chapter One, Section 1.8.5, with reference to the Immigration Act.
The students had to have limited registration at the South African Nursing Council for the specific educational experience, and their study period had to be less than three months. Please see Chapter One, Section 1.8.6, regarding the limited registration in the Nursing Act (33 of 2005). Only students older than 18 years of age were included in the study.

- **Group Three:** Included South African undergraduate nursing students from the HEI under study that had visited another country for less than three months, for a study abroad experience as a non-resident, and that enrolled for a non-credit earning nursing programme in the host country on a visitor’s visa during 2009 and 2010. Only students older than 18 years of age were included.

**Faculty members:**

The groups consisted of:

- **Group Four:** All visiting faculty members that accompanied the study abroad nursing students on their visits to the South African HEI within the timeframe of the study.

- **Group Five:** Host faculty members employed (full-time or part-time) at the HEI in South Africa, in the Department of Nursing Science. The individuals that were included in the study were faculty members who were or had been coordinators for a group or groups of short-term study abroad nursing students, or study abroad programmes, more than once.

- **Group Six:** Clinical mentors (registered professional nurses) appointed by the HEI for the specific purpose of accompanying the groups of visiting students to clinical placement areas, during the time frame of the study were included. Only individuals who had accompanied at least one previous short-term study abroad group were included in the study.

### 2.3.4.2. Data Collection Methods

Researchers gather, observe, measure, and record data using specific techniques in order to answer the research question (Moule & Goodman, 2009: 288). The researcher has to decide which data collection method will best suit the study and yield the best results given
the time, resources, and circumstances. Every method has its advantages and disadvantages and this has to be considered before the final decision is made. The degree of structure that the interview had directly affected the amount of control the researcher wished to exert over the research situation. Control therefore involves imposing conditions on the research situation to minimize bias and maximize precision and validity (Polit & Beck, 2008:17).

Two formal methods of data collection were selected and used in the study - semi-structured interviews with individual faculty members, and focus group interviews with groups of students.

2.3.4.2.1. Semi-structured Interviews

Mason (2004:1021) indicates that the defining features of semi-structured interviews are their flexible, fluid structure and their fairly open framework which allows for conversation and two-way communication. Such interviews allow the researcher to follow up particular areas and allows for further investigation (interactive, reflexive, constructive approach) during individual interviews, taking the responses and circumstances into account (Lewis-Beck, Bryman and Liao, 2004:1021; Kvale, 1996:2). Burns and Grove (2009:404) state that semi-structured interviews are verbal interactions with subjects that allow the researcher to exercise an amount of control over the content of the interview to obtain essential data for a study. The researcher elected to use this method as the intention was to collect rich data from participants and to ensure that questions specific to the objectives of the study were answered. In addition, this method allows the participant to speak freely and to give their own account (understanding and interpretations) of their experiences.

There are times when people outside the research team may be used for interviewing, but it is necessary to ensure that the data is being gathered in the same way (Brink, 2008:143). In this study, the researcher was the primary interviewer. Only one individual interviews (with a clinical mentor) were conducted by a substitute interviewer (for a logistical reason), but an experienced researcher was used for the task. The interview questions and process was discussed (and a hardcopy provided) with/to the substitute interviewer prior to the interviews to ensure reliability. The decision to use the substitute and the particular substitute was taken after discussion with the promoters of the study.
2.3.4.2.2. Focus Group Interviews

Focus groups “are a potent means of collecting qualitative health-related data, especially that which is concerned with perceptions, values and beliefs” (Basset, 2004:6). Focus groups are particularly useful as they reveal insights that individual interviews would not, because the participants share information, generate new ideas, and consider a range of views during the group interaction before answering the researcher’s questions (Brink, 2008:15). The researcher elected to utilize focus group interviews as she collected data from the study abroad students just after their arrival (entrance interview - during orientation) and there was a potential that they would feel ‘threatened’ by in-depth interviews or other forms of data collection at this stage, which could have jeopardized the reliability of the study. The focus group was also selected as the method of choice for data collection because the researcher wanted to establish the true expectations of the students, which meant that the interview had to be done before or during the orientation programme. In addition, focus groups were selected as the data collection method of choice because more respondents’ opinions can be sought at the same time, while individual interviews would take away the time from the study abroad programme. However, the disadvantage of utilizing focus groups was that confidentiality could not be guaranteed, but because the students in the particular groups were all involved, there was no one to share the information with. In a focus group, the interviewer is the moderator that guides the discussion according the topic guide or question list to stimulate the group discussion, and manages the group dynamics (Polit & Beck, 2010:341; Bowling, 2009:425). There were no incidents of conflict in the groups or any disrespectful behaviour during any of the interviews with the visiting study abroad students. After the interviews, the students seemed comfortable and engaged in informal discussion between themselves and with the interviewer.

Although there are no hard and fast rules for the number of participants in a focus group, Merriam (2009: 94) and Polit and Beck (2010:31) suggest utilizing a group of six to ten participants, and preferably people that are strangers to each other. The groups were limited to eight participants and the focus groups were homogenous. Even though some of the participants did not know each other, the visiting student groups were all from the same culture and environment. The South African groups were, however, not culturally homogenous.

The visiting student groups were interviewed twice - once on arrival to elicit their expectations, and at the end of their visit to record their experiences. The two South African
groups had already participated in their study abroad visit, so they were only interviewed once.

The researcher’s impression of the focus groups was that the members helped each other remember incidents (stimulate their thoughts) and also supported or disagreed with each other in a very natural way. The researcher also found that the interactive approach (shared experience) contributed towards the feeling of camaraderie between the group members which made the discussions easier.

It was also anticipated that some of the students would not be proficient in English, and that the focus group environment would assist them in their expression – which was in fact the case. The Norwegian students very often clarified concepts between each other and if a student had difficulty in expressing themselves the rest of the group would clarify the discussion for the sake of the researcher, for instance, if a student used a term in their home language.

The researcher also observed that the group dynamic was a factor that could influence the outcome of the focus group interview - there were students that were very vocal and some of the students were very quiet and the researcher did try to pull in those that were quiet by asking them if they had anything to add, but their active participation was not forced.

2.3.4.2.3. The Interview Process

The researcher spoke to the facilitator (visiting faculty member) the day before the focus groups to ask if they had any objections regarding the research being conducted on their students. The students were asked if they were willing to participate when they arrived at the Department of Nursing Science (with the facilitator in attendance). Appointments were made with all the faculty members, for a time and place that would suit them.

A comfortable, quiet, and private area was sought for the focus group and individual interviews. All interviews were conducted behind closed doors and only the interviewees and the interviewer was present. The researcher introduced herself and established a rapport with the individual or group of participants and explained the objectives of the research study. The researcher then asked the participants if they were willing to participate in the study. The researcher also established whether the participants all adhered to the inclusion criteria of the study. All the participants that agreed to participate in the study were asked to sign a consent form. Questions posed by the participants were answered honestly.
and comprehensively. After the introduction and setting ground rules for the focus groups, the researcher posed the research questions and facilitated the group conversation and group process. All interviews were recorded (digital recording), but only after permission was granted by the interviewees.

Recording devices may alter the behaviour or responses from participants (Moule & Goodman, 2009:293). The Hawthorn effect refers to the fact that participants change their behaviour to create a good impression because they know they are being studied (Botma, et al., 2010:86). However, using recording devices to capture interviews increases the reliability of the data collection and allows the researcher to attend to the interviewee without having to focus on writing down the information verbatim. Still, the recording has to allow for accurate transcription. In other words, attention to equipment and the environment will have a direct effect on the quality of the data transcription and analysis. To ensure reliability, audibility and clarity of the recordings in the focus group interviews, two digital recorders were used by the researcher. The groups were seated on either side of a long table, and there was a short distance between them. The researcher also used two devices in lieu of the fact that technical difficulties sometimes occur in such situations. Initially, the researcher noticed that the participants were a little uncomfortable with the recording device, but most of them soon forgot about it.

The researcher listened attentively to the participants and used prompts and probing questions in search of elaboration, meaning, or reasons in the discussion when necessary. The researcher allowed the participants to speak freely in a non-threatening environment to ensure that information was forthcoming. The interview continued until it was evident that the interviewee had no more information to provide. The researcher thanked the participants for their contribution. The visiting students were asked if the researcher could have another interview with them at the end of their study abroad programme (last day before final evaluation of the study abroad programme by the coordinator and Office for International Education) to which they all agreed. The second interview (exit interview) was done in exactly the same way as the first, except that the questions changed. On the last interview (Group Three only had one interview) the interviewees were thanked for their participation and asked if the researcher could contact them with further questions if necessary. All the participants agreed to the iterative process. They were then asked to supply the researcher with their email addresses so that she could contact them, should the need arise.

The researcher made field notes on reflection, directly after the interviews, which included observations, information that was not voiced during the recorded interviews, and
impressions of the interviews. The information was included as part of the data for analysis. Field notes are non-threatening to the respondent, and they are not beset with technical difficulties like recordings. Field notes allow for easy access when iteration is necessary and permit the researcher to record their own thoughts, feelings, comments and conjectures (Lincoln & Guba, 1985:241).

2.3.4.2.4. Data Collection Instruments

In interviews open-ended questions are usually used to give the participants the freedom to answer in their own words and to give their ideas (Struwig & Stead, 2007:92). The questions have to be at the level of the participant, be clear and understandable, and the construction of the question has to be carefully planned and related to the research design to/and elicit valid and rich data from the participant. Bowling (2009:282) states that language and auditory requirements also have to be met by both respondents (participants) and inquirers (researchers) during interviews.

Visiting Study Abroad Students: Group One and Two

Entrance interview:
The following questions were posed to the groups of visiting international nursing students, but free discussion was encouraged:

- What are your expectations regarding this learning experience?
- What do you expect us (the host HEI) to provide you with to enable this learning experience to be successful?

Exit Interview:
The following questions were posed to the visiting student groups at the exit interview, and free discussion was encouraged:

- How was this experience for you?
- What will you take away with you from this experience?
- To what extent was this experience in line with your expectations?
- What could have been done to make your learning experience more meaningful?

South African Students (Group Three) (only one interview):
The following questions were posed to the groups of South African nursing students that participated in their study abroad programmes, but free discussion was encouraged:

- What were your expectations regarding your overseas learning experience?
• What did you expect to be provided for you to enable the learning experience to be successful?
• How was the experience for you?
• What did you take away from the experience?
• To what extent was the experience in line with your expectations?
• What could have been done to make the learning experience more meaningful?

Group Four: Interview With Visiting Faculty Members (only one interview):
The visiting faculty members were asked the following questions:
• What is your role and responsibility at your university in terms of the international students?
• What were your expectations in terms of this study abroad programme for your students?
• What is your experience of international nursing students and their placements?
• What was good about this experience?
• What was not so good about this experience?
• What are the constraints that you experienced in terms of international nursing study abroad programmes?
• What are the possible solutions to the identified constraints?
• What can be done to optimize the experience of the international nursing students?

Group Five and Six: Interview with Host Faculty Members (only one interview):

The following questions were posed to the host faculty members, but free discussion was encouraged:
• What are your roles and responsibilities in the Department of Nursing Science in terms of the international students?
• What is your experience of international nursing students and their placements?
• What are the constraints that you experience in terms of international nursing study abroad programmes?
• What are the possible solutions to the identified constraints?
• What can be done to optimize the experience of the international nursing students?

The questions posed to the host faculty members were different to those posed to the visiting faculty members as their students (local HEIs students) were not travelling abroad (they had already returned). The question relating to their expectations of the study abroad
programmes was therefore excluded. The clinical mentors do not normally accompany students abroad.

2.3.4.3. Data Analysis and Reporting

In the qualitative design, data analysis primarily consists of narrative (non-numerical/non-quantifiable) methods (Polit & Beck, 2008:14; Walsh, 2001:7). Analysis is not a singular event, because it should start with the very first data collection in order to facilitate the emergent design and emergent structure of later data collection phases (Lincoln & Guba, 1985:242). Burns and Grove (2009:44) state that “Data analysis reduces, organizes and gives meaning to the data”. The research data needs to be processed and analysed in some systematic fashion so that trends and patterns of relationships can be detected (Brink, 2008:54). In qualitative research, an inductive reasoning approach is mostly used in which the researcher has interviews transcribed and immersion into the data takes place to interpret and understand the social world of the participant (Burns & Grove, 2005:547; Mouton, 2006:80). The transcription for the study was facilitated by using two recorders because when one recording was unintelligible the other one was used, for example, when students spoke simultaneously.

Data analysis begins with the transcription of the information. Thereafter, the data is coded. According to Flick (2009:370), coding has to be explicit and transparent. Prior to coding, the researcher should remove the names or identifying features of the content to ensure confidentiality and anonymity and to reduce the potential bias of the interpreter. In this study, the names of the institutions (when mentioned by the participants) were removed and the names of the participants (when mentioned by participants) were removed before the coding was done to adhere to the ethical principles of the study. An independent and experienced coder was used for this study.

There are many analytical approaches used in qualitative research, and each should serve a particular purpose in a specific project (Bold, 2012:134). As discussed in Chapter One, thematic synthesis was used in this study. Please see Figure 2.1 in this chapter for a summary. The goal of thematic synthesis is to formalize the identification and development of themes in order to have a transparent process and ensure quality in data analysis that could direct or inform practice (Thomas & Harden, 2008, Barnett-Page & Thomas, 2009).
In Phase One of the study, the goal of the thematic synthesis was to develop descriptive themes from the presented data in the context analysis. Please see Chapter Three, Section 3.6, for the process of theme development for Phase One.

The data from Phase Two of the study was analysed using a descriptive text analysis method as suggested by Tesch (1990:142-145). The researcher coded the verbatim transcripts (raw data) of the participants as follows:

- The researcher made sense of the whole by reading all the transcriptions carefully and making short notes.
- The documents were then analysed one at a time, and notes were written in the margin.
- After several documents were completed, a list of topics was established and similar ones were clustered together. Columns (in a table) were then drawn in which major topics, unique topics, and left overs were arranged.
- The researcher then went back to the data and abbreviated the topics as codes and wrote the codes next to the appropriate segments of the text to establish whether new categories or codes emerged.
- More descriptive wording for the topics was found and categories were created. The grouping of categories then took place which were arranged in a systematic, logical way.

The independent coder was given Tesch’s method of coding in writing and asked to code the data in the same way. After completion, a discussion took place between the independent coder and the researcher to establish if there was consensus regarding the themes. The promoter of the study was given a summary of the raw data and also verified the themes.

The findings were then reported. Please see Chapter Four for the results. The researcher had to do an in-depth analysis of the participants’ views, provide commentary, and interpret the research data in association with other research participants; otherwise the information given by the participants becomes anecdotal (Struwig & Stead, 2007:12). Thereafter, literature was used to explain the current phenomenon in terms of previous work in the area. Comparisons were made regarding the identified themes in previous studies and themes in the present study to verify the results. Verification of the other findings were done through a literature control to place the findings within the context of existing literature. Connections
were also made to further strengthen the present theoretical explanations (Burns & Grove, 2005:554).

In Phase Three of the study, theme synthesis analysis took place. Please see Chapter Five, Section 5.2.1, for the process that took place.

2.3.4.3.1. Measures to Ensure Authenticity and Trustworthiness

Authenticity means that something is based on facts and that it is accurate (Oxford Dictionary of English, 2005). Trustworthiness means that one is able to rely on someone or something and that it is honest or truthful (Oxford Dictionary of English, 2005). The naturalistic paradigm of inquiry has led to a demand for rigorous criteria that meet traditional standards of inquiry, and authenticity and trustworthiness were put forward as a measure of such standards (Lincoln & Guba, 1986:73). Rigour is the quality of being extremely thorough and careful or strict, demanding specific conditions (Oxford Dictionary of English, 2005). Rigour is described by Burns and Grove (2009:34) as excellence in research and involves discipline, order, scrupulous adherence to detail, and strict accuracy. Precision should be evident in the research, for instance, in the concise statement of the research purpose and design. Rigour ensures that the research process is scientific, thorough and strictly adhered to, ensuring that the results are believable, trustworthy, and credible. The research should also be conducted in an explicit and systematic way in relation to the design, data collection, analysis, and interpretation and the researcher should reduce and prevent sources of error and bias (Bowling, 2009:381). Rigour therefore has to be appraised in documentation, procedure, and ethics (Denscombe, 2010b:132). Lincoln and Guba (1985) (in Padgett, 2008:184) add that a trustworthy study is one that is carried out fairly, and whose findings represent as closely as possible the experience of the respondents. Lincoln and Guba’s model (in Morse & Field, 2002:118) identifies four general criteria of trustworthiness relevant to all research - truth value (credibility), applicability (transferability), consistency (dependability), and neutrality (confirmability).

The strategies used by the researcher to ensure trustworthiness included thick description, prolonged engagement, triangulation, peer review and member checking, independent transcription and coding, and by conducting a pilot study.
2.3.4.3.1.1. Credibility

Credibility corresponds with the notion of internal validity. Denzin, 1989 (cited in Babbie & Mouton, 2008:275 and Denscombe, 2010a:111) states that by combining methods, using multiple data sources and more than one investigator in the same study, observers can partially overcome the deficiencies/biases that flow from an investigator or method. The researcher used prolonged engagement over a period of three years to obtain data saturation in order to ensure credibility. Bracketing by the researcher and triangulation between the data obtained from students and faculty members were also used to increase credibility.

2.3.4.3.1.1. Bracketing

Reactivity can manifest in a variety of ways, for example, the participant may react differently just because they are being observed (Hawthorne effect), or they might react differently because they have knowledge of a study, or simply because they are subjects in a research project (Burns & Grove, 2009:36). The researcher could also react to the given situation depending on their own biases, values, experiences, or their place in time at that moment. Measures therefore have to be put in place to minimize the reactivity (Mouton, 2002:143).

Bracketing refers to the deliberate process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study. Although bracketing can never fully be achieved, researchers strive to bracket out their pre-suppositions in an effort to collect and present the data objectively. Bracketing is also an iterative process that involves preparing, evaluating, and providing systematic on-going feedback about the effectiveness of the bracketing (Polit & Beck, 2008:228). Gearing (2004:1433-1435) and Ahern (1999:408-10) provide the researcher with some guidance regarding the bracketing process. The first step of the process is to clearly state the orientation and theoretical framework of the researcher; clarity of the researcher’s orientation and theoretical approach influences the whole research project. Clear methodological forethought is therefore necessary. The next step is to identify the qualitative theory guiding the specific study. In research praxis, the researcher has to set aside their own biases, called Epoche – which is a continuous and dynamic process of being un-biased during data collection, or being non-judgemental or being at least aware of prejudices, viewpoints, and assumptions by identifying interests and pre-suppositions that the researcher may have regarding the study, for instance, the pre-existing knowledge that the researcher may have had about a phenomenon (Bednall, 2006:123; Merrian, 2009:199). This could be achieved
by means of internal reflection. The researcher should also attempt to identify and bracket external suppositions which are, for instance, suppositions based on the global environment for example, a stereotype that exists that all study abroad students have language problems (Hellstén, 2002). Hellstén, 2002 also provide other examples that might need bracketing by the researcher such as feelings that could indicate a lack of neutrality, or bias when the literature is not supportive of the findings or methodology of their study (Hellstén, 2002).

The researcher attempted to bracket her own experiences, values, and biases using the suggestions made by the authors in the above paragraph. She stated her theoretical paradigm, thought about her biases and attempted to remain objective and minimize the influence she had on the interviewee. She fully explained the basis of the study and disclosed all assumptions and presumptions during and after the study. Further attempts to bracket included: constant reflection during the study; using an independent transcriber and an independent coder; and having the promoter and co-promoters verify the themes to minimize the opportunity for bias. Member checking was also done to verify findings especially when something was unclear to the researcher.

2.3.4.3.1.1.2. Triangulation

Moule and Goodman (2009:289) state that triangulation is increasingly popular in qualitative research studies as researchers are investigating complex phenomena that benefit from multiple data sources and methods. Researchers use triangulation to improve validity and reduce or overcome the potential for bias. Moule and Goodman (2009:289) also vindicate the combination of approaches in one study. Polit and Beck (2010:340) concur that regardless of the type of data collected in a study, data collection methods vary in four ways – in structure, quantifiability, obtrusiveness, and objectivity. Polit and Beck (2010:340) state that in structured data collection, the same information/data is collected from different sources, but the researcher can allow the participants to reveal relevant information in a naturalistic way. Furthermore, quantifiability refers to data that can be statistically analysed, and obtrusiveness refers to the degree to which the participants know that they are being studied tool (Polit & Beck, 2010:340-341). Lastly, objectivity in which the researcher uses research methods that are as objective as possible. However, in qualitative research, subjective judgements are regarded as a valuable tool (Polit & Beck, 2010:340-341). Morse and Field (2002:95) state that official documents or hard data, such as census information, can also be used to verify data and may be used as one method of triangulation.
In this study, triangulation was achieved by recording and transcribing the different interviews verbatim of the groups of students (different groups and at two intervals) and a number of faculty members. The researcher used a digital voice recorder and the information was placed on the computer. The researcher then repeatedly read the transcripts of the focus group and individual interviews and listened to the recordings simultaneously to detect any mistakes and to place re-immersse herself into the interview and get a sense of the nuances and meanings of the words uttered by the participants. Field notes were also used to remind the researcher and verify feelings, interpretations, and impressions at the time. Literature control was also done to verify the results of the study. A variety of official documents were also used in the context analysis to triangulate the data.

2.3.4.3.1.2. Transferability

Transferability refers to the extent to which the findings can be applied in other contexts or with other respondents. The extent to which generalization is possible depends on the empirical similarity of the contexts, because the mutually shaping influences and value systems differ significantly from context to context (Lincoln & Guba 1985:42; Denscombe, 2010b:133). Transferability is synonymous with external validity in a quantitative study, and as such, it examines the relationship to other presumed indicators of the same variable (Babbie & Mouton, 2008:277, 642). In this study, three different nursing schools in three countries were included. A purposive sampling method in which all short-term study abroad international nursing students and faculty members (host and visiting) in the department of nursing science were included, comparison of the variables in the samples, and thick description was used by the researcher to promote transferability. Thick description is an account of a situation that manages to capture a complex reality of social life; its quality is to convey enough detail so that the reader can place himself in the situation (Denscombe, 2010b:189). According to Denscombe (2010b:162) and Polit & Beck, (2010:503) the reader should be supplied with enough information so that they could, in principle, reproduce the research or make judgements pertaining to the similarity of the context. The setting was therefore described to allow readers to make their own judgement about the transferability of the findings.

2.3.4.3.1.3. Dependability

According to Babbie and Mouton (2008:278), an inquiry must provide evidence that if repetition of a study were to occur, with similar respondents (subjects) in the same (or a similar) context, the findings would be similar. Dependability is thus synonymous with
reliability. In triangulation, multiple sources of information and various methods of data collection are used in research to increase reliability and validity (Mouton, 2006:156; Struwig & Stead, 2007:18). The triangulation used in this study was discussed above. A pilot study was also done to ensure dependability of the research method.

2.3.4.3.1.3.1. Pilot Study

Polit and Hungler (1993:442) describe a pilot study as “a small scale version, or trial run, done in preparation for a major study.” Pilot studies are conducted to ensure that the research questions are reliable and valid, and that the researcher’s interviewing technique renders dependable results. The first group of study abroad students were selected and a focus group done with the students. The data was transcribed and analysed to assess the research questions and the interviewing technique of the researcher. The data was also analysed to see if themes could be identified. Themes could be identified and no adjustments were needed to the research questions, therefore the data was included into the study.

2.3.4.3.1.4. Confirmability

Neutrality and/or confirmability pertains to the measures that are put in place to free the research from bias. According to Babbie and Mouton (2008:277), confirmability is the degree to which the findings are the product of focus of the inquiry. Lincoln and Guba’s model (in Morse & Field, 2002:118) point out that in qualitative research, prolonged involvement with participants, bracketing, field notes, and consultation could be used.

2.3.4.3.1.4.1. Member Checking

Member checking is when the researcher goes back to the participants with preliminary interpretations so that they can evaluate whether the researcher’s thematic analysis is consistent with their experience and also plausible (Polit & Beck, 2010:79; Merriam, 2009:229). In this study, the researcher confirmed the findings with certain faculty members (via email), specifically regarding the roles and responsibilities of the visiting faculty members; but no corrections were necessary. Students were also asked to confirm information when the researcher was unsure. Verbal discussion took place with the South African students in this regard.
2.3.4.3.2. Description of Qualitative Study Results and Literature Control

In descriptive studies, an accurate account of phenomena is given, discoveries are described and new meanings are given in context (interpretation) (Burns & Grove, 2009:237-9). The researcher also examines and provides the reader with a description of the relationship within the phenomenon or study population that could be used for further research (Burns & Grove, 2009:237-9). The practical implications of social qualitative research principles are that the researcher focuses on explaining social actions and events within the given context: the researcher should remain true to the natural setting and the understanding the meanings presented by the participants, retain the holistic approach thus retaining internal meaning and coherence of the social phenomenon, and give contextually valid accounts of social life rather than generalized explanations (Mouton, 2006:166-168). In the description of the results, the researcher therefore used many quotations by participants to substantiate the findings. It was also done to allow the reader to judge the interpretation of the results for validity and for them to decide if the researcher used logical and sequential reasoning.

A literature control contributes to the trustworthiness of a research study through confirmation of the findings (Creswell, 2003:31). In qualitative research a literature control is conducted and referred to during the entire study. The literature review that is done at the beginning of the study is used to create a framework and to provide a background for the study. The literature is also used to justify decisions and describes methods and processes used in current literature (Creswell, 2003:31). The literature control which is done after the data analysis is used to compare the findings of the study, thus strengthening the findings of the studies. Findings can then be combined to reflect the current knowledge of the phenomenon, therefore increasing the validity of a study (Burns & Grove, 2009:91).

The limited literature study that was done at the beginning of the study was used to assist the researcher in presenting a rationale for the study, and developing the research problem and design. This practice is confirmed by Denscombe (2010b:29-30) who states that the literature review places the research into the context of the published knowledge that already exists. The literature control that was done after the data analysis assisted the researcher in the evaluation and verification of the research findings and to demonstrate the uniqueness of the findings. The researcher adopted a critical stance (scholarly analysis) to indicate inadequacies in the present literature and findings. The information was compared, contrasted, and variations noted between the findings and the literature (results of other studies) Denscombe (2010b:32). The literature review was also conducted to inductively
conceptualize the themes that emerged from the data (Denscombe, 2010b:32). The findings were then combined to reflect the current knowledge of the phenomenon. There was paucity in research regarding international nursing students in short-term study abroad programmes, the experiences of international nursing students in South Africa, and South African nursing students travelling abroad. When the findings could not be supported by existing literature, they were viewed as a unique contribution to knowledge development.

2.3.5. Phase Three: Development of Analytic Themes and Standards

Synthesis is the construction of a whole from parts and involves ‘interpretation’ and explanation of the data. Interpretation in the qualitative research process means “bringing it all together,” relating to the various individual findings that are then brought together to build “new knowledge” that best accounts for the data, for example, theory (Mouton, 2006:67, 161). Lincoln and Guba (1985:223) discuss an important aspect of synthesis using the results from the data analysis, arguing that there should be relative power of the technique for providing conclusive (“significant”) findings, and that the created “hypothesis” (new knowledge) should be “tested,” meaning that it should be able to withstand an evaluation process.

In Phase Three of the study, analytic themes were developed based on a thematic synthesis identified in the contextual description and the qualitative study findings. The analytic themes were developed by inference and then described. Standards were then developed to optimize the short-term study abroad programmes, and strategies suggested to operationalize the standards in HEIs. Please see Chapter Five, Section 5.2.1, for a description of the process.

2.3.6. Ethical Considerations

The Belmont Report (international code of ethics for research) (The National Institutes of Health, 1979), implies that research should be done for the good of society, that society should be adequately protected from risk or harm, that there must be a balance between risk and benefit, that there must be voluntary consent, and that subjects may withdraw at any time. These principles are based on human rights, that is, the right to self-determination, to privacy, fair treatment, and being protected against discomfort or harm (Brink, 2008:30). Researchers are expect to conduct their research in an ethical manner at every stage of the research process to protect the participants human rights (Denscombe, 2010b:61-62).
Invariably the honesty, responsibility, and integrity of the researcher in conducting research come to mind. The integrity of the research denotes the need for the researcher to act professionally in the search for truth. The researcher should be truthful with participants and in recording and reporting the information and assigning ownership, and not allow other considerations or other matters such as political or economic issues to influence them (Denscombe, 2010b:61-62). Brink (2008:31) and The Belmont Report (The National Institutes of Health, 1979) state that there are three fundamental ethical principles that guide researchers - respect for the person, beneficence, and justice.

These ethical principles were observed throughout the study in order to safeguard the participants from harm.

2.3.6.1. Beneficence and Non-maleficence

According to Polit and Hungler, (1993:356) and Brink (2008:32), beneficence is one of the most fundamental ethical principles in research and encompasses the maxim, “Above all, do no harm”. According to Burkhardt and Nathaniel (2008:308), this maxim mean that “researchers need to design and conduct studies as to protect the participants from physical, mental, emotional, spiritual, economic and social harm.” The researcher ensured that the participants were not subject to any harm, additional risk, or exploitation due to the study, by ensuring autonomous informed consent. The facilitator of the American and South African groups, and the coordinator for the Norwegian groups, were present when the students were informed about the research and the objectives of the research. An agreed upon time was made for the focus group interviews (during the day of the orientation) and the researcher reiterated the fact that their participation was completely voluntary.

At the time of the focus groups, consent was sought after the objectives of the study were again explained in detail to the students. The researcher did not coerce the participants in any way and they were informed that their participation was at their own free will, and that they could terminate their participation at any time. They were also informed that they were not obligated to answer questions that made them feel uncomfortable. The researcher answered all the participants’ questions pertaining to the study, honestly and extensively. Focus groups were held in camera and interviews conducted in a private setting. Measures were put in place if participants or faculty members were perceived to be distressed after the sessions, and a counselling service at the HEI would have been made available. However, this did not happen.
The research gave the visiting and local participants the opportunity to voice their experiences, and sharing their challenges could have benefitted the participants emotionally. The findings benefited the students and faculty members only indirectly because they contributed to the body of knowledge of the experiences of international nursing students that undertake short-term study abroad programmes. The standards that were developed can be used as a benchmark for future short-term study abroad programmes and the strategies will operationalize the standards to optimize the experience of future students and faculty members.

2.3.6.2. Principle of Respect for Human Dignity

According to Polit and Hungler, (1993:358) and Brink (2008:32), humans should be treated as autonomous agents, capable of controlling their own activities and destinies. The principle of self-determination means that prospective participants in research studies, have the right to decide voluntarily whether or not to participate in a study, and that participants have the right to full disclosure, and that there will be no coercion (Burkhardt & Nathaniel, 2008:308). The researcher therefore gave the participants adequate and accurate information on their level of understanding to enable voluntary informed consent. The researcher also respected the decisions made by the participants, whether it was consent or declination of participation. Anonymity and confidentiality are also principles of respect. The researcher ensured that the data gathered during the study was not divulged or made available to other people or institutions. The subjects had the right to be protected, and they had the right to be informed if the information provided by them was to be published. The researcher was honest and respectful towards the participants and they were protected at all times.

Anonymity is reached only if the researcher cannot link the data with the participant, so it becomes impossible when interviews or focus groups are used. When anonymity is impossible, appropriate confidentiality measures should be implemented. Confidentiality means that the researcher undertakes not to publically report any information in a manner that can be linked back to the participant or make such information accessible to others (Polit & Beck 2010:129; Struwig & Stead, 2007:69; Burns & Grove, 2009:197). In the case of this study, all names and institutional connotations were removed from the data before coding and a confidentiality agreement was signed by the independent transcriber and independent coder. Please see Annexures E and F. Furthermore, no information that could be linked to the individuals was divulged to anyone, and all email responses were password protected. The researcher remains accountable for the confidentiality of the information and
for that reason the information will be kept safely in the possession of the researcher for the next five years and then destroyed.

2.3.6.3. Principle of Justice

Participants have the right to fair and equitable treatment before, during, and after their participation in the study (Polit & Hungler, 1993:362). The sample population had the opportunity to participate or withdraw. Implicit in the principle of justice is the right to privacy and confidentiality (Burkhardt & Nathaniel, 2008:308). The researcher ensured that the participants were treated fairly at all times and that there was no discrimination toward participants. All contracts and agreements were honoured and adhered to as agreed upon in advance.

2.3.6.4. Entry to Site

Formal permission is important in any research and protects both researchers and participants. To achieve participation in research, the researcher should seek permission from gatekeepers who control access to the settings (de Vos, 2010:399).

The gatekeeper in the case of the HEI was the Vice Chancellor or his designate, who was approached by means of a formal written request to allow students, faculty members, and the representatives of the HEI to participate in the study (Annexure A, B & C). Permission was also sought for representatives to release relevant information that may pertain to the study. The Director of the Office for International Education at the HEI was requested to allow the representatives in his department to participate in the study. Permission was also sought from the Dean of the Faculty of Health Sciences and the Head of the Department of Nursing Science to conduct the research in the Department as they are deemed the gatekeepers for the students and faculty members and must therefore ensure that the students are not harmed. Informed consent was obtained from the research participants by issuing each participant with a consent form (issued at the interview sites: See Annexure D) explaining the purpose and objectives of the study.

2.4. Conclusion

In this chapter, the research design and method were discussed at length. By applying the research design and methodology to the study, the research problem and objectives will be addressed. The process of data gathering, recording, and
analysis was described and it continued into a discussion about the authenticity and
trustworthiness (rigour) of the data and the ethical principles that were followed. The
next chapter will elaborate on the context of the study.
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CHAPTER THREE: CONTEXT OF THE STUDY (PHASE ONE)

“Internationalization is changing the world of higher education, and globalization is changing the world of internationalization” (Jane Knight, 2004:5).

3.1. Introduction

Merely thinking, seeing, and hearing about other countries, products, or experiences brings about mental images and ideas of exotic food, rituals, cultural and work experiences. Regardless of whether the perceptions of other cultures or circumstances are real, the allure of experiencing a new culture or country first-hand entices people to travel abroad. Increasingly, people or students seek international work or study experiences to immerse themselves in the language and culture of another country. However, the preparation for the experience, the destination, and the situation and/or circumstances at home or the destination, influences the potential experience of the international traveller.

In the naturalist inquiry (as discussed in Chapter Two), conclusions are context dependent and the purpose of the research is to explore and describe the specific phenomenon, group, or events within the context of a specific reality, environment, and meaning, in order for the researcher to understand the actions and processes involved (Garbers, 1996:288; Babbie & Mouton, 2008:272). The researcher must therefore provide information about the nature of the group, the circumstances surrounding the group, the intentionality of its members, the relationship the researcher has with the group, and the relationships within the group (Lincoln & Guba, 1985:230).

The aim of this chapter is to provide the reader with a globalized view of the context within which international Higher Education takes place and to assist the reader in gaining an understanding of the context within which students and faculty members engage their study abroad programmes.

Context refers to the circumstances that form the setting of an event, a statement or idea, and in terms of which it can be fully understood (Oxford Dictionary of English, 2005). Context also describes the background, environment, framework, circumstances of an occurrence. The context includes functions and purpose of something, or the use of something, or the
circumstances within a particular period time frame of a phenomenon (Business-dictionary.com). In the previous two chapters, it was indicated that Phase One of the study would involve a situational analysis. Situation means a set of circumstances in which one finds oneself, a state of affairs, or the location and surroundings of a place (Oxford Dictionary of English, 2005). Because the terms ‘context’ and ‘situation’ are so similar in meaning, the researcher has chosen to use them interchangeably.

Uys and Gwele (2005:27-28) describe a situational analysis as being an assessment of the present situation, within a given context, in which internal and external factors contribute or hinder the phenomenon as identified. Thus, a situational analysis could include aspects such as a description of the setting, socio-political information, the philosophy of the organization (in the case of a HEI), the processes and systems within the organization, policy, decisions, and the resources that are available. However, it should be noted that although a context (situational) analysis aims to portray the context in its entirety, it cannot explain all behaviours, choices, or events and therefore there is the risk of limiting the interpretation (Gorton, 2006:72). Also, a situational analysis is never really completed as organizations and societies are dynamic entities, and not all aspects can be captured during such an analysis.

Documents can be used as a primary or secondary source of information to improve the comprehensiveness and validity of research within a given context (Miller & Alvarado, 2005:348). Researchers who use documents as commentary share a range of approaches that are marked by their descriptive orientation, focusing on organizational and institutional structures and processes, and their naturalistic stance. According to Denscombe (2010a:12), such examples may include company reports, policies, and pamphlets. Furthermore, in contextual research the researcher views the text as a whole and tries to capture its meaning. In a selective approach, researchers highlight or pull out statements or phrases that seem essential to the phenomenon under study (Polit & Beck, 2008: 519-20). However, it should be noted that no document can be regarded as a completely accurate representation of a phenomenon because documents are developed by people in a particular context and for a particular purpose; nevertheless, they can be a valuable source of data about society and aid the researcher in understanding the phenomenon under study (Bowling, 2009:449; Rossouw, 2005:157).

The researcher used documentation, literature and informal discussions with stakeholders to collect, explain and verify the information presented in this chapter. However, it should be noted that the statistics presented mostly represent students that undertake study abroad programmes for degree seeking purposes (long-term). There was a paucity in short-term
Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI

Chapter Three: Context of the Study (Phase One).

Study abroad statistics and those reported were difficult to interpret as the criteria used to collect the data were not available. Employees from statistics departments of a number of HEIs in South Africa and a number of employees of Offices for International Education in South Africa, were consulted about their statistics, and indicated that the statistics could not always be verified. The official statistics from National Departments (for instance Education or Health) in countries or International institutions for instance the International Institute of Education (IIE) will therefore be presented to indicate trends in international study abroad programmes.

It should also be noted that in an attempt to gather the most updated and relevant information and statistics for this study, the researcher has utilized a number of websites, for instance EBSCOhost, JSTOR, and PubMed. The researcher also utilized reputable websites as references; mostly official websites of organizations, including governmental websites such as the Health Systems Trust (HST) which is the official mouthpiece of the Department of Health in the Republic of South Africa, and websites of international organizations that have been involved with international education such as the IIE. Where possible the researcher has included the website addresses in the list of references to allow for verification by other researchers.

Qualitative researchers are sometimes criticised because their findings are too specific to time and specific groups of students and because they de-contextualize their findings in order to make their findings more generalizable (Thomas & Harden, 2008). The researcher therefore elected to utilize thematic synthesis to develop descriptive themes using the data from the context (situational) investigation to ensure that the context is represented in the standards that were developed in this study.

Chapter Three will therefore begin with a discussion of the macro or global environment in which the international nursing students engaged in their study abroad programme. A general description will be provided regarding globalization and internationalization, which will be brought into the context of higher education, global health and nursing. Thereafter, the meso environment will be described by highlighting statistics that relate to the education context, health context, and the nursing context, in the three countries represented in the study. The micro environment will refer more specifically to the context in which the participants engaged in their study abroad experience. Mention will be made of the stakeholders and the specific circumstances in which the study was conducted. Thematic synthesis will then be performed by using a summative, reductive approach to identify the descriptive themes of the context. The chapter will then end with a summary of the themes.
These descriptive themes will, in turn, be used in conjunction with the qualitative data themes (Chapter Four) to develop inferential analytical themes which will then be described in Chapter Five.

### 3.2. The Macro Environment

In the global economy regions supply each other with resources, for instance, maize from Brazil is supplied to several African countries, and oil from the Middle East is supplied to developed countries (South African Government, Department of Agriculture, 2011/2012:23). Political unrest, technological advances, social approaches, or natural disasters in one region affect other countries, people, and processes, for example, the tsunami in Japan influenced the electronic production and sales in other countries in January 2011.

It is not surprising, therefore, that Thomas Friedman (2007:365) in his book, *The World Is Flat*, stated: "The world is being flattened. I didn’t start it and you can’t stop it, except at a great cost to human development and your own future."

On the 30th of January 2013, it was estimated that there were approximately 7.1 billion people in the world (United States Census Bureau). As technology has developed, it has become possible for more people around the globe to collaborate, share information, and compete in real time. This has also placed them on a more equal footing because computers, email, fibre-optic networks, teleconferencing, and dynamic new software have sped up the exchange of information (Friedman, 2007:8). Economies, education, and health are therefore no longer viewed as separate phenomena, but are regarded as global entities and responsibilities. This is evidenced by global aid distribution, regional development schemes, and changed response patterns during disease outbreaks and disasters in recent years.

#### 3.2.1. Globalization

Among the visible manifestations of globalization is the greater international movement of goods and services, financial capital, information, and people. In addition, there are technological developments and more trans-boundary cultural exchanges facilitated by the freer trade of more differentiated products (Martens, Akin, Maud, & Mohsin, 2010:1). Globalization also contributes to an increase in immigration and boosts tourist activity, which brings about changes in the political landscape and which has ecological consequences (Martens, Akin, Maud, & Mohsin, 2010:1). Several trade agreements and rules have had to
be put in place “to establish a regime of obligation that can be enforced on national governments through, for instance, the implementation of trade sanctions to regulate the enormity of trade.” (Labonté, Schrecker, Packer, & Runnels, 2009:2). Presently, trade or production is conducted under the auspices of continued global economic integration and liberation, but it sometimes has a detrimental effect on economies, environments, health, and social and political systems in host countries (Labonté, et al., 2009:2).

The history of globalization is described by Fleury and Fleury (2011:17-19) as taking place in three stages. The first stage was “financial globalization” which came about when the deregulation of financial markets took place in the 1970s, and money (Fleury and Fleury, 2011:17-19) started to transfer rapidly due to the rapid development of computing and telecommunication technologies. Today, the scale and speed of cross-border movement of goods, services, and particularly finance capital is phenomenal. Indeed, over US$1.5 trillion (some estimate US$2 trillion) worth of currency transactions occur daily, an amount equivalent to more than twice the total foreign exchange reserves of all governments (Labonté, et al., 2009:1). According to Fleury and Fleury (2011:17-19) the second stage of globalization was “commercial globalization”, in which there was a reduction in restrictions on global trade, which was complemented in transportation technologies, for example, container development. During this period (the 1980s), raw materials and finished products began moving faster. The third stage of globalization was “globalization of production” where the organization of production and operationalization systems was developed into globally integrated rationales (Fleury & Fleury, 2011:18-21). Multi-national organizations have emerged and have managed to organize production across borders using subcontractors or production units within developing countries. As Labonté, et al. (2009:2) point out, “The sheer volume of capital entering and leaving countries has therefore shifted the balance of power in some poorer countries.”

Daft, Kendrick and Vershinina (2010, 124-5) make a valuable contribution in describing the process of globalization. The first stage of the globalization process is the “domestic stage” in which trade is limited to the home country, where production and marketing are located. The second stage of this process is the “international stage” in which exports increase and a company adopts a “multi-domestic” approach (Daft, et al., 2010:125). The company will design products, and market and advertise for a specific market, and there is a high level of sensitivity for the needs and values of the local market in which they are dealing. The third stage of the globalization process is the “multinational stage” in which companies adopt a globalized approach, meaning they deliver similar products to multiple countries (Daft, et al., 2010:125). The fourth, and last stage of globalization is the “global (or stateless) stage”
where the “corporate international developments transcends any single home country in true global fashion” (Daft, et al., 2010:125). Daft, et al. (2010:125) note that “At this stage ownership, control and top management tend to be dispersed among several nationalities [and] [s]ales, acquisitions, resources are whatever countries have to offer, using the best opportunities and the lowest cost.” At this stage, the consumers can no longer tell from which country they are buying (Daft, et al., 2010:124). An example of a truly “stateless” corporate, international organization is, for instance, the World Health Organization which has transcended all boundaries and which provides support (albeit not sales) to most countries in the world. Another “stateless” organization is Coca Cola, the soft drink company. Monash University and Stigma Theta Tau International (STTI), an honour society for nurses that has members driving development/projects of nursing in 85 countries in the world, are examples of multinational companies (www.monash.edu.au/; www.nursingsociety.org/).

The Swiss Federation Institute of Technology in Zurich has, for the last eight years, published a globalization index (KOF Index) recording definitions and datasets. The KOF Index of Globalization 2010 is based on the work of Axel (2006:1091-1110) and Axel, Gastron and Martens (2008). The index indicates that there are three dimensions of globalization, namely economic, social, and political (The Swiss Federation Institute of Technology, 2010). The economic dimension of globalization includes dataflow on trade and investments, as well as restrictions that are in place (The Swiss Federation Institute of Technology, 2010). Social globalization includes data on personal contact, for instance, telephone calls, an outflow of goods and services, tourism, internet usage, newspaper distribution, number of international or “foreign” residents in a particular country, data and information flows, cultural proximity which includes trade in books, and multinational enterprises, for instance, universities in a particular country (The Swiss Federation Institute of Technology, 2010). Sklair (2000:68) also suggests that globalization includes an outward-oriented perspective, benchmarking world best practice, corporate citizenship, and a desire to be seen as citizens of the world. There has also been an increase in recognition that higher-level skills and competencies are essential to national development, especially in the context of globalization and a shift towards building knowledge economies (UNESCO, 2009:3). The political dimension of globalization is measured in terms of the actual amount of embassies in a particular country which pertains to the amount of influence other nations have on the host nation (Axel, 2006:1091-1110). As Hirschfield (2008:12) notes:

“On the one hand globalization unifies the world, but, on the other hand, as the importance of human and social capital is often ignored and concern for the well-being of people is
Free markets are potentially beneficial for humankind, but rich countries place economic pressure on governments and rich individuals (owners of businesses) which easily shifts the balance of power within countries. Government’s growing debt burdens are used by external organizations to force them to restructure their spending on health, education, and social projects. The spending is, however, not always in line with the countries’ capacity or structure, therefore placing them at a greater disadvantage (Hirschfield, 2008:12). Tschudin and Davis (2008:7) even suggest that in some countries, multinational companies have replaced national government and taken control of the economy of nations in a transnational mode. Other negative effects include more economic volatility which creates job losses and poverty, marginalization and labour insecurity, new trade regimes, growing health inequities, an electronic revolution which is not always appropriate to the need of the community, and new forms of governance with a proliferation of non-state parties (Kotzé, et al., 2008:65).

3.2.2. Internationalization

According to Kuo (2012:1), internationalization is the ability to adapt to new global and regional circumstances, learn from other countries and cultures, initiate cultural, political, economic or social changes, overcome resistance to such change, and to implement and integrate new ideas into a given context. Jooste (2010:2) points out that there is an element of dynamism, change and innovation in the process of internationalization. It is therefore necessary to pay attention to the trends and developments in the internationalization process.

According to the IAU global survey on Internationalization of Higher Education, which was reported on in 2010, improving student preparedness for the globalized world was ranked as the top rationale for internationalization in most regions of the world. The second most cited rationale was to internationalize the curriculum and student learning (Egron-Polak & Hudson, 2010:193). Other reasons reported by HEIs in the report included enhancing an institution’s profile, strengthening research and knowledge production, broadening the diversity of students, broadening and diversifying the source of faculty and staff members, increasing faculty members’ international knowledge, and diversifying sources of income or responding to public policies (Egron-Polak & Hudson, 2010: 64,193). These stated rationales are presumably closely linked to the benefits of internationalization for countries and particularly institutions (Egron-Polak & Hudson, 2010: 64,193).
In a study by Barcellos, Cyrino, Júnior and Fleury (2010:49), the degree of internationalization of companies is measured using the following indicators: structural indicators (external involvement), performance indicators, and attitudinal indicators. Structural indicators included aspects such as: the number of countries in which the company operates; the number or proportion of subsidiaries abroad; the extent or proportion of involvement in non-equity ventures abroad (strategic alliances, franchising, etc.); the value or proportion of international assets the organization holds; the amount or proportion of value-added abroad; and the number or proportion of employees abroad or the proportion of foreigners on the Board of Directors (Barcellos, et al., 2010:49). Performance Indicators include aspects such as sales or operating profit in the international marketplace (foreign countries) (Barcellos, et al., 2010:49). Attitudinal indicators measure the ways in which decisions are made in multinational companies, the way they treat their foreign subsidiaries, and the way executives think about doing business around the world (Barcellos, et al., 2010:49).

There are organizations that have taken great strides in liberating lesser developed regions through the funding of projects and developmental initiatives. The World Economic Forum, for instance, initiated the Global Education Initiative (GEI,) and in the past six years has impacted over 1.8 million students and teachers and mobilized over US$100 million in resource support in Jordan, Rajasthan (India), Egypt, the Palestinian Territories, and Rwanda. The primary objective of the GEI is to raise awareness and to support the implementation of relevant, sustainable, and scalable national education sector plans on a global level through the increased engagement of the private sector through its partnerships with UNESCO and Education For All (World Economic Forum, 2010:4). Although internationalization is given high priority worldwide, Europe tops the list and North America takes second place (Marmolejo, 2010:1).

After studying the phenomena discussed above, the researcher believes that globalization and internationalization are on a continuum and that the difference between the two lies in the intent, the degree of focus or extent of the intervention/application, the result of such an action and the measure of control that can be/is exerted. The researcher regards globalization as a more outward approach meaning companies break into new markets across borders and/or expand their businesses to other countries where they use the resources of that particular country for instance in product production. Internationalization on the other hand is thought to be a more inward approach, meaning aspects that are valued or deemed to be beneficial or useful in other countries are adopted/applied in/by/to a country/institution or a profession, making them more communal/similar or more in line with/open to/acceptable to other countries, communities, professions or people.
3.2.3. Globalization and Internationalization in Higher Education

A widely accepted and cited definition of internationalization of higher education offered by Knight (2006) is:

“...the process of integrating an international, intercultural or global dimension into the purpose, functions or delivery of postsecondary education.”

Even though there has been an evolution in the process of internationalization in higher education since 2006, the same definition is still supported and put forward by the International Association of Universities (IAU) in their research and publication in 2010 (Egron-Polak & Hudson, 2010:206). The rationale given by the IAU for continued support of the definition was threefold. Firstly, it could be argued that refining the definition by drawing clearer conceptual distinctions between various aspects of the internationalization process or unpacking the bundle of activities according to specific goals and impacts could help to mitigate negative reaction to the word, but it was stated that there was an absence of an acceptable alternative definition for the complex and evolving set of actions and processes that fit under the conceptual umbrella of internationalization. Secondly, the IAU also questions the possible inclusion of a qualitative dimension into the definition because of the assumption that it is inherently a positive process. Thirdly, it is also stated by the IAU that internationalization of higher education carries risks that have negative impacts, but that risk is accommodated within the present definition (Egron-Polak & Hudson, 2010:206).

In 2007 there were estimated that 10 000 institutions could be considered on University level in the world (IAU, 2007:vii). Student mobility patterns have changed dramatically over the past ten years, according to research by the UNESCO Institute for Statistics, which also states that there were 1.8 million internationally mobile students in 1999 and 2.8 million in 2009 (UNESCO, 2009:45-47, 242). The most recent statistics indicate that 3.6 million enrolled in tertiary education institutions abroad in 2010 (UNESCO, 2012c: Interactive map on global student mobility). According to Ergon-Polak and Hudson (2010:196), the top five destination countries for international education in the world from 1999-2007 were the United States of America which grew from 450,000 students to 600,000; the United Kingdom (UK) was second with the numbers growing from 250,000 to 350,000, followed by France, Germany, and Australia. (Whereas a decade ago a limited number of countries dominated the list of receiving nations, many students now show a reduced tendency to travel to the former hotspots like the United States, the UK, and Australia (Jobbins, 2009; UNESCO,
The most recent statistics show that top source countries of international students are China, India and Korea according to Sawahel (2012).

Coupled with a strong focus on students and student mobility, internationalization becomes a key feature of the HEI’s pursuit of competitiveness (Egron-Polak & Hudson, 2010:10). International student education now operates in a global market and Higher Education Institutions compete against each other for volume, and market share and revenue, so many universities actively recruit international students to attain financial stability by charging international students higher rates than national students. The demand for higher education has increased from 100.8 million tertiary students worldwide (total number of students enrolled at tertiary institutions worldwide) in 2000 to 152.5 million in 2007 (UNESCO, 2009:3, 9). The majority of these students are self-funded bringing about the necessity for customer focus and satisfaction (Ruby, 2009:1-4).

Strategic managers in higher education face the increasing globalization of markets and face other, but sometimes conflicting challenges: the different needs and expectations of societies to improve their internationalization by increasing their adaptation to local needs, and at the same time, making their strategies more global (Egron-Polak & Hudson, 2010:10; Jeffus, 2011:29). The concept of sustainable growth is no longer seen as the limit on supply, but rather the limit on resource distribution and utilization (Jeffus, 2011:8). Partnerships and relationships are built to enhance both the standing of the participating institution and the outreach such linkages bring with it (Egron-Polak & Hudson, 2010:10). Companies participate by investing in the internationalization of their activities while seeking to obtain benefits (Barcellos, et al., 2010: 38). These benefits include new markets, new resources, and building up their strategic assets.

In the context of globalization and the realization that there is growth in the global economy with shifting political alignments, universities have both an obligation and an opportunity to play a significant role in educating the ‘global literate citizen’, and to prepare their students for life and work and citizenship in the new global society. Universities have therefore entered into the knowledge economy in order to better serve local and international economies (workforce), but the education environment necessitates new institutional programmes and structures and income generating activities (Biddle, 2002:5-7). There are now millions of students whose needs cannot be met by Higher Education Institutions within their home countries (Stohl, 2007:371).

To succeed and prosper in a global economy and an interconnected world, students need international knowledge, intercultural communications skills, a global perspective, and
preparation for global citizenship and leadership (Obst, Bhandari & Witherell, 2007:5). The traditional ways that universities conceived internationalization in their curriculum by developing academic areas of study and language training are no longer deemed the best way of producing global citizens and broad-gauged professionals (Norris & Gillespie, 2009:382). Researchers, policy makers, and practitioners have requested higher education to support and refine existing education abroad programmes to create new opportunities that take participants beyond their role of the tourist, educational consumer, or isolated, unengaged students abroad, but to create gateways that will open the global career door for participants (Norris & Gillespie, 2009:383). However, when internationalization is seen to be the goal in higher education, there is a risk that the goal becomes political or economic rather than educational. Conscious decisions should therefore be taken regarding the content of educational programmes to ensure that it reflects, promotes, and enhances learning and understanding of national and international conditions and relations regardless of the discipline in which the education takes place (Svensson & Wihlborg 2010:595).

The meaning of global citizenship was described by Morais and Ogden (2010:3) as having three components, namely social responsibility, global competence, and global civic engagement. Social responsibility refers to the “global justice and disparities” in which students evaluate social issues and identify instances and examples of global injustice and disparity; “altruism and empathy” in which students examine and respect diverse perspectives and construct an ethic of social service to address global and local issues; and “global interconnectedness and personal responsibility” in which students demonstrate an understanding of the interconnectedness between local behaviours and their global consequences (Morais & Ogden, 2010:4).

Global competence refers to “self-awareness” in which students recognize their own limitations and ability to engage successfully in an intercultural encounter; “intercultural communication” in which students demonstrate an array of intercultural communication skills and have the ability to engage successfully in intercultural encounters; and “global knowledge” in which students display interest and knowledge about world issues and events (Morais & Ogden, 2010:4).

Morais and Ogden (2010:4) describe the last component global citizenship as global civic engagement, which refers to “involvement in civic organizations” in which students engage in or contribute to volunteer work or assistance in global civic organizations; “political voice” in which students construct their political voice by synthesizing their global knowledge and
experiences in the public domain; and “global civic activism” in which students engage in purposeful local behaviours that advance global agendas.

The skills learned abroad are also said to set these individuals apart from their counterparts and is thought to give them the competitive advantage in the job market (Lacey, 2006:2, 5). The demand for study abroad programmes has therefore increased. In a survey conducted by Open Doors in 2009, there was an increase of 15% of American students studying in South Africa between 2007 and 2008 (US Department of State, 2009:1). There is also an expectation that the number of international students will grow to five million globally by the year 2025, bringing the monetary value of such education up to US$100 billion (Ruby, 2009:1-4).

Global collaboration does, however, require that educational institutions retain their commitments to academic values and integrity to make sure that it remains beneficial to the HEI and the students (Egron-Polak & Hudson, 2010:10). The set of actions linked to sharing quality higher education across borders was described in the 2004 worldwide statement on behalf of Higher Education Institutions by the International Association of Universities (IAU), American Council on Education (ACE), Association of Universities and Colleges of Canada (AUCC), Council for Higher Education Accreditation (CHEA) (Egron-Polak & Hudson, 2010:206-7). The IAU also launched an advisory service for HEIs that were interested in developing, reassessing, and/or revitalizing their internationalization strategy and related activities (IAU: 2010).

Key elements of the statement included the need to: safeguard the broader cultural, social, and economic contributions of higher education and research; protect the interests of students and facilitate their mobility; and strengthen the capacity of developing countries to improve accessibility to high-quality higher education (Egron-Polak & Hudson, 2010:207). The checklist for good practice of cross-border higher education was derived from the joint 2004 worldwide statement (IAU, ACE, AUCC & CHEA, 2004:1-2) and includes the following:

- Cross-border higher education should strive to contribute to the broader economic, social, and cultural well-being of communities.
- While cross-border education can flow in many different directions in a variety of contexts, it should strengthen developing countries’ higher education capacity in order to promote global equity.
• In addition to providing disciplinary and professional expertise, cross-border higher education should strive to instil in learners the critical thinking that underpins responsible citizenship at the local, national, and global levels.
• Cross-border higher education should be accessible not only to students who can afford to pay, but also to qualified students with financial need.
• Cross-border higher education should meet the same high standards of academic and organizational quality no matter where it is delivered.
• Cross-border higher education should be accountable to the public, students, and governments.
• Cross-border higher education should expand the opportunities for international mobility of faculty, researchers, and students.
• Higher Education Institutions and other providers of cross-border education should provide clear and full information to students and external stakeholders about the education they provide.

As stated earlier in this section, Higher Education Institutions are required to retain their commitments to academic values and integrity to ensure that internationalization remains beneficial to both the HEI and the students. As suggested in Chapter One (in the background of the study), actions regarding international education are, however, not always above reproach. Codes of ethics regarding international education have therefore been developed by a number of institutions. The purpose of the code of ethics is to provide a guide for making ethical decisions to ensure that those in the education abroad field provide services in accord with the highest ethical standards to international students, with the ultimate goal of ensuring that students' international educational experiences are as rich and meaningful as possible. There are now many examples of codes of ethics, including those developed by the Association of International Student Advisers (AISA) in 2002, and the UK Council of International Student Affairs (UKCISA). The Council for International Schools in conjunction with NAFSA the Association of International Educators also developed a code of ethics for higher education in 2008 (available on: http://www.cois.org/page.cfm?p=309). In that same year, the Forum on Education Abroad (available on: www.forumea.org) developed their code of conduct, and in 2009 the International Education Association of South Africa (IEASA) also developed a code of ethics with guidelines for institutions in the country (IEASA, 2009). All these codes of ethics have best practice guidelines. In the IEASA document, the code of conduct relates to: fair and appropriate marketing and information; honest and accurate information about the quality, the standing of the university and academic standards; accuracy and honesty regarding quality, availability of programmes and
services; policy requirements; provision of infrastructure and support services for international students; accurate and appropriate information regarding admission, requirements, tuition, fees, cost of living, accommodation and other services; staff members working with international students should be carefully selected and represent South Africa; and lastly, partner organizations are expected to also adhere to the code of ethics (IEASA, 2009:2-4).

The Bologna Process (the European educational process under which European nations have agreed on common higher education standards with the goal of making degrees and students recognized and respected across borders) has been in the making for more than 16 years and only gained momentum in the last few years (Jaschik, 2010:1).

The long process of change indicated in the Bologna Process is indicative of resistance to internationalization worldwide. In 2009, students in Europe protested against the Bologna Process, and academics also voiced their dissatisfaction. Apart from protectionism regarding their own country’s culture, values and uniqueness, academics cited funding problems and lack of human resources and equipment as reasons for their resistance (Bologne beyond, 2010). Garben (2012:13) also indicated that some member states tackled higher education issues in an intergovernmental manner, thus supporting the matter of their resistance against European Union (EU) involvement and their desire to remain fully sovereign. Other reasons given for the dissatisfaction of the Bologna Process were the commercialization of higher education, the primary orientation for preparation of the student towards the labour market (using a facile approach), and the focus on specific competencies and outcomes (Bologne beyond, 2010).

The slow progress toward internationalization in higher education institutions globally is being questioned in some quarters (Kehm & Teichler, 2007:261-2). Reasons given for the slow progress in internationalization are that students and families often discount the importance of study abroad, and have concerns about safety. In some cultures, women are also unlikely to study abroad (Kehm & Teichler, 2007:261-2). Institutions may also create barriers, that is, fail to provide advertising and recognition of study abroad, or just not viewing student mobility as important (Egron-Polak & Hudson, 2010:194). Discourses are being examined and research is being conducted on topics regarding the linkage between internationalization and funding, macro policies and management, knowledge transfer, internationalization of the curriculum and its implications, mobility patterns, coordination and cooperation, factors that influence internationalization, and the political undercurrents that support or hinder the process (the supranational organizations that are trying to influence
higher education policies) (Kehm & Teichler, 2007:261-2). Of late, there is, for instance, much discussion in international higher education about governments that use Higher Education Institutions as “soft power” to influence or change international relations between countries and the extent to which it should or can be used (Sharma, 2013a).

Jooste (2005:85) and Egron-Polak and Hudson (2010:229) argue that true internationalization in higher education is not only the movement of students or faculty members attending international conferences, but also the internationalization of the institution and its policies, multi-cultural research across borders (not only regional borders, i.e. Europe), interdisciplinary thinking (international mind-set), teaching and learning in which there are specified outcomes related to internationalization (indicators of cultural competence), provision of active training in internationalization, exchange of information and resources across borders, marketing and recruitment of fee paying international students, developing joint or double degree programmes with foreign partners, offering foreign academic programmes in local universities, faculty and student exchange programmes, but also “study abroad at home” endeavours. Study abroad at home experiences (also called internationalization at home) is defined by Egron-Polak and Hudson (2010:232) as being internationalization activities that do not require physical mobility by students and faculty. Examples of study abroad at home would be “twinning” programmes” – where programmes are offered in a host country by another university (outside its borders), for example, a comparative international law course, or a language course, for instance, Norwegian that is offered in America by a Norwegian University. Another example of internationalization at home is a session where students communicate with students in another country asking them about cultural issues or traditions via the internet. Joint degrees are defined by Egron-Polak, & Hudson (2010:232) as degree programmes developed collaboratively by two or more partner HEIs, in which graduates are awarded one qualification by more than one educational institution jointly. Dual/double degree programmes, on the other hand, are defined as a dual/double degree programme developed collaboratively by two or more partner HEIs, in which graduates are awarded two qualifications at equivalent level (Egron-Polak, & Hudson, 2010:232). The topic of internationalization has therefore risen high on the agenda of many Higher Education Institutions, especially in light of the development of the so-called cosmopolitan universities in which the need to develop graduates with global perspectives is well recognised (Britez & Peters, 2010:201).

Of late, there has been much discussion surrounding the capping of enrolment of international students. The researcher found paucity in recent literature (after 2005) on the capping of enrolment of international students in higher education. In informal discussions
with faculty members and management of the HEI in the study, it was suggested that the norm is to cap international students at 15% of the total student population at a HEI, as that was regarded as best practice, but to date, no supporting literature has been found regarding this percentage. In the micro environment section later in this chapter, the researcher indicates that the percentage of international students at the 23 universities in South Africa in 2009 was approximately 8%; but there were two universities where international students represented more than 20% of the total student number (MacGregor, 2010b). There are proponents for and against capping. In developing countries such as South Africa, there is a great need and priority to develop local communities and students for the labour market. Those opposing capping in South African universities would argue that universities have a responsibility to help develop regional (Southern African Development Community (SADC)) countries and that international relations are an important aspect of internationalization. In some circles (not only in South Africa), international students are therefore deemed to deprive local students of access to the university (Stohl, 2007:363). The proponents of capping also argue that resources in higher education should be utilized for local students as the taxpayer subsidizes the education of most students (Stohl, 2007:361). It is of course necessary to cap student numbers if facilities and classrooms are limited, but deciding on which student enrolments to cap is difficult because it has significant funding and subsidy implications as postgraduate students are subsidized at a higher rate than undergraduate students. The benefits and challenges therefore have to be weighed.

In the United Kingdom, data released by the Higher Education Statistics Agency in September 2010, revealed that the total number of international students, including those from the EU, attending British universities jumped 24% in the five years leading up to 2008/2009 (World Education Service, 2010:1). The report showed that the number of non-UK students increased by 22% to 185,585 at the undergraduate level, and by 27% to a total of 183,385, at the graduate level (World Education Service, 2010:1). According to the report, students from outside the EU accounted for 6.6% of the total student population a decade ago, but had grown to 10.4% in 2008/2009). In Britain, the government places strict quotas on domestic (British and EU) enrolments at each university, with fees currently capped at £3,290 (US$5,300) per annum, but institutions can admit unlimited numbers of foreign students who are charged up to eight times as much as local students (World Education Service, 2010:1).

In a study conducted in New Zealand, Smith and Rae (2006:27) indicate that seven out of eight public universities have targets or quotas for international students ranging from 12% to 20%. The average number of international students amongst the eight universities was...
21%. In 2003, the Lincoln University had the largest proportion of international students, representing 47% of the total student population (Smith & Rae, 2006:35-6). In their study, Smith and Rae (2006:32) also found that it was not always the total number of students that provided the problem, but the number of enrolments in particular programmes or country dominance. The authors suggest that institutional capacity, low throughput rates, lack of academic supervision, capacity, or resources for students (pastoral care, accommodation), the nature of the education experience for both international and domestic students, risk management, other infrastructural, social, and educational capacity issues, and negative local student experiences in classrooms where educators concentrated on international students and internationalization, were all reasons for capping students (not necessarily only international students) (Smith & Rae, 2006:35-6). In the case of institutions needing international students to meet their targets, issues such as the value of being an international institution, internationalizing the curriculum, exposing domestic students to international experiences, maintaining an international reputation, and improving the classroom environment was highlighted (Smith & Rae, 2006:36). In institutions where capping was necessary, Smith and Rae (2006:36) stressed the following: resource constraints, recent experiences of the levels of enrolment at which teaching and management pressures had occurred, recent enrolment trends, and the need to reduce numbers enrolling in business programmes. Some institutions also indicated a degree of arbitrariness when fixing targets (Smith & Rae, 2006:36). Furthermore, Smith and Rae (2006:37-39) discuss three methods of capping, namely capping by lifting entrance requirements, fee structures, and policy instruments such as quotas.

Of late, New Zealand has been capping student numbers in response to a freeze in government funding for tertiary education, coupled with an unprecedented surge in enrolments due to increased unemployment over the past two years (Peters, 2010:1). The capping was implemented with regard to undergraduate as well as international student intakes (Peters, 2010:1). Indeed, the New Zealand government announced that from 2011 it would withdraw $NZ500 million ($US337 million) in inflation-linked funding increases from the tertiary sector, including its $22.4 million annual contribution to university staff salary increases (Peters, 2010:1). Dr Glenn Withers, the chief executive of Universities Australia, is opposed to capping international students in Australia. A report put forward to the Senate in Australia by the above-mentioned organization states that capping reduces the number of highly qualified applicants for permanent residents as many postgraduate students (24%) stay on in the country after qualifying, which has direct relevance to the labour market (Universities Australia, 2010:3). Universities Australia (2010:3) also argue that the limited funding higher education receives necessitates the enrolment of international students and
that the universities will therefore not be able to meet the needs of the economy, community, and future skills demand in Australia. It is foreseen that universities in Australia face a significant downturn in student enrolments and therefore need international students (Universities Australia, 2010:3). Universities Australia (2010:3) further states that a desirable education-migration nexus is necessary for the acquisition of advanced skills and qualifications to assure success in the labour market. The ability to compete for the highest quality undergraduate and postgraduate students and staff is essential for Australian universities’ internationalization agenda. It is suggested that government legislation should therefore support universities in pursuing this strategy rather than damaging their ability to attract the world’s best and brightest to their shores. Universities Australia’s report (2010:3-5) further states that it is foreseen that a decline of 15% in student numbers and a loss of income of $2.5 billion in revenue in 2011 places academics at higher risk for job losses.

American universities, particularly in science and engineering programmes, have grown heavily dependent on attracting the best and brightest students (graduate students, teaching assistants, and post-doctoral students) from around the world. Japan, Malaysia, and Taiwan have also increased their targets of attracting top students (de Wit, 2013:68). Capping will therefore seriously decrease the numbers and quality of education and create tremendous difficulties in maintaining excellence in those areas (Stohl, 2007:365).

According to Knight (2011:221), the most recent developments in internationalization in higher education include “global branding, and the development of educational hubs.” As Knight (2011:221) further explains: The term education hub is being used by countries who are trying to build a critical mass of local and foreign actors—including students, education institutions, companies, knowledge industries, science and technology centres—who, through interaction and in some cases collocation, engage in education, training, knowledge production, and innovation initiatives. It is understood that countries have different objectives, priorities, and take different approaches to developing themselves as a reputed center for higher education excellence, expertise, and economy.

These hubs are not only or necessarily physical spaces, but are regarded as connections and engagement between local and international stakeholders (Knight, 2011:234) Jaschik (2013) reported these physical structures and spaces as being educational cities and/or educational zones. Knight (2011:221) classifies these hubs into three categories: student hubs, skilled work force hubs (talent), and knowledge/innovation (research) hubs. There are now universities that enrol thousands of students for a programme using massive open online courseware (MOOC) which allows for interaction between the teacher and other
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students all around the world (Sharma, 2013b). The advantage of this is that it enables universities to be more visible overseas and to build their reputation and global brand (Sharma, 2013b).

Higher Education Institutions around the world are finding that internationalization can no longer be a side-line in their overall strategic planning process or policy development, but that it should be integrated into the strategic and operational management of the HEI (Egron-Polak & Hudson, 2010:3). Prof D Swartz (in Jooste, 2010:3), Vice Chancellor of the Nelson Mandela Metropolitan University cautioned and challenged the audience at a colloquium in 2010, saying that:

“Our cognitive, cultural and education system as well as our traditions cannot cope with this rapidity of change or the volume of information and knowledge that is constantly circulating around the planet. We have to look at borders within as well as at mental borders. The development of ICT over the past four decades has been such a fantastic revolution creating new possibilities so that even the mental borders that we have created in our minds have to be constantly revisited and subverted by the realities facing us, and this we find in our classroom.”

3.2.4. Globalization and Internationalization as it Pertains to Health Systems

According to Tschudin and David (2008:222):

“Governments decide on the kind of healthcare systems a country has and how this is paid for. All such systems are increasingly seen as financial, economic and global businesses and enterprises. While they exist for the health of the nations, they may also be profitable to shareholders, depending on their funding sources and operational ideologies.”

Global health care is a collaborative trans-national research or action promoting health for all (Beaglehole & Bonita, 2010). In practical terms it means giving direct care to health care consumers from another area or nation or the provision of resources, for instance mosquito nets to help curtail malaria or interventions in crisis like the recent spate of earthquakes reported in many parts of the world. Global health could also mean developing health systems and policies within the health sector in another country. Health is a global concern and there are many variations and complexities within health care systems and environments (political, economic, social, and technological) (Beaglehole & Bonita, 2010).
International health interests is central to global health meaning there is a need to protect countries and their people against possible harm (Beaglehole & Bonita, 2010).

Tschudin & Davis (2008:223) state that a measure of the globalization of a health system includes its degree of openness to foreign goods, services, ideas and policies, and people. Private companies, including foreign companies, increasingly provide health services and health insurance schemes and are using technologies and collaborative approaches to gain financial results (Tschudin & Davis, 2008:223).

The business of health care has become a unified, global field as trade barriers fall, communication becomes faster and cheaper, and consumers are exposed to different health care options. Risks of a borderless world could therefore match the benefits and opportunities (Daft, et al., 2010:124). When examining the above statement, the following should be taken into account. Exporting - the “cross-border” supply of health services and resources - has become a reality, for example, a private health care company in a developing country renders services in a developed country at a reduced cost to counteract the devaluation of their currency and sustain their health care business (Daft, et al., 2010:127; OECD, 2011: 51). An example of exporting would be a private health care business from South Africa rendering ophthalmic surgery for the National Health Service in Britain. There are, however, strict regulations that govern trade and exports which could negate their positive effects – The Healthcare and Medical: International trade regulations, from the UK Government Department of Trade and Investment could be put forward as an example (available on www.gov.uk). On the other hand, Daft, et al. (2010:127) argue that “countertrade” can take place where developed countries exchange services for products instead of currency. Daft, et al. (2010:127) further report that an estimated 20% of world trade is countertrade. Financial management or human resource management (outsourcing professionals) could be cited as examples of global health outsourcing (Daft, et al., 2010:127). An example of this type of trade in health care would be the provision of doctors or nurses from China to deliver health care services to Zimbabwe in exchange for minerals that are needed in China. Other examples of countertrade cited are provision of health insurance, pharmaceuticals (vaccines) and services (doctors) in exchange for something in the host country (special allowances for immigration) (PGH Foundation). Such practices are not without risk to donor countries. The USAID "PRIDE" project (organized by the PGH Foundation) is also a form of countertrade, where recently qualified health professionals are given six months internships which gives the US access to large talent pools, but under the auspices that services in the host country will improve after the training programme (PGH Foundation). Global outsourcing (also called offshoring) refers to activities/services that are
rendered using the cheapest sources of labour and supplies (Daft, et al., 2010:127). X-rays that are now sent via the internet from anywhere in the world to radiographers in India are an example of this. The internet and advances in telecommunications have enabled companies to outsource a higher level of work as well.

Another form of globalization is licensing, in which a corporation (the licensor) in one country makes certain resources available to companies in another country. Licensing is a statutory mechanism by which a governmental authority grants permission to an individual practitioner to engage in an occupation, or to a health care organization to operate and deliver services (USAID). Licensing allows for access, usually in the form of registration of companies or individuals. Usually certification and accreditation is necessary for in the host country, for example, licensing of doctors and nurses by professional bodies. Innate to the principle of licensing are the standards that are set within countries and professions. Franchising is another form of licensing, but most importantly the individual’s or company’s participation is controlled and limited in the market (Daft, et al., 2010:128; USAID). Health care pharmaceutical companies and health insurance agencies often have franchises in other countries. A higher level of international trade and involvement is direct investment. The most popular type of direct investment is to engage in alliances and partnerships, but wholly owned foreign affiliations also take place (Daft, et al., 2010:128). According to the World Bank (2010b:12), Eastern Europe and Central Asia are the regions most open to foreign equity ownership, and in Georgia and Montenegro there are no restrictions on ownerships. In global health care, foreign affiliations could also mean partnerships or joint ventures between large health care companies in different parts of the globe, for example, the partnership between Life Health Care (South Africa) and Max Health in India. In this case, both companies benefit from the arrangement - one provides training of health care professionals at a lower cost, and the other provides direct investment into the local company. The affiliation between the companies could also refer to foreign companies taking over the delivery of services in a specific sector of the health care market in another country, or “greenfield ventures” where companies build up subsidiaries in foreign countries from the bottom up (Daft, et al., 2010:128).

Health issues around the world have increasingly attracted philanthropic organizations and individuals, for instance, Bill Gates or Atlantic Philanthropies who have donated millions of dollars to health related initiatives around the world. New partnerships have focused on specific diseases and have made great inroads toward global health, for instance, new HIV infections have been reduced by 16% globally between 2000 and 2008, due, at least in part, to successful HIV-prevention efforts (WHO, 2010a:17). Globalization, on the other hand, has
acknowledged health risks, for example, the rapid spread of disease and pests due to speedier and massive movement of goods and people. For example, Tschudin and David (2008:222) point out that globalisation has contributed to the “spread of vectors from formerly fairly localized diseases such as malaria.” Such health risks can, however, be managed and have been offset by benefits in the diffusion of new ideas, technologies, and steady global economic growth which globalization brings about (Labonté et al., 2009:2).

The World Health Organization (WHO), however, reports that progress has been slow and limited in improving health care and health indicators in a number of regions of the world (even with globalization efforts) because of conflict, poor governance, economic or humanitarian crises, and lack of resources (WHO, 2010a:12). The effects of global food, energy, financial, and economic crises on health are still unfolding, and action is needed to protect the health spending of governments and donors alike (WHO, 2010a:12).

The increasing mobility of health consumers (also called patient mobility or medical tourism), for example, patients travelling abroad to access medical care, is a major part of international trade in health services. Circumstances in the consumers’ home country might not make it possible to receive the care needed (accessibility or capacity) or the health care may be faster, cheaper, or of a higher quality in another country (OECD, 2011:64). America is a prime example, where medical services are expensive and cheaper good quality medical facilities are available elsewhere, for example, France or South Africa, so ‘tourists’ visit these destinations to receive medical treatment at a fraction of the cost.

Global technological advances have, however, benefited smaller and outlying communities. The use of new technologies, such as the Internet, to provide health services across borders and to remote regions within countries, for example “the growing use of surgery via internet or video-linked technologies such as robots and telecare”, have made access to care possible or changed the quality of care being offered even in remote locations (Tschudin & Davis 2008:223). This has resulted in a shift from additional care in hospitals to additional care at home. Large groups of people can now benefit from experts, and local knowledge can be learnt or used even from thousands of kilometres away (Tschudin & Davis 2008:223). The uneven spread of technology across the globe could, however, exacerbate health inequality in ways that are not conducive to lateral or unilateral governmental action (Orme, Powell, Taylor & Grey, 2008:204).

Tschudin and Davis (2008:13) report that all underprivileged populations (people from a lower socio-economic group, especially women, children, and the elderly) suffer from globalization, particularly those in countries where the HIV/AIDS burden is high. In many
cases, older women are also left to care for orphans without the social or economic means to sustain them, while their young families migrate and provide limited remittance for care of the young, but not for the adults (Tschudin and Davis, 2008:13). Expenditure on health for those that ‘stay behind’ is therefore limited, postponed, or even non-existent.

Adjustments in consumption patterns are also a result of globalization, which impacts negatively on health. Lifestyle diseases such as obesity and chronic diseases are well known and documented as a result of processed food. Aggressive advertising of tobacco also contributes to chronic diseases, especially in malnourished populations. These global developments have added considerably to the burden of chronic diseases in developing countries (Tschudin and Davis, 2008:15). A more indirect effect of globalization is mass urbanization, resulting in an increase in air pollution, housing issues, and hazardous waste systems (contributing to communicable disease development) (Tschudin & Davis, 2008:15).

According to the World Health Organization (WHO) (2012a:12-13), more than a decade ago the Millennium Development Goals (MDGs) were adopted and targets set. Substantial progress has been made since then, but there are still many health inequities, health crises, and variations in health status between countries and even within countries. The World Health Organization (2012a:12-13) also states that despite the improvements that have been made, it is unlikely that the Millennium Goals will be reached. The progress toward the MDGs has also been unevenly distributed and in some regions the mortality and morbidity statistics have worsened. Communicable diseases like measles is still challenging and infant mortality rates of children under the age of five due to pneumonia and diarrhoeal disease has necessitated additional interventions (WHO, 2012a:13). The World Health Organization (2012a:13) comments that:

“The maternal mortality rate is still problematic as well as the risk of malaria, tuberculosis, HIV/AIDS. In 2010, an estimated total of 2.7 million people were newly infected with HIV – 15% less than the 3.1 million people newly infected in 2001. In 22 countries in sub-Saharan Africa, a similar rate of decline has been observed over the past decade, but the number of cases in this region still accounts for 70% of all those who acquire HIV infection globally. At the end of 2010, there were an estimated 34 million people living with HIV – an increase on previous years.”

The number of people that have access to anti-retroviral treatment has, however, increased dramatically (WHO, 2012a:13).
The World Health Organization (2012b) summarises the global burden of disease as follows:

- Around seven million children under the age of five die each year.
- Cardiovascular diseases are the leading causes of death in the world.
- HIV/AIDS is the leading cause of adult death in Africa.
- Population ageing is contributing to the rise in cancer and heart disease.
- Lung cancer is the most common cause of death from cancer – 70% is contributed to tobacco use.
- Complications of pregnancy account for almost 15% of deaths in women of reproductive age worldwide.
- Mental disorders such as depression are among the 20 leading causes of disability worldwide.
- Hearing loss, vision problems, and mental disorders are the most common causes of disability.
- Nearly 3500 people die from road traffic crashes every day.
- Under-nutrition is the underlying cause of death for at least one-third of all children under age five.

Furthermore, the World Health Organization (2010b) states that there are approximately 60 million health workers worldwide. According to Sugrue and Kenner (2009:Slide 6), 10% of the global burden of disease is found in the USA and Canada, but 37% of the health care workers live or work in those countries. Furthermore, 24% of the global burden of disease is found in the African region, but only 3% of the health care workers live or work there (Sugrue & Kenner, 2009:Slide 6). In Canada, there are reportedly 19.8 physicians and 104.3 nurses per 10,000 of the population, and in Zambia only 0.6 physicians and 7.1 nurses per 10,000 of the population (WHO, 2012a:122).

Many of the health workers migrate to countries where they can earn higher salaries and have better career opportunities, higher job satisfaction, and where the quality of management is better. The demand for trained health care workers is growing in high-income countries that are dependent on doctors and nurses. Certain health care workers that have been trained in select locations abroad are highly sought after. Africa reported that the ‘brain drain’ is the highest risk indicator of internationalization (Green, 2010:197). Brain drain is the emigration of highly skilled, educated and talented people from a particular country (Oxford Dictionary of English, 2005).
The WHO developed a Global Code of Practice on international recruitment of health personnel because migration of health workers weakens health care systems in the country of origin. The Code of Practice was developed to achieve an equitable balance between ‘donor’ and ‘host’ countries (WHO, 2010b). Migration can, however, also have positive effects such as cross pollination between countries, establishment or acceptance of best practices (after health care workers have been exposed to them in other countries), and health care workers can return with a wealth of skills and knowledge that can be applied in their home country. Financially, the home country can also benefit because they did not have to train the health care worker, however, it also creates a ‘brain drain’ and substantial financial loss for the donor country (Green, 2010:197). Migration of health care workers can also provide income for those ‘staying behind’ in the form of remittance (WHO, 2010b).

It should be stated that there are a number of fundamental principles that make up the present discourse and these should not be ignored when discussing global health issues. These principles are the principle of prevention of disease and promotion of health. The principles include the need for all people to have access to health services (universal coverage), and for all people to receive basic services such as clean drinking water, sanitation, and health care. There is a principle of need that is unique to every health care client, setting, and health services in local areas should supply them. Furthermore, there is a principle of mutuality in which collaboration is necessary to benefit all people as borders become more permeable. The challenge is contracting the right resources to the right place and at the right time, and the political will of stakeholders to achieve the goal of health for all.

3.2.5. Globalization and Internationalization in Nursing

The first instances of globalization and/or internationalization in nursing could probably be contributed to the wars and religious movements in previous centuries. Nurses were deployed in foreign lands to care for the armed forces and trained nurses from religious orders spread the word of God by helping the poor and destitute. Florence Nightingale could be cited as a pioneer of internationalization in nursing as she was deployed in the Crimean War. The communication media aided her calls to better the conditions and treatment of British soldiers. Her practices (research findings) were widely communicated and later became known and accepted as standard nursing practice in many parts of the world.

Nurse educators and researchers have the power to shape how the next generations of nurses understand and respond to global health problems (Tschudin & Davis 2008:37). In a report by Scobie, Hammond and Petrovskaya (2011:3), internationalization in nursing
education is expressed in two ways: firstly, the curricular component depicting the national (local) and international content; and secondly, the international experiential component which encompasses encounters with diverse populations in geographically and culturally varied contexts by the student. In educational terms, internationalization in nursing means deliberately creating awareness in nursing students and faculty of global issues and their impact on health, and educating competent nurses who can work across cultural, ethnic, economic, political, and social divides within their own countries, but also outside their borders. The goal if the internationalization in education of nurses is to purposefully promote global-mindedness, global citizenship, an awareness and commitment to social justice, and to provide health care to all communities, entire populations as well as individuals and families (Scobie, Hammond, & Petrovskaya, 2011:3). On their website, the International Council of Nurses (ICN) has called approximately 13 million nurses worldwide to act upon global health issues (ICN: website). Nurses who embody the characteristics of global citizenship and all that that entails, are sensitive, aware of their own values and culturally shaped perspectives and are respectful of others (Tschudin & Davis 2008:37). There has therefore been a call for a global nursing ethic which is based on the knowledge of what it means to be a human being (in any country) (Tschudin & Davis 2008:19).

In nursing, as in other disciplines, internationalization of curricula is now viewed as the discourse of choice and giving students opportunities to study abroad is deemed a suitable way of achieving the goal of enhancing students’ experiences of higher education, reducing the inequities in global health, and increasing the awareness of diversity (Greatrex-White, 2008:537). Although the internet makes it possible to access instant information, it is not a substitute for experiential learning (Fitzpatrick, 2008:193). Popularity has risen for short-term study abroad programmes (eight weeks or less) because educators desire more students to spend at least a portion of their college careers outside the United States (outside the country of origin), and the shorter programmes do not interfere with official academic programmes or place such a large financial burden on the student (McMurtrie, 2007:1). Shieh (2004:33) states that international exchange programmes for nursing students are expensive and organising them is labour-intensive, but they offer several benefits - participants have a live cultural experience with a new culture that is distinct form their own, it provides nurses with the milieu to increase nursing knowledge in the context of the new culture, it provides a true exchange of knowledge and ideas for both students and faculty members, and provides internal transformation that leads to personal growth. As educators, we need to listen to what nursing students who participate in study abroad programmes are saying, and be aware of the learning that has taken place, so that “we can harness the experience that has taken place, and enable critical thinking” so that the student does not
Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI
Chapter Three: Context of the Study (Phase One).

remains “fixated on technical problems, but develop an awareness of bigger issues e.g. health systems, moral, ethical and other issues that may be cause for alarm and remain invisible” (Greatrex-White, 2008:537; Keogh & Russel-Roberts, 2009:109-110).

Schools of Nursing still concentrate on teaching health exclusively within the context of their own nation because of the needs within their own countries, but also due to the challenges that internationalization brings. Nursing education still varies greatly throughout the world, and there are different levels of competency, capacity, and skill within nursing. Each regulated health profession has a scope of practice that describes what the profession does and the methods that it uses (College of Nurses Ontario, 2011:2), which implies that the registered/licensed nurse has a particular knowledge and the comprehensive application of that knowledge in clinical practice.

These variations in the educational system limit the migration, human resource planning, utilization, and management of nurses within host countries (Baumann and Blythe, 2008:3). Some ideas on global praxis have been put forward. The ICN and WHO have developed global standards for basic nursing and midwifery education in cooperation with major international role players to try to counteract these difficulties; however, on a local level the implementation of this process is sometimes difficult due to problems encountered with registration or licensure to practice, accreditation of nursing schools, and recognition of prior learning and placements (Baumann & Blythe, 2008:3; WHO, 2009:1). According to Baumann and Blythe (2008:3), there is, however, an absence of a trans-national body of nursing that has the international authority to monitor educational standards worldwide.

In 2006, the World Health Organization (2006:2) reported that there was an estimated shortage of approximately 4.3 million doctors, midwives, nurses, and support workers worldwide. They also indicated that the shortage was most severe in the poorest countries, especially in sub-Saharan Africa (where the shortfall is estimated at 600,000 (WHO in Tschudin & Davis 2008:18)), where health workers were most needed. Developing “Nurses for Export” initiative began in the 1950s in the Philippines (Baumann & Blythe, 2008:2) and is a reality in the present global village due to the global shortage of nurses and nursing faculty. Nurses are trained in a particular country and they are sent abroad to find work in other countries. It holds benefits for the exporting overpopulated countries or countries where poverty is prevalent, because the nurses send foreign exchange back into their country of origin. Countries like India, China, and Korea are at the helm of this export (Baumann & Blythe, 2008:2). Shortages of staff in particular areas, variations in remuneration packages (taking the foreign exchange rate into account), and the escalating
cost of training have been contributory factors toward ‘Nurses for Export’. Unmanaged migration is still a growing concern (Tschudin & Davis 2008:99). There are regions in Europe, the Americas, Asia, and the Pacific for instance that have established regional agreements to regulate the movement of goods and services. If nurses from these countries meet the licensing requirements from one country they are eligible for recognition and can practice in the other country (Kotzé, Armstrong, Geyer, Mngomezulu, Potgieter, Subedar, & Vasuthevan, 2013:67). Negative migration patterns can cause severe social, economic, political, ethical, and health related consequences (Sugrue & Kenner, 2009:Slide 5). In health care, nurse migration is particularly problematic because in developing countries nurses provide 80% of health care (Sugrue & Kenner, 2009:Slide 8); resulting in a massive brain drain out of developing countries, which leads to casual employment practices that erode the conditions of employment and social security cover. This in turn leads to the erosion of positions and services in the public sector. In many cases the public sector serves the poor, so they then suffer the most, which leads to a social outcry. People therefore step in to assist voluntarily and this leads to exploitation and less time for them to take up gainful employment, which exacerbates poverty (Kotzé, et al., 2013:68). Parallel to that, however, opportunities develop in the market and private health care enterprises are contracted to render services (Kotzé, et al., 2013:68). These companies become lucrative and the divide between them and the public health sector becomes even greater. Although the private health sector increases the services and quality of services, it also intensifies uneven service provision. The private sector focuses on profits so they render services to those that can pay and the underprivileged still have to utilize the public sector. Once again, ‘the poor’ are deprived of health care services, but this time on economic grounds.

Some countries, for example the United Kingdom, actively recruited nurses from developing countries until opinions were voiced about the ethics of such practices. In 2010, for instance, there were eight physicians and 41 nurses per 10,000 of the population in South Africa, and 21 physicians and six nurses per 10,000 of the population in Britain (WHO, 2010a:122), and remuneration differences were massive because of the foreign exchange rate. An outpouring of nurses from South Africa to Britain therefore took place. The aggressive recruitment and accompanying brain drain necessitated policy changes. Agreement and moratoriums were placed on developed countries (in this case the United Kingdom) and standards to guide the recruitment of practice followed (Tschudin & Davis, 2008:201). Licensing became more rigorous and caps were put on the numbers of nurses to particular destinations, for example, nurses from South Africa into Britain, to stem the outflow of nurses. Of late, however, recruitment continues, but international companies are being selective about their recruitment. Recruitment is often related to specific skill sets, for instance, critical care
nurses or highly specialized theatre trained nurses, which again create mal-distribution of human capital in health care, a void in a specific skill set, and an economic strain on the ‘donor’ country.

In conclusion, nurses and especially nurse educators need to realize that it is no longer acceptable to be aware of their own countries’ demographics, epidemiological, socio-economic or political changes, disease patterns and processes, or the impact it has on their own population. Nurse leaders need to understand and monitor global changes and adjust the educational and health care delivery system to prepare nurses adequately for the global changes that will occur but it should, be a multi-faceted and multi-tiered approach.

3.3. The Meso Environment

In the discussion about the meso environment, the researcher will discuss the education, health, and nursing systems of the three countries involved in the study. Each country is unique and it is important that the reader understands where the students and faculty members come from and where they are going to for their study abroad programme.

3.3.1. The Republic of South Africa

South Africa is a constitutional democracy with three tiers of government - national, provincial, and local - each with their executive authorities. The country is a democratic state, in which voters choose the most dominant party to govern the country (majority rule). There are nine provinces in the country. The national population of South Africa is estimated at 50.1 million people, with a growth rate of 1.1% (WHO, 2012a:164). The population is unevenly dispersed, the highest provincial populations being in the Gauteng province (10.5 million) and KwaZulu-Natal (KZN) (10.3 million) (Health Systems Trust (HST), 2008:248; Lawn & Kinney, 2009: 4). Furthermore, 62% of the population is urbanized (WHO, 2012a:164). The population growth rate declined from 2.4 in 1993 to 0.82 in 2007 (Health Systems Trust (HST), 2008:248), but according to the WHO report (2012a:164), it has increased again to 1.1 in 2010. The median age of the population is 25 years of age (WHO, 2012a:164). There are eleven official languages, but English is the general lingua franca. The economy is middle income, and an emerging market, which is built on a broad based industrial economy, which is the strongest in the region. It has a well-developed financial, legal, communication, energy, and transport infrastructure. The mining, agriculture, and manufacturing sectors are major components in the economy. According to Government of South Africa, Statistics South Africa (2010:5), the gross domestic product (GDP) per capita
(2007) was R36,461 or $5,168. Unemployment and poverty remain the largest challenges. The unemployment rate, according to the World Bank (website) was 23.8% of the total population in 2009. The literacy rate of persons age 15 and above is 89% and the average per capita income in 2010 grew to (USD) $10,360 (WHO, 2012a:164). Private and public institutions are responsible for education. The public sector provides most of the resources and financial support in the country for education. Parents make a contribution toward the education of their children, but the government makes the largest contribution. The same can be said for the health care sector.

3.3.1.1. Legislation

The Constitution of South Africa Act No. 108 of 1996 is the supreme law of the country. The Bill of Rights is contained in Chapter Two of the Act. The rights include access to education and health care, although these are conditional as it is dependent upon the resources available for such purposes (Kotzé, et al., 2013:5).

One of the National Acts that direct the functions of the Office for International Education at the HEI, is the Immigration Act No. 13 of 2002 of South Africa. The Immigration Act (13 of 2002:26) stipulates the study visa and visitor’s visa requirements. Section 11 of this Act stipulates who is eligible to be issued with a permit. In the case of study abroad programmes, a visitor’s permit may be issued to a ‘foreigner’ who holds a visa, is a citizen of a foreign state (the definition is given in the Act), but the permit may not exceed three months. The foreigner has to provide evidence of sufficient financial resources, and it is stipulated in the Act that the ‘foreigner’ (visitor) may not work, but can be involved in sabbaticals, voluntary, or charitable activities and research. A deposit has to be provided to the Department of Home Affairs by the visitor, in case there of non-compliance of the regulations in terms of the Immigration Act. The visitor may have single or multiple entries into the country during the three months period and the Act also allows for prescriptions in respect to insurance, financial guarantees, or special requirements (The Immigration Act 13 of 2002:27). It is under the auspices of this section that the Indemnity Insurance is requested for experiential learning. According to the Immigration Amendment Act (19 of 2004, Section 19 (2):30) a student must provide proof of medical cover.

The Higher Education Act (101 of 1997:3) states that programme-based higher education should be in keeping with international standards of academic quality. The NQF Act (67 of 2008: Section 13 (j), (i) & (ii)) stipulates that qualifications should be internationally comparable. It also specifies that the South African Qualifications Authority (SAQA) should
collaborate with international counterparts on all matters of mutual interest concerning qualification frameworks, and inform the Quality Councils (QCs) and other stakeholders about international practices in the development and management of qualifications. Section 13 (m) of the Higher Education Act (101 of 1997:3) also requires SAQA to provide an evaluation and advisory service for foreign qualifications consistent with this Act. Entry requirements for students for degree seeking purposes are also prescribed by the NQF Act and it also states that qualifications should be internationally comparable (The NQF Act No. 67 of 2008:6). Access to higher education in South Africa is regulated through legislation and is conducted on two levels. In the first place, candidates need to meet the legislated minimum admission requirements which are administered by the Matriculation Board (UMALUSI). Secondly, the Higher Education Act 101 of 1997 as amended gives Universities the right to establish additional admission requirements set and approved by each University Council. There are two organizations that the Office for International Education can utilize to verify and evaluate matriculation certificates that are issued in foreign countries - Higher Education South Africa (HESA) and the South African Qualifications Authority (SAQA).

The short-term study abroad international student is generally not degree seeking and is mostly registered as an occasional student.

The National Health Act, No.61 of 2003, brought about health care reforms in the private and public sectors in South Africa. The rights of patients and health care workers are contained in this Act. The governance and organization of health care research and services - provision of health services for example, in district hospitals - is also stipulated (Kotzé, et al., 2013:3).

The Nursing Act, No. 45 of 1944, enabled the proclamation of the South African Nursing Council (SANC). The main function of the South African Nursing Council is to protect and serve the public of South Africa in matters involving health services in general and to ensure that high quality nursing is provided to citizens. The Nursing Council licences nurses in South Africa and prescribes nursing education programmes. The SANC also accredits institutions who offer nursing qualifications and requires nursing students still in training (pre-registration) to be registered with the Council. The Nursing Act (33 of 2005: Chapter 2, Section 33) has specific regulations about the limited registration of foreigners, although, by implication, someone who is not registered with the South African Nursing Council will not be allowed to practice nursing.
3.3.1.2. The Higher Education System in South Africa

Higher education in South Africa is governed by the Department of Higher Education and Training. The South African Qualifications Authority (SAQA) is a statutory body whose mission is to ensure the development and implementation of a National Qualifications Framework (NQF) which contributes to the full development of each learner and to the social and economic development of the nation at large. The Council for Higher Education (CHE) is the accrediting body for universities.

The Minister of Higher Education and Training can declare a facility as a Higher Education Institution in terms of the Higher Education Act No. 101 of 1997 (please see the section on legislation below for more information). South Africa now has 23 universities of which six are comprehensive universities, which means that they incorporate programmes of a technical nature, alongside programmes of a more academic nature. A comprehensive university also offers a full range of certificates, diplomas, or degrees in the higher education band of the NQF. The universities are subsidized by the state, but remain autonomous and report to their own councils, rather than to the government. The government allocated 19.9% of the total national budget to education and training in 2010/2011, which amounted to R17.5 billion (MacGregor, 2010a). Currently, task teams are developing plans for two new universities (MacGregor, 2010a).

South Africa and its universities reflect a rich diversity of cultures and with international students and staff adding to that, we become a dynamic and international community. According to IEASA (website), since the end of “apartheid” and the birth of democracy in 1994, South Africa has attracted growing numbers of international students from across Africa and around the world (include author or title and year). There are nearly 900,000 students enrolled at public universities, and nearly one in five young South Africans enter higher education (IEASA, 2011a:1). Since 2000, South African student enrolment has grown at about 4.2% per year on average (IEASA, 2011a:1). Growth slowed by 1.2% from 2004-2009, but in 2010 and 2011 the figure shot up to 6.2% or 55,000 additional students in the higher education system for the year (IEASA, 2011a:1).

The number of international students at South Africa’s public universities has quadrupled since 1994, from 12,557 to 53,733 in 2006, according to figures from the National Education Department (CHE, Monitor 9:2010:11). Most of them are from other African countries, but also thousands from Europe, Asia, and the Americas. The number of international students in the system has remained stable at 7% of the total population of students (IEASA,
2011a:1). International students comprise about a quarter of the postgraduates in the country. However, the same cannot be said of the undergraduate programmes where the international contingent remains a small part of the student body (Council for Higher Education (CHE), Monitor 9:2010:11).

3.3.1.2.1. Internationalization in the South African Higher Education System

The role of African universities in sustainable social, political, and economic development is now widely acknowledged in terms of the globalized world. Higher education is seen as one of the main drivers of change and progress in societies. In a global survey conducted by the Egron-Polak and Hudson (2010:159-163), they cited strengthening the research capacity and knowledge production as the main reason for internationalization. South Africa and Egypt together account for half of Africa’s scientific publications (Egron-Polak & Hudson, 2010:160). International research partnerships and collaborations are therefore growing in importance for African Universities. Interestingly, however, the income generation from internationalization has not been given high priority. In an IAU global survey conducted by the International Association of Universities and reported in Egron-Polak and Hudson (2010:159-163), it was found that faculty members’ international knowledge had a low priority, yet the preparation of students for a globalized and internationalized world was ranked as a high priority by universities in the African region. In the same survey, internationalization was viewed as positive - the two benefits that were highlighted by African HEIs in the study were research development and the increased international awareness of students (Egron-Polak & Hudson, 2010:159-163). Southern African countries therefore need to urgently develop and implement higher education policies aimed at expanding student enrolments, strengthening quality and qualifications of academics, at least doubling the production of postgraduates, developing research capability, and changing how universities work, including improving governance and planning (Kotecha, 2012:2).

The trend of international students studying in the same region as their country of origin is most prevalent in sub-Saharan Africa where, in 2007, 23% of international students studied in another country within the same region, compared with 18.4% in 1999 (Jobbins, 2009). Nearly 5.8% of all tertiary students from the sub-Saharan region study abroad which is about three times greater than the global average (UNESCO, 2009:45-47, 242). South Africa alone hosts a fifth of international students from the rest of sub-Saharan Africa, which represents 2% of mobile students worldwide (UNESCO, 2009: 45-47). South Africa, perhaps because of its well-developed higher education system, has fewer than 7,000 students overseas (0.1% of its tertiary age population) (UNESCO, 2012c). In 2009, South Africa hosted 61000
international mobile students and two thirds of them originated from SADC (UNESCO, 2012c). Health and Welfare was the most popular field of education in sub-Saharan Africa and accounted for 14% of the education sought (Jobbins, 2009; UNESCO, 2009:45-47, 242).

IEASA was established in 1996 to manage the influx of international students in South African universities (Jooste 2010:3). Later, however, the focus on the mobility of students (numbers) diminished and the linkage between curriculum outcomes, staff, and student mobility became more pronounced. The present discourse of internationalization emphasizes the need to develop indicators of internationalization to provide guidance and direction within the systematic processes and environment of an HEI (Jooste, 2010:3-4). The internationalization processes are, however, dependant on the capacity of organizations, for example, skills, human resources, and cooperation of stakeholders (Jooste, 2010:4).

The increase in the number of international students studying in South Africa confirms the quality of the country’s universities and the international standing of their academics and qualifications. According to the Open Doors Report (IIE, 2012:Fast facts), South Africa is now ranked the 12th most popular destination for USA students. The increase in international students in South Africa between 1994 and 2010 is indicated in Table 3.1, below.

Table 3.1 Increase in international student numbers in South Africa

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern African Development Community (SADC)</td>
<td>6209</td>
<td>7822</td>
<td>21 318</td>
<td>36 207</td>
<td>35 917</td>
<td>45 851</td>
<td>41 906</td>
<td>46 496 (17%)</td>
</tr>
<tr>
<td>Non-SADC Africa Total</td>
<td>1521</td>
<td>2079</td>
<td>4263</td>
<td>6664</td>
<td>8569</td>
<td>9554</td>
<td>10 663</td>
<td>10 986 (11%)</td>
</tr>
<tr>
<td>Rest Of The World</td>
<td>4827</td>
<td>5268</td>
<td>5568</td>
<td>7108</td>
<td>7673</td>
<td>6619</td>
<td>7011</td>
<td>7302</td>
</tr>
<tr>
<td>No Information</td>
<td>14 228</td>
<td>1447</td>
<td>1574</td>
<td>1928</td>
<td>1276</td>
<td>1353</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>591</td>
<td>161</td>
<td>717</td>
<td>739</td>
<td>741</td>
<td>383</td>
<td>799</td>
<td>837</td>
</tr>
<tr>
<td>% Non-South African students</td>
<td>7.68</td>
<td>7.16</td>
<td>7.25</td>
<td>7.76</td>
<td>7.31</td>
<td>7.25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: South African Government (2011)

Among contact institutions, the University of Cape Town had the highest number of foreign students enrolled at a University in South Africa, while Rhodes University had the highest proportion of international students – with one in four students being foreigners (MacGregor, 2007:1).
Since 2007, there has been an 8% increase of international students studying in South Africa. Most of these students come from other African countries, making up 69.4% of the international student cohort. The most students originate from:

- Zimbabwe 27.8%
- Namibia 12.2%
- Botswana 8.1%

The United States, United Kingdom, and Australia, all English speaking countries, remain the top three destinations of South African students studying abroad.

- United States 1,622 students
- United Kingdom 1,539 students
- Australia 763 students

The most recent total for international student enrolment in South Africa is 63,964 (IIE, 2010). In line with figures from other ‘destination’ countries, around a third of foreign students are enrolled in distance education programmes through the University of South Africa (MacGregor, 2007). By contrast, only a few thousand South Africans study abroad each year (MacGregor, 2007:1). Table 3.2 will indicate the growth in South African students that study aboard.

**Table 3.2 Total number of South African students studying abroad**

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of South Africans studying abroad</td>
<td>6,166</td>
<td>6,062</td>
<td>5,500</td>
<td>5,746</td>
</tr>
</tbody>
</table>

Source: Institute for International Education (2011) * No differentiation between long and short-term study abroad was made.

As can be observed in the table above, the total number of students studying abroad is still on the increase. The most popular destination of South African students studying abroad is summarized in Table 3.3, below.

**Table 3.3 Top Five Destinations for South African students studying abroad**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Destination (Top Five)</td>
<td>Number of Students</td>
<td>Destination (Top Five)</td>
<td>Number of Students</td>
</tr>
<tr>
<td>United States</td>
<td>1,641</td>
<td>United States</td>
<td>1,675</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1,543</td>
<td>United Kingdom</td>
<td>1,582</td>
</tr>
<tr>
<td>Australia</td>
<td>839</td>
<td>Australia</td>
<td>875</td>
</tr>
<tr>
<td>Cuba</td>
<td>377</td>
<td>Cuba</td>
<td>387</td>
</tr>
<tr>
<td>Malaysia</td>
<td>198</td>
<td>Ireland</td>
<td>161</td>
</tr>
</tbody>
</table>

As can be observed in Table 3.3 above, the number of students has increased, but the top five destinations have not changed over the last four years.

Internationalization in South Africa has, up until now, been focused on the student numbers (enrolment), but more emphasis is now being placed on international experiences, cultural competence, international awareness, internationalization of the curriculum, and international networking and communication between people from foreign lands so that people can deal with unfamiliar situations (Interview with Director of Office for International Education, 2008). According to Jooste (2010:1), the goal of South African HEIs regarding internationalization should be for internationalization to become institutionally driven, and founded in globally accepted and theoretically-based principles.

For the year 2007, UNESCO (2009:176), reported that 44.4% of the GDP per capita income in South Africa was spent on tertiary education. Nationally, 17.4% of the total GDP was spent on education, but low graduation ratios were found (UNESCO 2009: 25). For South Africa, the graduation rate was only 5.3% in 2007 (UNESCO 2009: 25). According to MacGregor (2010b) a Council of Higher Education (CHE) report cited some concerns of international students, including fees, which may be higher than those paid by South African students, difficulties in obtaining study visas "and the recent spectre of xenophobia in South Africa which has also been reported on university campuses". There are proponents in South Africa that want universities to give priority to local students instead of international ones because they believe the high number of international students block access for local students who are more deserving. Differentiated tuition fees and cost related tuition fees for international students was introduced in the 1980s in Australia and the UK (de Wit, 2010:67). This is also the case in South Africa where international students pay inflated fees. With the increase in global competition this might change, but South Africa’s foreign exchange is depreciating to such an extent that the lure to South African universities becomes greater.

The Egron-Polak and Hudson (2010:159-163) identified the “brain drain" as the main risk of internationalization which caused a major debilitating trend in Africa, negatively influencing the economies. The authors also mentioned that faculty members in HEIs, funding, visa restrictions, and recognition and equivalence of qualifications in were obstacles in internationalization. The lack of recognition of qualifications between African countries has led to the development of regional frameworks for quality assurance and harmonization to enhance the process (Egron-Polak & Hudson, 2010:159-163). The geographical proximity, political instability in Africa, lack of domestic capacity (for instance in Botswana and Namibia), and language differences are also put forward as factors influencing the mobility of students in Africa (de Wit, 2010:73).
Internationalization in Africa is still regarded as a positive process and the benefits of studying abroad still outweigh the difficulties (Egron-Polak & Hudson, 2010: 163). Kaunda and George (n.d.) suggested that through direct experience and service learning, international students registered for full degrees and semester study are able to acquire the civic literacy knowledge and skills necessary to build a more just, equitable, and unified society, not only here in South Africa, but also in their home countries.

3.3.1.3. The Health System in South Africa

The health care system in South Africa is a primary health care oriented, nurse-based health system. A relatively good network of facilities is available in South Africa which consists of a large public sector and a smaller, but fast growing private health sector. The provision of health care varies from specialized high-technology health services to basic primary health care delivered in clinics. Services in the public sector are subsidized, and mostly free of charge, for example, clinics. In 2009, the per capita total expenditure on health at an average exchange rate in was 9.2% (WHO, 2012a:142) which amounted to $521 per capita (United States Dollars) (WHO, 2012a:41), which is still $7439 less than in the USA, and $7012 less than in The Kingdom of Norway (forthwith called Norway). The general per capital government expenditure on health in South Africa as a percentage of total expenditure on health was 43.8% - which is 40.3% less than Norway and 3.9% less than the USA (WHO, 2012a:142). The private health sector in South Africa is available to those that can afford the services and those that have medical insurance. In 2012, the World Health Organization (2012a:142) reported that the private expenditure on health in South Africa as a percentage of the total expenditure on health was 56.2% - which is the highest of the three countries under discussion. Furthermore, private hospitals are largely situated in urban areas and focus on curative services, whereas public hospitals emphasize the entire spectrum of services from Level 1 (local), 2 (district) and 3 (tertiary or specialized) hospitals right down to primary health care and home based care services (Lawn & Kinney, 2009:5). In 2012, the general government expenditure on health as a percentage of the total government expenditure was 11.4% (the lowest of the three countries under discussion) (WHO, 2012a:142).

The majority of people in South Africa (approximately 80%) have no health insurance and use the public health sector which is under-resourced (South Africa Info, date). There are 88,000 beds in public facilities and 29,000 hospital beds in private facilities (Lawn & Kinney, 2009:5). The public health system has been transformed from a fragmented, disparate system into an integrated, comprehensive national service, but failures in leadership and
stewardship and weak management have led to inadequate implementation of what are often good policies (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009:817). Indeed, inequities remain a part of the South African health care system. The standard of health care varies from province to province and hospital to hospital. The less resourced and poorer provinces, for instance the Eastern Cape, face greater health challenges than the wealthier provinces like Gauteng and the Western Cape (South Africa Info, Health Systems Trust, 2009:131; Eastern Cape Department of Health). The disconnection between the private and public sector remains a challenge, for instance, only 14% of citizens are able to access the private health care sector and yet the private providers receive 60% of national health expenditure (Lawn & Kinney, 2009:1-2). A population of 40,809,284 is dependent on the government for health services (Health Systems Trust, 2008: 248) and variations in the health status and access to health care across the nine provinces therefore remain a concern (Lawn & Kinney, 2009:1-2). The South African government has begun with the implementation (still in pilot phase) of a National Health Care System where private health care providers will play a bigger role in health care provision (especially access to care).

There is a paradox in South Africa as there are supportive policies with moderate spending on health, yet health outcomes are worsening (Lawn & Kinney, 2009:1). Health spending per capita in South Africa is US$748 and the WHO standard is above $45 (Lawn & Kinney, 2009:4). The percentage of government spending on health as a proportion of total government expenditure is 10.8% (Lawn & Kinney, 2009:4).

Progress has been insufficient or even reversed for many of the health Millennium Development Goals (MDGs). Since 1994, life expectancy has fallen by almost 20 years – mainly because of the rise in HIV-related mortality. Average life expectancy at birth is only 55 years for men and 63 years for women (WHO, 2012a:58). It is not foreseen that South Africa will reach the Millennium Development Goals unless major changes take place in strategic investment, implementation, leadership, and accountability from both the public and private sectors.

3.3.1.3.1. Burden of Disease

The life expectancy at birth for both sexes in South Africa in 2010 was 55 – 54 for males and 55 for females (WHO, 2012a:58). Furthermore, South Africa’s per capita health burden is the highest of any middle-income country in the world, representing 17% of the world’s HIV/AIDS cases (WHO, 2012a:58). It is reported that 5.5 million people suffer from the disease and this constitutes 30.9% of the disability adjusted life years (DALYs) of the
Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI
Chapter Three: Context of the Study (Phase One).

Population (Lawn & Kinney, 2009:5) The incidence in South Africa is 23 times the global average which is the greatest HIV/AIDS burden of any country in the world (Lawn & Kinney, 2009:5). The burden is closely linked to the Tuberculosis (TB) epidemic which has more than doubled since 2001 with significant numbers of multi-drug resistant TB cases being diagnosed with an increase of XDR TB (Extensively drug-resistant TB) – sure signs of a health system that cannot cope (Lawn & Kinney, 2009:5). Although TB case notifications have increased four-fold between 1986 and 2006, many cases are still missed (Lawn & Kinney, 2009:5). South Africa also carries 5% of the global TB burden – which is seven times the global average, and accounts for 3.9% of the DALYs of the population (Lawn & Kinney, 2009: 2-5; Coovadia, et.al., 2009:818).

Violence and injuries form the second leading cause of death in South Africa. The injury death rate is almost double the global average and nearly half of the injury deaths are from interpersonal violence, mostly between men, and is reported as being 6.9% of the DALYs (Lawn & Kinney, 2009:5). Approximately 16,000 road traffic accident deaths occur each year and account for 3.0% of the DALYs in South Africa (Lawn & Kinney, 2009:5). Gender-based violence is especially high, with the female homicide rate six times the global average, with 50% of these women being killed by partners (Lawn & Kinney, 2009:5). In addition, 28% of men admit to having committed raped, and children are also exposed to sexual, physical, and emotional abuse and neglect (Lawn & Kinney, 2009:5; Coovadia, et. al., 2009:818).

Each year almost 75,000 children die, with 23,000 in their first four weeks of life (Lawn & Kinney, 2009:4). An additional 23,000 babies are stillborn and closely linked to 1,660 maternal deaths (Lawn & Kinney, 2009:4). The major causes of maternal death in the country are direct obstetric causes and HIV/AIDS, which increases the risk of maternal death ten-fold (Lawn & Kinney, 2009:4). Lawn and Kinney (2009:4) report that the most common causes of child death are neonatal (over 30%) and HIV/AIDS. Maternal, neonatal, and child mortalities have increased in some provinces of South Africa over the past five years and are of great concern to health care professionals. The highest morbidity and mortality rates, as reported by the Health Systems Trust (2008:244), are summarised in Tables 3.4 below:
### Table 3.4 Most prevalent causes of Disability Adjusted Life Years (DALYs) in South Africa (2008)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disease, Injury, or condition</th>
<th>% total of DALYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV and AIDS</td>
<td>30.9</td>
</tr>
<tr>
<td>2</td>
<td>Interpersonal violence injury</td>
<td>6.5</td>
</tr>
<tr>
<td>3</td>
<td>TB</td>
<td>3.7</td>
</tr>
<tr>
<td>4</td>
<td>Road traffic injury</td>
<td>3.0</td>
</tr>
<tr>
<td>5</td>
<td>Diarrhoeal diseases</td>
<td>2.9</td>
</tr>
<tr>
<td>6</td>
<td>Lower respiratory infections</td>
<td>2.8</td>
</tr>
<tr>
<td>7</td>
<td>Low birth weight</td>
<td>2.6</td>
</tr>
<tr>
<td>8</td>
<td>Asthma</td>
<td>2.2</td>
</tr>
<tr>
<td>9</td>
<td>Stroke</td>
<td>2.1</td>
</tr>
<tr>
<td>10</td>
<td>Unipolar depressive disorders</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Source: Health Systems Trust (2008:244)

In Table 3.5, Statistics South Africa (2010) the mouth piece of the South African Government put forward the following leading causes of death for South Africa. It should be noted that they do not specify the number of deaths related to AIDS.

### Table 3.5 Leading cause of death in South Africa according to the South African Government for 2008.

<table>
<thead>
<tr>
<th>2008</th>
<th>All causes</th>
<th>592 073</th>
<th>100,0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ill-defined and unknown causes of mortality</td>
<td>75 979</td>
<td>12.8 % of total deaths</td>
</tr>
<tr>
<td></td>
<td>(R95-R99)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tuberculosis (A15-A19)</td>
<td>74 863</td>
<td>12.6%</td>
</tr>
<tr>
<td>3</td>
<td>Intestinal infectious diseases (A00-A09)</td>
<td>39 351 6,6</td>
<td>6.6%</td>
</tr>
<tr>
<td>4</td>
<td>Other external causes of accidental injury</td>
<td>33 983</td>
<td>5.7%</td>
</tr>
<tr>
<td></td>
<td>(W00-X59)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other forms of heart disease (I30-I52)</td>
<td>26 190</td>
<td>4.4%</td>
</tr>
<tr>
<td>6</td>
<td>Cerebrovascular diseases (I60-I69)</td>
<td>24 363</td>
<td>4.1%</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes mellitus (E10-E14)</td>
<td>19 558</td>
<td>3.3%</td>
</tr>
<tr>
<td>8</td>
<td>Human immunodeficiency virus [HIV] disease</td>
<td>15 097</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>(B20-B24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Certain disorders involving the immune mechanism (D80-D89)</td>
<td>14 639</td>
<td>2.5%</td>
</tr>
<tr>
<td>10</td>
<td>Chronic lower respiratory diseases (J40-J47)</td>
<td>14 226</td>
<td>2.4%</td>
</tr>
</tbody>
</table>


#### 3.3.1.3.2. Workforce

The density of physicians, nurses, and midwives per 1,000 of the population was 4.9 in 2004 in South Africa (Lawn & Kinney, 2009:4). The statistics put forward for 2011 were 7.7 physicians and 40.8 nurses per 1,000 of the population (WHO, 2011:122), with the World Health Organization’s standard being 2.5 (Lawn & Kinney, 2009:4). Challenges regarding the health care workforce in South Africa include the urban/rural mismatch and the 79% of
doctors that work in the private sector (Lawn & Kinney, 2009:4). There is also a provincial mal-distribution of public sector doctors. The distribution of doctors vary between 15% and 41% in the different provinces in South Africa. The ‘brain drain’ has had a significant impact on the ratios mentioned above (Lawn & Kinney, 2009:4). The South African government has, over the years, tried to ‘import’ medical doctors to help alleviate the shortage and mal-distribution of doctors in the country, but without much success.

3.3.1.4. Nursing in South Africa

The South African Nursing Council (SANC) is the primary regulator of nursing in the country. All practicing nurses are licensed to practice by SANC and have to be current, paid up members before they can participate in clinical care. The aging population of the nurses in South Africa, especially the aging population of nurse educators, migration, and the disease profile which also affects nurses remains a concern. According to the South African Nursing Council website (Figure 3.1), the age distribution of professional nurses and midwives on 31 December 2012 was as follows:

![Figure 3.1 Age distribution of Professional Nurses and Midwives in South Africa (South African Nursing Council (SANC): website)](image)

There are three categories of nurses, that is, professional nurses who have studied a four year diploma offered at an approved nursing college, or a four year Bachelor’s degree from an accredited university. Firstly, the comprehensively trained qualified professional nurses qualification encompasses general nursing, midwifery, psychiatric nursing, and community health nursing science and practice. Many professional nurses go on to enrol in postgraduate qualifications in order to specialize in one or more fields, and can attain post-basic diplomas, postgraduate diplomas, masters, and doctoral degrees at universities. Most of their training takes place in public institutions, and the professional nurse engages in
comprehensive nursing care as a generalist practitioner. The second type of nurse is the
enrolled nurse, who undertakes a two-year training programme from an approved nursing
college. Many of these nurses are also trained in the private sector. The enrolled nurse
undertakes basic nursing care. The third type of nurse is the assistant nurse who has one
year’s training at a SANC accredited nursing school or college and who is also trained in
both sectors and engages in elementary nursing care. As depicted in Figure 3.2, South
Africa had over 220,000 nurses on the rolls and registers of the South African Nursing
Council in 2012.

Figure 3.2 Growth in SANC registers and roles from 2003 to 2012 (South African Nursing
Council (SANC): website).

All nursing education institutions have to be accredited by the South African Nursing Council
before offering any education to nurses. At the beginning of 2010, there were 394 active
Nursing Education Institutions providing a total of 1285 nursing programmes in South Africa
(SANC: Approved Nursing Institutions). The Eastern Cape has 46 SANC approved Nursing
Education Institutions (SANC: Approved Nursing Institutions).

Student nurses are required to register with the South African Nursing Council before they
can begin with their clinical training or clinical work. In South Africa, student nurses engage
in 4,000 clinical nursing hours in hospitals and other health care settings from the beginning
of their training (sometimes within the first two months). They are therefore professional as
student nurses from the beginning of their training. Students receive accompaniment from
lecturers at Nursing Colleges and Universities during their training, and professional nurses
in practice oversee their clinical work in health care facilities. Student nurses form part of the care teams in the clinical settings in which they are placed. In private hospitals there are clinical facilitators that teach student nurses at the bedside. Students are also placed in a variety of settings for experiential learning, that is, private and public sector, preventative, promotive, curative, and rehabilitative settings as well as in different disciplines, such as midwifery units, and psychiatric settings. Palliative care and home based care is also incorporated. After these students have completed their training they are registered for community service with the South African Nursing Council. Once that is completed, the South African Nursing Council includes them in the register as fully fledged professional nurses.

Nursing students and faculty members (nurses) visiting South Africa for short periods who want to participate in clinical work therefore have to be registered (limited registration) by the South African Nursing Council. The study abroad students and faculty members receive limited registration from the Nursing Council.

**Limited Registration at the South African Nursing Council**

An administrator from the Nursing Department of the university where the international nursing students register for their study abroad programme has to apply for limited registration from SANC in order to legitimize their participation in nursing care in South Africa (please read the section below in which the requirements for the application are stipulated). Once the registration has been received and processed the South African Nursing Council sends a letter to the university giving permission for the students and faculty members to participate in clinical work or learning (specified purpose) for a specified period.

It is interesting to note that no proof of registration as a nurse or as a nursing student in the country of origin is necessary for this application: “So the university will be satisfied that the students coming in from whatever university internationally is credible enough to be in that particular programme” (SANC, 2010). The onus is therefore on the university to ensure that the students are in fact registered at the given universities and that they are competent enough to participate in the experiential learning experience in South Africa.

In an email dated 5 February 2013, a further stipulation was highlighted by a professional officer (registration – Foreign Desk at the South African Nursing Council): “For those [students] who have been accepted by the universities or colleges of South Africa, and will write their examinations through these universities and colleges, the Department of Health
has always indicated that they do not need the Foreign Workforce document. For the candidates whose applications and examinations are processed by the Council, the Foreign Workforce document is always one of the standard requirements” (SANC, 2013).

The Foreign Workforce document is for all persons wanting to work in South Africa. In the case of the health sector, the Department of Health (national) is the administrator of the process. Most of the time these are persons who are already qualified as nurses. for persons coming from another country who only come to study at a university, the workforce document is not needed, but it necessitates the person to go back to their country of origin on completion of study (or on expiry of their study permits, renewable at the Department of Immigration) every year. After they return to their country they can then apply for registration at the South African Nursing Council. Only once they have received registration are they allowed to come back and work as a professional nurse in South Africa.

In an interview with a professional officer of the foreign desk at the South African Nursing Council in May 2010, the researcher was informed that the Nursing Council retains statistics on Foreign Nurses (those that get limited registration and those that get full registration), but the accuracy of the statistics could not be guaranteed so the researcher decided not to include them in this study.

3.3.2. United States of America (USA)

The United States of America is a constitutional republic consisting of fifty states and a federal district. It is a democratic state, in which voters choose the most dominant party to govern the country (majority rule). The national population of the country is estimated at 310 million people, with a growth rate of 0,9%, and the median age of the population is 37 years of age (WHO, 2012a:164), with a high number of illegal aliens also living in the country. The population is unevenly dispersed, with the highest populations being in eastern seaboard and south eastern states, and 82% living in urban areas (WHO, 2012a:164). There are 52 metropolitan areas with a population larger than one million inhabitants, with New York City being the most populous at approximately 8.254 million people (U S Census Bureau) The population is ethnically diverse with a multitude of nations and cultures represented. The growth in the Hispanic and Latin sectors in the USA is the highest – four times faster than other groups (United States Census Bureau, 2010: Newsroom According to the World Bank the United States had the biggest economy in the world with an estimated 15 Trillion Dollars in 2011 (World Bank), and the World Health Organization reported that in 2012 (2012a:164), the average per capita income was (USD) $ 47 360. The country is
regarded as a post-industrial developed country. According to the World Bank (website), the unemployment rate as a total percentage of the total labour force was 9.6% in 2010 which is up 0.3 from 2009.

The United States has a federalist system with three levels of government – federal, state, and local. The local government duties are normally split between county and municipal governments (How the US is governed, 2004:25). The federal government is composed of three branches: the legislative, which is made up of the Senate and the House of Representative, which make laws and control the finances; the executive, which is the President and the Commander and Chief of the military which administer and enforce federal laws and policies and appoint a cabinet; and the judicial, which is the supreme court and the lower federal courts (How the US is governed, 2004:25). The Department of Education and the Department of Health and Human Services reside under the executive branch (How the US is governed, 2004:14). The federal government plays a central role in funding student aid and research, but in general, does not provide funding to institutions (Green, 2010:192).

The state governments are structured in a similar way. The governor is elected and is the chief executive of the state. The United States Department of Education operates the state and local government public education system. The states (not the federal government), exercise power and oversee institutional budgets (Green, 2010:192). UNESCO (2009:174) reported that 14.8% of the total GDP was spent on education in the United States of America in 2007. UNESCO (2009:26) also reported that the tertiary education system in the United States had over 60,600 graduates in 2007 – the largest number among all countries.

3.3.2.1. Legislation

The Constitution of the United States of America is also the highest law of the land and was adopted in 1787. The Bill of Rights represents the fundamental rights and freedoms of civil society and includes aspects of freedom of association, right to health care, and right to education.

The United States National Health Care Act makes provision for Medicare for underprivileged people in the USA. The United States National Health Care Act, 2005, makes provision for a system of patient safety organizations and a national patient safety database to report adverse events, near misses, and dangerous conditions in health care.

The Immigration and Nationality Act of 1952 places restrictions on immigration by distinguishing immigrants with special skills, immigrants, and refugees (United States Government, USA.gov. website). The South African nursing student travelling to America does not qualify for a study visa, but rather travel on a visitor’s visa because they do not formally enrol at a university. Faculty members go on a B1 Visa (Visitor for Business – professional undertaking without financial gain).

The Health Insurance Portability and Accountability Act of 1996 protects workers’ health insurance, especially when they move from one position of employment to another (United States Government, USA.gov. website).

The Patient Protection and Affordable Care Act (ACA) is a new Act proposed by the Obama government With the goal of reducing the number of uninsured individuals in the USA, and reducing the overall cost of health care in the country (Keckley 2012:1) Numerous delivery system reforms are proposed which will expand access to health care coverage. According to Keckley (2012:1), however, there is a shortage of reliable data regarding the workforce. The above-mentioned Act and the Health Care and Education Reconciliation Act, 2010, are the most significant health care Acts in America in recent times. The last mentioned Act incorporates student aid and fiscal responsibilities and was introduced to address health care reform and to address student loan reform (United States Government, USA gov: website).

3.3.2.2. Higher Education System in America

Higher Education in America consists of competitive private (for-profit and non-profit) and public institutions. The private institutions (which are by far in the majority of degree granting institutions) are subject to little state control. They have considerable autonomy and diversity and processes are therefore mostly driven by institutional decisions (Green, 2010:192).

The higher education system in the country is also market driven. Institutions compete with each other for students, faculty, and resources. Public funding has declined considerably, resulting in diversification of revenue streams which has taken place in US Universities for a
long time (Green, 2010:192). UNESCO (2009:174) reported that 25.4% of the GDP per capita expenditure in 2009 went into tertiary education, and private expenditure also represented more than 1% of the GDP on tertiary education in the United States (UNESCO, 2009:54).

In a global survey reported by IAU in 2010, it was estimated that the revenue generated by international students in America was $15.5 billion (Egron-Polak & Hudson, 2010:197). The study found that U.S. institutions were more likely to recruit degree seeking students and that the United States benefited tremendously from the influx of international students because they are highly dependent on their presence to fill postgraduate programmes in the fields of science, technology, engineering, and maths. In 2007, 46% of PhD students in the USA were foreigners (Egron-Polak & Hudson, 2010:197). In the IAU survey, the North American respondents listed “too much focus on international fee paying students” as the biggest risk of internationalization because targets are being set higher all the time (Green, 2010:197).

Since 2004, the world’s top 200 universities have been ranked annually by the Times Higher Education-QS World University Rankings. In 2008, America had 37 universities in the top 100 and 58 in the top 200 in the world (Costello, 2010). In 2009, that dropped to 32 and 54, respectively (although 12 of the top 16 universities in the world are still in America) with the Asian Universities moved through the ranks to displace the universities (Costello, 2010). Resource allocation, high tuition fees, and a lower quality of education are being cited as reasons for the lower positions (Costello, 2010). In October 2010, the American Council on Education reported that a large panel will be appointed to examine the impact of globalization on higher education and stated that American colleges and universities, so long accustomed to being the world’s ‘gold standard’ in higher education, are at a pivotal moment (ACE, 2010). The challenges and opportunities in education take many forms—transnational problems for which they need to prepare our students better; rapidly increasing investment by other nations which have come to understand the connection between scholarly excellence and national prosperity; and bold global experiments by some universities to re-shape the architecture of the research university in the 21st century (ACE, 2010). The American Council on Education’s main goal is to gather their finest thinkers to provide insight and counsel to the higher education community (ACE, 2010).

Quality assurance is conducted by non-governmental accrediting agencies which are approved by the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA) and must meet the required standards and implement the required
policies and procedures, regardless of whether the agency is regional, national, or programmatic (specialized) (European Network of Information Centres in the European Region (ENIC) & National Academic Recognition Information Centres in the European Union (NARIC).

3.3.2.2.1. Internationalization in the American Educational System

According to Green (2010:191), the underlying rationale for internationalization in the USA is promotion of world peace, enhancing mutual understanding, enhancing US economic competitiveness, and ensuring national security. The drivers of internationalization have shifted over time and world events and domestic concerns now fuel the process (Green, 2010:191). Given the decentralized model of governance and education and the fact that internationalization is shaped by policy, context, structures, and institutional practices, it stands to reason that internationalization would vary widely in the United States (Green, 2010:192).

Institutional missions, available resources, geographical location, and leadership commitment are important determinants in policy decisions and activities (Green, 2010:192). Both North America and Latin America place a greater importance to the international preparedness of students than Europe. Interestingly, institutions in Africa consider the strengthening of research and knowledge production as more important (Marmolejo, 2010:1). Results from the IAU 2010 Internationalization of Higher Education survey suggest that institutions in North America do not entertain the notion of increasing their international profile, but in Europe it is the second most important rationale for internationalization (Marmolejo, 2010:1).

Although international migration has increased, immigrants retain close ties to their cultures and home countries resulting in a blurred perception of what is ‘domestic’ and what is international (Green 2010:193). As previously indicated, global economic competitiveness has increased. The need for graduates who can live in foreign countries and work in multicultural teams, with diverse language skills, or can compete in the global economic and academic environment, has therefore increased. According to Green (2010:191), US education has not achieved the goal of producing globally literate citizens, or experts with diverse language skills needed for business or academic environments. De Wit (2013: 68) indicates that the US needs a massive recruitment of top talent, and to achieve this, they have to double their international student enrolments from 625,000 to 1.25 million in 2020.
Although student mobility (enrolment for study abroad and for degree seeking purposes in another country) shows a general increase, the proportion of these enrolments to the total enrolments in higher education, and the proportion of US students to the total of internationally mobile students should be taken into account to get a true picture (Green, 2010:192). In the 3rd global survey report, the IAU reported that 44% of USA university respondents indicated that outgoing mobility opportunities for students was their top priority for internationalization – the same as for the rest of the globe (Egron-Polak & Hudson, 2010:193). Most of these opportunities are credit bearing education opportunities for under- and postgraduates (Egron-Polak & Hudson, 2010:193). It was also reported that 58% of American Universities indicated that their institutions provided specific institutional funding for student education abroad in addition to all other sources (Egron-Polak & Hudson, 2010:193). It is, however, surprising that the proportion for the total student population is relatively low and has only grown slightly since 2006 - it was noted by 48% of the IAU respondents that less than 1% of their undergraduate students studied abroad, and another 28% stated that their numbers were between 1-5% (Egron-Polak & Hudson, 2010:194).

The most noteworthy obstacles for studying abroad in the United States is cost, student jobs (most students work and lose income while going abroad), and a lack of interest (lack of exposure or understanding the value of such exposure) (Egron-Polak & Hudson, 2010:194).

It is reported that most American students travel abroad through a programme organized and approved by their home institution. The types of programmes available to American students vary from faculty-led short trips to year-long programmes or full degrees where credits are recognized by the US institutions (Egron-Polak & Hudson, 2010:194). Green (2010:195) indicated that there was a growth of short-term study abroad (eight weeks or less) in 2007/2008, that 56% of students that went abroad during that period fell in this group, and that only 4% were degree seeking students (one year or more). Some experts find this worrying because they are of the opinion that short-term study abroad programmes cannot accomplish the goals of immersion into other cultures or languages that a semester or year programme can (Green, 2010:195).

The number one destination of US students in 2007/2008 was the UK (12.7%), followed by Italy (11.7%), Spain (9.6%), France (6.6%), and China (5%) (Green, 2010:195). According to the National Centre for Education (2010) statistics from the U.S. Department of Education, Institute for Education Science, South Africa was ranked 23rd for post-secondary education students. The statistics indicate that in 1997/1998 there were 617 American students studying in South Africa which made up 25% of the total study abroad populations, and the position improved to a ranking of 14 with 3,700 studying in South Africa in 2007/2008 (1.4%
of the study abroad population) – a 499.7% increase in 12 years (National Centre for Education Statistics, 2010). The IIE (2010) and IEASA (2011b:9) notes that US students are now tending to go to more diverse destinations such as Argentina, Chile, South Korea, and the Netherlands, which all indicate a substantial increase in US enrolments.

### 3.3.2.3. Health System in the United States of America

The World Health Organization ranked U.S. health care well below most of Europe, Canada, and Japan in 2000 (Murray & Frenk, 2010:98). France and Italy ranked at number one and two, and the U.S. 37th (Murray & Frenk, 2010:98). Most of the countries that rank above the U.S. have some form of socialized medicine. Japan, which ranks tenth on the WHO list, is at number one in life expectancy with 74.5 years being the average, while the U.S. is 24th in life expectancy, again well below much of Europe, Canada, and Australia (Murray & Frenk, 2010:98).

The capitalist philosophy is strongly supported in the USA. The health care system is a combination of private and public services. There is no universal health coverage and the population has to take out private health insurance at their own cost. The health expenditure of the country is by far the highest in the world, with the total expenditure on health as a percentage of the gross expenditure on health domestic product in 2009 being 17.6% (WHO, 2012a:142), which amounted to $7,960 per capita (WHO, 2012a:41). In 2005, 46 million Americans were not insured (McAfee, 2009:1). Private expenditure on health as a percentage of total expenditure on health in 2009 was 52.3% (WHO, 2012a:142). Many employers do not sponsor health insurance which is a growing concern in the country and a major political issue. The federal, state, and local governments contribute towards health services. Medicaid and Medicare are both government health insurances. Medicare is generally for people who are older or disabled, and Medicaid is for people with limited income and resources. In some states, this is implemented in a way which demands that the service is first rendered, and the patient then applies for it to be covered by Medicare, and this application may or may not be approved. The general government expenditure on health as a percentage of total expenditure on health was 47.7% in 2009, with the total government expenditure on health being 19.6% (WHO, 2012a:142). According to the United States Census Bureau (Health Insurance Highlights, 2011), the percentage and number of people covered by government health insurance has increased to 32.2% and 99.5 million in 2011, from 31.2% and 95.5 million in 2010.
Calls for U.S. health care reform focus mostly on extending insurance coverage, decreasing the growth of costs through improved efficiency, and expanding prevention and wellness programmes (Murray & Frenk, 2010:98). Garson (2010:1), from the United States Heart Foundation, explains that even though technology is increasing and treatment of disease is becoming more effective, the price of health care is increasing. According to him, a pure government system is not acceptable to the population and private public partnership would work better and ensure quality and competition in the health care system (Garson, 2010:1). The choice of health care among Americans is presently limited. Many of the health insurance schemes have preferred providers or are Health Maintenance Organizations. Garson (2010:1) indicates that employees in the USA choose their own insurance and he suggests that employers should be required to provide coverage or pay regional agencies to provide medical coverage. Universal coverage in the “2010 plan” (a proposed universal coverage plan), which proposes electronic payments and electronic record keeping, should also decrease the administrative nightmares that physicians and patients have to deal with (Garson, 2010:1). Another challenge facing the health care system is the lack of quality of health care, and the lack of consistent evaluation and measurement of indicators. According to Garson (2010:1), health care professionals should also use the results of surveys to improve the systems and care in the USA, and coverage of the uninsured should seek alternative ways of funding the Medicaid services. According to the United States Census Bureau (Health Insurance Highlights, 2011), however, the number of uninsured people has decreased in 2011 to 48.6 million (was 50.0 million in 2010).

The majority of ambulatory care takes place by physicians who are in private practices, many of which they own themselves or in groups. After-hour services are normally rendered by emergency rooms (for which patients have to pay). Hospitals can be for-profit, non-profit, or public. Long-term care and home based care is provided by a mix of for-profit and non-profit providers, for example, county health services, and paid for through a variety of methods that vary by provider type and payer. Since 2010, all private insurance was required to cover certain preventive services (Thomson, Osborn, Squires & Reed, 2011: 114).

The Joint Commission - an independent, non-profit organization - accredits more than 15,000 health care organizations across the country, primarily hospitals, long-term care facilities, and laboratories, using set criteria (Thomson, et al., 2011:115). The National Committee for Quality Assurance (NCQA) is the primary accreditor of private health plans (Thomson, et al., 2011:115).
3.3.2.3.1 Burden of Disease

The life expectancy at birth in the United States (2009) for both sexes was 79 - 76 years for males 76 and 81 years for females (WHO, 2012a:58). Garson (2010:1) suggests that patients live longer in the USA and therefore chronic disease becomes more problematic. As indicated in Table 3.6, below, the top leading causes of death in the USA in 2010 were heart disease, followed by malignant neoplasms, chronic lower respiratory diseases, cerebrovascular disease and lastly, injuries.

Table 3.6 Leading causes of death in the United States of America (2010)

<table>
<thead>
<tr>
<th>2010</th>
<th>All ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>All causes</td>
<td>799 per 100,000 population</td>
</tr>
<tr>
<td>1. Diseases of the heart</td>
<td>193</td>
</tr>
<tr>
<td>2. Malignant neoplasms</td>
<td>186</td>
</tr>
<tr>
<td>3. Chronic lower respiratory disease</td>
<td>44.7</td>
</tr>
<tr>
<td>4. Cerebrovascular disease</td>
<td>41.9</td>
</tr>
<tr>
<td>5. Accidents (unintentional injuries)</td>
<td>39.1</td>
</tr>
<tr>
<td>6. Alzheimer’s disease</td>
<td>27.0</td>
</tr>
<tr>
<td>7. Diabetes Mellitus</td>
<td>22.4</td>
</tr>
<tr>
<td>8. Nephritis, nephrotic syndrome and nephrosis</td>
<td>16.3</td>
</tr>
<tr>
<td>9. Influenza and Pneumonia</td>
<td>16.2</td>
</tr>
<tr>
<td>10. Intentional self-harm (suicide)</td>
<td>12.4</td>
</tr>
</tbody>
</table>

Source: Centre of Disease Control and Prevention (CDC) (2010:Table 9)

The World Health Organization reported that the prevalence of HIV per 100,000 population in 2009 was 391 and the prevalence of tuberculosis was 4.8 (WHO, 2012a:74-75).

According to Murray and Frenk (2010:98), the vast number of preventable deaths associated with smoking (465,000 per year), hypertension (395,000), obesity (216,000), physical inactivity (191,000), high blood glucose levels (190,000), high levels of low-density lipoprotein cholesterol (113,000), and other dietary risk factors, provide opportunities to enact policies that could make a substantial difference in health system performance; however, the issue of monitoring and stewardship remain problematic.

3.3.2.3.2 Workforce

Keckley (2012:1) states that the U.S. health care industry is highly regulated and capital- and labour-intensive, but that the workforce supply lacks a consistent and comprehensive national overview (supply and demand) of health care professions and active workers due to fragmented and inconsistent data collection, mistrust between professional groups, and wide
differences in regulatory and educational context. According to him, workforce participation (entry, retention, exit, and re-entry) is subject to unpredictable and variable supply-side influences including labour market factors such as access to professions, state licensure requirements, and skills portability; interstate and intrastate variations in training programmes occur, and structural workforce issues such as participation levels, workforce aging, lifestyle factors, and gender vary and influence supply (Keckley, 2012:13). Keckley (2012:13) further suggests that shifting utilization patterns and evolving consumer expectations of health care are taking place. Demographic characteristics such as population aging, past activity, or utilization trends in service delivery and delivery modes, and policy changes impact pricing, and payment systems affect the demand for health care, and therefore workforce demand and supply (Keckley, 2012:13). Workforce supply models do not seem to be agile enough to support the changes. Keckley (2012:13) suggests that task shifting is taking place, and subcategories of health care workers, for example, unpaid or informal caregivers, are providing health care services.

According to the World Health Organization (2012a:130), there were 24.2 physicians per 10,000 population in the USA between 2005 and 2010. There were also 319.3 per 10,000 population nursing and midwifery personnel (WHO, 2012a:130). Community health workers were not reported. United States Department of Labour (the Bureau for Labour Statistics), however, reported the figures reflected in Table 3.7 for health care employment between 2010 and 2011 in the USA.

Table 3.7 Health care employment December 2010 to December 2011 in the USA

<table>
<thead>
<tr>
<th>Category</th>
<th>2010 ('000)</th>
<th>2011 ('000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care (total)</td>
<td>13922.4</td>
<td>14237.1</td>
</tr>
<tr>
<td>Ambulatory care</td>
<td>6051.3</td>
<td>6238.3</td>
</tr>
<tr>
<td>Hospitals</td>
<td>4708.0</td>
<td>4797.1</td>
</tr>
<tr>
<td>Nursing and residential care facilities</td>
<td>3163.1</td>
<td>3201.7</td>
</tr>
</tbody>
</table>

Source: United States Department of Labour (2012)

On 1 February 2013, the United States Department of Labour (2013) reported that the health care industry continued to add jobs in January 2013 (+23,000). Within health care, job growth occurred in ambulatory health care services (+28,000), which includes doctors’ offices and outpatient care centres (United States Department of Labour, 2013). This gain in employment opportunities was artificially offset by a loss of 8,000 jobs in nursing and residential care facilities. Over the year, health care employment has increased by 320,000 (United States Department of Labour, 2013).
In 2008, the Association of American Medical College (AAMC) Centre for Workforce Studies projected that the supply and demand for physicians would increase and that a national shortage of 124,000 full-time physicians by 2025 would be likely. Factors such as population growth, the aging population and doctors, and increased physician visits were said to be contributory (AAMC, 2012:17).

3.3.2.4 Nursing in the USA

In America, nurses can receive their training in a variety of ways. They can qualify for a three-year Diploma in Nursing from a nursing school, although this type of programme has decreased throughout the USA over the last three decades. Another option those wanting to study nursing are to graduate from a nursing school that grants degrees, and qualify as an Associate of Science in Nursing. This programme has a strong emphasis on clinical knowledge and skills. Nurses can also graduate from a university with a four- or five-year university degree programme (Bachelor of Science in Nursing, BSN) with emphasis on leadership and research as well as clinical competence. Before these nurses are allowed to practice, they have to pass a state licensing examination called the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Once they have passed the examination they become qualified nurses or registered nurses and are eligible to practice nursing. In 2005, 573 U.S. colleges and universities offered the BSN or advanced nursing degrees (American Nursing Association, ANA). State boards of nursing govern licensing requirements, but the NCLEX-RN is run by a national organization - the National Council of State Board of Nursing (American Nursing Association, ANA).

The entrance requirements for nursing programmes could be as high as 80% in the grade 12 examinations and there is often a waiting list for entrance into a school. Nurses in the BSN only begin their clinical training in their third year of study. A student would typically engage in clinical hours in maternal and child nursing (they do NOT do deliveries (in midwifery) as in South Africa), paediatric wards, adult medical and surgical settings, geriatric nursing, and psychiatric nursing settings.

These student nurses do not have a specified amount of hours that have to be undertaken, but they have to be found competent by the nurse educators (clinical mentors). Some programmes have a capstone period (the last six months of their training) where they do not undertake any theoretical work, but have to participate in clinical nursing. The student nurses are under strict one-on-one supervision at all times in the health care facilities (hospitals and other clinical facilities) and their functions are relatively limited (scope of
practice). This is very different to the health care setting in South Africa where students may take charge of wards, and undertake physical assessment and make nursing diagnoses in clinics. Another example of the differences between American and South African student nurses is that students would not be able to put up an IV line in America, whereas the South African student nurse is expected to undertake it during their second year of study. There are also many specialized services, for example, bio-technicians, that carry out specific procedures in the American Hospitals (ECG technicians). In South Africa, however, this is done by the student and professional nurse. Students from South Africa who travel to the United States of America are not allowed to participate in nursing at all because they are not enrolled as students at a university and the university therefore does not take responsibility for them as clinical practitioners (observer status only). There is no registration of student nurses in America. Universities in America take out collective indemnity insurance for their students (nurses), but they are strictly supervised in clinical practice to prevent litigation. The American student nurse have to take out travel insurance when they travel to other countries.

Once nurses have attained a Bachelor’s or higher degree, they can gain generic entry into a university to enrol for the Master of Science in Nursing degree (MS/MSN). This degree programme offers a number of tracks designed to prepare advanced practice nurses, nurse administrators, and nurse educators (American Nurses Association). Nurse practitioners provide a wide range of primary and preventive health care services, prescribe medication, and diagnose and treat common minor illnesses and injuries. Certified nurse midwives (CNM), clinical nurse specialists (CNS), and certified registered nurse anaesthetists (CRNA) also fall within this group (American Nurses Association).

Students who are not nurses, but hold a Bachelor’s degree and want to become nurses can also enrol in the Master of Nursing programme at a university, which prepares the nurse at a higher level than the Bachelor of Nursing. Graduates from these programmes can then go on to PhD level. Doctor of Philosophy (PhD) programmes are research-focused whose graduates typically teach and/or conduct research. The Doctor of Nursing Practice (DNP) programmes focus on clinical practice or leadership roles (American Nurses Association).

The National League of Nursing Accreditation Commission (NLNAC) accredits nursing programmes of all levels, while the American Association of Colleges of Nursing (AACN) accredits baccalaureate programmes for nurses who will be entering nursing with a baccalaureate degree, and advocates the baccalaureate "as the minimum educational requirement for professional nursing practice" (AACN, 2000, para.1).
3.3.3. Norway

Norway is a constitutional monarchy and has a parliamentary democracy. Elections are held every four years for The Storting (Norwegian national assembly). The King formally asks the majority party to form a government which is led by the President. There is a governing system of proportional representation. The official language of the country is Norwegian and it has two forms, Bokmål and Nynorsk. The government is led by the President and serves as the executive power. There are five vice-presidents, all of which represent different political parties (Norwegian Ministry of Foreign Affairs, 2012). The Island of Svalbard in the Arctic region has a governor in Longyearbyen (Norwegian Ministry of Foreign Affairs, 2012). The country is divided into counties and the counties and municipal councils are self-governed and their powers are set out in legislation. Counties and municipalities elect councils and the revenue comes from local taxes (Norway the official site in the United States, website). The public sector (state and municipalities) employs up to 30% of the total employment offered in Norway (Norwegian Ministry of Foreign Affairs, 2012).

The indigenous people of Norway are called the Sami people. The Sami Parliament is a national elective assembly for the Sami of Norway. Every four years 39 representatives are elected in seven election districts throughout Norway. Sami’s have equal representation in some of the municipalities in the country (Norwegian Ministry of Foreign Affairs, 2012).

Norway is a free trade nation and does not belong to the European Union. The national population of Norway is estimated at 4.952 million people in 2011 (World Bank (Norway)), with a growth rate of 0,8% (WHO, 2012a:162). According to the WHO (2012a:164), 82% of the population live in urban areas, and the median age of the population is 39 years of age (WHO, 2012a:162). The WHO (2012a:162) also reports that the average per capita income is (USD) $56,830. Furthermore, according to the World Bank (Norway) the unemployment rate as a total percentage of the total labour force was 3.6% in 2010, and the Gross Domestic Product (GDP) was $485.8 billion in 2011. The country’s economy is strong and competitiveness is built on transparency which supports dynamic trade and investment. Oil and gas is the main industry and makes up a third of the country’s income (Norway the official site in the United States, website). The financial sector is market-driven, although the state owns the largest financial institution in the country (The Heritage Foundation, 2013). The judicial system is made up of the ordinary courts, the Supreme Court, the courts of appeal, the district courts, and the conciliation courts (Norway the official site in the United States, website). The rule of law is strongly maintained and there is minimum tolerance for corruption. At present the inflation rate in Norway is 1.3% (The Heritage Foundation, 2013).
The immigrant population grew from 186,039 in 1995 to 500,500 in 2011 and 55,593 of the 500,500 were from Africa (Norwegian Ministry of Foreign Affairs, 2012).

3.3.3.1. Legislation

The legal framework orders society in Norway as it does in other places in the world. There are a number of Acts that pertain to the discussion at hand and will therefore be mentioned and discussed.

- **The Constitution of the Kingdom of Norway**
  The Constitution makes provision for the position of the King as the Head of State and also for the division of power into branches of the government. Unlike in other places in the world, the Constitution does not make provision for human rights (Kingdom of Norway).

- **Human Rights Act**
  The Human Rights Act describes the human rights of the people of Norway (Kingdom of Norway).

- **Universities and Colleges Act**
  The Universities and Colleges Act regulates state-owned institutions and their right to establish programmes and award national degrees. This law also regulates the quality assurance of higher education. There is also an act that regulates tertiary vocational training, that was began with the Apprenticeship Act in 1950, but it could not be accessed due to the language barriers (Kingdom of Norway).

- **Private Colleges Act**
  The Private Colleges Act regulates the right of private institutions to award national degrees and their access to public funding. Benchmarking for the recognition of private higher education corresponds with the requirements under the Universities and Colleges Act (Kingdom of Norway).

- **Local Government Act**
  The Act makes provision for functional democracy in local government and for the efficient and effective management of the common local government interests within the framework of the national community and with a view to sustain development. In addition, the Act
makes provision for the governing and implementing bodies, their roles and responsibilities, as well as finances, liability, and aspects of supervision (Kingdom of Norway).

- **Immigration Act (2010)**
  This Act regulates entry into the Kingdom of Norway. It also deals with the rights of entrants, resident permits, and human trafficking. If someone wishes to study in Norway for longer than three months, they must apply for a residence permit for students (Norwegian Directorate of Immigration). The requirements of European countries are mostly supported by the Norwegian immigration services, for example, if someone has a visa for another European country they can gain entrance into Norway, but there is normally a time limit on the duration of the stay.

- **Act of 2 July 1999 No. 64 Relating to Health Personnel**
  The object of the Health Personnel Act is to contribute to safety for patients and quality within the health service as well as trust in both health personnel and the health service. The Act makes provision for the regulation of the conduct of health care professionals and requirements to the organization of facilities, meaning provision of services, internal control, and safety of the public. It further regulates authorisation of staff, confidentiality and the rights of disclosure of information, notification of births and deaths, reporting and documentation, training (also the certification thereof), and the establishment and role of the Norwegian Board for Health Personnel and the Norwegian Pharmacy Appeals Board (Kingdom of Norway).

The **Norwegian Registration Authority for Health Personnel (SAFH)** was constituted in terms of the Health Professional Act of July 1999. SAFH is responsible for granting the professional authorisation required in order to practice within the legally regulated health personnel categories. SAFH is also responsible for authorising licences to health care personnel. Authorisation represents full and permanent approval, while licences impose one or more limitations with respect to duration, independent, or supervised practise (Kingdom of Norway, Health Personnel Act: Chapter 9).

- **Public Health Act**
  This Act was introduced in January 2012 with the aim of contributing to societal development that promotes public health and reduces social inequalities in the health sector. The Act established a new foundation for strengthening systematic public health by developing...
policies and planning for societal development based on regional and local challenges and needs (Kingdom of Norway).

- **The Act of 2 July 1999 No. 63 Relating to Patients’ Rights**
  The Patients’ Rights Act was proclaimed to ensure that all citizens have equal access to good quality health care. In principle, it is a safeguard for the life, integrity, and human dignity of each patient (Kingdom of Norway, Government of Norway: website).

3.3.3.2. The Education and Higher Education System in Norway

The Storting (Norwegian national assembly) and the government are responsible for specifying the objectives and establishing the budgetary frameworks for the education sector in Norway. The Ministry of Education and Research govern education and the implementation of national educational policy (Norwegian Ministry of Foreign Affairs, 2012; Norway the official site in the United States, website). Norwegian educational policy upholds the principle of equal rights to education for all members of society, regardless of their social and cultural background or where they live in Norway. Municipalities and counties have been assigned to educational authorities in the county administration and have to ensure access to education (Norway the official site in the United States, website). Norway spends 45.1% of its GDP per capita on tertiary education, which amounts to 16.2% of its national GDP (UNESCO, 2009:174), and has a graduation ratio that exceeds 40% (UNESCO, 2009:24). Public education in Norway is free up to and including the upper secondary level. Tuition for public higher education programmes is normally minimal and there is the State Educational Loan Fund which provides student loans and grants for living costs to those attending higher education programmes. Subsidies to students and families account for more than 40% of the total public expenditure on tertiary education (UNESCO 2009:54). Support is also available for Norwegian students who pursue part or all of their education abroad (Norway the official site in the United States, website). Private schools and university colleges supplement the public sector. The Directorate of Primary and Secondary Education authorizes such schools according to stipulated quality criteria (Norway the official site in the United States, website).

The Norwegian Association of Higher Education Institutions (UHR) is a co-operative body for HEIs in Norway (Education in Norway). Norway has six universities, six specialized university colleges, 25 state university colleges, two state university colleges of art, and 29 private university colleges (Norway the official site in the United States, website). There are two specialized universities one is a University for Science and Technology and the other University of Life Sciences. In Norway the Universities and colleges offer a three-year
A bachelor’s degree, a two-year master’s degree, and a three-year doctorate programme (PhD) (Education in Norway). The student numbers are decided by the state. The HEI add selection criteria, but the state sets quotas for specific groups. The Norwegian Agency for Quality Assurance in Education (NOKUT) is Norway’s official quality assurance agency for higher education and tertiary vocational education. Apart from quality control in all educational institutions, they also evaluate internal quality assurance systems. Accredited institutions are deemed to be autonomous, and have been given extensive academic powers. Universities decide on which subjects and topics they wish to offer at all levels (Education in Norway). The universities have a particular responsibility to conduct pure research and research training, by means of graduate-level studies and doctoral degree programmes. The six specialized university colleges include the following disciplines: Business and Economic, Music, Sport Sciences, Veterinary Science, Architecture, Design, and Theology. The University colleges offer many two to four year vocational education programmes. Many university colleges also offer Masters and PhD programmes. It is not unusual for students to combine programmes from both universities and university colleges (Norway the official site in the United States). Lifelong learning is supported and 40% of Universities have active strategies in this regard (Education in Norway). Recognition of prior learning takes place in 30% of Institutions of Higher Learning (Education in Norway). The Research Council of Norway serves as a national strategic body for research and an agency for the administration and allocation of public research funding (Education in Norway). The Norwegian Association of Higher Education Institutions (UHR) is a co-operative body for HEIs in Norway and aims to promote Norway as a knowledge-based society with high international standards.

Table 3.8 indicates the number of students in the higher education sector in Norway in 2000/2001 and again in 2011/2012.

<table>
<thead>
<tr>
<th>Category</th>
<th>2000/2001</th>
<th>2011/2012*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total students</td>
<td>186,002</td>
<td>236,139</td>
</tr>
<tr>
<td>Universities</td>
<td>69,195</td>
<td>101,409</td>
</tr>
<tr>
<td>Specialised institutions at university level</td>
<td>7,706</td>
<td>31,071</td>
</tr>
<tr>
<td>University colleges</td>
<td>84,880</td>
<td>86,459</td>
</tr>
<tr>
<td>National institutes of the arts</td>
<td>770</td>
<td>822</td>
</tr>
<tr>
<td>Norwegian Police University College</td>
<td>940</td>
<td>2,233</td>
</tr>
<tr>
<td>Military colleges</td>
<td>949</td>
<td>786</td>
</tr>
<tr>
<td>Private university colleges</td>
<td>21,562</td>
<td>13,359</td>
</tr>
</tbody>
</table>

*Norwegian students abroad are not included
Harmonization of the educational process in European countries, known as the Bologna Process, has been going on for more than two decades. Norway was one of the first countries in Europe to follow up on the targets of the Bologna Process on European higher education (Norway the official site in the United States). The Bologna Process concentrates on educational harmonization involving national governments, which amounts to recognition of degrees and experiences achieved in member states (Garben, 2012:8). Generally, residents of Nordic countries have the right to seek admission to HEIs throughout the Nordic region on the same terms as its own applicants (Nordic Statistical Yearbook, 2012:80).

For decades, initiatives in Norway have encouraged student/teacher and nurse exchanges and research collaboration. A three-year higher education quality reform programme was launched and completed in 2003, and was aimed, among other things, at improving student mobility and international cooperation in education. With the introduction of the new degree system using the Bologna Process of awarding credits (European Credit Transfer and Accumulation System (ECTS) standard) it has become easier for students who complete all or part of their education in Norway to obtain recognition of their qualifications in other countries (Norway the official site in the United States).

Generally, Nordic students tend to study in English-speaking countries (Nordic Statistical yearbook, 2012:80). Table 3.9 illustrates the most popular destinations for Norwegian students to study aboard.

**Table 3.9 Norwegian students studying abroad**

<table>
<thead>
<tr>
<th>Country</th>
<th>Degree studies</th>
<th>Exchange or study abroad programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>8 932</td>
<td>15 510</td>
</tr>
<tr>
<td>UK</td>
<td>2 195</td>
<td>3 928</td>
</tr>
<tr>
<td>Denmark</td>
<td>675</td>
<td>1 901</td>
</tr>
<tr>
<td>Australia</td>
<td>3 062</td>
<td>1 446</td>
</tr>
<tr>
<td>USA</td>
<td>2 305</td>
<td>1 699</td>
</tr>
<tr>
<td>Sweden</td>
<td>1 096</td>
<td>881</td>
</tr>
<tr>
<td>France</td>
<td>374</td>
<td>457</td>
</tr>
<tr>
<td>Germany</td>
<td>949</td>
<td>700</td>
</tr>
<tr>
<td>Netherlands</td>
<td>158</td>
<td>572</td>
</tr>
<tr>
<td>Switzerland</td>
<td>248</td>
<td>222</td>
</tr>
<tr>
<td>South Africa</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

Source: Norwegian Ministry of Foreign Affairs (2012)
The number of Scandinavian students wanting to study in Africa has increased marginally (17%) between 2005 and 2009 – see Table 3.10.

Table 3.10 Scandinavian students studying in Africa

<table>
<thead>
<tr>
<th>Year</th>
<th>Norway</th>
<th>Sweden</th>
<th>Iceland</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>66</td>
<td>75</td>
<td>1</td>
<td>142</td>
</tr>
<tr>
<td>2006</td>
<td>70</td>
<td>95</td>
<td>3</td>
<td>168</td>
</tr>
<tr>
<td>2007</td>
<td>61</td>
<td>97</td>
<td>4</td>
<td>162</td>
</tr>
<tr>
<td>2008</td>
<td>60</td>
<td>110</td>
<td>2</td>
<td>172</td>
</tr>
<tr>
<td>2009</td>
<td>*</td>
<td>96</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

*Information not available

Source: Nordic Statistical Yearbook (2009:70)

Table 3.11 illustrates the number of inbound foreign students in Norway between 2005 and 2011.

Table 3.11 Foreign students studying in Norway

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total students</td>
<td>13 631</td>
<td>17 696</td>
<td>18 740</td>
</tr>
<tr>
<td>Sweden</td>
<td>1 056</td>
<td>1 228</td>
<td>1 323</td>
</tr>
<tr>
<td>Russia</td>
<td>716</td>
<td>873</td>
<td>949</td>
</tr>
<tr>
<td>Germany</td>
<td>462</td>
<td>631</td>
<td>772</td>
</tr>
<tr>
<td>Denmark</td>
<td>779</td>
<td>732</td>
<td>726</td>
</tr>
<tr>
<td>China</td>
<td>547</td>
<td>707</td>
<td>722</td>
</tr>
</tbody>
</table>

Source: Norwegian Ministry of Foreign Affairs, Statistics Norway (2012)

3.3.3.2.1. Internationalization in the European and Norwegian Educational System

This discussion will focus on the European region rather than just on Norway. Dr Hans de Wit (Director of the The Hague Academic Coalition, Director of Foreign Relations University of Amsterdam, and Editor of the Journal of Studies in International Education) gave a report about internationalization in Europe at a Collegium at the Nelson Mandela University in Port Elizabeth in 2010 (de Wit, 2010:66-74). He indicated that internationalization in Europe only began after the Second World War and the Great Depression. Initially, only the elites (people linked to the colonial and imperialist powers) in developed countries studied abroad to obtain degrees. In the 1960s, technical assistance emerged in higher education and that changed the relationship between colonial powers and the developing world. Scholarships then started to provide opportunities for students from developing countries to study in Europe – especially in those countries where the language was similar, for example, Germany, France, and the United Kingdom (de Wit, 2010:66-74). Many of these countries
are still principle receivers of international students. At that time capacity, institutional support to build programmes, and material support was provided to HEIs in developing countries. The European countries took on a laissez-faire policy or a humanitarian and international approach. In the 1980s the approach was replaced by a more controlled reception of degree seeking international students and cooperation and exchange (student and staff mobility) came to the forefront (de Wit, 2010:66-74). The UK also started to recruit actively. In 1979 Britain introduced full cost fees for foreign students (from aid to trade) and Europe soon followed the practice (de Wit, 2010:66-74). Under the impetus of the European Commission, cooperation in research and development in education began (de Wit, 2010:66-74). Sweden and Germany were the first to begin with the process. In 1976 a “Joint Study Program Scheme” began to stimulate academic mobility, but the impact of this programme was marginal. There was (and still remains) tension between the more competitive approach to recruit fee paying students and subsidized programmes (de Wit, 2010:66-74). Britain became a competitive player because of the dominance of English in the Commonwealth countries. Then, in the 1990s another shift took place when education for export began in the Netherlands and Scandinavia and later in Germany. Dr de Wit (2010:67) suggests that for non-EU international students the main drive was not income generation, as was the case in Britain. More recently the competition for highly skilled manpower has, however, changed the student mobility pattern. As de Wit (2010:69-71) points out, global competition for talent is needed to fill the gaps in the knowledge economies and “At the institutional level rationales such as international classrooms, intercultural and global competencies, recruitment of top talent students and scholars, and institutional profile and status, are setting the scene.” (de Wit, 2010:69-71).

In 1999, the Bologna Declaration and the Lisbon Agenda (2001) were signed to reform higher education in Europe in order to become a more competitive player in the global knowledge economy. Dr de Wit (2010:71) states that it should not be thought that economic rationales and competition are the only emphasis; internationalization strategies are also filtered and contextualized by specific internal contexts and nationalism. Dr de Wit (2010:72) further points out that there is a mixed policy on cooperation and competition with regard to international students and immigration (de Wit, 2010:72). What the Bologna Process did, however achieve, was to place more emphasis on the recognition of qualifications between the European nations. It promoted a point of reference, convergence, a common understanding of curriculum and led to a common key competence whilst protecting cultural diversity (Baumann & Blythe, 2008:4). The Trends 2010 survey (Sursock & Smidt, 2010:57) indicate that 54% of European HEIs recognise prior learning as a component of a study programme. The report indicates that the structure of degrees changed (to modularization),
but that flexibility became limited (Sursock & Smidt, 2010:7). The credit system for modules was introduced in 1999, but some challenges remain (Sursock & Smidt, 2010:8). Progress is being made on a national qualifications framework system, but understanding still seems low in regard to outcomes (Sursock & Smidt, 2010:8). In Norway for instance, full-degree recognition takes place in 15% of cases (Sursock & Smidt, 2010: 57).

Sursock and Smidt (2010:19) indicate that changes took place on three levels in the last decade in higher education in Europe:

- At the Bachelor level - the focus is now on greater and wider access, student-centred learning and flexible learning paths, with its attendant impact on student support services.
- At the Masters level - with the significant development of the Masters as a new separate qualification level.
- At the Doctoral level - where more attention is placed on the supervision and training of Doctoral students.

Sursock and Smidt (2010:19) also suggest that at all three levels there is renewed emphasis on learning outcomes, employability, mobility, quality, and internationalization. Importance has also been placed on lifelong learning due to the external pressures of unemployment, skill sub-grading, and the need to broaden participation of stakeholders (Sursock & Smidt, 2010:19).

De Wit (2010:71) reports that in 2002-2003 there were 1.1 million foreign students enrolled in higher education in the EURODATA region (it comprises 27 European Union countries and four free trade countries, that is, Switzerland, Iceland, Lichtenstein and Norway, as well as Turkey). Of the 1.1 million students, 46% are from within the region and 54% are from outside (de Wit, 2010:71). More than 60% study in the UK, Germany, and France, and 28% are European students and 51% are African students (de Wit, 2013:71). de Wit (2010:71) also indicated that there was a 36.6% growth between 2002 and 2006/2007 to 1.5 million students.

Furthermore, de Wit (2013:71) reports that there are 575,000 students from Europe who study abroad, which is 3% of the student population (2002/203), with the remainder studying in Europe. In 2006/2007, the number of students studying in Europe grew to 50.9% (de Wit, 2013:71).
In 2004, the Erasmus Mundus project (82 universities in 17 countries) was launched in Europe (European Commission for Education and Training, 2012). ‘Erasmus for All’ focuses its financial resources on supporting the Europe 2020 strategy to equip people with the skills and transferable competences they need to find a respectable job and build a successful career, for example, adaptability, problem solving, team working, and entrepreneurship. It has, however, spread to other parts of the world like Africa, where scholarships are given to students in Higher Education Institutions (European Commission for Education and Training, 2012).

Of late, there have been concerns about European competitiveness on a global scale and it has led to growing awareness of the role of universities as research institutions at national and at European levels (Sursock & Smidt, 2010:20). This led to competition in pan-European research funding and merges took place to increase research critical mass. It also led to the establishment of the European Research Council. Such is the case in Norway where mergers have been brought together under federated structures (Sursock & Smidt, 2010:23). Closer cooperation and collaborations were thus formed. The diversification of partnerships was thus an important trend that brought about specific challenges to institutional leadership (Sursock & Smidt, 2010:20). There is a heightened awareness in educational leaders that institutional autonomy is the key to effective and efficient governance, so they have had to place more emphasis on entrepreneurship and innovation as well as internal quality control mechanisms (Sursock & Smidt, 2010:22). Emphasis is also placed on the expansion of institutional portfolios (more diversified student body), and the role enlargement of academic staff as well as their management teams. As public authorities are no longer covering the full cost of research and education, institutions are compelled to find other sources of funding that may provide them with greater flexibility. A large number of European countries reported a reduction in public funding, but also a growing student demand either to enter higher education or for programmes offered at higher education institutions. Strategic decisions are therefore being made differently which underline the need for more research and data on internationalization (Sursock & Smidt, 2010:9, 22).

With regard to student mobility patterns in the European Union, the Trends 2010 survey (IAU survey) (Sursock & Smidt, 2010:8) points out that institutional expectations regarding short-term mobility seem to have remained stable while expectations for full-degree (vertical) mobility seem to be growing; the imbalance of mobility flows between East and West has remained unchanged since Trends III (2003 – IAU survey). The obstacles to mobility include visa or language requirements, compressed degrees, lack of funding, and lack of harmonization of academic calendars across Europe survey (Sursock & Smidt, 2010:8).
3.3.3.3. Health System in Norway

Norway’s first public hospital facilities were established during the 1700s, while specialized hospitals and psychiatric wards were established towards the end of the 1800s (Thomson, et al., 2011:6). With the gradual emergence of a welfare state in the 1900s, Norway’s public health system (and within that nursing and care services) expanded. Since 1945, the development of the public health service has followed international trends as well as ongoing improvements in medical technology (Thomson, et al., 2011:6).

Norway has a national health service (Thomson, et al., 2011:6). The public health system is governed by the Ministry of Health and Care Services, and it is responsible for devising and implementing and monitoring national health policy (Norwegian Ministry of Foreign Affairs, 2012,). Responsibility for provision of services is decentralized to the municipal and regional level. The municipalities are in charge of funding and delivering primary health services such as general practitioner clinics and the provision of primary care services. The local authorities take responsibility to ensure quality care for the elderly and others who need care in their communities. Some of the services are reimbursed through the Norwegian Health Economics Administration (NHEA). The counties and the five health regions provide the more specialized medical services, that is, hospitals, psychiatric institutions, ambulance services, emergency call services, hospital pharmacies, laboratories, and some drug rehabilitation institutions (Thomson, et al., 2011:18). A number of authorized private hospitals and health services support the public health sector, but by less than 5% (Norway the official site in the United States & Thomson, et al., 2011:6). Since 2001, residents have been encouraged to register with a General Practitioner, who receives a fee for service either from the patient (private) or from the municipalities (Thomson, et al., 2011:18).

Public health services are financed by taxation and are designed to be equally accessible to all residents, independent of social status. There are 2.4 acute care hospital beds per 1,000 of the population (Thomson, et al., 2011:7). In 2009, the total expenditure on health as a percentage of the gross expenditure on health domestic product, was 9.7% (WHO, 2012a:140), and in the same year, it amounted to $7,533 per capita (WHO, 2012a:41). General government expenditure on health as a percentage of total expenditure on health in 2009 was 84.1%, which is 36.4% higher than in the USA (WHO, 2012a:140). Private expenditure on health as a percentage of total expenditure on health in 2009 was 15.9%, which is 36.4 % lower than the USA (WHO, 2012a:140). The general government expenditure on health in 2009 as a percentage of total government expenditure on health was 17.4% (WHO, 2012a:140).
The Norwegian Directorate for Health is responsible for ensuring quality improvement in the health system. It focuses on safety and efficiency, patient-centred care, coordination, and continuity. Audits of all levels of the health system, including the health care workforce, are carried out by the Norwegian Board of Health using standards that are electronically publicized (Thomson, et al., 2011:95). Hospital queues and an aging population currently pose two of the greatest challenges to Norwegian health policy. The percentage of elderly in the population has risen rapidly since the 1970s, creating an ever-increasing need for curative, rehabilitation, and nursing and care services (Norway the official site in the United States).

3.3.3.3.1. Burden of Disease

The life expectancy at birth in Norway (2009) as reported by the WHO (2012a:56) was 81 for both sexes - 79 for males, and 83 years for females. Cardiovascular disease is the most common cause of death in Norway even though the incidence has reduced from 20,818 in 1999 to 12,964 in 2011 (Statistics Norway, 2012). Deaths due to dementia related diseases have been on the increase since 2007. In 2011, there was a concern about the deaths among young people, as a total of 323 people died in the age group 15-24, of which 323 died from external causes (Statistics Norway, 2012). The incidence was highest in boys, but the increase could be due to the Utøya tragedy (random shooting incident). Also noticeable, was that more women died of diseases related to dementia in 2011 due to the higher number of women in the related age group (Statistics Norway, 2012). The eight leading causes of death in Norway are represented in Table 3.12.

<table>
<thead>
<tr>
<th>Table 3.12 Leading causes of death in Norway</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<tr>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
</tr>
</tbody>
</table>

Source: Statistics Norway (2012)

The World Health Organization reported that the prevalence of HIV per 100,000 of the population in Norway in 2009 was 83, and the prevalence of tuberculosis was 7.5 (WHO, 2012a:74-75). High risk factors in Norway are indicated to be obesity and smoking. Indeed,
in 1973, only 15% of individuals were obese (bmi>=30) as opposed to 32% in 2008 (Norwegian Ministry of Foreign Affairs, 2012). Although the number of people who smoke daily has significantly declined, approximately 18% of all men and women still smoke (Norwegian Ministry of Foreign Affairs, 2012). The whole of the population has access to fresh water, so the incidence of diarrhoea is limited. According to the WHO (2012a:72-77), the age-standardized mortality rate per 100,000 of the population for communicable disease in Norway is 27, for non-communicable disease 363, and injury 36. Mortality in children under five years of age is mostly due to congenital abnormalities (33%), other diseases (31%), prematurity (15%), and birth asphyxia (13%).

3.3.3.3.2. Workforce

With its 242,500 employees, the public health sector is one of the largest sectors in Norwegian society (Norway the official site in the United States). The health sector is by far the biggest employer in Norway, totaling 21.5% of all employment. In 2011, there were 547,000 persons employed in the health industry, 103,000 males and 444,000 females (Norway the official site in the United States). Physicians have long formed the backbone of the Norwegian public health service (Norway the official site in the United States), totalling 19,579 in the country, which make up 41.6 per 10,000 of the population (Norway the official site in the United States). Nursing and midwifery personnel number 150,334, which constitute 319.3 per 10,000 population (WHO, 2012a:126). The OECD indicates that this is one of the highest ratios in the world. The closest is Ireland with 155 (OECD, 2009:77). More than half of nurses are “associate nurses” who have high-school education only and provide mainly social care (OECD, 2009:76). In 2007, the nurse-to-doctor ratio ranged from over five nurses per doctor in Norway, 8.3 to be exact (OECD, 2009:76). Again, this is one of the highest ratios in the world with Ireland taking second place at 5.1 (OECD, 2009:77).

According to the WHO (2012a:72-77), the age-standardized adult mortality rate by cause (ages 30-70 per 100,000 population) is cancer (138), cardiovascular disease (74), and chronic respiratory disease (15).

3.3.3.4. Nursing in Norway

Nurses who participate in study abroad programmes are usually from universities in Norway or State Colleges of Education. University training of nurses began in 1994 and they enroll for a three year degree in nursing. Students are supernumerary and not regarded as workforce (Kyrkjebø, Mekki & Hanestad, 2002:297). All higher education is free of charge in
Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI
Chapter Three: Context of the Study (Phase One).

Norway and students are entitled to national grants (Kyrkjebø, Mekki & Hanestad, 2002:299).

Nursing students’ clinical training is primarily done using simulation, but there are places where students are under direct supervision of a nurse or clinical mentor in a health care facility for a day. They have a limited amount of clinical hours in their training, and the students have to organize their own practical sessions. Some of the students wait until late in their training to conduct any patient care. A newly graduated nurse must have operational competence which entails the basic tasks of nursing: “They must be able to plan and assess their own work, and take responsibility for the care of one or more patients”, but they do not practice independently until they have had further training by the employer (Kyrkjebø, Mekki & Hanestad, 2002:298). After the students are trained, they can further their study and achieve a masters or doctorate degree (professional and academic masters degrees exist, but questions are raised about the quality of the education and the clinical competences of these nurses) (Kyrkjebø, Mekki & Hanestad, 2002:302).

Nurses in Norway are regulated by law and require authorization to practice (licensure). There is no State Examination, but they have to be licensed to practice (Kyrkjebø, Mekki & Hanestad, 2002:298). The Norwegian Registration Authority for Health Personnel (SAFH) is the regulating body as discussed earlier. Nurses can work in a number of places in Norway, most commonly at a hospital and in health and care services in local authorities, for example, at a care home, nursing home, home care services, school health services, and public health centres.

The major challenge in nursing in Norway is the decrease in numbers enrolling into nursing (career choice) because of the higher remuneration other professions. However, distance and part-time education have been introduced to improve access to education for nurses. Students complain that clinical placement (nursing practice) during their programme is too short, and that nurse educators’ competency is concerning (Kyrkjebø, Mekki & Hanestad, 2002:297). There is also a theory practice gap because students indicate that they are not properly prepared for their work as nurses. Furthermore, nurse teachers in Norway are expected to keep up their clinical skills (government funding is made available for this purpose) (Kyrkjebø, Mekki & Hanestad, 2002:296-297).

Health care reforms did not escape nursing and there has been a drive to improve professional development within nursing. In Scandinavia, there are similarities as well as substantial differences in the educational structures, contents, and lengths in the different
nursing programmes. Nursing education is organized in the three cycles described in the Bologna Process, but there are differences regarding names and terms for degrees and allocation of European Credit Transfer System credits. A challenge for the ministries of education in the Scandinavian countries is to compare and coordinate nursing educational programmes in order to enable nursing students, educators, researchers, and nurses to study and work in Scandinavia, Europe, or even globally (Råholm, Hadegaard, Lofmark & Slettebø, 2010:2126; Davies, 2008:935).

Nurses that train in other countries are registered by their respective countries, for example, the National Board of Health and Welfare in Sweden. They also get credit if they have been trained in European countries, but only if the qualifications are commensurable and the nurse has been evaluated and competency has been established (Norwegian Registration Authority for Health Personnel). Many programmes provide an opportunity for nursing students to live and study in different countries - and it counts toward their degree and financing is provided as discussed earlier. The students' study abroad experience is credit bearing and they normally have objectives to reach as part of their programme.

Norwegian students that travel to South Africa are not accompanied by facilitators, but appear to be quite independent on a personal level. They are often unclear about their objectives or envisaged outcomes – and they want to experience what the students before them did (hearsay). The coordinators in South Africa place the students according to the objectives or outcomes provided to them by the HEI in Norway, and appoint a clinical mentor to oversee the group. The students mostly stay for a three month period and they are placed in a variety of settings, but always in the public sector. These students have limited registration and are expected to participate in the nursing care of patients, and are also expected to know their scope of practice and not to work outside their competency framework.

3.4. The Micro Environment

In this study, American and Norwegian nursing students travelled to South Africa for their study abroad programme, and the South African nursing students travelled to America. No South African students went to Norway. All the nursing students were registered as students at a Higher Education Institution (HEI). The environment in which the students had their study abroad experience will now be discussed.
3.4.1. Organizational level – HEI

The organization under study is a comprehensive university in South Africa. It is located in a metropolitan area in the Eastern Cape. There are six such universities in the country and which were established after universities and technicons (technical colleges) merged under order of the Minister of Education in terms of Sections 24 and 23(1), respectively, of the Higher Education Act, 1997 (Act 101 of 1997), as amended (HEI Statute, 2012:i). The organization has five campuses, one of which is approximately 350km south of the main campus.

The HEI supports diversity, international development, and international engagement. The mission statement of the HEI states: “We engage in mutually beneficial partnerships locally, nationally, and globally to enhance social, economic, and ecological sustainability” (HEI, n.d., Vision 2020:18-19).

The organization is governed by a Council, and the vice chancellor (VC) is the executive officer. There are five deputy vice chancellors (DVC) (Human Resources, Finance, Research and Engagement, Academic Affairs, and Institutional Support), which make up the Management Committee (MANCO). The Office for International Education resides under the DVC Research and Engagement. The University has seven faculties, that is, Engineering, Building and Information Technology, Arts, Sciences, Business and Economics, Health Sciences, and Law and Education. The Department of Nursing falls under the School of Clinical Sciences in the Faculty of Health Sciences. There is an Extended Management Committee (EMANCO), comprising of Deans, Directors, and members of MANCO (HEI, VC Report, 2012:5).

3.4.2. Information from the Higher Education Institution Pertaining to the Governance of International Students

The HEI under study is a member of the Erasmus Mundus (Ema2sa) consortium funded by the European Union which involves five South African universities and eight European universities. The mobility programme offers opportunities for staff and students to spend between 3-36 months as research periods at one of the partner institutions in Europe (HEI, VC Report, June 2012:13). The HEI places an emphasis on co-curricular activities of students and staff. A colloquium on internationalization was held in August 2012 (bi-annual event) where international partners (universities) participated in the discussion. The Office for International Education also has a “Family Week” every year where a concerted effort is
made to link/mix local and international students. The HEIs international activity also includes a project which is called International Friends Forever to help students with international networking (HEI, VC Report, June 2012:3).

At institutional level, there is an Internationalization Committee, which is a joint committee of management and select members of Senate. The functions of this committee are to:

- exercise governance over the HEI’s internationalization thrust;
- ensure that the required internationalization policies are in harmony with the HEI’s mission, vision, and strategic goals;
- assist, monitor, and steer the integration of the process of internationalization in all spheres of the institution;
- approve institutional student and staff exchange agreements for the signature of the Deputy Vice Chancellor (DVC);
- recommend institutional agreements for the approval of Senate and the signature of the Vice Chancellor (VC) (HEI, Committee Framework Policy, 2012:41).

After the Higher Education Quality Committee (HEQC) accreditation visit in 2008, a number of recommendations were made regarding the internationalization of the HEI. They recommended that internationalization should begin by developing an Executive Committee in the Internationalization Committee to advance and oversee the process, and it should include the establishment of an internationalized organizational culture within the HEI in which the values of the HEI are focused upon, for instance, appreciation for diversity. It was also suggested that the present target of 15% of international student enrolment headcount be reconsidered in favour of attracting more postgraduate students and increasing the scope and extent of staff exchanges. Furthermore it was suggested that the headcount funding model be replaced by best practice and international student enrolment targets and that targets become part of the HEI enrolment plan. The Higher Education Quality Committee also suggested that the Director of the Office for International Education become a member of the Senate and the Executive Committee of Senate. In addition, it was suggested that the financial aspects, that is, the determination of fees for international students, be brought in line with the practices of other HEIs with specific mention of the South African Development Community (SADC) and non-SADC fee structures. Approval of fee structures should take place by the International Committee of the HEI, merit bursaries and financial awards for international students should be developed, and a protocol should be developed for management approval of the annual budget of the Office for International Education. Furthermore, the HEQC suggested that integration of many of the processes that were
undertaken by the Office for International Education into university structures, such as centralization of administrative functions (admissions and registration of the students to ensure a fair, transparent, and sustainable process), as well as housing of international students, should be integrated into the Student Affairs of the HEI (Extracts of Provisional Minutes of Senate, 2010:1-6).

In September 2012, the HEI in the study was awarded the IEASA Golden Key Award for Internationalization. The award was received for the implementation of comprehensive internationalization (internationalization of the HEI at all levels). According to the HEI, 2012, Prestigious Award for Excellence, the criteria included:

- institutional commitment to comprehensive internationalization, which in terms of governance, means strategic planning, general information, funding, and institutional partnerships;
- internationalization of the teaching and learning mission of the institution;
- internationalization of research;
- internationalization of non-academic processes; and
- activities with regard to international student engagement with the local community and engagement with international alumni.

3.4.2.1. Documented Higher Education Institution Policies and Procedures

The HEI has a number of policies and procedures that pertain to the teaching and learning of the international student. The HEI policy for engagement (HEI, Policy on Engagement, 2012:5) supports the following principles: Engagement should be a mutually beneficial and reciprocal process, that is, sharing of knowledge, skills, and resources (internal and external), to enrich scholarship, creativity, and research; it should be integrated and embedded in the core functions of the HEI; engagement should enhance teaching and learning; strengthen democratic values and civic responsibility; contribute to public good and transformation and enhance social, economic, and ecological sustainability. In addition, mutual planning, implementation, and assessment should take place which include external stakeholders, student and faculty members (HEI, Policy on Engagement, 2012:5).

There are also other policies, such as the Policy on Entertainment, Travel, and Subsistence that the Office for International Education has to adhere to. Aspects of class of travel, financial control, and daily subsistence allowance are stipulated (HEI, Entertainment, Travel and Subsistence Policy, 2012:1-9). From this policy, there are is also a policy and
procedure on international travel for post levels 1-4, and selected international visits are subsidized by the HEI (HEI, Policy on International Travel for Post Levels, 2006: 2-6). There are also other general HEI policies and procedures that have to be adhered to.

3.4.3. Office for International Education

The Office for International Education is located on the premises of the HEI and is easily accessible to students. It now has a Director, and two Sectional Heads. The one section deals with long-term study abroad students (longer than six months) and the other with short-term study abroad students. It is compulsory for all international students (long-term and short-term) to enrol at the university via the Office for International Education.

In discussions with the Office for International Education, it transpired that the Office generates most of its own funding in order to sustain itself. However, it does receive some subsidized funding from the Department of Education for long-term international students, and for students from the Southern African Development Community (SADC) countries. All international students have to pay up front for their educational experience, both long-term and short-term (even the SADC students – but they receive the education at a reduced cost due to international agreements between South Africa and the SADC countries).

The Office for International Education has a memorandum of understanding with the Faculty of Health Sciences. The document discusses the roles of the different parties and specific mention is made of the contractual agreements between universities, faculty, and student outward and inbound movements. Further mention is made about research and co-curricular activities between partners and the host university. The Office for International Education also makes provision of internationalization activities, for example, cross-cultural interventions (HEI, SLA, 2010/2011:1-3).

When discussing the role of the Office for International Education within the organization with the managers and Director, the following main themes emerged: Creating a home away from home for the students; service delivery to faculties, departments, students, staff, and faculty members (local and international), for instance, ensuring that good relations between the locals and international visitors be maintained and that faculty members and students receive international exchange opportunities; providing information to management to enable strategic positioning of the institution, for example, information about benchmarks, trends, and risks; driving internationalization within the organization; serving on institutional committees where international affairs influence the organization; engagement with external
organizations, that is, other universities (national and international); International relations; marketing; recruitment and selection of international students; and finally, research regarding aspects of internationalization. The Director did indicate that there was a need for more formal research to be conducted regarding internationalization in which theory building becomes necessary. There is also formal research necessary to measure the outcomes of the internationalization process - on individual and organizational levels, but also academically, for instance, comparative studies of internationalized curricula, internationalization at home, or measuring the internationalized mind-set of faculty members. It was also indicated that a lot more should be done regarding international cooperative research as that is deemed to be an international trend.

3.4.3.1. Processes, Procedures, and Responsibilities of the Office for International Education at the Higher Education Institution (HEI)

The Office for International Education’s main function is to market the HEI internationally, build relationships with HEIs in other countries, liaise with Office for International Education at other universities in foreign countries, and host and support international visitors. The Office also drafts and facilitates service level agreements between universities for study abroad or exchange programmes.

The Office for International Education engaged in e-marketing and traditional marketing to attract international students to the HEI. The HEI, and specifically the Office for International Education, has an active website where students can easily access general information that is relevant to facilitators/academics (at visiting universities) to ensure that students get the travel and entrance information they need. They also provide support and guidance for students before, during, and after enrolment.

Other activities that form part of the Office for International Education include liaising with faculties and academic regarding all internationalization matters. Every year faculty members and students are asked to participate in cultural exchanges, campus wide activities such as cultural days, or academics and students are invited to attend visiting faculty lectures, workshops, or colloquia.

Faculty members can, for instance, consult employees regarding concerns about their travel, such as the conditions in specific countries, or ask them to find out who the international experts are in a specific HEI. Staff members can set up links with other academics or nearby HEIs if faculty members are interested in collaborative research or projects.
Office staff is an important resource for international students. Students sometimes complain about the treatment they receive from students, faculty members, providers or stakeholders or they share concerns about their studies. These students are then referred to the relevant support staff. It is sometimes even necessary for the Office staff to intervene and negotiate or mediate between academic staff and students. Sometimes the students simply do not know “how something works” or “where to get stuff” and need guidance. In addition, the office staff also have a newsletter that distributes news and information.

Furthermore, the Office for International Education acts as an agent for the Department of Home Affairs which controls immigration in South Africa, as they play a pivotal role in the adherence and monitoring of immigration requirements of international students. The Office for International Education can be inspected by the immigration authority and have to submit reports to the Department of Home Affairs regularly. Students’ study visas or visitors’ visas are sometimes lost or the students or faculty members forget to take them with them to the host country so the Office for International Education has to intervene. When students travel to South Africa and become ill or they pass away, their families are contacted and arrangements are made to send the students or their remains back to their families.

There are also instances where students have difficulties during their stay in other countries, for instance, students may not comply with the requirements of the programmes, get lost, or get paid for work or get into trouble for doing the wrong thing for instance breaking the rules at the HEI. The Office for International Education then steps in and liaises with the HEI involved (Office for International Education) and then supports the student in the host country.

The customers of The Office for International Education are essentially any potential organization that wants to work with the HEI, or any other HEIs on the globe, or potential students (local or international) who want to study abroad, or faculty members or staff of HEIs. There are presently 70 countries represented on the international student list of the HEI under study for 2013 (Registration list for international students at the HEI). In an interview with the (then) Director of the Office for International Education in 2010, the researcher was informed that there is a cap on the amount of international students admitted to the university because of the space available in programmes and the capacity of the university, for instance, lecture room facilities and student residences. The amount of international students registered for programmes varies depending on the applications received, but the HEI’s target for international students is 15%. However, in some programmes there are not a lot of local applicants so to compensate for this, more foreign
students are registered. The principle of academic excellence and the ability to pay for the programme is the thrust of the inclusion for international students. The Director of the Office for international Education visits other countries to actively recruit and to initiate and formalize exchange programmes. The Director is selective regarding the choice of cooperation to support strategic decisions, that is, cooperation with the ‘BRIC’ countries would be given higher priority at the moment because of the agreements signed by the government of South Africa and these countries. The cooperation can also facilitate strategic positioning for the HEI, for instance, if the HEI wants to “break into” a new market, for example, in Kenya, the Director could initiate discussions. It is also the Director’s duty to inform the HEI of opportunities and to actively pursue opportunities as they present themselves.

3.4.3.2. Statistics Pertaining to the HEI

The university had 26,123 registered students in 2010 (IEASA, 2011a: In leaps and bounds: 14) and at present (Feb 2013) there are 2112 international students registered for programmes (degree seeking and occasional)(Intranet at HEI). The total enrolment figures for the HEI (2005-2009) are indicated in Table 3.13, below.

Table 3.13 Total number of students enrolled at the HEI between 2005-2009

<table>
<thead>
<tr>
<th>HEI</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2,008</th>
<th>2,009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of students registered at the HEI</td>
<td>24,157</td>
<td>24,245</td>
<td>23,718</td>
<td>22,661</td>
<td>25,497</td>
</tr>
<tr>
<td>Total number of international students</td>
<td>2040</td>
<td>1924</td>
<td>1934</td>
<td>1,997</td>
<td>1,955</td>
</tr>
<tr>
<td>Percentage of total</td>
<td>8.40%</td>
<td>7.93%</td>
<td>8.15%</td>
<td>8.81%</td>
<td>7.66%</td>
</tr>
</tbody>
</table>

Source: Department of Higher Education of South Africa (2010)

The highest percentage of international students in the student population in 2009 in South Africa was 21.6% in one of the Eastern Cape Province universities (Department of Higher Education of South Africa, 2010) The information also showed that the lowest percentage in the country was at a university in KwaZulu-Natal with 0.84%. The average number of international students in South Africa was 7.263% in 2009 (Department of Higher Education of South Africa, 2010).

Table 3.14, below, indicates the breakdown of the 2013 registrations. Please note that the data represents registrations in February (the beginning of the academic year). Study abroad students travel to the HEI throughout the year, but the information provided will reflect the trend. Most of the international students are full-time students that register for degree seeking purposes and the majority are from the African region.
Table 3.14 International students taking short programmes at the HEI (Feb 2013)

<table>
<thead>
<tr>
<th>Occasional students</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>68</td>
<td>118</td>
</tr>
<tr>
<td>Iran</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>China</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Egypt</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Gabon</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ghana</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Kenya</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Sudan</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Angola</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Jordan</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Norway</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Sudan</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Sweden</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Uganda</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Zambia</td>
<td>42</td>
<td>18</td>
</tr>
<tr>
<td>Austria</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Finland</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Germany</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Lesotho</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Namibia</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Nigeria</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Senegal</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somalia</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ukraine</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Vietnam</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cameroon</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Swaziland</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>North Ireland</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other African Countries</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Countries In Asia</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Syria Arab Republic</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other African Countries</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Countries In North America</td>
<td>76</td>
<td>20</td>
</tr>
<tr>
<td>Ivory Coast (Cote D'Ivoire)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>United Republic Of Tanzania</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Democratic Republic Of Congo</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Democratic People's Rep Of Korea</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>United Kingdom Of Great Britain &amp; North</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>250</td>
<td>282</td>
</tr>
<tr>
<td>Total number of international students enrolled at the HEI</td>
<td>1668</td>
<td>1718</td>
</tr>
<tr>
<td>Percentage of total</td>
<td>14.98%</td>
<td>16.41%</td>
</tr>
</tbody>
</table>

Source: HEI, Business intelligence report (2013)
The majority of international students are undergraduates (degree seeking). Of the international degree seeking students enrolled, a total of 0.86% enrolled for a doctorate degree, and 1.41% enrolled for a Master’s degree (HEI, 2013 [February]. Business Intelligence Report – International Student Enrolment).

3.4.3.3. Office for International Education: Procedure Pertaining to International Nursing Students and Faculty Members

The Office for International Education is notified by the Department of Nursing that a foreign school will be sending a group of students to the HEI. They then liaise with the visiting HEIs Office for International Education.

For Incoming Students and Faculty Members

Once a decision has been made by a visiting university to implement a study abroad programme, the Office for International Education at the HEI drafts a provisional cost proposal that is sent to the interested party for negotiation and approval. In the case of international nursing students, the cost proposal consists of travel arrangements, housing arrangements, and costs of unique requested activities such as excursions to tourist attractions. There is a flat rate per student included, which is payable to the Department of Nursing Science for the organization of the programme and clinical mentoring during the programme.

The Office for International Education ensures that the travel arrangements are accurate and that the Department of Nursing Science is aware of any changes that take place. Office for International Education will also arrange to meet and greet the students at the airport and take them to their accommodation, and also normally participate in an orientation session for the students (with the nursing department) and take them on a campus tour. Daily transport to the clinical facilities is also arranged by Office. The Office for International Education will liaise with the visiting facilitator every day to deal with any concerns and provide support and suggestions, for example, where they could go shopping, or if it is safe to travel here or there. After the completion (on the last day) of the study abroad programme, the Department of Nursing Science and the Office for International Education will conduct an evaluation session to assess the study abroad programme.
Regarding Outgoing Students and Faculty Members

The Office for International Education and the Department of Nursing Science has a verbal agreement (understanding) regarding the services that the Office will provide to the Department, and also the financial contribution the Office will make towards the travel costs of students and faculty members. Once selection of students or faculty members has been completed, liaison between the Offices for International Educations of the HEIs (visiting and host) takes place. Thereafter, arrangements for travel are made by the Office for International Education (air and land travel at destination). The Office for International Education subsidizes the flights of students and academics, but the Department of Nursing Science makes a large contribution. The students and faculty members have a session with the Office for International Education to orientate them about the destination and their roles as ambassadors for the HEI. Once the students and faculty members arrive at their destination, they are supported by the local HEIs Office for International Education. On return, faculty members and students have another session with the Office for International Education at their HEI to evaluate their experiences and to discuss any improvements that could be made.

3.4.4. Department of Nursing Science at the HEI

The Department of Nursing Science at the HEI has been in existence since 1975. The slogan of the Department is “striving for excellence in nursing” and the Department plays a leading role in nursing education in the Eastern Cape Province. The Department is also heavily involved with national organizations that advance nursing education and also has affiliations with international organizations. The academic programmes that are presently offered range from a Bachelor Curationis (four-year programme) to a PhD in Nursing. The programmes represent 13 different disciplines (General Nursing Science, Midwifery, Psychiatric Nursing, Community Health Nursing, Nephrology Nursing, Intensive Care Nursing, Operating Room Nursing, Advanced General Nursing Science, Nursing Education, Nursing Management, Primary Health Care, Occupational Health Nursing, and Nursing Research).

According to the Director of the Office for International Education (2008), the Department of Nursing Science is responsible for the most internationalization activities in the HEI. In 2009, there were 11 countries represented amongst the students that were registered for degree seeking purposes in the Department of Nursing Science (e-mail from MV 18 February 2010 in possession of researcher). The degree seeking students study at the HEI
for the duration of their programmes which can be anything from one year for a postgraduate diploma, to five years for the extended undergraduate study. The majority of countries represented by the student population are from Africa.

The statistics are summarized in Table 3.15.

**Table 3.15 Department of Nursing Science’s profile (at HEI) regarding international nursing study abroad students 2005-2010 (long-term and short-term)**

<table>
<thead>
<tr>
<th>Year</th>
<th>International students at the HEI</th>
<th>Number of international students in Nursing (degree seeking) – pre and post graduates</th>
<th>Number of international nursing students (three months or less)</th>
<th>Total number of international nursing students</th>
<th>% of total number of international students at HEI</th>
<th>Total nursing enrolment s per year</th>
<th>% of total number of nursing students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>2252</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>1962</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>2008</td>
<td>41</td>
<td></td>
<td>342*</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>2017</td>
<td>38</td>
<td></td>
<td>376*</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>1962</td>
<td>36</td>
<td>32</td>
<td>68</td>
<td>3.46%</td>
<td>439 *</td>
<td>7%</td>
</tr>
<tr>
<td>2010</td>
<td>38</td>
<td>38</td>
<td></td>
<td>473*</td>
<td>8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: HEI (2010) Statistics as on 18 February 2010

The short-term study abroad programme has been operational for nine years and there are partnership agreements with eight universities at present. These are located in America, Finland, Norway, Sweden, and the United Kingdom. However, not all exchange programmes are active at present due to the global economic recession. The duration of the programmes are anything from three weeks to three months for both incoming and outgoing students. As discussed above, the universities that send international students to the Department of Nursing Science at this HEI emanate from three regions (see Table 3.16).
Table 3.16 Number of international study abroad nursing students from global regions per year (Department of Nursing Science HEI)

<table>
<thead>
<tr>
<th>Year</th>
<th>Scandinavia</th>
<th>America</th>
<th>Rest of Europe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>9</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>2003</td>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2004</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>2005</td>
<td>6</td>
<td>11</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>2006</td>
<td>9</td>
<td>13</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>2007</td>
<td>23</td>
<td>15</td>
<td>3</td>
<td>41</td>
</tr>
<tr>
<td>2008</td>
<td>15</td>
<td>19</td>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>2009</td>
<td>12</td>
<td>20</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>2010</td>
<td>15</td>
<td>23</td>
<td></td>
<td>38 until 8 Oct 2010</td>
</tr>
<tr>
<td>2011</td>
<td>12</td>
<td>23</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>2012</td>
<td>13</td>
<td>15</td>
<td>0</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: HEI (2013) Department of Nursing Science at HEI (Email)

The information can be visualized in the graph in Figure 3.3.

![Graph showing the number of international nursing students from different countries that participated in the study abroad programme at the HEI](image)

**Figure 3.3 Number of international nursing students from different countries that participated in the study abroad programme at the HEI**

By contrast, the number of South African nursing students who travelled overseas is much less than their international counterparts (see Table 3.17).
Table: 3.17  Number of South African nursing students who travelled overseas for study abroad programmes between 2004 and 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Number of short-term students and destination only</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>5</td>
<td>2 Sweden, 3 UK</td>
</tr>
<tr>
<td>2005</td>
<td>6</td>
<td>3 Sweden, 3 UK</td>
</tr>
<tr>
<td>2006</td>
<td>6</td>
<td>3 Sweden, 3 UK</td>
</tr>
<tr>
<td>2007</td>
<td>6</td>
<td>3 Sweden, 3 UK</td>
</tr>
<tr>
<td>2008</td>
<td>6</td>
<td>3 Sweden, 3 UK</td>
</tr>
<tr>
<td>2009</td>
<td>4</td>
<td>4 America (0.80% of total undergraduate nursing population)</td>
</tr>
<tr>
<td>2010</td>
<td>4</td>
<td>4 America</td>
</tr>
<tr>
<td>2011</td>
<td>4</td>
<td>4 America</td>
</tr>
<tr>
<td>2012</td>
<td>4</td>
<td>4 America</td>
</tr>
</tbody>
</table>

Source: HEI (2013) Department of Nursing Science

3.4.4.1. Processes, Procedures, and Responsibilities of the Department of Nursing Science Pertaining to the International Nursing Student Using Interviews and Document Analysis

The Head of the Department of Nursing Science appoints a coordinator for every international group, for example, a HEI from Norway. The coordinator is usually the first point of call for academics from another country and (in collaboration with the Office for International Education and the facilitator accompanying the students to South Africa) puts the programme together for the study abroad experience. Submissions to the South African Nursing Council can also be done by the coordinator or administrative staff members.

The Head of the Department of Nursing Science also selects a facilitator (or two) for every international group, for example, a HEI to the United States of America. Facilitators have to apply and then the Head of Department will make the decision. There are specific functions that are expected of the facilitators, which have now been written into guidelines. However, these guidelines did not exist when the study was conducted.

Initially, students are selected by a committee of the sending Department of Nursing Science (using specific criteria). The criteria were set out in an official internal document of the Department of Nursing Science in 2012 (Guidelines for the Organization of International Visits). In 2009/2010, when the study was conducted, there were criteria for selection, but they were developed by a committee in the Department of Nursing Science. They will therefore not be included in this document.

The outgoing students are subsidized by the Department of Nursing Science, but are expected to take a small amount of their own money with them. Faculty members, however,
standards to facilitate optimal experiences of short-term study abroad nursing students at a HEI
chapter three: context of the study (phase one).

make their own financial arrangements, and are only provided with subsistence and travel allowances.

Each study abroad experience is regarded as an experiential learning experience and therefore has distinct objectives and outcomes that have to be reached. Academics that accompany the students negotiate a programme with the coordinator in the host country in order for the participants to reach the outcomes. Although the Office for International Education provides the students and faculty members with information regarding visas travel documentation, the students and faculty members have to apply for these documents themselves.

During the timeframe of this study, the South African students used to engage in their study abroad experience during the academic year (normally August/September). The nursing curriculum, as prescribed by SANC, does not allow for South African students’ international experiences, meaning there are no academic credits for the programme. The result was that students still had to study and undertake their coursework while they were overseas. This is not the case for the American and Norwegian students, who receive credits for the programmes as it is an elective programme.

3.4.4.2. Administrative Procedures Pertaining to the International Students

The initial contact with a university that has never sent a delegation to the HEI is usually via the Office for International Education, but an academic can also initiate the process. The Office for International Education will then contact the Head of Department and inform them of the requested visit. The Head of Department will then appoint a coordinator to take the process forward.

An official letter is sent from the visiting university (Department of Nursing) to the Head of the Department of Nursing Science at the host HEI in which it is specified that the exchange programme is requested. The letter indicates if the module forms part of the curriculum (an elective practical), or whether it is a requirement of the qualification or/and elective module (theoretical). The proposed duration of the visit, and the level of the students they intend sending on the study abroad programme is included.

The coordinator or administration officer then replies to the letter (via an official letter) inquiring about their specific needs (goals and objectives), and informs the visitors what opportunities can be offered in the host country (general initially). The coordinator of the
programmes will then collaborate with the facilitator in the visiting country. Once dates have been set, the objectives and outcomes specified, and the initial programme drafted and accepted, the coordinator or administrator will obtain the following information from the facilitator in the visiting country:

- Passports: A copy of the students’ and facilitators’ passports
- Medical aid documents from all visitors
- Copies of professional indemnity from the country of origin, which must also cover the students’ experiential learning in South Africa.

The coordinator or administrator uses the above information (including the letter originally sent from the Head of the visiting Department of Nursing Science) and sends an application to the South African Nursing Council (SANC) for limited registration. It is important that the name of the facilities at which students will undertake their experiential learning, the date of the visit, the mentors that will be accompanying the students, and their qualifications are also included in the application because it is stipulated on the limited registration document which is used by the visiting students as evidence of their registration. Only after the approval letter from SANC is received, will the final arrangements take place. The facilitators and the Office for International Education are then notified.

Thereafter, the coordinator writes letters to the stakeholders, for example, hospitals, in which they request permission to place the students at the services for experiential learning. Once the stakeholders have agreed to the request, the final programme is established and distributed to all the relevant parties.

Once the study abroad programme is completed, reports and evaluations are written and sent to the Heads of Departments and the Office for International Education.

3.4.4.3. The Roles and Responsibilities of the Lecturers

The roles and responsibilities of the coordinators, lecturers, and clinical mentors will be discussed in the following chapter under the data collected.

3.4.5. Context in which the International Nursing Students undertake their Short-Term Study Abroad Programme

The Department of Nursing Science at the HEI places its international nursing students in private and public hospitals in the metropolitan area. There are four large public hospitals in
this area and they deliver all health care services, that is, accident and trauma, acute, and short-term chronic care. The public hospitals’ doctors are full-time employees of the hospital (not trainees). There are also four large private hospitals in the metropolitan area that deliver accident and trauma, and acute care. There are a variety of smaller institutions that are also used, for instance, hospice, long-term private and public psychiatric units, and children’s and old age homes. The Department of Nursing Science at the HEI also places the nursing students in public primary health care clinics and in home based care units, where the students go into the residential areas accompanied by a trained nurse who usually visits the patients.

International study abroad nursing students have a clinical mentor that is specially employed by the Department who accompanies the students to all their placements. The international students are expected to participate in direct patient care at these facilities, but they have to comply with the scope of practice in their own countries. It is important to note that the visiting students’ scope of practice is much more limited than that of South African student nurses. To ensure safety, the students are expected to indicate to the clinical mentor or professional nurse (under whose supervision they may work) if they cannot perform a procedure or if it falls outside their scope of practice. This rule is communicated to the students during the orientation session. The students normally only visit the Department of Nursing Science and tour the Department, but they spend the bulk of their time in the community, in public health facilities, or with home based care providers depending on the outcomes that have to be attained for the visit (as prescribed by the visiting university).

American faculty members/facilitators always escort their group of students to the visiting university. These faculty members accompany the groups to placements, but are not present at all times during the experiential learning opportunity. They debrief students in the evenings by talking to them about their experiences, feelings, observations, challenges and their activities throughout the day. The students and the facilitators stay off campus in the same self-catering facility, and normally share rooms. Transport is normally provided by the Office for International Education, and they have a designated driver that collects them and brings them back to their accommodation. When they participate in home based care, they travel with the nurses to visit patients.

Norwegian groups sometimes visit the HEI for up to three months, but are never accompanied by a faculty member from the Norwegian University. If these students have a crisis, they usually call the coordinator (South African lecturer responsible for the group) or the Office for International Education at the HEI. Like the American students, the Norwegian
students are housed off campus, usually share rooms, and provide their own meals. The same transport arrangements are made for the Norwegian students as for American students.

Usually one or two lecturers from South Africa accompany their students for the first two weeks of the study abroad programmes, after which they normally ‘leave the students there’ for the remaining period. The lecturers accompany the students to placements, especially in the beginning of the programme, and debrief the students in the evenings (as discussed above). When South African nursing students travel to America, they only receive observer status, and are thus not allowed to participate in the care of patients. The South African students are normally housed in student residences and faculty members are housed off campus and meals (in the student cafeteria) are provided. Students or faculty members do not normally drive in the host countries. Local public transport is used or the university transport system, if there is one.

3.5. Thematic Synthesis

Cruzes and Dybå (2011:275) offer the following definition of thematic synthesis:

“Thematic analysis is an approach that is often used for identifying, analysing, and reporting patterns (themes) within data in primary qualitative research. ‘Thematic synthesis’ draws on the principles of thematic analysis and identifies the recurring themes or issues from multiple studies, interprets and explains these themes, and draws conclusions in systematic reviews.”

The strengths of the thematic synthesis lie in its potential to draw conclusions based on common elements across otherwise heterogeneous data (Lucas, Baird, Arai, Law & Roberts, 2007). Thematic synthesis traditionally has three stages: the coding of text ‘line-by-line’ or by axial coding, the development of ‘descriptive themes’ (using the primary data), and then generation of the ‘analytical themes’. The analytical themes represent a stage of interpretation whereby the reviewers “go beyond” the primary studies and generate new interpretive constructs, explanations, or hypotheses (Thomas & Harden, 2008).

After reporting on the views of various authors in the context of the study, thematic synthesis was used by the researcher to identify central descriptive themes from the integrated content. The researcher used data reduction and produced a summary of the findings in Phase One of the study. Themes were developed after the grouping of information and
iteration had taken place (discussed below). Transparency is the most accepted measure of validity and reliability of thematic synthesis and the summary of the data presented will allow the reader to make a judgement about the descriptive themes in this study (Thomas & Harden, 2008).

3.6. Data Reduction and Theme Development

Analysis of the text regarding the context was conducted without predetermined themes (open coding) using an iterative process (Bold, 2012:133). The data in the chapter was read and re-read as a whole by the researcher, and was then reduced by selecting, simplifying, and organising the data in a summary using the principles of thematic synthesis (Alhojailan, 2012: 44-45; Thomas & Harden, 2008). Thereafter, the information was read again, and broken down into segments that had meaning, similarities, and differences. Groupings were then sought in the segments and written down. The data was then read again to ensure that no data was missed (Thomas & Harden, 2008). Descriptive wording was found for each theme, focusing on the integration of the data to build conceptual coherence. Iteration took place again to compare the developed themes with the presented data and to check for consistency of interpretation (Thomas & Harden, 2008). A draft of the themes was presented to the promoters of the study for review and the final descriptive themes were then agreed upon.

3.7. Descriptive Themes

The descriptive themes that were developed from the data in the contextual (situational) analysis are summarized in Table 3.18. It must be stated that the descriptive themes are not mutually exclusive as integration of all the information took place and all themes and aspects within the themes are influenced by each other. To clarify the terminology used in Theme One and its sub-themes, a short discussion will follow. Themes Two and Three are self-explanatory and have been discussed in detail in the sections above.

Theme One: The global community expects professionals to be socially responsible, globally competent, and civically engaged citizens of the world. Sub-theme 1.1 refers to global citizenship, which Green (2012: 27) describes as follows:

- A choice and a way of thinking because it is not a birth right, it is a deliberate choice and an acknowledgment of the collective environment in which we live.
Global citizenship is self-awareness and awareness of others. It is about the universality of human existence and being aware of others and of the differences and commonalities in cultures.

Global citizenship is an intercultural competence which means having empathy with others and acknowledging and accepting/supporting multiple perceptions about topics or issues. It also means that people move skilfully between cultures.

Global citizens cultivate principled decision-making. It is an awareness of the interdependence of the people and the responsibility that the interdependence brings towards others. It is about making responsible personal choices that could influence the world, for example, not polluting the world.

Global citizens feel a connectedness with their community and participate in the social and political life of their community.

A global workforce is a workforce made up of people with multiple skills that can work across borders (usually for multinational companies) and are technologically proficient or linked. They understand global competitiveness, markets, and customers. In a study by Towers Watson (2012:6), the characteristics of a global workforce were discussed:

“These include digital skills, such as working virtually and using social media; agile thinking, particularly the ability to deal with complexity and ambiguity, and assess and plan for multiple scenarios; interpersonal skills, such as effective (physical and virtual) teaming and collaboration; and global operating ability, including managing diverse groups of people, understanding international markets and being culturally sensitive.”

Universities therefore have to prepare students that are accustomed to travelling and living in other countries. They must have a deep understanding of the global community, which may include knowledge about other communities (economic, social, political, and environments), languages and cultures, as well as dealing with the benefits, risks, and challenges that globalization brings.

Global engagement is conceptualized by Fry and Paige (2011) as being:

“…expressed civic commitments in domestic and international arenas; knowledge production of print, art, online, and digital media; philanthropy in terms of volunteer time and monetary donations; social entrepreneurship, or organizations whose purpose and/or profits are to benefit the community, and the practice of voluntary simplicity in one’s lifestyle.”
In reality, global engagement refers to institutional collaboration and partnerships, in which faculty members work cooperatively across borders and support others, and participate in or lead innovative projects that will benefit institutions (reciprocal), communities, or the global community. Faculty members contributing to global engagement also participate in transnational research and enhance student learning using technology or dual systems to promote greater international understanding and good relationships. Furthermore, global engagement also means taking the responsibility to effect change inter-nationally, to bring about change, and to benefit communities that cannot always do it for themselves.

In Sub-theme 1.2, the term global mindedness is used. Kehl and Morris (2007:69) describe this term as a way people think in terms of the global environment (worldview). Global minded individuals are interested in and explore new ideas and perspectives about people of different countries and cultures (having an open mind), and are willing to learn from and to work with people from around the globe. To be globally minded means to understand and value diversity, all the while being proud of your unique culture or identity and showing compassion for people and having respect for different ethnicities and cultures. Global mindedness means that individuals understand the balance between interdependence and independence of communities, and thinking critically about global issues that affect others (global connectedness), for instance, political and economic interventions and taking responsible decisions to benefit others.
### Table 3.18 Descriptive themes

<table>
<thead>
<tr>
<th>Theme number</th>
<th>Name of theme</th>
<th>Short description of the theme</th>
<th>Sub-themes</th>
</tr>
</thead>
</table>
| Theme One    | Expectations and goals of international educational programmes | The global community expects study abroad programmes in Higher Education Institutions to develop global citizens and adhere to best practice                              | 1.1. The global community expects professionals to be socially responsible, globally competent, and civically engaged on a global level  
1.1.1. Global citizenship  
1.1.2. Globally competent employees - "global workforce"  
1.1.3. Global engagement  
1.2. International higher education expects international educational programmes to adhere to educational and ethical criteria  
1.2.1. Promote and provide study abroad programmes in an ethical manner  
1.2.2. Internationalize higher education institutions  
1.2.2.1. Policy development and institutionally driven internationalization processes  
1.2.2.2. Provide rich and meaningful international opportunities and experiences for staff and students and increase their global mindedness  
1.3. Education institutions expect study abroad programmes to enhance their status, and increase their resources  
1.3.1. Improve the institutional profile and reputation  
1.3.2. Improve their economic status (financial position) to sustain growth  
1.3.3. Retain their uniqueness, values and integrity  
1.3.4. Increase recruitment of international students and faculty  
1.3.5. Higher Education Institutions are expected to strengthen research and knowledge production through international cooperation and exposure |
| Theme Two    | The major differences between sending and hosting countries | Study abroad programmes in different countries provide opportunities for exposure to different realities                                      | 2.1 Socio-economic differences  
2.2 Cultural differences  
2.3 Different health systems  
2.4 Burden of disease in different countries  
2.5 Nursing education and student experiences  
2.6 Nursing roles and functions |
<table>
<thead>
<tr>
<th>Theme 3</th>
<th>Management of study abroad programmes</th>
<th>The quality of the study abroad programmes are dependent on an enabling management environment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.1 Create an internationalized, organizational culture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.2 Policies, procedures/processes/systems of the HEI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.3 Programme (content, organization)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.4 Infrastructure and resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.5 Agreements with affiliates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.5.1 Agents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.5.2 Stakeholders</td>
<td></td>
</tr>
</tbody>
</table>
3.8. Conclusion

Globalization is here to stay, and with it comes opportunities, but also threats. The challenge is to achieve a reasonable balance between the benefits and dangers (Kotzé, et al., 2013:68). Globalization has economic, political, social, ethical, and technological implications. In higher education and health care budget cuts, supply of human and other resources and changes in health and educational discourses have brought about opportunities for further development such as offering different types of educational programmes and experiential learning opportunities. The challenge of globalization is to manage the integration of global change, adapt the necessary governance policies and systems (yet retain their uniqueness), and to adopt innovative strategies into the internationalization processes so that people can truly become citizens of the world.

In Phase Three (Chapter 5) of the study, the descriptive themes will be used in conjunction with the qualitative data themes generated in Phase Two, to develop inferred analytical themes in which standards and strategies are stated to optimize the international students study abroad experience.
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CHAPTER FOUR: DISCUSSION OF QUALITATIVE RESEARCH RESULTS AND LITERATURE CONTROL (PHASE TWO)

“I am so convinced of the advantages of looking at mankind instead of reading about them, and of the bitter effects of staying at home with all the narrow prejudices of an Islander, that I think there should be a law amongst us to set our young men abroad for a term among the few allies our wars have left us.”

Lord Byron (1830:186)

4.1. Introduction

The previous chapter presented an in-depth discussion regarding the context from which the short-term study abroad students came, and the context in which they participated in the study abroad programme. This chapter will focus on the qualitative research results and the literature control.

After the transcription and coding of the participants’ responses, themes were identified and grouped into expectations, experiences, and suggestions as it coincided with the research objectives and the questions posed to the participants. The discussion of the findings therefore has four distinct sections, the first being the combined research findings regarding the students’ and faculty members’ expectations of the study abroad experience. The researcher decided to combine the faculty members’ and students’ expectations for ease of discussion as they were very similar and duplication of the information could therefore be minimized. The second section depicts the experiences of the short-term study abroad nursing students. The third, relates to the findings regarding the role and responsibilities and the experiences of the faculty members, and the fourth section is again a combined section which entails a description of the suggestions that were made by faculty members and students regarding the improvement of the study abroad experience. Again, the researcher decided to combine the themes as the aim of the last question, asked of all participants, was to identify and describe suggestions that could be used to develop a framework on which to build the strategies to optimize the experiences of the short-term study abroad nursing students’ experiences at a HEI in South Africa.
4.2. Description of the Sample

A total of 41 students participated in the focus groups in the study. The age and gender profile of the three groups of participants are depicted in Table 4.1, below.

Table 4.1  Age and gender profile of nursing students that participated in the study

<table>
<thead>
<tr>
<th>STUDENT PARTICIPANTS</th>
<th>AGE</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A total of 11 Norwegian students participated in the study (Group One)</td>
<td>Average: 23.4 years</td>
<td>Total: 11 Females</td>
</tr>
<tr>
<td></td>
<td>Age 22 = 2 students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 23 = 4 students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 24 = 3 students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 25 = 2 students</td>
<td></td>
</tr>
<tr>
<td>A total of 23 American students participated in the study (Group Two)</td>
<td>Average: 22.6 years</td>
<td>Total: 3 Males</td>
</tr>
<tr>
<td></td>
<td>Age 21 = 10 students</td>
<td>20 Females</td>
</tr>
<tr>
<td></td>
<td>Age 22 = 7 students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 23 = 3 students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 24 = 1 student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 31 = 2 students</td>
<td></td>
</tr>
<tr>
<td>A total of 7 South African students participated in the study (Group Three)</td>
<td>Average: 23.5 years</td>
<td>Total: 1 Male</td>
</tr>
<tr>
<td></td>
<td>Age 21 = 1 student</td>
<td>6 Females</td>
</tr>
<tr>
<td></td>
<td>Age 22 = 2 students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 23 = 1 student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 24 = 1 student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 25 = 1 student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 28 = 1 student</td>
<td></td>
</tr>
<tr>
<td>Total number of students</td>
<td>41 students</td>
<td></td>
</tr>
</tbody>
</table>

Five Higher Education Institutions (HEIs) were represented in this study; two were in Norway, two in America, and the one South African HEI. All the short-term study abroad nursing students (41 students in total) were undergraduate nursing students and were at different levels of their training when they arrived in South Africa. They had different goals and objectives which were dependent upon the curriculum in their home country and the expressed requirements of the facilitators. The length of stay was different for all the groups (between three weeks and just less than three months), and the programmes were customized to suit each group. As discussed in Chapter Three, students had limited registration with the South African Nursing Council which allowed them to participate in nursing practice in South Africa. They were awarded the same opportunities as South African nursing students meaning that they could work under the South African nursing scope of practice, but because they were still nursing students, they had to be under the direct or indirect supervision of a professional nurse. It was assumed that they would only
do what they were competent of doing within the ethical legal parameter of nursing, as the same is expected of all nursing students in South Africa. The students that came to South Africa were mostly placed in public (governmentally funded) hospitals or clinics during their study abroad programmes as private hospitals have self-funded or privately insured health consumers, and because the public sector is so different from that which they are used to. They also had an opportunity to participate in home based care. The South African students had the opportunity to visit acute care facilities and long-term health care/residential facilities in America.

The profile of the faculty members that participated in the research is summarized in Table 4.2.

**Table 4.2 Profile of Participating Faculty Members**

<table>
<thead>
<tr>
<th>PARTICIPANTS</th>
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<th>POSITION HELD AT TIME OF INTERVIEW</th>
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<td>Group Four</td>
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<td>Visiting Faculty Member</td>
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<td>Full Professor</td>
<td>Doctoral Degree</td>
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<tr>
<td>Visiting Faculty Member</td>
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<td>Chair and Associate Professor</td>
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<td>Visiting Faculty Member</td>
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<td>Ad Hoc Lecturer</td>
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<td>Group Five</td>
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<td>Host Faculty Member</td>
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<td>Full Professor</td>
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<td>Host Faculty Member</td>
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<td>Senior Lecturer</td>
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<td>Host Faculty Member</td>
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<td>Host Faculty Member</td>
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<td>Associate Lecturer</td>
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<td>Group Six</td>
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<tr>
<td>Host Clinical Mentor</td>
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<td>Associate Lecturer</td>
<td>Bachelor’s Degree</td>
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<td>Host Clinical Mentor</td>
<td>F</td>
<td>Contract Clinical Mentor</td>
<td>Master’s Degree</td>
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<tr>
<td>Host Clinical Mentor</td>
<td>F</td>
<td>Contract Clinical Mentor</td>
<td>Honours Degree</td>
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All participating faculty members work in the Department of Nursing Science in their respective countries and were actively lecturing a discipline in nursing. A total of eleven faculty members were interviewed for this study. The faculty members accompanying the students overseas knew the students, but did not necessarily lecture them in their classes. This was the first time, two of the visiting faculty members had ever facilitated a programme and there were two who had not been to South Africa before.

All the host faculty members had previous experience with international nursing students (in South Africa) and travelling overseas as visitors (except one), but only three of them had
facilitated a study programme overseas for/with students. The number of study abroad programmes that they had participated in varied.

All the clinical mentors were experienced professional nurses and had mentored more than two study abroad programmes each. The clinical mentors knew the clinical placement areas well because they had been based there, and had previously trained local students there. One of them worked in the public hospital permanently; one on a temporary basis and the other one worked in the Department of Nursing Science at the HIE, but accompanied local student nurses to the hospitals two days a week. The mentors were contracted by the Department of Nursing Science to accompany the international nursing students to the clinical placement areas and support and guide them during their stay.

4.3. Concept Clarification for this section

To shorten the discussion, the short-term study abroad nursing students will henceforth (in this chapter) be addressed as international nursing students. The phrase will include the visiting and South African nursing students unless otherwise mentioned.

There are concepts that are used in this chapter and subsequent chapters that are very specific and need to be understood by the reader in order to interpret the information. They will therefore be clarified.

4.3.1. Coordinator

A coordinator is a person that coordinates, meaning to place or to function together as part of an interrelated whole (Brown, 1993a:507). In this study, the coordinator is the faculty member in the Department of Nursing Science (host University) that develops the programme, plans, and organizes and coordinates the study abroad programme for the visiting university. The coordinator works in collaboration with the facilitator, clinical mentor, academic administrator, and the representative of the Office for International Education.

4.3.2. Facilitator

A facilitator is a person that facilitates, meaning that they help forward, promote, or bring about something (Brown, 1993a:903). In this study, the facilitator is the overseas (visiting) faculty member, that is associated with or employed at a Higher Education Institution (HEI) (usually a lecturer), and who is organizing the visit and sending, bringing and/or accompanying the students on the study abroad programme to the host country.
4.3.3. Clinical Mentor

The term clinical pertains to teaching given at the bedside (Brown, 1993a:418). A mentor is a guide, advisor, or teacher (Brown, 1993a:1744). In this study, the clinical mentor is therefore the qualified professional nurse appointed by the Department of Nursing Science (host university) to accompany, guide, and support the visiting students in the clinical placement areas during the study abroad programme.

4.3.4. Clinical Placement Area

Clinical placement area, in this study, refers to the clinical area in a hospital, clinic, or community health setting where the international nursing students will actually participate in their experiential learning, meaning that they will have contact with patients (health care clients) or be exposed to staff working at these institutions.

4.3.5. Accompaniment

In her Nursing Accompaniment Theory, Kotzé (1998:10) describes accompaniment as a planned and deliberate process in which the accompanist (person taking responsibility to help another person) enables the accompanee (in this case the student) to overcome his/her need for help (advice, guidance, or education) by supporting them. According to Kotzé (1998:10), accompaniment always takes place within a tension field of dependency and self-reliance between these individuals. The accompaniment takes place within a “trusting, knowing/understanding togetherness as well as those activities which aim to provide direction” and takes the form of responsible management, teaching, and clinical mentoring (Kotzé, 1998:10). The structures of accompaniment, for example, goal structures, have been discussed in Chapter One, Section 1.9.2.1.

4.3.6. Clinical Competence (Clinical experience)

Clinical means designating or pertaining to the bedside (Brown, 1993a:418). Clinical is associate with observation, treatment and care of actual patients (Oxford Dictionary of English, 2005). When nurses become competent they master something or the ability or set of skills to do something, have the capacity, or have the authority or qualification to do why and how to do something successfully or efficiently and to adapt to circumstances in doing so (Brown, 1993a:459; SAQA, 2001:11). Competence is usually gained by experience meaning it is a skill acquired over time after engagement in something for instance a particular profession (Oxford Dictionary of English, 2005). In this discussion, clinical
competence therefore means the ability that the nursing student has, and is still developing by means of gaining experience, which pertains to nursing practice which includes patient care.

4.4. Discussion of the Findings and Literature Control

Data saturation was reached after six groups of interviewees - three student groups (entrance plus exit interviews), comprising of Norwegian, American, and South African students), and three groups of faculty members (visiting, hosting, and local clinical mentors). From the data analysis and refinement, ten salient themes emerged, which will be discussed below.

A short description of each theme and the sub-themes are summarized in Table 4.3.
### Table 4.3 Summary of Themes and Sub-themes from the qualitative data analysis

<table>
<thead>
<tr>
<th>Theme Numbers</th>
<th>Name of Theme</th>
<th>Short description of the theme</th>
<th>Sub-themes</th>
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<tbody>
<tr>
<td><strong>4.4.1 EXPECTATIONS OF FACULTY MEMBERS AND STUDENTS</strong></td>
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</tbody>
</table>
| Theme One | Expectations of the study abroad experience | Faculty members and nursing students expressed their expectations towards the study abroad programme | 1.1 Faculty members and students expected to develop personally during the study abroad experience  
1.2 Faculty members and students expected to develop professionally and to compare the education and training of nurses in the host country to that of their home country  
1.3 The students expressed the need to be adequately prepared for the study abroad experience  
1.4 The faculty and students expected to see and experience a difference in the health care systems between their own country and that of the host country  
1.5 Both the local and visiting faculty members and students expected the visiting students to participate in direct nursing care to develop and refine their nursing skills and to compare South African nursing care to their respective countries  
1.6 Faculty members and students expected to have a cultural experience during the study abroad programme  
1.7 The students expected to participate in extra-curricular activities during their visit to the host country |
| **4.4.2 EXPERIENCES OF THE SHORT-TERM STUDY ABROAD NURSING STUDENTS** | | | |
| Theme Two | Personal and professional growth | Students experienced personal and professional growth as a result of their study abroad experience | 2.1 The students experienced the study abroad programme as an opportunity for personal development  
2.2 Students experienced the study abroad programme as beneficial to their professional preparation as nurses |
<table>
<thead>
<tr>
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<th>Short description of the theme</th>
<th>Sub-themes</th>
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</table>
| Theme Three   | Comparing health systems                          | Experiencing the host countries’ health care system enabled the nursing students to draw comparisons in health care delivery systems | 3.1 The students reflected on the positive and negative aspects of the implementation of the health care system  
3.2 The students experienced the severity of illness in the health care consumers in South Africa |
| Theme Four    | Gaining clinical experience                       | The study abroad experience gave the nursing students an opportunity to gain clinical experience | 4.1 Students reflected on the richly diverse clinical nursing experience they were afforded during the study abroad programme  
4.2 The students encountered challenges in the clinical nursing environment during the study abroad programme |
| Theme Five    | Transforming students pre-existing knowledge and perspectives | The experience of immersion into the host countries’ culture transformed the students’ pre-existing knowledge and perspectives | 5.1 The students felt that the study abroad experience actualized their learning  
5.2 The students were frustrated by the language and cultural barriers they encountered  
5.3 The students developed and refined their cultural sensitivity |
| Theme Six     | Extra-curricular learning experience               | Nursing students reflected on factors that influenced their extra-curricular learning          | 6.1 International students expressed a need to mingle with other students and to experience student life in the host country  
6.2 The students enjoyed the planned and unplanned social activities during their study abroad experience  
6.3 The students experienced a number of constraints regarding the holistic learning |
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<th>Theme Numbers</th>
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<th>Short description of the theme</th>
<th>Sub-themes</th>
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<tr>
<td>4.4.3</td>
<td><strong>ROLES, RESPONSIBILITIES, AND EXPERIENCES OF FACULTY MEMBERS</strong></td>
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<td>Theme Seven</td>
<td>Roles, responsibilities, and experiences of faculty members</td>
<td>Faculty members reported on their various roles and responsibilities and on their own personal and professional development</td>
<td>7.1 Faculty members reported on their pre-visit roles and responsibilities</td>
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<td>7.2 Faculty members reported on their various roles and responsibilities as facilitators, coordinators, and clinical mentors during the study abroad programme</td>
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<td>7.3 Faculty members reported on their own personal and professional development experiences during the study abroad programme</td>
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<td>Theme Eight</td>
<td>Aspects that added value to the study abroad programme</td>
<td>Faculty members identified aspects that added value to the study abroad programme and experience</td>
<td>8.1 Faculty members identified aspects of the planning and implementation of the programmes that added value to the study abroad programme</td>
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<tr>
<td>Theme Nine</td>
<td>Constraints that impacted negatively on the study abroad programme</td>
<td>Faculty members identified constraints that impacted negatively on the study abroad programme</td>
<td>9.1 Faculty members identified aspects of planning and organization of the study abroad experience that needed improvement</td>
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<td>9.2 Faculty members reflected on the preparation of the students, facilitators, coordinators, and clinical mentors</td>
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<td>9.3 Faculty members identified constraints regarding the clinical nursing experience of the students</td>
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<td>9.4 Faculty members indicated that students need emotional support and reflective sessions</td>
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<td>9.5 Faculty members identified financial constraints regarding the study abroad programme</td>
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<td>9.6 Faculty members reflected on the constraints they experienced regarding the processes of the Office for International Education</td>
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<td>Theme Numbers</td>
<td>Name of Theme</td>
<td>Short description of the theme</td>
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<td>4.4.4</td>
<td>SUGGESTIONS REGARDING THE IMPROVEMENT OF THE STUDY ABROAD EXPERIENCE</td>
<td>Students and faculty members suggested ways to optimize the experiences of international nursing students who participate in the study abroad programme</td>
<td>10.1 Faculty members and students made suggestions regarding the preparation and planning of the study abroad experience in both the host and visiting countries</td>
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<td>10.2 Faculty members and students reflected on the possible improvements that could be made with regard to the organization and operationalization of the experiential learning of the international nursing students</td>
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<td>10.3 Faculty members recommended that measures be put in place to provide emotional support to visiting nursing students</td>
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<td>10.4 Faculty members and students made suggestions regarding the services of the Office for International Education rendered to them and to the Department of Nursing Science</td>
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<td>10.5 Suggestions towards improvement of the study abroad experience indicated that faculty members should also have formal objectives and/or outcomes for the study abroad experience</td>
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</table>
An in-depth discussion of the identified themes and sub-themes verified by existing literature will now follow. Lucid and textured descriptions, with the judicious inclusion of verbatim quotes from study participants, also contribute to other quality criteria, including the authenticity and vividness of a qualitative study (Polit & Beck, 2008:530). It is important to note that quotations from interviews with participants are verbatim and therefore not grammatically correct. There is a paucity of scientific articles regarding international students in South African study abroad programmes. There is also paucity regarding the experiences South African students going abroad for study abroad programmes. The researcher has therefore used results from research conducted internationally on short-term study abroad experiences to validate the findings.

It should also be noted that the themes are not mutually exclusive and that the findings are meshed together, for instance, Theme Two - depicting the personal and professional development - cannot exclude Theme Four, which illustrates the clinical experience of the international nursing student. A detailed description of the themes and sub-themes will now follow.

4.4.1. Expectations of Faculty Members and Students

Theme One emerged directly out of the questions asked of the visiting faculty members and the international nursing students in the study abroad programme, that is, “What were your expectations in terms of this study abroad programme for your students” and “What are your expectations regarding this learning experience?” The concept ‘expectation’ has been clarified in Chapter One, Section 1.8.9, but can be expressed as a preconceived idea of something that will follow or come about within a given circumstance, event, and timeframe.

<table>
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<tr>
<th>Theme One</th>
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<td>Faculty members and nursing students expressed their expectations towards the study abroad programme</td>
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We all have expectations when we go abroad, whether we go to study, or just for a visit. Expectations can be influenced by many things, such as the amount of research the person does, information from peers and faculty members, attitudes of family members, education, media, personal interests, and even the goals of the study abroad programmes (Higgs, Polonsky & Hollick, 2005:52). There is no doubt that when planning of the visit begins, people become more receptive to the information that they might need in the travel...
destination. Ideas are therefore formed well in advance of the visits and can be confirmed by the comment by the following participant:

“...I think it’s just human nature, one goes into a situation with preconceived ideas and expectations and then one is normally quite pleasantly surprised to see that it’s not really so and come out of it as a positive experience...”

In this study, it was apparent that the goal and objectives expressed by the accompanying faculty members influenced the expectations of the students. The finding supports the theory of Kotzé (1998:11) and the similar findings of Lee (2004:119), in which it is stated that the expectations of the accompanist influence the learning of the student. The expectations of the students varied between groups and individuals. A few students stated that they did not have any expectations and others gave a vivid verbal account of their expectations. The students that had no expectations indicated that they were not sure what to expect and alluded to the fact that they had not been given sufficient information about the study abroad experience to have created an expectation. The sentiment was also echoed regarding their clinical nursing experience:

“...I guess I don't really know I just, I don't think I really had expectations because I really had no idea like...I think what has been good is we really didn’t have, I mean we did have preparation before coming but we had no clarification on or verification of exactly what we will be doing or what we will be seeing.”

“...I think in a way people really don't know till you get there what it’s going to be...” “I wasn't, yes I didn't know for sure, what kind of a teaching learning environment would be until I got here.”

These findings are in line with the findings of Higgs, Polonsky and Hollick (2005:62) which found that expectations are not always clearly formed in the customer’s mind prior to the experience, especially in novice customers. A few students remarked that they had limited their expectations as they did not want to be disappointed and that they also wanted to be ambassadors for their country and profession:

“I tried to limit my expectations because that way I won’t be shocked or dreaming that I saw anything cos you have responsibility...”
In a number of the statements made by the students, strong preconceptions were evident in their utterances:

“...a big thing that you do when you go out there and you think this is going to be like this and Americans are going to be so amazing...oh my word it’s America it’s going to be impressive blah blah blah...and then it wasn’t it was quite normal...”

The international nursing students and faculty members in this study expected to grow personally and professionally from this experience. They had preconceptions, but expected to change, and they thought that by being exposed to different challenges, circumstances, cultures, and practices they would change their perceptions and develop a global view. They also expected the study abroad experience to give them an opportunity to be exposed to and to compare the education and training environment with that of their home country. For many of the students, the international travel opportunity was thought to be a once in a lifetime opportunity to take in the attractions that the host country had to offer:

“Um...kind of I just wanted to travel, it seemed like a good excuse to travel but definitely like seeing another culture I think and experiencing something that’s completely different and then, having that other perspective will I think help me as a nurse practice, because like in the United States where there are other cultures you know how to deal with other cultures better.”

The findings are akin to the findings of Green, Johansson, Rosser, Tengnah and Segrott (2008:989) which suggest that students were looking forward to the challenges of venturing into the unknown and to building on their travel experiences.

**Theme One: Subtheme 1.1**

**Faculty members and students expected to develop personally during the study abroad experience**

The faculty members that accompanied the students on the study abroad experience had not all been to South Africa before and therefore did not know what to expect regarding the implementation of the programme. They did not think that everything would go as planned and proposed that the students stay “flexible and open to learning as much as we could, just take it all in...”
The international nursing students and faculty members in this study expected to grow personally from the study abroad experience. The faculty members indicated that they would explore opportunities for their own learning. The students voiced that they wanted to learn more about themselves, but also be exposed to different challenges to assess how they would stand up to them. The students in this study expected to have their pre-conceptions “shattered” and to gain a new perspective on personal views. It was thought that the study abroad experience would afford them an opportunity to demonstrate their values of non-discrimination and respect for people and in a number of cases “…we want to practice our English…”

“…but there might still be that discrimination between colour and I want to be able to make them feel comfortable and like that we don’t bring that to the table like when we are providing care like that’s set aside and then we actually took the time to learn what is respectful to them…”

Ingraham and Peterson (2004:86) describe the personal growth and development of students that study abroad as: enhancement of their independence; self-reliance; increasing the person’s ability to cope with unfamiliar situations; improved problem-solving skills; developing leadership skills; increased level of comfort with other people who are different from themselves; increased ability to interact effectively with people from different backgrounds; becoming more open-minded; and an increased feeling of personal effectiveness. The following statement will illustrate the expectations of the students regarding their personal development, that is, self-growth and self-awareness:

“I think one of my expectations is to like learn more about myself through this experience and grow to understand myself and how I work with other people of all different cultures and utilizing my skills, and just perfecting them so that I can grow within myself.”

The students did not only want to experience the group dynamic (the group they were in for the study abroad experience), but wanted to go beyond that towards the bigger society and have an opportunity to confer with other people:

“I think we’re all learning about ourselves while we are here, like being immersed in the new culture and with each other, not necessarily with our family or support systems back at home that we would normally rely on, I mean we’re all doing really well together but it may not be our normal group of people like back home that we communicate with so I think just being here is huge for us.”
“I just expect like I don’t know opportunities to be able to interact and actually get some invaluable experience...I think even just like interact with the people.”

**Theme One: Subtheme 1.2**

*Faculty members and students expected to develop professionally and to compare the education and training of nurses in the host country to that of their home country*

The international nursing students looked forward to the opportunity to develop professionally as they had heard from previous international students that the experience helped in their preparation to become fully fledged professional nurses. They knew that they would be exposed to different philosophies, people, and circumstances in the host country and they expected that it would help them gain a global perspective.

Students are often involved in the preparation of other students for the study abroad programmes. In this case: “...[a student] talked to us and she said before she went she not ready to be a nurse when she came back to [Norway] she was ready.” The conversation therefore created an expectation of professional preparation.

The students indicated that they were looking forward to a variety of professional learning opportunities to support their professional development, but also to see how nursing was practiced differently in other environments:

“I think a variety of different opportunities...like going into the township and doing hospitals, a variety of places um and being with the patients or another nurse to learn from them what they have to deal with...”

Ingraham and Peterson (2004:96) explained that professional development in study abroad programmes could involve the choice of career that the student would make, the acquisition of cross-cultural skills, a growth in the awareness of the aspects of the intended profession, and how nursing is practiced differently in different cultural settings, which will help the individual become a more effective professional. Kotzé (1998:11) also indicates that the perception of the student’s own role and responsibility is part of the actualization structure in developing the professional nurse.

The above statements are confirmed by the following remark by the student, but goes further to explain that they also wanted to assess how far they had progressed in their
professional development: “...information so we can compare for what we know or have done to let you know how long in education we have come”. The findings are similar to a study by Reid-Searl, Dwyer, Moxham, Happell and Sander (2011:894) in which they found that students expected to assess their own professional abilities in different settings.

The students wanted to see how nursing was practiced differently in other countries and in so doing, expected to develop a global perspective. This sentiment is exemplified by the following comment: “I'm really interested in the differences and the similarities between the American nursing and nursing here.” “…to kind of just get more of a global perspective and get out of the little comfort box that we put ourselves in I guess.”

All the students indicated that they wanted to meet other nursing students and most wanted to compare the training they received in the host country with that of the home country. The students thought they could achieve this by going to classes and experiencing campus life. The following statement indicates why this sub-theme emerged from the data:

“I think just meeting the students would be nice, yeah cos I think we can learn a lot from each other, just talking with another student about their experience and their course work.”

“...but it’s good to be on campus like today or just to have the orientation or to compare it to what it’s like back home.”

The students wanted the other students’ advice and help about the educational environment:

“It would be kind of nice to have their support...from the student aspect you know...their learning too and their learning in an environment, they’re probably a little more comfortable in than we are...so it would be nice to have their input.”

The students wanted to attend classes and felt that: “If we are more in school or included in their programme it would be easier to meet them.”

The students also wanted to compare the nursing education and training they received in the host country to that which was available in the host country, which included the academic environment - the theoretical preparation - and also the accompaniment of the students. For example, the students wanted to see what was available in the clinical labs and the technology that was used for teaching and learning, and take what they had learnt back
standards to facilitate optimal experiences of short-term study abroad nursing students at a HEI

Chapter Five: Development of Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI

home to implement. However, they expected to attend classes that were in their curriculum and would contribute to their learning:

“Thought that we would be going to classes that correlate with our classes here.”

“For me while I’m here I want to learn about the differences between our training in the US to your training here because on that part we’ve heard so much already about how things differ. It seems like we’re going to learn midwifery we heard they delivered a baby.”

The American students also wanted to assess if their learning could be validated in nursing practice and if the tools they used in practice were used in another country. In the same vein, the South African students were under the impression that because they use an American textbook, the nursing students in America would use South African literature:

“...to see how the public health is practiced here because we have this huge chart on how you can be interactive individuals in your community or population based and it’s...like a pie chart you mean and that’s a lot of what we learnt in our theory part and...so there’s not like a lot of that would be applicable or different or how different directions are chosen.”

Theme One: Subtheme 1.3
The students expressed the need to be adequately prepared for the study abroad experience

“Like we, honestly it just feels like we were kind of pushed in I mean we wanted to, but it’s just like we’re here now and so we still don’t know exactly what we will be doing.”

As depicted above, a number of the students did not have enough information regarding what to expect from the study abroad experience: “...I mean then you can’t be disappointed or by any means but it’s still kind of feels, we’re feeling uneasy.”

It is quite natural for the students to feel uneasy, especially coming to a new country and being in a new clinical environment. However, one of the first things that have to be secured for every traveller is accommodation, and this was not the case with one of the groups of students. The short-term study abroad experience can be a very intense experience because a number of the students only come for a three week period. Being expected to work in a completely new cultural setting and not knowing exactly what to expect did create anxiety, even more so if one is aware of the vast differences in the health system. The need
for preparation is therefore not surprising, but essential, for the student to benefit from the experience as soon as possible. All three of the student groups indicated that they would have liked to be better prepared for the study abroad experience. Indeed, Pross (2003:398) indicates that preparation that starts long before the student ever leaves home has a positive effect. Pross (2003:398) goes on to describe the effect of lack of preparation on students, indicating that they felt shocked, overwhelmed, even “feeling “stupid and unprepared” for the clinical experience.

In this study, the students voiced their desire for very detailed schedules for classes and for their clinical experience:

“...I would love to have some sort of like okay this is where you are going, these are the types of things you’ll see and whatever skills are expected...because we see our on our sheet and all we’ll see a certain hospital but what goes on there what kind of patients do we see you know things like that would be really, really nice to have.”

A priority for preparations was, however, professional preparation as nurses, for which they sought support and guidance from professionals. The American and Norwegian students wanted to be exposed to specialized units, for instance, labour wards because they do not usually get exposed to midwifery in their home country and they had heard that previous study abroad students had enjoyed the exposure:

“It would be nice to have a preceptor that we can just observe for a few days and then as we go along, let us assist, even if it is in little cases so we can feel like we can contribute.”

The high incidence of TB and HIV in South Africa, and other health issues such as severe trauma (knife or gunshot wounds) that international students are not usually/necessarily exposed to, also necessitated the preparation of the student. The reader is reminded that a number of these students had not worked in a hospital prior to this exposure, and many indicated that they had not been active in the clinical setting for some time. The students expected to be prepared for the treatment of HIV/AIDS patients, but also wanted to know how to protect themselves:

“No so much HIV [Norway]...and also maybe discussion groups, after about HIV and AIDS we don’t know so much about those diseases...”

“...if we could have a preparation...just kind of talk it all through, we’re going to a tuberculosis clinic today and somebody who has been there to say this is what the environment looks..."
like, this is what you can expect because when we have a general idea of where we are going...I don’t know...it helps to kind of have an image drawn up in your head of where are we going to be what is the feel for the environment and you know it kind of calms anxiety or it’s the self prep before going into any clinical setting like I can do this, this is how I know I should interact yeah.”

The students also wanted to be prepared for the cultural experience, that is, they wanted to know more about the country, the politics, and the social systems. Their comments included:

“I think that’s really important for the care we give, to have some understanding of how the people in this country have ended up in the situation that there in.” “…learn about the political aspect and the history of South African...that’s interesting to get a holistic view of how things are.”

Theme One: Subtheme 1.4
The faculty and students expected to see and experience a difference in the health care systems between their own country and that of the host country

One of the most obvious goals of any health care study abroad programme is to experience the differences in health systems in different countries. Faculty members and students from the countries represented in the study also expected to see and experience these differences. They had heard about the private and public sectors and also about the resources that were scarce and the health disparities that exist regarding access to care in South Africa. These students were also aware of the advanced technology in America, and so wanted to compare the system that was known to them with the system that they found in the host country. They voiced it as follows:

“...to get a good feel for what it’s like to be in a health care system that’s completely different from our own...to see a different culture in how it relates to the role of the health care provider in this culture.”

“I think it would be nice if we had the chance to go into the private sector, not for a day or anything, kind of just like take a walk through so that we compare it to what we know back home and what we are used to there and also be able to compare it to the public sector.”
“You know also I think the disparities, the health care disparities we’ll be looking at here will be much different that what we’re used to...”

But essentially, the participants wanted see “…how the different health care systems operates…” especially with the lack of resources:

“We have heard that um when we go down here we had to bring more equipment, like take gloves because they were little of that here for country hospitals so that’s not good maybe. So we would have a challenge to don’t have all the equipment you need that’s why use it for yeah use what you’ve got.”

But for the students travelling from South Africa to America, the opposite was true: “I just wanted to see, like see their technology...”

The visiting students also expected to see the difference in the scope of nursing practice in South Africa, as well as the different specialization areas:

“It’s all specialization and the protocols and stuff and it seems like your still a little bit more broad based you can still handle a little more of the patient care.”

**Theme One: Sub-theme 1.5**

Both the local and visiting faculty members and students expected the visiting students to participate in direct nursing care to develop and refine their nursing skills and to compare South African nursing care to their respective countries.

All the nursing students in this study expected to participate in direct nursing care whilst they were in the study abroad programme. They remarked:

“We don’t just want to go along.” “We want to do things, we don’t just want to go round.”

“So we hope we can use our experiences from [Norway] and here at the hospital it will be boring and It would be bad if we just observe. We need to work here.”

As stated earlier, there was a certain amount of uncertainty for the students regarding the clinical setting. It should be noted by the reader that nurses from overseas countries do not engage in the variety of skills that are practiced in South Africa. This is one of the reasons why students are brought to South Africa; they are exposed to procedures that they normally do not perform (traumatic wound care), but they are also exposed to training that they would
not receive in their home countries. This of course creates excitement and apprehension at the same time for the international student, hence the following statements:

“I have never seen a gunshot anyway...It’s not good but it’s important...I think it would be a good experience.” “...and also burning, we have seen pictures of burn wounds children who have had boiling water over them and it would be interesting to learn all of those things.” “...see patients that have advanced disease...that we can learn more about how it...how it can be if they don’t go to hospital.”

The international nursing students did not want to be a burden to the already overburdened nursing staff. They were eager to learn different techniques and to see the altered nursing practice that was specific to the host countries’ patient needs and conditions. They also wanted to help whilst they were learning:

“...working with patients like how they do their hands on like we’ll be able to help and facilitate in it and be able to help them out and see how they do things with hands on care in general like what the differences are, the techniques and things like that.”

Although the students wanted to participate in clinical practice, they were cautious to participate in unsafe nursing practice and were aware that they would not always agree with the nursing practices in the host country:

“but anything that would be unsafe I guess would be more of an observer role like definitely if a nurse feels comfortable with us as students present within the background um then we would love to help, that’s my expectation.”

In First World countries resources are readily available, and students do not always know how they will cope with fewer resources. They therefore entered the study abroad programme with the following expectation:

“I’m looking forward to coming here not just on the burn unit but experiencing care, providing care with resources that we wouldn’t have back home and how to manage patient care, how to promote optimum outcomes with fewer resources.” “...um seeing innovation and because we know they also give really good care.”
For the senior students (in their last six months of training) that participated in the study abroad programme, the experiential learning was in preparation of the completion of their course, with the goal of integrating theory and practice; hence the following remark:

“...another one of my expectations I guess coming here would be to practice more independently...”

The faculty member also maintained this as evidenced by the following remark:

“I had high expectations that the students would really get it right in both the nursing experience and the cultural experience.”

For the Norwegian students, their priority was practicing their nursing procedures, such as giving injections, mixing medications, wound care, and even the suturing of wounds (which is not in their scope of practice at home). The students did, however, want someone to support and guide them in clinical practice:

“Yeah...work on some procedures...mostly we have practiced on procedures [meaning in simulation]...but we haven’t done. Kind of like...done them on patients...like we need to just get confident doing them...That’s mostly what we need actually. It’s different to learn procedures at school and do them in the labs than doing it in real life.”

The students wanted to demonstrate their care and compassion, and genuinely make a difference in the lives of the patients they encountered. The faculty member summed it up well by saying:

“They want to do something, they want to get involved...They want to make a difference even in a very, very small manner.”

**Theme One: Sub-theme 1.6**

*Faculty members and students expected to have a cultural experience during the study abroad programme*

Internationally, cultural competence is accepted as part of the core competencies of nurses. The student nurses (in these groups) that engaged in the study abroad programme to South Africa mostly came from very homogenous societies where other cultures are not well
represented. The cultural experience is therefore highlighted in the goals and objectives of the study abroad programmes. The faculty members and the students therefore expressed their expectations of engaging with diverse cultures:

“I think just helping us learn more about the cultural norms like…but we’re never been totally immersed in another culture.” “I think for me it was just I wanted to experience a different culture.” “I really excited to learn more about...cultural differences I guess.”

The students also shared a desire to travel into the townships and see how the people there live, and also to help and educate them:

“Also… to see how, how the people live here…We come from a rich country. Or a country that doesn’t have those houses so it’s important for us to see how everybody lives.”

“Be close to them.” “Just talk to people.”

The students expected to learn how to deal and work with people from other cultures:

“I’d like to go into the community and work with them, that way of experiencing the culture not like to experience it with all the different races because it’s really mixed so I would like to experience cultures like you otherwise can’t with them and learn how like they cope with things or how they find comfort because it’s not always the same.”

The findings are congruent with a study conducted by Reid-Searl, et al. (2011:894) in which the students “anticipated” and had “high expectations” to “look at nursing from a different cultural perspective”.

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<th>Theme One: Sub-theme 1.7</th>
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<td><strong>The students expected to participate in extra-curricular activities during their visit to the host country</strong></td>
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The word ‘extra’ means additional or supplementary and curricular refers to a teaching or instructional programme (Roget, Roget & Roget, 1988:8-9,109). In this study, extra-curricular refers to activities that are beyond the formal goals and objectives of the study abroad programme. All the students indicated that they expected to have contact with other local and international students and the reasons they gave were diverse. Several of them wanted to learn more about the culture, just wanted to talk and exchange ideas and experiences, and others wanted to learn more about the politics and history of the country. Many of the
students wanted other students to show them the local attractions and accompany them. The fact that many of the students thought this was a once in a lifetime experience created an opportunity for them to experience the local attractions and participate in activities that they would not otherwise have an opportunity to do. The following comments are put forward as evidence:

“...we kind of expected like to do things that are totally different from what we do on this side.”

“I wanted to do more non nursing stuff we were away I mean you are in a different country you won’t want to just do nursing stuff the whole time...”

“...maybe we should talk to the students who are going to [university name] and see what they do, maybe teach us a thing or two about what to do [for recreation].”

It was, however, evident that the students thought it would be rather difficult to communicate with the other students: “I think it would be like nice to socialize, yes like without it being awkward just to talk to someone normally and not have there be like a barrier...”

A variety of sports, sightseeing and tourist attractions were mentioned for instance, a visit to the national park, as possible extra-curricular activities that the students would like to participate in. Cultural experiences were also mentioned. The following utterances will illustrate the point:

“I really wanted to experience the music and dancing...” “I really wanted to experience one of the markets that take place...to just see all of the like handmade and handcrafted things...”

“...yeah sporting events, and on campus like the campus has its own culture too you know.”

“I’m so excited for extra curricula’s I think of Friday we are going to the cricket game.”

4.4.2. Experiences of the Short-Term Study Abroad Nursing Students

The overarching finding of this study was that the overwhelming majority of the students experienced the study abroad programme as a positive learning opportunity:

“...I loved it...giggles...it was awesome...” “Yeah it was awesome.”
Higgs, Polonsky and Hollick (2005:49) state that visitors’ expectations change as a result of first-hand experience within a given context, implying that the distinction between the expectation and the actual experience becomes less pronounced, but remains central to the cognition of the customer’s quality evaluation. The students in this case are the customer of the HEI, and their expectations and experiences contribute to their satisfaction or dissatisfaction of the programme. The view of the above mentioned authors also reaffirms the notion of constructivism in which a new idea is formed out of the learning experience. The students also expressed the need to participate in direct patient care, and also to do a number of procedures, but that did not always materialize. They therefore lowered or changed their expectations to adapt to the circumstances:

“...we came in thinking we were going to you know do all these skills but now looking back on it, it’s not the skills that we so much remember versus the things we saw and the experiences we got out of it. So I think our expectations just changed somewhat down the way of what we thought we wanted and what we actually got.”

Due to the nature of the health care environment and a number of other factors (which will be discussed later in the chapter), the international nursing students also incurred several challenges, but managed to adapt to them and turn the negative experiences into positive learning opportunities. Kotzé (1998:6) points to the fact that a person recreates and adapts his physical, emotional, and spiritual environment to make it more habitable. The students voiced their reactions and adaptation as follows:

“I think there are good and bad days for me. I mean some days like I felt I really got a lot out of it and there were other days that were kind of like so so...Um well some of the clinical days I just felt like I didn’t get much experience like I just kind of sat and observed and we were just kind of ignored like almost like in the room by some of the nurses but then there were other days where the nurses was really helpful and would explain to me everything she was doing and then so I mean but I think that comes with everything you have good and bad.”

All three groups of international nursing students, however, indicated that they did not receive enough “hands on” experience: “...we expected more to work with the patients than what we got.”

Without exception, the students indicated that they did not have enough contact with the local students:
“I would say even though we had these expectations but when we got there it wasn’t so bad because um some of the things that we expected to happen like accommodation it was there even though it was not on the level that we expected it to be and the fact that we expected like to mingle with the students and do some activities with them it was there but not according to the way we wished it would be so in some way our needs and wants were met but not according to the level that we expected it to be.”

Kotzé (1998:6) points out that the life world of the nursing student is dynamic and that the student is always exploring the world to gain new knowledge and establishing new relationships, therefore confirming the above findings.

**Theme Two**

**Students experienced personal and professional growth as a result of their study abroad experience**

Examples of what is meant by personal and professional development were mentioned in Sub-theme 1.2 and 1.3. In a study by Green *et al.* (2008:986) personal development in the study abroad programme was described as developing confidence, personal enrichment, and relationships. Green *et al.* (2008:986) also assert that professional development envelops theory, nursing practice, and skills development and an increased awareness of the differences in health care systems and the nurses’ role. The findings of their study also indicated that there were “enablers and disablers” in the study abroad programmes and that the students had expectations, a variety of experiences, and that the students experienced value clarification which will support the findings in this study.

Furthermore, travelling to a foreign country makes any person more aware of themselves and their own capabilities, and it normally takes months of preparation to make sure plans are in place regarding destinations and activities. Kotzé (1998:7) states that although unsure, a person usually goes into the future with expectations and the security lies in the precautions and planning he undertakes with the view of providing for the future. Inevitably however, challenges occur which confront the person with their own capabilities and force them to assess where they are and to make decisions and choices towards a new path and direction to follow. On reflection of the experience, the individual often experiences a sense of pride in the achievement they reached and are surprised by what they were capable of and what they have become. The same can be said for the participants in the study abroad programme in this study.
In a study conducted by Levine (2009:156), it was stated that the study abroad experiences radically and profoundly changed the personal and professional lives of the participants and thus was highly significant for the students. Levine (2009:156) further states that the benefits gained personally and professionally from foreign travel were invaluable. This is confirmed by Wittmann-Price, Anselmi and Espinal (2010:89) who state that health care and educational expeditions to developing countries are a life-altering experience for both faculty and nursing students participating in a “service-learning” experience.

In this study, the international nursing students found that the study abroad experience provided a development opportunity for growth on a personal and professional level. It was not only on an academic level that the development took place, but also incorporated socio-cultural and political aspects as will be seen in the discussion of the ensuing themes. Button, Green, Tengnah, Johansson and Baker (2005:323) state that personal and professional development can be intrinsically linked to the students’ becoming more personally and professionally mature. In this study, the students asserted that:

“I think it’s matured us all like both professionally and personally just like completely immersing yourself into the whole different culture even though there’s a lot of similarities I mean I think we’ve learned a lot about our own culture and about our own values and beliefs.”

**Theme Two: Sub-theme 2.1**

**The students experienced the study abroad programme as an opportunity for personal development**

The study abroad experience afforded the international nursing students in this study the opportunity to realize their expectations. It also heightened their self-awareness and their confidence grew. Edmonds (2010:555) found that study abroad programmes increased the student’s personal development, made them more adaptable especially in unfamiliar environments, and increased students self-efficacy. For a number of the students it was the first time they left their parents’ homes, their state, or their country so they became more independent and learnt what they were capable of in the unfamiliar circumstances. The findings are inclusive of the goal structures provided in the paradigmatic perspective of the study in which the realization of the goals of the experience indicates the emotional and spiritual maturity of the students (Kotzé, 1998:12-13). The personal development of the study abroad students can be confirmed by the following statement:
"I think we’re all learning about ourselves while we are here...We’re learning about ourselves every day.” “Um it made me...more confident talking to, with like...the doctors and being able to ask questions...” “...it just like gave us a really good example of what we actually do know and what we’re actually capable of doing.” “...it was a good learning experience we learnt a lot like to be more independent.”

Ruddock and Turner (2007:366) point out that students in their study examined and adapted the way they “coped with life” during the study abroad experience. The students also indicated that they became more aware of themselves and their confidence and independence grew. Green et al. (2008:986) also indicated that the renewed confidence that the students gained from their study abroad experience influenced subsequent personal and professional decisions, therefore alluring to the fact that the change may be lasting. Levine (2009:161) describes this phenomenon as “taking risks.”

In this study, the international nursing students learnt some valuable interpersonal skills, for instance, they learnt to be more assertive, tactful, and diplomatic. These findings are similar to those indicated in a study conducted by Green, et al. (2008:988) in which they found that participants identified the development of cognitive and interpersonal skills during their study abroad experiences. Lee (2004:118) further contends that assertive skills were obtained by the student negotiating and addressing problems in the study abroad experience. The following remarks will be put forward as evidence of skills developed by the students in this study:

   “After listening and observing we then asked our nurse will you talk in English so we changed our experience ..you need to be a little more aggressive if you want to get an experience.”

   “I saw something that should have been different...I kind of like suggested it as more of a question like for example one of the nurses on hospice, she was saying to the family “make sure to turn the position of this patient every four hours...but from what we learned I know that should be every two hours...so I kind of just asked her...but in general to just kind of present it in the form of a question ...like not offending anybody.”

The above response can be confirmed by the study of Green et al. (2008:988) and Koskinen and Tossavainen (2003a:281) in which they declare that the need to remain silent when observing “poor practice” is a result of reluctance to offend their host practitioners.
In many overseas experiences, people are grouped together and interpersonal relationships “make or break” the memorability of the experience. The study abroad nursing students often know each other before they depart to their destination, but are often not friends. In this instance, however, the group dynamics added value to the experience as depicted in the following statement:

“The biggest experience I got from [the learning experience] is gaining new friends, in my friends that are in my class but becoming so close to them, living with them experiencing sadness and joy with them and that’s the one experience that I can look back and say um I value the most.”

The finding is convergent with Levine (2009:161) who states that by valuing others and human closeness unrelated to their role as professionals, new friendships emerge from the study abroad programme.

Green et al. (2008:987) state that for most students in their study abroad programme, they changed on a personal level, for example, their confidence was boosted and they gained a sense of achievement. The authors found that students also fostered long-term personal relationships and new friendships lasted beyond the study abroad experience. It is argued that the increase in confidence can be explained by the demonstration of inner resourcefulness enabling students to cope with their new experiences in the foreign country (Green, et al. 2008:987).

Students enjoyed being accompanied by a facilitator during the study abroad experience, but also enjoyed their freedom, suggesting that whilst they are still somewhat dependent on the educator, they are in the process of developing their independence which is congruent with the paradigmatic perspective of this study as described by Kotze (1998:11). The students also enjoyed their independence and for a number of them it was the first time they were completely independent and responsible for themselves, as the following remarks will suggest:

“Yip the fact that you go with somebody that you know and you know somebody who will guide you for a few days and all that and I actually felt like I’m with my Mom or something...so when she left it was like oh my God she’s leaving but...that also motivated us into behaving well even more, even in her absence.”
“I actually cried when I came back...cos it’s like when I’m here then I don’t have a life to myself basically and cos I have to like constantly be responsible for everything that’s going on, family and household stuff and everything and when I was on the other side it was like it’s just me and just me and just me so I just had the most amazing time ever and I wouldn’t trade it for anything else.”

Greatrex-White (2008:142) asserts that students in their study abroad programmes therefore appear to begin “reclaiming their lives’ in as much as it affords the student time and space to focus on what they want to become rather than what others want them to become.”

The students’ experiences were also humbling and they became more appreciative of what they had back home. A sense of pride about their home country and what they have (possessions, circumstances and opportunities) was also visible in the following utterances:

“...like the number one thing I’ll take away is how fortunate we have it when we didn’t really think about that before like I’ve been completely humbled by coming on this trip...”

“I really felt proud of our institution, South Africans and everything we’re just on top of things...”

The above statement is congruent with the findings of Greatrex-White (2008:140) who states that: “Living within the host culture allowed new perspectives on home life to surface.” In their study, Bentley and Ellison (2007:209) also reported that international nursing students learnt a lot about priorities and what was truly meaningful in life during the study abroad experience.

**Theme Two: Sub-theme 2.2**
The students experienced the study abroad programme as beneficial to their professional preparation as nurses

Two of the groups of students that came to South Africa were in the concluding section of their training, and looked forward to securing a job in their home country and they indicated the study abroad experience had increased their awareness of the different clinical opportunities (specialities and environments) that were available to them. They felt that the study abroad experience provided them with a competitive advantage in the marketplace as they had heard about a colleague that had been appointed at a very prestigious university.
because she had gained valuable experiences from the study abroad programme in South Africa:

“I think we definitely have a leg up on our other colleagues back home...this opportunity was outstanding.”

These findings are comparable to the findings of Green et al. (2008: 986) in which the students indicated that the study abroad experience would give them the edge over other applicants in interview situations.

The study abroad experience increased the students' awareness of the professional skills that they would need to adapt to different environments in the future. It also equipped them with the necessary skills to become independent practitioners and withstand the difficulties and emotional challenges that they could encounter in nursing practice:

“I think we all got more tempered.” “...can handle care better scraping the wound, terrible diseases” “There we have to scrape the wound, here we have to clean the full body, everything...We can handle it much better.” “You toughen up. We won't bring it home and let it break you down.”

Lee (2004:118) indicates that the confidence gained from overcoming personal challenges helped the students adjust to their complex roles as professional nurses once they returned home. Furthermore, the study of Green et al. (2008:987) found that the study abroad experience increased nurses' awareness of the differences in health care practices and professional nurses' roles. Not all the differences in health care practices were viewed in a positive light in this study as students indicated that the variety of practices they observed made them aware of how not to practice nursing. Aspects of autonomy were, however, viewed as a developmental opportunity:

“It really made you adjust to nursing here, but really kind of focus on what is going on back home and I think it was good developmentally for us as professional nurses too.”

In the paradigmatic framework used in this study, Kotzé (1998:3) indicates that a person is continually becoming or changing and is concerned with norms which he either obeys or disobeys, implying that there is an awareness, in the first place, and then a measure of judgement in which a tension field develops between that which is known or accepted and that which is unknown to the individual and not accepted as yet. In this study, the international nursing students were able to assess and compare the professional behaviour
of their counterparts and reflect on what they thought was important in professional practice. Recognizing that socialization and belonging to a society or culture (in this case the profession) and conforming to its norms can be comforting and liberating, it can also be limiting in as much as it sets boundaries in a circumscribing way and when students are exposed to the new milieu they realize the deeply embedded processes and practices that shape their being in the “world” and then question and challenge them (Greatrex-White, 2008:141). In a study conducted by Edmond (2010:10), she described that the study abroad experience re-defined the values of the international students as they became more self-aware as nurses and that they would treat patients differently thereafter. Furthermore, Edmond (2010:555) indicated that students redefined their professional objectives, for instance, being more compassionate in patient care. The following comments confirm the above statements:

“...I feel much more confident going home and advocating for my patients much more.”
“Going to be more aware of showing empathy and being kind to patients” “...I'm going to have a greater respect for you know peoples dignity...” “Going to let patients decide and talk to the patients and actually see the patient ...meet their needs, treat them with respect, see the patient as a whole person.” “...but you think a lot more about it.”

“The quality of nursing care even though like they don’t work as we say very hard but the quality that they provide I think it’s very important. I think also like with us even though we have so many patients but if you can take the effort like to take care of that one or two patients on your day and you know that you did your utmost best for that one patient or two for the day, you can't help them all but the one that you care for you know that you do your best, you know take care of the patient holistically I mean that's what I took back home.”

Bentley and Ellison (2007:210) also pointed out that the best lesson the students learnt during their study abroad experience was the holistic care of the patient. Ruddock and Turner (2007:365) also indicate that they found that the students’ professional learning (in the study abroad programme) related to empathy, respect, and understanding the patient.

Green et al. (2008:987) also demonstrated in their study that students expressed tapping into previous untested inner resourcefulness, enabling students to cope with new experiences. For the international nursing students that came to South Africa the experience provided an opportunity for them to stretch their limits professionally:
"I was, most excited about doing certain skills or taking care of certain types of patients but what I got out of it most was beyond that, like more confidence and being able to practice autonomously in a setting that you’re not maybe even familiar with, but your thrown in there and you can handle it and you can do it and you can work with it and you can genuinely help people, help improve outcomes."

In the United States, the South African nursing students were exposed to excellent quality of care and state of the art technology, but the exposure made them aware that they could also be proficient nurses without technology, which heightened their awareness of their training and existing capacity as nurses:

"...we might not have the resources but we have the mentality, we have everything we’ve got the passion, we’ve got everything I don’t know what they would do if they lose electricity or any of those sort of things...I don’t know what they would do...I think America will come to a standstill."

These findings are supported by the findings of Ruddock and Turner (2007: 366) in which they found that students reflected on the reliance on technology when it came to nursing care.

Participating in the study abroad programme enabled the international nursing students to develop a global perspective which will also stand them in good stead for the international job market as depicted in the following comment:

"I've always been interested in working with underserved populations but this has really brought a global perspective into it...I talked to nurses who have worked in Chad and different areas...you know...and volunteers, and I think it really opens our eyes for the need for nurses globally...how much of an impact we can make just as one individual."

These findings confirm the need to embrace international perspectives in the light of the effect global nursing shortages have on health care delivery, as described by Robinson, Sportsman, Eschiti, Bradshaw and Bol (2006:21). Christoffersen (2008:246) confirms that the study abroad experience developed a global awareness in the students and they realized the contribution they could make as professional nurses. In addition, Shieh (2004:38) reported that the nursing students were “looking at everything in a global view” in the “new global century” after their study abroad experience.
When these students’ journey came to a close, they felt they had achieved their goals and remarked:

“Well...a sense of pride I suppose also being a third world country and yet we’re so on par with them, our profession is on par with them, but I just want to travel now I don’t want to be here anymore I want to see the world...Cos there is so much to see that to stay in one country your whole life it’s such a waste after seeing like going out and realizing that.”

**Theme Two: Sub-theme 2.3**

**Immersion into the professional learning environment afforded the students an opportunity to compare the nursing education in the host country to their own learning and circumstance**

According to The New Shorter Oxford English Dictionary, immersion means plunged into, involved deeply, or absorb into a particular activity or condition (in Brown, 1993a:1315). The academic environment at the University was experienced by all the groups even though the American students did not attend any nursing classes when they came to South Africa because their goal was experiential learning. The Norwegian students did not attend nursing lectures, but attended lectures in the nursing department on other subjects. The South African group did attend classes at the Nursing School in America. Both visiting groups did, however, have the opportunity to view the Department of Nursing Science at the HEIs, and compared the technology that is available:

“I mean and looking and just going in and seeing the labs, how advanced they are it was just like ‘wow’ to us and so how there set up I guess we didn’t expect that.”

“...cos they had laptops they could loan from the library...” “when they applied, when they paid for their first year then...[the students got] a PDA.. they could research on this small sized computer thing in their pocket.”

As the students compared the learning environments, they commented on the level of training they received; some considered the level of training as being of a lower standard than theirs back home, and others considered the level of training to be superior. The following comment will therefore be put forward as evidence:

“I got there then I saw that our education is on a par with theirs and in some ways I felt if was better...”
The students compared the learning environment to what they were used to and noticed that the learning environment was not as formal. The students were of the opinion that the relationship between the teachers and the learners was different and that the teaching strategies used in classrooms was also different in that the teaching was more practical and the integration of the theory and practice took place: “...they pre-read their work and then...integrate everything...” Robinson et al. (2006:28) also describes the experience of the international nursing students as finding the models of learning to be “very different” in the host country. Ruddock and Turner (2007:366) indicated that the students in their study found that the teachers displayed “a superior attitude” which directly opposes the findings of this study where the students found the lecturers to be “...not approachable as theirs.”

The South African nurses gave the American student nurses a presentation about health care in South Africa. They enjoyed being heard and it built their confidence because they were given a voice and the other students were interested in what they had to say. The students were very nervous beforehand, partially because they had not spoken to a large group of students before and also because they felt that they were ambassadors for their country. The experience did, however, build their confidence and they enjoyed it:

“It was scary but we made it.” “…it was the first time I spoke on a mike in my life and in front of hundreds of people...there was no one rooting for me in that audience... we had to almost like represent [HEI] but South Africa as well... spoke very well... we saw they were interested ...also that we do way more than they do. They were shocked that we worked four thousand hours or we worked till four or we don’t have a life at all that they were very shocked at that... I think they envy us in a way because we are allowed to do deliveries...we have to catch thirty five babies...I think there we have a privilege of doing that and they can’t do that...”

In a study conducted by Torsvik and Hedlund (2008:389) it was found that the opportunity to share thoughts, reflect on value systems and personal practice through dialogue with students from a different culture offer possibility in terms of cultural competence, reflexivity, and consciousness of various ways in practicing nursing and brings about a step forward in both cultures, which is confirmed by the example supplied above.

The study abroad experiences also gave the students an opportunity to compare student life and the relationships amongst the students of the host country to that of their own. The students indicated that because the selection process was so rigorous and it was difficult to get into nursing in America, other students respected nursing students more. They indicated that they did not experience the same at home.
“...but the rest of the students around them know that it’s such a big thing to get in to nursing that those that are doing it they respect them...”

The formal training environment in South Africa, in which student nurses are taught practical nursing skills and nursing care at the bedside, in simulation in nursing laboratories or in clinical placement areas, is viewed as an accompaniment in this study. Accompaniment can be described as the planned and deliberate intervention of a qualified professional nurse to train, support, and help a student nurse to become an independent practitioner. Both parties share the responsibility in the educational environment in which there is an assumption of self-reliance. The student will therefore be dependent on the educator at first, and as they develop their skills further, become more independent (adapted from the definition of accompaniment by Kotze (1998:10)).

The South African participants who travelled to the USA indicated that the accompaniment process was very different to America. The South African students were used to practicing nursing care relatively independently so they compared and commented on their observations. Something that they were not used to was that the students prepared for the experiential session the evening before. The American students look after one person from the beginning of the shift until the end which is normally around lunch time. They commented:

“Something that stood out for me was um when they go to the hospitals, if they work on the Wednesday and then on the Tuesday night they go to the hospitals and they go to their patient and they look at everything... or the whatever but they do everything for that patient and I think that’s actually a nice way to learn as well.”

The South African students also noticed that the students had reflective sessions after their clinical experiences, something that they were not exposed to. They thought it was a good idea because it gave the students an opportunity to share their experiences, and find solutions to problems they encountered in the clinical field. The following comments were noted:

“And then they have post sessions and that was nice I sat nicely in that cos...they talk about what they experienced.” “That’s a very good concept for me um because we build up so many experiences and you don’t get to speak about it ...and after a few months you will break down...”
Students in America are supervised continuously during their experiential learning. The South African students compared their practice to that which they observed and remarked that they thought it was a limiting practice because the students were not allowed to think or to explore different techniques and this limited their confidence:

“And the facilitators is always with them, it’s a good thing but it’s also a bad thing...so she will give her the answer unlike us we think for ourselves what would I do in this situation and then we tend to do things that we’ve worked on a trial and error method but they don’t do that so it’s a battle for them it’s a negative thing.” “...every time something happened or the patient asked a question she would run to the facilitator my patient is doing this now what will I do…”

“...it’s in a completely different way to ours and they were so nervous.” “…about being sued...” “…they do everything by the text book they don’t think out of the box...” They do “...things right and I mean you must do it right but they are so nervous about doing it exactly the way the book says that if you don’t do it I think they will crumble…”

The study by Lee (2004:119) found that students felt over-protected during their clinical experience in their home institutions as they knew that support was on hand and could be called upon if there were problems. The facilitators in Lee’s study also indicated that the students should be encouraged to be independent and reduce their reliance on academic staff to solve problems. This was indeed the case with the American students in this study, but was not the case with the South African students.

**Theme Two: Sub-theme 2.4**

**The study abroad experience also yielded academic challenges for the international nursing students**

Green *et al.* (2008:986) found that despite experienced difficulties all the students valued their international experience and described them as enriching and enlightening. They state that the students showed a determination to make a success out of their study abroad experience despite the challenges they faced and that the experience had a beneficial impact on their lives and careers. In this study, international nursing students were subject to unpleasant experiences, but as the students adapted to the circumstances, they were able to transcend the difficulties. The students in this study encountered a variety of challenges which will be mentioned in this sub-theme and subsequent themes.
Green et al. (2008:989) state that despite the fact that institutions have processes in place, preparation of students in study abroad programmes is not always ideal. It was reported by two groups of students that they did not receive information about their accommodation in time and the programmes and schedules they received were late and contained limited information making it difficult for them to plan, prepare themselves, and even made them late for classes:

“...we didn’t really know what was our programme or if we would have time when we would work or really didn’t know anything...” “We’d basically go to the class and then ...they are in the middle of their lecture ...we don’t really understand what it [Informatics] is, but we just sit there anyway...”

Unfortunately, the classes (content and level) did not coincide with the students’ level of knowledge. The following remark was therefore made: “Sometimes we found ourselves like being in classes with junior students and then we had like a repetition of everything that we already know”.

The South African nursing students experienced academic distress due to the fact that the study abroad experience was not part of the curriculum and therefore they had to complete the work they missed during the study abroad period once they got home. In actuality the researcher is aware of the fact that the students should have done their course work before they left and during their study abroad programme, and that measures were put in place to enable this process before they left for their visit abroad. The preparation, information, and support the students received was deemed to be insufficient by the students. It appeared as though they were not expecting the level of demand it would take to accomplish the academic task on their return. However, it was not feasible for them to take their books with them, but some of the lecturers did send slide shows of the lectures that were given to the other student; but it was also deemed insufficient for their preparation for the tests that had to be written on return. Green et al. (2008:989) indicate that work overload was a concern for the students in their study as the students could not cope with the host’s and home institution’s requirements and that the students were concerned that they would be at a disadvantage on their return home because of the limited study time and limited resources whilst they were away. Green et al. (2008:989) also reported on the conflicting advice regarding the academic preparation that is given to students, as was the case in this study:

“The problem is that we when we left we were like stressed or under pressure cos we knew that we had to come and catch up and do all the work that the rest of the students did
without us and we kind of wanted like someone to tell us that you know what when you’re on the other side we’ll be doing this and that so um just to lead us on to what is expected of us when we come back because now apparently when we came back we had tests, two tests every day for a week and um things that we’ve never attended classes on and which is thrown out into the wilderness and we just felt a lot of stress and some how maybe for other people it would of caused them to regret like going overseas and I didn’t like that feeling cos I had lots of fun over there but when it comes to this academic life it feels like I had to drain myself and not even think about cos I never even saw my family to just tell them how it went, how it all got… cos I had to stay awake every night and study and write tests and do this and do that and stress levels now were just increasing enormously.”

Most of the students that were sent on the study abroad programme were high achievers and they were worried about the consequences of their possible decline in academic performance:

“it feels like it’s just pressure an unnecessary pressure on us as well cos now it feels like if we fail or if we do bad then people are going to stare at us as if oh wow look at that and she got sent to America and now she’s doing worse and all that so it’s just enormous pressure on us.”

The students were sent on the study abroad programme in April, in the middle of the first semester, which only gave them a few weeks on return to complete their work in order to gain entrance into the examination. It should also be noted that the HEI academic calendar had been shortened for that semester to accommodate the Soccer World Cup, which exacerbated the students’ woes:

“I think I solved this problem a long time ago that the time they sent us was wrong completely…completely and utterly the wrong time…”

The South African nursing students were accommodated in the residences of the University, and found the other students to be unfriendly: “...the first week the Americans were ice cold we didn’t know what was going on, these people were weird, they weren’t friendly at all... the nursing students are friendly and bubbly and amazing, but in general they were icy cold.”
Theme Three
Experiencing the host countries’ health care system enabled the nursing students to draw comparisons in health care delivery systems

As discussed in Theme One, the students expressed the desire to learn about the health care systems. A health care system can be described as an organized plan of health related structures, organizations, or services that are made available to a population in a geographical area and is financed by the government or private health care providers or both (Huber, 2010:319). The participants from the three countries had a very different frame of reference regarding the health system from which they originated. The visiting students were used to the first world health care system, which is very similar to the private sector in South Africa. For the South African students the first world system especially the technology was very impressive. The visiting students found the disparity in resources between the private and public sector in South Africa disconcerting. They also noticed the difference in the governance between the health systems in South Africa and in their home country. The students remarked:

“It was nice to learn more about the whole social justice aspect within health care and even though there are extreme differences between our two systems I see similarities with how many people in the United States can’t obtain health care because of insurance and not necessarily if it’s a private or a public spectra of um getting health care and it will be interesting to take this knowledge that we’ve learnt here back to the United States and of like see that even though we are a developed country compared to a developing country we have a similar social justice problems and I liked seeing that, about different parts of the world and how they operate.”

The findings are similar to the study abroad experience described by Ganske, Zerull, Guinn, Dowling and Tagnesi (2007:296) in which students compared the health systems in the respective countries. In this study the students also put the experience of the health system into the nursing context, The initial reaction of the students visiting the public hospital in South Africa was a little traumatizing:

“It was scary...” “…we really only saw the shortage of people, shortage of supplies everywhere and nothing those nurses can really do about it, they’re working hard and running around trying to help people so...it was really traumatic at first...”

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“...we’re really grateful for the resources we do have back home and how things are in the hospitals we work in...”

From the above comments, it can be deduced that the students were initially shocked by the health care system, but as they began participating and immersing themselves in the everyday management of health care, their opinions changed. In a number of cases, they even began to rationalize what they saw and drew other conclusions. Button, et al. (2005:317) indicate in their literature review, that students that participate in a study abroad programme acquire a more accurate overview of the host country's health care system.

| Theme Three: Sub-theme 3.1 |
| The students reflected on the positive and negative aspects of the implementation of the health care system |

Ruddock and Turner (2007:361) indicate that all the students in their study experienced a measure of stress and culture shock in the unfamiliar environment. Initially, the students were apprehensive about the health system in South Africa, which was possibly due to what they had heard: “A fear of the is differences from [Norway] as to standards to which we are used to, which is very high up of course different.”

The finding of this study is congruent with the finding of Keogh and Russel-Roberts (2009:111) and Maas (2011:295) which indicated that the students in their study also compared the public health system to their home countries health system especially the strengths and weaknesses of the system, as they did in this study. Furthermore, Green et al. (2008:990) state that students visiting Third World countries expected a level of deprivation regarding access to health care and wealth, whereas Swedish students visiting America were shocked because the rich can afford health care in America and the poor cannot. The statement by the student below confirms the above opinion:

“I expected it to be lower standards because it was different in the state and the private hospitals. I just assumed it would be a different but I didn’t expect it to be that bad.”

What the students found was that in the public (state) hospitals:

“the beds were rusty” “and that it would smell – urine on the floor it was just (pause) worse.”
“or 45 patients on one ward.” “and they are threatening the patients, we are not used to it.”
“Yeah and tying them up.”

Button et al. (2005:317) indicate that international visiting students experience the health system first hand and gain a more effective measure to evaluate the strengths and weaknesses of their own health care system. Furthermore, the authors state that the students become analytical observers and differentiate between implementation practices, for instance, safety and hygiene which is convergent with the present study (Button et al., 2005:317). The students immediately began to compare the health systems and commented on the scarcity of equipment and the difference in the patients’ disease profiles. The students were shocked because so many young people were dying and the patients were so sick:

“...we went to the state hospitals where it’s very different, from, it’s like they don’t have equipment and they’re sick and one thing that something that I don’t get, the equipment, I can’t do anything about it.”

The students also voiced their comparison of the private and the public sectors in South Africa: “...it was just kind of night and day...it was shocking what a difference there is...because it’s not that harsh of a line at all in health care...it’s a very big disparity.”

Seeing the disparities in the health care system in South Africa made the students re-think their practices and what they value back home: “...at [name of hospital] I found myself looking back how much stuff we waste back home and it’s sickening the stuff we waste that they could use here...”

Once they began working in the hospitals, however, they noticed that there were resources, but found that the nurses utilized the resources inappropriately, or that they were wasteful:

“...when I started in the hospitals I kind of expected there to be less or no resources and that’s not really what I found there, like there are resources there but it’s a matter of how they are being used...I think we all kind of found that the other nurses don’t know what they have available for them...”

“They have the equipment but they use it in strange ways. Yeah incredibly expensive equipment like a wound bandage and they use it and then like throw it away they are no cost .... In [Norway] we are much more ... [cost conscious]."
The difference in patient care between the different countries also became very apparent. Indeed, the international students remarked on the shortages of staff and the patient/staff ratios:

“I think the hardest thing was when they wheeled a patient in on a stretcher that was clearly struggling and just watching him sit there because they had other patients that they needed to attend to and I think it was just things like that were shocking and I’m sitting her and there is a patient right in front of me I can’t do anything but he is clearly struggling but they didn’t have enough people to help like there were other patients that we thought like right behind the curtain they are intubating someone so like that was such a shock because that’s when we first saw the resources and the shortage of people and the crowding, it was all just at once and so we were just kind of like whoa what’s going on?”

What was noted by the students was the difference in values regarding patient care, and again the students compared the two health care systems:

“I mean like we got there and they had a patient in the ambulance that they’d just pulled up and they let us go in first before they took the patient like on the stretcher into the hospital you know and that would never happen in the United States...They wouldn’t even get through the same door...so it was just shocking.”

The value differences also transpired in the following example in which the students identify the differences between the patients’ need for information and advocacy between the two countries’ populations:

“But it’s interesting like with the populations we worked with here, like how different that is with the people we work with at home because everybody like advocates for their own health and they ask questions and they make sure that their family members are getting the best care cos they are paying for it and so like when we’re here it’s interesting to see the family members just step back ...and maybe...they feel fortunate to be receiving care, cos it’s free care, you know, and we saw the line to get into casualty, you know, and so once you’re in there I feel like it’s hard to, you know... beggars can’t be choosers sort of thing.”

The students also found that there was a lack of communication between health professionals and the patients, and questioned why best practice was not introduced:

“I think um one drastic difference was communicating with patients and communicating the plan of care and communicating the treatments even what your doing at the time and back
home everything you do is explained whilst it’s happening before it happens you explain it, the physician explains it, the therapist explains it and they ask questions back to you. Whereas here I mean twenty people crowd around a bed and they all talk about the patient but nobody talks to the patient...”

The students questioned the practices they witnessed and learnt to rationalize what they saw, and in some cases, were able to understand the circumstances better. In the hospitals where the students worked, for instance, visitors were not allowed outside of visiting hours, which was a situation that was new for them: “...like in [hospital] there are no visitors, no females, no males, nobody and but they still have shared rooms...” [in the labour wards]. The students questioned this practice because they are used to maternity units where families could stay the whole day. They talked about this issue amongst each other and the rationale they gave was:

“I mean it would be awesome if they could have more time, but then you’ve got to think of it, to look how close together the patient beds are [here] and all you have is a curtain...I mean if you had people in there all day with the, I mean it could be chaos how do you start controlling it if you don’t have rigid rules?”

The findings are similar to the description provided by Button et al. (2005: 317) in which they indicate that students develop insights into disparities in the health care systems.

On a more positive note, the students found that interdisciplinary teaching took place, which gave them more confidence to communicate with doctors:

“...we learnt so many different pathologies from them and um so much...it made me...more confident talking to, with like...the doctors and being able to ask questions and the doctors here were very willing to teach us...”

One of the differences between the South African health care system and the other participating countries’ health care systems are that staff are expected to be multi-skilled in South Africa, and specialists in the other countries do only one thing (for instance technicians that only do ECGs). As one of the South African students that went to America remarked: “...they’ve got different people operating on different things”

For the South African students travelling to America, the new technology made quite an impression on them:
“first it’s awe at the technology and it’s the best you go anywhere and they’d have all types of funding” “they’ve got a computer that tells you exactly what drugs to give, how to give it, why you give it, it’s just amazing...they don’t even have to think about that, it’s exact, it’s amazing” “they’ve got that bed that weights the patient” “just to think how it would be if that technology would be here [South Africa] it’s just amazing.”

But again, the students questioned the practice: “cos like the technology was supposed to be amazing but okay it is but is it really necessary at the end of the day I mean do we really need all that amazing stuff that just uses energy when you know.”

They concluded: “Too much equipment...It makes them lazy...you don’t need all the stuff you can do it yourself.” “…so I’d be bored if I had to work there.”

**Theme Three: Sub-theme 3.2**
The students experienced the severity of illness in the health care consumers of South Africa

Although the international nursing students were made aware (through their orientation session) that they would encounter large numbers of patients with HIV/AIDS and TB, it was worse than they expected

“We knew the health care disparities of HIV/AIDS and TB but I think like being here like actually making it a reality and seeing the public hospitals, then seeing the private hospitals and the, I mean putting a face to it all, the HIV and TB patients we saw in hospice or the hospitals, I mean it just made it...like more real for me anyway, and so it was in line with my expectations but I think it was a lot bigger then what I thought.”

“We don’t have much opportunity to see that but also about all the diseases. How bad the patient were the HIV how all the rash on their body, everything...”

“We are not used to that. But there are so many of them and the majority of them have HIV and TB and we’re not used to seeing that because they are very sick and they look very sick and they are lying there in pain but everyone have it so they cannot do anything else.”

“I felt like really sad to see him, I feel bad for the family and the first time the family would ask the sister how much longer she thinks, and you can’t put like a range on it but it’s sad
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because you see how it affects like their whole family and everything more than just like being in clinics.”

The students were further shocked by the emotional blunttness of the nursing staff, who had been exposed to the severity of disease on a daily basis:

“...it was just surprising how conditions [in the hospital] are really different but it didn’t faze then [nursing staff] you know, they’re obviously, and working there...but when we got into that environment it’s just...wow, culture shock.”

These findings are supported by the findings of Smith-Miller, Leak, Harlan, Dieckmann and Sherwood (2010:23) in which the students realized the effect of poverty and how physical, social, political and cultural environments impact health.

Theme Four
The study abroad experience gave the nursing students an opportunity to gain clinical experience

The study abroad experience is an opportunity that not many nursing students receive, and to compare clinical nursing practice in different parts of the world is a privilege. Most nurses first qualify, and then travel to different locations around the world. The study abroad opportunity therefore allows the international nursing student to experience, compare, and evaluate clinical nursing practice and absorb and apply their learning into their own practice in their home country:

“We get to see the differences between [Norway] and South Africa. How nursing is down here. How you do it and we do it...”

It should be noted that the students’ frame of reference and previous experiences in the clinical nursing practice played a role in their experience of the study abroad experiential learning programme. One of the Norwegian groups had not participated in nursing care in a hospital before, but had been taught the clinical skills in a simulation laboratory.

The study abroad programme provided a variety of experiences to the international student nurses. The experiences and participation of the students varied depending on the objectives of their programmes and the circumstances. It was, however, to be expected that the students would have both positive and negative experiences. There was frustration at
times but students adapted to the circumstances as will be shown in the findings. Button et al. (2005:318) indicate that unpleasant and positive experiences are both valuable in nursing especially during training, in that students must learn to accept differences in health care practices.

**Theme Four: Sub-theme 4.1**

Students reflected on the richly diverse clinical nursing experience they were afforded during the study abroad programme

All the groups of students gained clinical experiences in numerous fields. They ranged from acute care in critical care units to home based care in shacks. The students also gained clinical experience in different disciplines, for instance, general nursing. The students were placed in a variety of locations, for no longer than one week. In many cases they were only in specific clinical placement areas for one or two days. As previously mentioned, the study abroad programmes are custom made to suit every group; therefore the researcher will not go into the details of the content of the programmes. The students remarked:

“...we have a lot of different experiences...that’s very positive.” “we went all over the place and I liked it, it keeps you going and interesting so that part I liked because you’d see things I haven’t...”

Everybody knows that a new working environment causes some uncertainty so it was not surprising that the students enjoyed being eased into the process:

“...the orientation has been very, very nice um just coming here and getting the historical background on South Africa and stuff and just kinda like the trip into the township was wonderful because if we’d just gone in there maybe with a nurse doing homecare or hospice or whatever it is that we do there I think that would have been overwhelming first time being out there like but we kind of getting worked in so that’s nice.”

The visiting international nursing students were a little apprehensive at the beginning of their clinical experience, which is understandable, considering the scenarios they were exposed to:

“Yeah I think we were all a little scared by [hospital name].” “To be fair we got brought in the Emergency Trauma Centre so that’s our first big hospital well public hospital to be visited in South Africa and we’re brought into a room where there are people on stretchers, gurneys...
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and beds just as far as you can see, open head wounds um IV's hanging from curtain rods I mean it was just like okay this is a little bit different to what we’re used to.”

Any clinical environment is unpredictable environment and the study abroad experience elucidates this for both the students and the organizers of such programmes. The culture and units within health care organizations differ depending on the corporate culture of the organization and the staff in the units. The circumstances on any given day in clinical placement areas can be facilitative or detrimental to the experience of the study abroad nursing student, especially for the international students that visit these units or services for very short periods. The students experienced both the negative and the positive aspects of the clinical settings they visited.

The researcher’s overwhelming impression was that the students wanted to assist the staff and patients and not offend or overburden them. Rather, they wanted to make a difference whilst they were in the country, even though it did not always work out that way:

“...we would have liked to help...not only help the patient but help the nurse too” “...like any way that we can...you tell us what we can do and we’ll do it. Instead I definitely think we did a lot more observing which it’s just as valuable but we were like the white elephant...”

“Um well for me one of my expectations was to leave here feeling like we made a difference and I think through like home based care more so than in the clinics like I felt like I was making a difference where in the clinics I kind of just felt I was almost slowing the nurse down sometimes cos she had to translate.”

The international students were welcomed more so at the governmental institutions than at the private institutions: “Maybe because they needed our help...but it felt good to be welcomed.” The students enjoyed the busy units, where they could participate and fulfil their leaning objectives and where they felt that they could make a contribution. The following comments will illustrate that when the students were given prolonged experiences in a clinical placement area, they got to know the environment and built relationships with the staff and the patients, which made them feel safer and more confident in the environment:

“Yeah Saturday in trauma, you just have to see it Saturday evening...you see just everything and especially after the first...it gets crowded...”
“…mainly ICU I think we learn a lot there...the sisters were going around they were nice so it taught us a lot of things...Yeah and they show you this and that is why.”

“Another thing, that made this week good, the best...we were three days in one ward. So we got to know all the people that worked there, get to know patients and we feel more safer...confident. We had to do things and we know where things are so we can go fetch them ourselves. So we don’t have to ask the nurses the whole time...every day, every day.”

The international nursing students did not, however, enjoy the clinical placement areas where they were not allowed to participate in nursing practice. The participants of this study conveyed that they were frustrated and bored in such an environment, and felt that it was a complete waste of time, as they could have rather stayed at home and concentrated on their academic work:

“We were just sitting there, looking and not saying anything. We were like tourists...yeah...to get into the houses and it feels rude. It would be nice to help...kind of...do practical things...”

During their clinical nursing experience, the international nursing students were also exposed to different personalities and different levels of professionalism:

“...there were some really good nurses and some of the best nurses I saw were at the hospice, those nurses where, I mean they had a true passion, you know they really love their job, and they actually sat down and the patient education was phenomenal...and advocacy for the patient...that was really nice to see...”

“Also most of the nurses are not so nice and we aren’t taught to be like that in our teaching the patient. Is focus the patient is boss...To respect that patient...Yeah respect the patient and we haven’t seen it...We haven’t seen that much respect.”

Lee (2004:119) indicated that the study abroad experience afforded the students the opportunity to critically and appreciatively analyse alternative ways of practicing nursing, as well as patterns of communication, nursing culture and professionalism and that students contrasted them with the home experience.

As in previous discussions, the students in this study entered the clinical environment of the host country and compared the practices they observed to those used in their home country. Shieh (2004:37) study also indicated that students in the study aboard programme reflected on what was missing in their own nursing practice environment. There were instances where they found the nursing practice to be unacceptable or inappropriate and in a number of
cases they decided not to participate. On several occasions they questioned the practices and in some cases they thought that they could apply what they had learnt, in their home countries. The following statements reflect the international nursing students’ story:

“We learnt to do it sterile and there are too many things that are not right and we learn how we shouldn’t do it and that makes us a bit I don’t want to do it because this is not right!”

“I think while we were here we it’s unfortunate in a way but while we are here we’ve seen some awesome nurses but then there is the other side of that you know and we’ve seen some questionable practices…”

“...also like there was um the care for the patient...It really is exactly what you read in the text book...so the care is better...so it’s amazing actually.”

Christoffersen (2008:244) also confirms that in his/her study, international nursing students witnessed questionable nursing practices that made them uncomfortable and expressed dismay at the circumstances in the host country (Nicaragua). These students also learnt a lot by just being there and observing, and the students also felt that their talents were underutilized. However, there were a number of instances in which the international nursing students could engage in nursing practice:

“I can think of is therapeutic communication is the little boy who was burnt like eighty percent of his body and I mean he was in a chair...he couldn’t move and he faced the most excruciating pain I’ve ever seen in my whole life...I read him a book in English but he didn’t even really know English...but it’s helping and he’s like keep going...but um...it’s great to see how universal, play is.”

In the case of Bentley and Ellison’s (2007:210) study, the international nursing students indicated that they could not heal the people they treated, but had learnt that nursing was much more than just the physical care; it meant more to the patients to experience love, support, some to listen to them and comfort them in their despair. Shieh (2004:37) also confirms that the study abroad programme reinforced holistic patient care. Lastly, international nursing students enjoyed participating in nursing practices that they would otherwise not have been exposed to in their home countries:

“In general the South African nursing scope of practice is different from us so that’s kind of what we were excited about even here as a student we can do more than we could back there, so yes, it’s within your scope of practice being a nurse here but it’s not within ours
back home so we were kind of excited to do things you’re allowed to do that we necessarily might not ever be able to do again.

“...here we did everything from hospice in a shack to providing ICU care and you know, intubating and like attending an autopsy, it’s like we’ve gone through such a wide variety of experiences.” “...we got to do...a lot of procedures that we won’t probably be able to do back home...sutures and stitches...deliver a baby...arterial blood gasses...some femoral artery draw. [Femoral artery draw?] ”...students would not be doing it. We can’t start IV’s...“ but the students indicated that they had done it here.

The findings are congruent with the discussion in Button et al. (2005:318) in which it was stated that the variety of nursing experiences within a host country provided students with a broad spectrum of comparisons between cultures and nursing practice within those cultures.

**Theme Four: Sub-theme 4.2**

The students encountered challenges in the clinical nursing environment during the study abroad programme

In any study abroad programme it could be anticipated that challenges will occur due to the unique environmental, circumstantial, and interpersonal dynamics that exist in the host country. Kotzé (1998:7) asserts that a person is aware of the possibility of unpleasant events that will influence the stability of the planned future to a greater or lesser degree. According to the author, the events bring a renewed appreciation for what they took for granted which is what the findings will illustrate.

The challenges the students encountered were varied and numerous and were not all interpreted or weighted similarly. A challenge all the students noted was that sometimes the clinical placement areas were not aware that they were coming, “...every time we went to a new clinic they didn’t think they didn’t really know we were coming” and when they arrived, “they were very disorganized.” The researcher is aware that the coordinators make the arrangements well in advance. On two occasions students remarked that they had waited for three hour periods before they could continue with the programmes: “...we were sitting there for three hours in the lobby cos we didn’t know where to go...”

In their study, Ruddock and Turner (2007: 364) also reported on the frustration and disorientation international nursing students experienced when the hosts were not prepared for their arrival.
The students also experienced the nurses’ “culture of tea time” as negative. The students are not used to nurses leaving their posts at tea time no matter how many patients are waiting. The students had to wait for the staff to return from “tea time” which in several instances was more than one hour later, so it was both frustrating and also a waste of time for them:

“...had we known there were tea times and had we known that it’s more observation from our point as like American students we would have had a different outcome...”

Ruddock and Turner (2007:365) explained that students in their study became more flexible and accommodative towards different attitudes, for instance, the concept of “being late”. However, the students maintained that this was unacceptable conduct in their own culture, which was “impervious to change.”

The mentors and staff in the units were not always aware of the students’ level of knowledge (training): “But I think that maybe the sisters on the ward didn’t know, it was had to explain how far we were or how far we have come...” “...she doesn’t know what kind of education background or how much experience we have...”

Many of the students also complained about being bored in the clinical placement areas. The fact that they could not participate in the care was one thing, but also shadowing nurses at a lower level than themselves resulted in frustration and boredom. The following remarks were made:

“Just to observe...It is awful just standing there for 9 hours a day.” And “It was boring really to shadow a student...for such long hours...so for me that was a bad experience because I felt like it was a waste of time”

As previously mentioned, this was the first hospital visit for a number of the nursing students, who had never before seen a dying patient or a dead body. As such, they found the experience to be rather shocking, while the nurses working at the hospital were perceived to be emotionally blunted.

“Because the first week we were in South Africa it was a culture shock. We see so a lot we don’t used to see. Young people dying just in front of you and they don’t care…they are going to die...So what...nanananana...like they see it all the time, it is like an evil [student demonstrate with hands]...A circle?...Yeah. “
In one of the speciality units (and other units), a nursing student was left alone to care for the premature babies. The student did not have much experience in this area, but turned the negative situation into a positive learning experience. At many times during their study abroad programme, the students gained confidence by working independently and autonomously, although sometimes this was a little overwhelming:

“[Name] got left alone in what was in the prem unit...for like three hours...how many were there? 16...most terrifying part of my nursing career...Well first of all, I was nervous going in, I’d never been in clinical here and I walk in and I haven’t worked with little infants much, we don’t have a whole lot of exposure to that back home and then I was introduced to my nurse and she had to go do something and next thing I knew...it was just me and the lady mopping the floor and sixteen or fifteen babies and there were alarms going off and I felt like running away but I just took a deep breath and went to the alarms, it was a good learning experience, I mean it made me more confident.”

Greatrex-White (2008:142) state that in their study they found that the study abroad experience stretched the abilities of the students and challenged them to think beyond the usual and this propelled them forward to new possibilities, such as the situation described above. Shieh (2004:38) also indicated that students assessed their own strengths and weaknesses within the circumstances. In addition, the participants in the study of Foster, Usher, Luck, Harvey, Lindsay (2008:163) pointed out that the study abroad experience prepared the students to work in a variety of settings.

The students of the study abroad programme were also at times concerned about their safety in the clinical placement areas, due to the nurses’ unsafe practice, which they felt they had very little control over. The fact that there were so many HIV positive patients at the clinics exacerbated their concern:

“Yeah I was in a room but it was nursing students from [not audible] and what shocked me was their director...and I was in the room with them and she was giving lots of contraceptive injections and like I don’t know just bang bang one after...and just set them [used needles and syringes] down on the bed and after she had about five...collected she took them between her fingers and walked past us all and it was crowded with all of us...just the lack of protection...control” “Yeah we were terrified we kept as far as possible from her...we’re extra careful as students...you would think someone who has been working would not kind of get sloppy but as students we think that you know...we have to be extra careful”
Unfortunately, the students also witnessed poor nursing practices. In the clinical placement areas, the students also witnessed inconsistencies of patient care, especially regarding pain management, in which patients were ill-treated (slapped), left wet in bed, were tied to beds, and visitors were hindered from seeing their family members or just ignored. The students also noted that during visiting hours, the staff would put forward a facade as if everything was running smoothly in the hospital ward. Hence, the student’s perception that these nurses lacked respect for their patients, and had an uncaring and domineering attitude:

“Also most of the nurses are not so nice and we aren’t taught to be like that in our teaching the patient. Is focus the patient is boss... To respect that patient...and we haven’t seen it...We haven’t seen that much respect.”

“The patient are ‘not a human’ they are just a ‘thing’, just lying there and given medicine no more, an maybe wash them, they have to respect the sister.”

“It’s really strange to see a patient, which doesn’t dare to tell the sister that they have pain. They are just lying there and twitching his face and he doesn’t dare to say anything because if he knows if he does that the sister will just yell at him...”

“Because then like the one sister in the ward in critical patient there was like one young girl, I think she was fourteen she had taken overdose and now she was recovering and she wanted yelling after water and the sister said oh shut up (sound effect of slap) it’s your fault you are here...And keep your mouth shut or you will go to the wards and then you are going to die...(nervous laugh)...So OK...and she said some more and then the sister she said...oh shut up.”

Ruddock and Turner (2007:364) also indicated that the students in their study abroad programme felt angry when witnessing the ill-treatment of patients, which they were not used to, but learnt to accept this way of nursing practice without question which they normally would not do in their home country.

“Like we are taught to take care of the patient, like to whole human being and like speaking to the patient her it’s like not the thing like once I remember one time I was there feeding a patient and we were talking of course and the sister, one of the sisters, I think it was the nurse she was a grown-up...oh I don’t know...I was speaking to the patient having a conversation and the sister, said get over to the patient I was standing here and the patient lying here and she go over to patient and say go with the sister now she is going on
Changing bed so don’t get used to sister talk to you… she go change beds now… I said I am the one talking to him… uh… so she just left… uh it was so stupid… she was talking to the patient. It’s like they get angry when we’re talking to the patients yeah it’s a waste to time.”

During the informal discussion, one of the Norwegian groups commented that they felt they were: “...being discriminated against because we are white and from a rich country...” and therefore perceived as affluent. They also indicated that some nurses in the hospitals felt that they [the Norwegians] “...should not come and tell them what to do.” These students seemed disappointed by this reaction, because they “...just wanted to help.” In a study conducted in America, Lee (2006:1) noted that most of the international students interviewed at a Higher Education Institution had at least experienced some form of discrimination, which could have been based on cultural differences or national origin.

A number of students experienced nurses being tactless with them, and unwilling to teach them or provide them with the necessary equipment when they needed it. Some students felt that they were being prevented to do certain procedures and other students felt that they had been purposely misinformed by staff members regarding what they were allowed to do or not (their scope of practice). Some nurses would also not accept help from the international students. The cultural difference and the language barriers could however have played a role in the communication between the staff and the international student. The findings are congruent with the studies of Button et al. (2005:318) and Green et al. (2008:988) which described that nurses discouraged students from participating in practice and that it was difficult to persuade them otherwise. Koskinen and Tossavainen (2003a:283) also assert that language barriers limited the nurses’ participation, limited contact between staff and international students, and increased isolation. Lee (2004:118) states that it is difficult to discern whether hosts of international students purposely ill-treat the students, but that the experience, nevertheless, makes an impact on the student. The following six statements will tell their story:

“When we ask can do it sister they are just ignoring you” “Maybe I ask for example...Oh can I do that and she take the syringe and just do it. Okay you don’t hear me...but I know that she was hearing me.” “...like I tried’ we were going on but we had to run after them.”

“...your used to seeing terrible disease and to people being so nasty here. You get used to people not being so nice to you and you just have to tell them...Maybe they say awful things to you...mmm and you just say okay...” “We had our shields...”
“They are having a morning meeting and they asked if everything is OK and then like you are all free to say...and when I did the sister in charge is like “oh shut up” and it’s not right you’re not in a position to talk about it...It wasn’t everyone but it’s so much like when you are in charge you’re the boss...”

“When we were in the meeting, the ward meeting they were talking about ourselves with us there and that no one wants to go with us and...Why are they here?...and you can think no...I don’t want that...this other sister said...Why me why me? What have I done in English!”

“There were some nurses...we asked questions...but they didn’t even hear you...just look at you ...we got used to it...It’s weird to ask someone a question and they just look at you...and you feel like a silly person...and they just look at you and turn around.”

“I...we tried to ask questions as...is there anything we can do? They know we are there to learn and they don’t tell us what they are doing and stuff...we just stand there and feel stupid...and they look at us as though we are stupid.”

Again, the results are congruent with the findings of Ruddock and Turner (2007:364) in which the students indicated that they felt unwelcome in the clinical setting.

Sometimes the students also felt that they were used inappropriately by these nurses in the clinical placement areas making it seem like the students were disrespected: “We felt like they were using us to go for bedpans.” The students also wanted to practice more independently:

“Having more responsibility maybe kind of I don’t know be working more kind of alone...Having the responsibility of patient, we didn’t get not much responsibility of a patient actually we just given a procedure to do.”

These findings are in direct contrast to what Kotzé (1998:10) describes in her accompaniment theory of nurses, which asserts that accompaniment (and in this case the researcher means the accompaniment of the patients and the students by the nurses in the clinical placement areas) should take place in a conducive environment in which the accompanee is helped, supported, nurtured, and protected to enable them to become and gain self-reliance. It is further stated that there should be cooperation and mutual understanding and respect between the accompanee, and accompanist using a personalized approach, which was not found in this study.
Lastly, all the students indicated their disappointment in the amount of active nursing care that they were allowed to render:

“I think I expected to get a bit more practice.” “…cos we all thought we were going to get hands on experience and then after observing and stuff it was kind of a little bit of a disappointment but had we known that that is all we were going to do, I think we would have different feelings about it.”

**Theme Five**

The experience of immersion into the host countries’ culture, transformed the students’ pre-existing knowledge and perspectives

It could probably be safely assumed that every study abroad programme will contain a cultural component whether it is planned or unplanned. Simply travelling to another country subjects any person to different people and their practices. In many institutions developing cultural competence has become one of their priorities owing to the rise of globalization and internationalization. Institutions are increasingly internationalizing their curricula to prepare nurses for the future. It is a well-known fact that nurses are also a particularly mobile society. With the permeability of borders increasing, nurses are increasingly working across borders and caring for international populations and diverse communities making the culturally competent - a global perspective which includes a global mind-set of the future - nurse essential. Please see Chapter 3 Section 3.2.5 and 3.7. Ruddock and Turner (2007:366) suggest that whilst nurses may believe that it is important to provide cultural supportive care, the reality of providing such care may be obscured by culturally bound expectations. Furthermore, Robinson, *et al.* (2006:24) indicate that cultural competence for nurses requires acknowledging the basic ethnocentrism of contemporary health care and the differences in the way patients and families respond to illness and treatment. As an introduction to this theme, the following utterance by an international nursing student is put forward:

“I was expecting obviously to go into a new culture and um honestly I don’t know everything what your going to expect but along with a different view and be more culturally competent but I think this went way beyond what I ever thought I’d get out of it, like changed us all as people and we learned a lot about ourselves.”

Kotzé (1998:7) asserts that the cultural context of man’s existence is found in the environment around himself and with which he is in a relationship, which includes beliefs that people hold to be true, and structures and processes made by people to make their world
more habitable and meaningful. For example, beliefs, thinking patterns and behaviours, housing, artefacts, and social, and religious structures. The identified theme is therefore supported by the paradigm presented in Chapter One. In this study, the students investigated the “new” culture and compared it to their own culture, in order to create a another view of their “life world”

Like every other culture, South Africa has its own unique characteristics. Within the cultures there are sub-cultures, that is, in in ethnic groups, languages, professions, organizations and so forth. The international nursing students had preconceptions regarding their host country, as evident in Theme One, but felt that the experience they gained in the host country transformed their ideas and perspectives. The fact that they experienced the culture and the people first hand was very valuable to them and it realized (actualized or made it real for them) the theoretical knowledge that they had gained by reading and learning. The students also experienced the frustrations that are often brought about by language and cultural barriers in health care environments, which in turn helped them to refine their cultural sensitivity and prepare them to become culturally competent practitioners.

In a study conducted by Ingraham and Peterson (2004:83-100), the following are listed as indicators of cultural awareness and sensitivity: an enhanced understanding of international issues; a better understanding of other cultures; and increased appreciation of human difference; an increased curiosity about other cultures; a better understanding of the host country; and an increased understanding of their own culture. The discussion below will corroborate a number of these aspects as they pertain to the findings of the study.

In this study, the students indicated that:

“To come here it broadens your perspective, it is important for us to see that not everyone has the same as us.”

“I’m just so happy that I’ve learnt so much about the different ethnicities within South Africa and how diverse South Africa is like that just I knew coming into South Africa of all the different cultures but just being here I feel more connected, more aware of how different systems work and human interactions.”

Bentley and Ellison (2007:210) confirm that study abroad programmes, in which experiential learning takes place, makes a valuable difference in the students’ development of cultural competence. In Ruddock and Turner’s (2007:365) study, the students also pointed out that
the study abroad experience “broadened their horizons as they reflected on” patients that had different cultural backgrounds.

However, at times the students found the experience shocking and not what they had expected. For instance, they did not expect to see such an international influence in the housing and culture. In many instances, the students were shocked not because of the poor conditions, but rather the good conditions they observed on arrival. A number of the students commented: “Um it was just things look so similar I guess and not necessarily so similar that a lot things are a lot more worse than I expected...” But other students said they expected the: “Townships to be worse.” The students also compared their observations to their home country. The Norwegian students remarked: “The culture is almost opposite.” The following three statements will confirm the general views of the international nursing students:

“It has been a huge shock to us to see the culture I think it is very different than what a lot of us thought it was going to be.”

“...it’s such a mix of like you have European influences and Native African influences and they meet together and it’s just been really cool that way.”

“so I think I like the blend so much because there’s like I said it’s just such a hodgepodge and very interesting so, we talk about America as a melting pot and I feel like that’s not the case at all compared to here.”

People have preconceptions about “Africa” because of what they have been told or what they have seen in the media - images of poverty, drought stricken, crime ridden communities and sick and dying children. However, it is sometimes the lack of exposure to the media or other forms of influencing factors that create the misconceptions as alluded to in Theme One:

“I wasn’t expecting Cape Town to be that big, a big city like that at all even prior to this visit I was not I was thinking a lot, not that there is not a lot of poverty I was expecting more of that I guess, mostly expecting that...like right next door we’d see that every day like poverty in front of us but it’s really not like that at all.”

“Very poor and very rich, so we don’t have those differences in [Norway],...Like yesterday when we went to township, ...yeah a cultural tour...we saw a beautiful house we thought it
was normal people it was good we enjoyed it. Then we see, just around the corner those plastic house. It's not good...It shouldn't be like that…”

True to the international reputation of South Africa, the American students found South Africans to be very accommodating and friendly. However, the South Africans did not experience the same warmth or welcome by the American people:

“I think I didn’t know what to expect but everyone has been friendly and I didn’t know if they would kind of look at us weird I mean sometimes they did (laughter) or if they would kind of treat us differently you know so far I haven’t really experienced that.”

This theme is consistent with what Robinson et al. (2006:28) describes as the altered attitude of the international nursing student at the end of their programmes as a result of the increased understanding of the “cultural factors related to health and illness that guide nursing practice worldwide.”

### Theme Five: Subtheme 5.1
The students felt that the study abroad experience actualized their learning

The study abroad students received the opportunity to immerse themselves in the foreign culture and see, hear, touch, and feel the differences in the cultural aspects of that society. The students had the opportunity to travel through the townships, go into the houses and meet the people, eat the food, and experience the cultural aspects of nursing care:

“*You learn about the culture much better than just reading about it, you get to see it.*”

These findings are congruent with that of Carpenter and Garcia (2012:87-88) who found that students did not feel they learnt much about a culture when reading about it, but felt that immersion into the culture changed their cultural awareness, cultural sensitivity, cultural knowledge, and cultural skill. Levine (2009:156) describes the true-life experience as a significant metamorphosis and that the critical, social nature of the journeys nurtured the change in the students during the study abroad experience:

“*See the township we didn’t just drive past them…we didn’t just hear about it at school, we was in the house and we talked to them and they talked to us about their experience with HIV and stuff...There were many people that were living in one house. Like ten people living in one house, It was really a great experience to hear them tell about their lives and their ways to live. Yeah but it’s a good experience...It’s good for us to see.*”
Edmonds (2010:554) also indicated in her study that the immersion in the foreign environment, “made it more real for [the students].”

Bentley and Ellison (2007:208) suggest that service learning should be done in study abroad programmes to integrate community experience with classroom theory so that the students make meaningful connections between classroom learning and practical experiences.

When talking to the community members, the nursing students were confronted with the reality of the HIV/AIDS phenomenon and it made them value what they do as professionals:

“...somebody actually approached us like, and asked really personal and intimate questions about that person’s life and their personal situation and I feel up until that moment, even after the teaching...but up until that moment like HIV/AIDS was really like text book to me like everything I’ve read and understood like in theory and then...actually to do the teaching and implement something and to feel like you made a difference in someone’s life, is something that I don’t, it meant a lot to me, it’s one of the things I’m going to take home and remember.

Edmonds’ finding (2010:555) is similar in as much as the implicit learning of the student becomes explicit when they are confronted with the reality. Shieh (2004:37) also pointed out that the study abroad programme helped students understand culture and “nursing across borders in a more realistic way:”

“Like I came in wanting to see everything, I wanted to see like what it really is and like, I’m very glad that you know they’re not going to be like we don’t want show them this and this like I think it’s great that we got to see everything that we did...if they would of like shielded us...we wouldn’t have gotten the full experience.”

The campus culture also amazed the South African students:

“another thing that blew my mind the entire university all the universities are run by students in every place in every admin building...they are cheaper, students are cheap and they will work and get credited for working in the department you get credited for it...makes complete sense...And you get people that like if you have a problem you can easily go to another student who is working in the department...then you can just sort things out, it’s awesome.”
Theme Five: Sub-theme 5.2
The students were frustrated by the language and cultural barriers they encountered

For many of these students, it was the first time they had been exposed to a situation where they were the only Caucasians in a predominantly black community clinic. The experience made them a little uncomfortable, but also made them more aware of themselves as the following six statements illustrate:

“Just like walking into the clinic like when they stare.”

“I just wish we weren’t looked at like that, like you know the outsiders as much like to be able to provide care maybe I don’t know what I’m really trying to say but it was very obvious we walked in like we felt there was eyes on us for being Americans or when they found out they maybe felt like we were better than them and we totally don’t feel that way.”

“...when we would just walk into the clinics...I just felt like helpless in the fact that that I just wish I could reach out to them more and just maybe have more one on one with them to tell them like have a simple conversation like during the time they’re talking with the sister and to let them know we are here to learn about you and like to help, anything we can do.”

“I’d like to feel like [name of student] said that we were more accepted like we want to help you guys...”

“...they would...I’m not talking to you I’m talking to the sister and that’s totally fine it’s a difference in culture but I just wished that they would I could have told them more like I wish I could help you I’m not here to feel superior to you or in any way.”

“I guess it’s frustrating for them and it’s frustrating for me to try to provide care.”

Levine (2009:164) describes the above experience as “being an insider and an outsider” at the same time, and the dichotomy in which the student is part of the health care team, but is not accepted at times by nurses and ordinary citizens. The above and next remarks were confirmed by the findings in the study of Ruddock and Turner (2007:365) in which they reported that the students were not accepted until the Registered Nurse, supported them. Ruddock and Turner (2007:365) suggested that the students also developed insights into “the experience of being a foreigner.” The experience also made the students in Ruddock
and Turners’ study (2007:365) more aware of their own values and the need to accept the values of others. They also learned to be more flexible to the attitudes of others, for instance, the “concept of time.”

In Africa, amongst a number of the black cultures, how a visitor is introduced is still important. In some cases the visitor cannot approach a more senior member of the clan directly, so the visitor has to go through another person. This could make the difference between being accepted and not being accepted. The nurses in the clinics follow the lead of the clinical mentor, so it becomes imperative that the mentor introduce the students correctly and give the staff at the facilities the correct information about the students (who they are, where they are from, their level of experience and training). If the students are introduced as novices, they will then be treated as such. Two such examples are illustrated by the remarks below:

“I just feel like we sat there and weren’t properly introduced to maybe like the patients themselves you know it’s like “Oh these students are from America’ and they went on and did their assessment maybe if they told them a little bit more like “Oh they are here to learn more about what you guys you know are about what you value here” you know they’d take it into consideration they’d value what you have to say.”

“…there was that huge language barrier I personally would of really liked to do that you know tell the sister can you please tell them that it’s an honour to meet them um if they feel comfortable I’d like to do this and stuff like that but that expectation wasn’t really set up when we first got there it was, these students are here to observe.”

When the students did get an opportunity to be heard, and could converse with the patients, they enjoyed the experience:

“…when you did have a good nurse…who would ask the patient to try an speak in English and if they didn’t she would continue to tell us what was going on and like um and we actually got to sit down with one of the patients like they were laying in bed and like she translated for us and we actually were able to like say stuff or talk to them because we like to talk to them because we had time so then you know he’d ask me questions like “Oh what is America like?” And like he was really interested, he’d never had Americans in his house and he said we’d like to get a picture of you, you know stuff like that and it was awesome…”
There were, however, semantic differences that could have created a measure of misunderstanding and confusion in the clinical placement areas as illustrated by the conversation between the researcher and the students: “So when the leader says we are new they think we are brownies they tell us every little detail we already know – they think we don’t know they think we are really new but we know.” The researcher stated (to clarify): You have the knowledge, but you have to develop the skill. “Yeah Yeah… to get confident to do it in another setting and people do understand sometimes we say we’ve done the procedure we know the procedure and sometimes people think we know everything ourselves but we are not there yet.”

Lee (2004:119) indicated that students in their study also experienced personal challenges regarding language barriers in the clinical placement areas. Consequently, the students became more intuitive and recognized and interpreted non-verbal communication. In the present study, the students recognized and reinforced the use of therapeutic communication, touch and play as a means of communication when language barriers existed:

“...that’s what it seems like these patients are deprived of so, and nobody here, not very many anyway I can’t say nobody, some people did do their communications, they did touch but when the patient is grimacing in pain and there are no pain medications and there’s a culture barrier and they don’t understand the procedures...the most common thing you can do, even if they don’t understand is to just talk to them in a soothing voice or hold their hand while they’re in pain or something which I found myself doing quite a bit.. but the dire need at home wouldn’t be close to what it is here, so...It’s the little things that made the biggest difference to the people, just acknowledging them...did a lot of therapeutic communication...when I learnt about therapeutic communication I was like, that’s a bit lame, but...it will be what I remember most about this whole trip.”

Ruddock and Turner (2007:366) also indicated that in their study students found that “communication was much more than language and embraced touch, music, and being present as important aspects of caring.”

**Theme Five: Sub-theme 5.3**
The students developed and refined their cultural sensitivity

Green *et al.* (2008:990) and Koskinen and Tossavainen (2003b:502) indicate that the personal experience of being a member of a minority group, even for a short period of time, is a vital antecedent to forming new personal and cultural attitudes, and when students are
already culturally sensitive the study abroad programme confirms their beliefs and behaviour.

It was evident that the students’ cultural sensitivity was developing when the discomfort that the cultural barriers created was questioned in terms of the appropriateness of the cultural circumstances they found themselves immersed in. The following remarks will tell the students story:

“From our point of view like a lot of what we practice are similar but what we’ve been taught about the TB how you can contract TB the patients would wear masks, we would and that’s something that we absolutely wouldn’t do you know those masks are meant to keep your own air to yourself so we could educate on that...but is it culturally appropriate or would it be rude to share our knowledge about things like that, that’s something that was kind of hard but we couldn’t step in as much as we would of liked or I would of liked.”

“I really learnt how to work through language barriers and stuff like that which would be great back home...it’s like [we have learnt] a high respect for people and a high regard for people’s different life experiences...and cultures.”

“I don’t know how to say it, but like being out of our comfort zones...like kinda got a little bit thicker skin maybe, cos there were days that were really frustrating when you couldn’t communicate as well as you wanted to with the nurses or the patients and so just being able to work around that, like I feel like.. I don’t know...just kind of like you as a nurse knowing you can get through those frustrating times too.. like keeping the focus on the patient and the patients best interest through something like those big barriers.”

Lee (2004:119) found that nurses also encountered language and cultural barriers in clinical placement settings. The revelations in Bentley and Ellison’s (2007:208) study confirm that the students became more aware of the importance of the cultural components of the care they rendered and the information they gave the health care consumers. Furthermore, Levine (2009:160) indicates that the study abroad programme is a transforming experience for the student as it gives the student the opportunity to assume the advocacy role. In this study, the students had the opportunity to utilize their pre-existing knowledge:

“I thought it was a really good experience...um...like to build cultural competence one thing, I don’t know just randomly, like we had a Somali patient in ICU and we have a lot of Somali patients back home too but so there is a cultural barrier here as well, like it was interesting because he spoke Somali...and nobody could really communicate with him until we...we
Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI

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were able to kind of...use some things that we have back home, so we asked the family like common words and stuff like that...and kind of brought that here and you know made some suggestions towards the nurses so we were able to make a difference...That was...patient advocacy...I think...I really learnt back home. I don’t know if I really felt comfortable...um...like if a nurse did something I didn’t think was right...I did not feel comfortable saying something whereas I know, I gained confidence and now that I have more confidence in myself and my nursing skills, I think it’s easier to advocate for the patients...it was huge here and I think we made a big difference to a lot of the patient care."

Greatrex-White (2008:140) states that the study abroad programme not only gives the student a sense of seeing and learning about the new culture, but it also enables the student to learn about their own culture:

“...you know when you’re in your own culture like you just accustomed to everything but then you know being immersed in another culture and then seeing what they have and then comparing the two like what you have...you know I mean it’s a blessing and you know you have to be thankful for it."

“I had a very interesting experience in a club the one night um I showed my ID you know my passport and a black lady from America she saw it and she said oh where are you from so I said South Africa and the first thing she asked me was are you Afrikaans or are you English? And I thought to myself who’s interested cos we were in one of their classes where they discuss apartheid and so I’ve noticed that a lot of them look at the Afrikaans people, South Africa as being like racist.”

Levine (2009:162) found that international nursing students had a transforming experience which dealt with recognizing prejudice or stereotyping and its existence in both blatant and subtle forms which confirms the above findings.

In addition, Green et al. (2008:987) indicated that the students in their study felt that the experience enriched their lives, but that it gave them a completely different outlook on life. Greatrex-White (2008:141) concurs with Green et al. (2008:987) stating that the study abroad experience enabled the students to re-interpret old experiences from a new set of ideas and expectations, thus giving new meaning and perspective in both old experiences and new. The students in this study confirm the above findings in the following comments:

“To come here it broadens your perspective.”
“I’m used to and I feel I complain so much and like I’m hoping to just change that about myself after seeing how poor the people are and how simply someone can live and then just be happy with that and even though their life may not be the highest quality or they still appreciate everything they have.”

Ruddock and Turner (2007:366) are in agreement as they indicate that “living in another culture” gives the students another perspective and causes them to value the history, norms and cultures of other people. The cultural immersion also deepened the students’ understanding of the context in which patients found themselves and made them appreciate other peoples’ knowledge, circumstances and choices:

“One of our learning projects that we had to do here was like HIV/AIDS, in a children’s home and I think we well all...we went in and we actually taught these children...how old were they...like 12-18...and I feel like I didn’t fully understand, half of what they knew at their age.

So I think we’re really impressed with them and that’s going to stay with me forever.”

“I can more understand how they are the hospital when I see how terrible they have things at home...I understand. Okay maybe it’s not so terrible because of they have you know...because they live in shacks yeah...Also we were um...because of difference from home when the patients are coming to hospital they are much sicker. At home they have a little pain and go to the Doctor, here you are half dead and then you go to the hospital. So it’s good for us, it’s a different culture, it’s far away from us, they’re not stupid but they just don’t, aren’t able to get there. I learnt more about the culture yeah saw how they live and conditions they lived in and you can more understand.”

Bentley and Ellison (2007:209) report that immersion into the host countries’ culture led to changed attitudes toward working with those from other cultures and further indicated that the students in their study became more aware of the cultural limitations regarding health care. Ruddock and Turner (2007:366) also reported that students’ attitudes became more flexible in their interactions with children that were different from their own, and were experiencing adverse circumstances.

Lastly, the students came to the realization that people are very similar and have the same needs all over the world. Ruddock and Turner (2007:366) noted that the study abroad students in their study considered the commonalities between themselves and the foreign culture, but also appreciated the cultural differences:
“...what I’ve learned here is just that how similar everyone really is, like everyone has feelings, everyone when I just would talk to people it’s like your just like me you know you want the same things in life...”

Theme Six
Nursing students reflected on factors that influenced their extra-curricular learning

For a number of the international nursing students, the study abroad experience gave them their first opportunity to travel overseas, which they described as so exciting, “riding an aeroplane, that was amazing, playing with snow for the first time that was amazing...” For many of the students, the trip overseas started 12 months earlier when they were selected to go on the study abroad experience. For these students, the academic and clinical experience probably only came to the forefront of their minds once the formal preparation of the programme began and when they set foot in the host country. Many of the students in this study did have an opportunity to participate in activities other than the nursing programme, hence the following remark:

“There’s a major cultural and theoretical part we took away but it’s definitely...so amazing...that’s outside the clinical just going into the townships, just the first day on campus...you know...going to the game park...it’s just all an amazing experience.”

The friendly South African population contributed to the international nursing students’ positive experience of the study abroad programme:

“I guess I didn’t necessarily expect everyone like the locals and everything to be so welcoming to us I don’t really know why I just I didn’t exactly expect that but everyone was very, very nice like when we would go out to the clubs or restaurants and everything and yeah everybody was really nice...So I didn’t expect to have those relationships form on just like a one night basis you know but cos that doesn’t even necessarily happen in the US so that was awesome...”

Theme Six: Sub-theme 6.1
International students expressed a need to mingle with other students and to experience student life in the host country

Kotzé (1998:7) states that a person’s world without other beings is unthinkable because a person discovers and knows himself through other people and he needs other people to
help him or her develop and grow. For the international nursing students who came to South Africa, this was the case. They enjoyed and acknowledged this as the following quotation will indicate: “...was a good experience to be met by other students at the airport.”

All the student groups were under the impression that they would be housed with and meet other international students and in so doing would learn more about other cultures: “...I think my interpretation was we're under the impression that we would meet other international students, where we live. I understood that where we were going to live was an international spot.”

The students also indicated that “…we had those expectations of like mingling with the students most of the time.” They expressed the need to go to classes because they thought that it would create an opportunity to meet local students and possibly have the students show them around:

“Yeah so...it would probably be better to meet them, probably have more school. It would probably be a good experience.”

"I would like to have more independence or...have some students from the school show us around more or that might be a lot to ask for...”

These findings are supported by the study findings of Ruddock and Turner (2007:365) and Shieh (2004:38), in which students wanted to interact with local students, which actually helped students adapt to the culture and the local circumstances and the new experiences. In opposition to that, however, the above mentioned study of Ruddock and Turner (2007:365) also indicated that students expressed the need to have “time out of the host culture” as it helped them put things in perspective and facilitated the adjustment to cultural differences. Even though the above remark opposes the findings of the interaction with students and immersion into the host culture, it does support the holistic learning experience where the students can participate in other activities giving them ‘a break’ from formal learning programme.

The international nursing students commented on their need to participate in on-campus activities so that they could meet more students and also learn from them:
“we have rugby but it would have been cool to go to a game or a choir concert here anything interacting more with the students on campus. Learning more about what Nelson Mandela is all about...the [HEI]...”

When they did get the opportunity to meet and mingle with other students, they enjoyed the experience as indicated in the following comment:

“...just meeting the students and from [HEI] and the nursing students like [students’ names] we ended up going out to be with them a couple of times like that was really fun, it was nice to have that experience outside...what we were talking to people that was really fun.”

Robinson et al. (2006:26-7) indicate that picnics and social gatherings helped international nursing students foster increased cultural sensitivity and opportunities to develop friendships, and is therefore consistent with the findings of this research. Ruddock and Turner (2007:365) also found that when students with similar backgrounds shared experiences, they could compare cultures which assisting the visiting students in making sense of their new experiences.

**Theme Six: Sub-theme 6.2**

**The students enjoyed the planned and unplanned social activities during their study abroad experience**

The large group of students that went on the study abroad programme had a variety of activities set out for them in their programme. The students indicated that the planned activities were helpful because the circumstances were unfamiliar to them and they would not have known what to include in their programme. Unplanned activities were additional to those experiences and included an evening with the faculty members of the Department of Nursing Science and also a number of students took the visiting students out to dinner. The following comments were made:

“...it was awesome that we were invited to not one but two braais...yeah...that was a lot of fun. “

“And also some of the events that are pre-planned for us, like yesterday’s event at what was it … Game Park that was nice to have that prepared because maybe we wouldn’t have known something to do that so it’s nice to have.” “But had we not done it with the school we’d have had to figure out how to do it on our own, so I think we all wanted to see it but it was just nice to not have to worry about how we were going to see it.”
The students also planned a number of activities themselves. The following examples were listed (apart from the Elton John Concert they attended) as experiences that they thoroughly enjoyed:

“We had fun though like sky diving and bungee jumping looking back on experience... and zip-lining and safari and all the tour guides I mean we were able to socialize with them it was a blast I’ll probably never do any of those things again in my life so just to say I’ve done it once in South Africa is I don’t know it’s going to be pretty cool bragging about it back home... It was awesome all the excursions.”

“But like expectations of the culture we got to see dancing which was one of my expectations was to experience that kind of a culture so that was definitely met and that was fun and a couple of them got to get up and dance and try to learn it so that was awesome and like seeing animals that was wonderful and just like the beauty of South Africa – it’s so different but similar still because when we were in Tsitsikamma it was just like the forest of [America] but a little different but we don’t have elephants.”

Additional factors that contributed positively to the study abroad programmes were:

“The weather is good, nice to be able to go to the beach.” “The food was great... I picked up weight... It was good ja.”

### Theme Six: Sub-theme 6.3

The students experienced a number of constraints regarding the holistic learning experience

One of the South African groups informed the researcher (off tape), about an incident that happened when a poster was put on the door of their room that informed them of the symptoms of the H1N1 virus, and where to go if they presented with symptoms. The students had been overseas for only two to three days and one of the South African students was coughing – the student had a bout of flu. The students found it strange that the poster had been put on the door where the other student was (not the sick student). The students just shrugged their shoulders when asked why they thought it had happened and how it made them feel. They said they did not know and could not understand why it had been put on the “wrong door”. The researcher’s feeling, however, was that the students did not want to say anything negative, but felt alienated by the response of the host country’s students. In
a study by, Lee (2006:1) it is stated that incidences of international students being made uncomfortable or made to feel unwelcome, which could confirm the finding.

Throughout this report thus far there have been references of the students’ desire to mingle with other students. Unfortunately, this was not always the case and the students were lonely and felt isolated:

“Ja in the sense [we expected] that we’re having fun maybe going out and doing some activities with them because most of the students were not staying in res at all it was only us not even a single nursing student was staying in res, so most of the time we were alone.”

The students found it difficult to initiate interpersonal relationships in the foreign environment and they expressed a need to be “chaperoned” by other students that were familiar with the places and circumstances:

“And it’s difficult when you like go to those places like maybe to the hockey field without someone that is from the university accompanying you like to introduce you to the people or to the activity whatever it will be better maybe if there was a student who would go with us to those places so that we can feel more at ease.”

“It’s not difficult to get there by yourself or to go there but it’s difficult to have fun by yourself in a place that you’re not familiar in with and with people you’re not familiar.”

The students remarked on their experience of homesickness and loneliness, which were similar to the experiences of the students described in the studies of Green et al. (2008:988) and Greatrex-White (2008:139). Lee (2004:118) indicates that the presence of homesickness could in fact make the student more sensitive to the challenges they experience:

“I think we were a bit lonely...we spent most of the time like alone rather than being with the students you see so that was a bit not nice, that’s not how we would picture the whole thing. I actually missed South Africa a lot...I missed the friendly faces the sunshine...I even missed the work...”

These findings are also akin to the findings of Bamford (2008:3) in which the international students attest to the social isolation they suffer during study abroad experiences.

The South African students were not confident enough to use the unfamiliar public transport system and they were not used to having a lot of free time to participate in social activities. It
appeared as if their sense of adventure was also curtailed, which is understandable given the South African context where it is unsafe to travel alone or to go to places alone after dark unless the person knows the area. It also takes an amount of adaptation to enjoy travelling as many seasoned travellers will confirm. It should also be mentioned that the South African students were used to structure and routine in their daily existence. Their academic programmes were full and structured, so they were not accustomed to the thrill of impromptu decisions and taking opportunities as they arose. The following discussion should therefore be read in the given context:

“...it took us two weeks to start going and getting into it by the time we went from [place of residence] to [host University] the lady at [host University] told us ‘excuse me you’re not students here, be tourists’ and she went through a list of tourist things to do and we were like oh my word she’s right we are not students here why are we stuck in classes that just are not applicable.”

[Why did it take you two weeks to get into things?]”...It’s just that we thought okay now this is how it’s supposed to go we are there and we are supposed to go to classes and afterwards we only had the night...also transport was a big problem there not having transport there was so much to do but we just couldn’t get around so we actually had to meet people first who would take us to the places you know we had to rely on them so in the first two weeks we didn’t really meet that many people um...”

The students found it difficult to communicate with each other and with other students because they did not have cell phones and internet connections, which influenced both their “social life” and also their academic achievement because the Americans, for instance, had to do assignments:

“...communication was a problem because we don’t have cell phones...we didn’t have our e-mail.”

The group dynamics between the individuals in the groups was dynamic, positive and productive. However, some groups were too small and some group members felt that they wanted more freedom and wanted to move beyond the group:

“cos we had our bad days where we felt homesick and with four people then the other one is feeling down and you get fed up with the same people..”
The findings are similar to those of Edmonds (2010:558) who found that a number of students felt smothered by the constant group pressure.

Almost all the students indicated that they would have liked to participate in sporting events and cultural activities. Many examples were used as possible sporting events in South Africa, for instance, rugby and cricket matches:

“I would of loved to have gone to a sporting event really and like the choir cos um an just not necessarily just the nursing aspect.”

Students indicated that they did not have enough time to travel. Again, this could have been due to the uncertainty about the bus services or perhaps because they did not have enough travel experience. The following remarks will confirm the finding:

“I don’t know I’ve got a lot of regrets you know I won’t go back there any time soon and there is so much I still wanted to do...I agree...That’s how I feel...we were five hours away from Chicago that’s not far in America and I would of loved to have gone but time...just not enough time...”

“we stayed I think about five minutes walk from the Mississippi river but we never crossed it...but we didn’t have time because we had to attend classes...”

The students did not obtain the appropriate information regarding their travel requirements and therefore did not obtain visas to take full advantage of the study abroad experience. The results confirm the disappointment they experienced by not being able to visit all the tourist sights:

“Very disappointed, we were in Paris for 18 hours. We couldn’t leave the airport because we did not have a visa. If we had known we could have planned, or even have got a French Visa...I was in Paris, and I will not be going there any time soon, so I was so close, but just couldn’t...go. It was terrible to be at the door, and not to be able to go in...”

A number of students also experienced financial difficulties which could have been due to the lack of international travel experience, lack of information given to the students, or insufficient time awarded for preparation of the visit. This added to their stress levels and detracted from the enjoyment of the experience:
“I can relate to something about bad um when we were on...airport we were so upset because um we thought that we are going to get like an allowance or something cos that’s what we heard...so no one said you must take your own money...” “I actually did not have enough money, things were expensive on the other side, especially if you knew the conversions...but the department did actually make means that we survive on the other side, and I still feel that I am grateful for that as well...”

“I think that’s why we couldn’t um plan out things on that side...we had a limited amount of money so we couldn’t go to this place and that place and I think if we knew what um our programme on that side and that we have our own money we could of um maybe arranged something, a nice experience or an outing or something so that is a disadvantage.”

The Norwegian nursing students also experienced financial difficulties, although this was due to misunderstandings in their dealings with the Office for International Education at the HEI in South Africa. Some were told to pay for their accommodation before they left Norway, while others did not pay until they reached to South Africa:

“We asked them twice and it even says on our receipt that we already paid that accommodation and now they say that we haven’t paid our accommodation.” “So now we owe them six thousand.” “…and usually at the end of our stay in the end of that country we don’t have that much money.” “Six thousand each Yeah.” “...and now we have a problem.”

Transport was a problem for the students:

“And the boring part it was the same mall every time because of the transport it was difficult to get to other places because of transport”

The students also found the activities on campus to be boring after some time, and wanted to engage in other activities:

“Because the university itself had activities that you can do and but once you see it once and then after two weeks you want, the first week it’s fine to see they have a cinema there, they have a gym there, there’s a lot you can do on the campus but after a while it gets boring so then you want to be off campus.”

The students did not like feeling dependent on others and did not receive enough general information about the transport available to them. The students indicated that they had not
received enough information about taxi’s, where to do shopping, or how to get around by themselves. They therefore suggested that students show them around:

*I felt like very dependent on a professor or somebody else to take me places instead of just like oh I’m going to get a taxi and go like we are very stuck in our one place I would of loved to just go get a taxi and go to some store."

The findings are congruent with the findings of Ruddock and Turner (2007:365) in which the students were not pleased that they could not drive during their study abroad programme. However, it was the students’ perception that it was an inconvenience for students and faculty members to collect them and take them on an outing. Again, the frame of reference and the students’ lack of travel experience might have played a role in their interpretation of the events:

“...some students did make that effort to come and fetch us but it looked like it could of been an inconvenience because...a lecturer fetched us but the students that stay at home with their parents that would of like to have gone out of their way to have gotten to us or us to them so that also made it hard for us to mingle.”

4.4.3. Roles and Responsibilities and the Experiences of the Faculty Members

The findings in this theme were directly derived from the first question posed to the host and visiting faculty members during the in-depth interviews.

| Theme Seven |
| Faculty members reported on their various roles and responsibilities and on their own personal and professional development |

The study abroad programmes offered for the different groups all varied and the faculty members reported their roles and responsibilities within their different job descriptions, departments, and HEIs. Quotations that best describe the specific roles and responsibilities of the faculty members were used to generate a generic description of their roles and responsibilities as they can be applied to a study abroad programme.

The roles and responsibilities of the faculty members in this study were not always clearly delineated and the processes were often combined and simultaneous. For clarity and ease of description, the researcher has therefore ordered the roles and responsibilities into a
chronological format. It should also be noted that not all HEIs expect their faculty members to participate in all these activities as some of the functions may reside in other departments of an HEI for instance, the admissions office. The researcher will only report on the roles and responsibilities of the faculty members as reported by the participants. A document analysis was not be added to generate the list of roles and responsibilities, even though the researcher has used documents as a form of literature control.

The sub-themes that emerged from the data in this theme are not mutually exclusive as the roles and responsibilities are progressive in nature. In this study, the facilitators accompanied the students to the host country, or had done so in the past. It may, however, not be the case in all institutions, hence the division of the sub-themes.

Roles can be described as a set of expectations of one’s behaviour and responsibilities can be described as the duty to perform the task or activity an employee has been assigned (Daft, Kendrick & Vershinina, 2008:845-846). The roles and responsibilities in the description below will therefore pertain to the behaviours and tasks that are fulfilled by the different faculty members (facilitators, coordinators, and clinical mentors) of a HEI with regard to the study abroad programmes.

**Theme Seven: Sub-theme 7.1**

**Faculty members reported on their pre-visit roles and responsibilities**

In many cases the preparation for the study abroad programme begins a year before the departure date. Students are notified of the opportunities and thereafter the logistical and academic preparation begins. In this study, the pre-visit preparation was reported as being between four months to a year before the actual visit.

**Advertise and market the programme and deal with applications**

The study abroad programmes were advertised and marketed to attract potential and interested students into the programmes. Where the study abroad programme was part of the curriculum, an elective module formed part of the preparation of the student. Not all students made the choice to, or could afford to, participate in the study abroad programmes, hence the necessity to advertise and market the programme. The faculty members market the programmes in their respective classrooms or as part of the reward system that is used to motivate students. The practice of taking applications is not formalized to the same degree everywhere. The process ranges from a verbal expression of interest to a formal application:
“I um advertise the programme...” “I work with our International Education Office...we um get the word out to the students that we have this opportunity available...” “...um I take applications, I develop and take the applications, look through them...”

The functions described above are similar to the functions of faculty members illustrated in an article by Robinson, et al. (2006:22) in which they describe the preparation before a study abroad programme can be launched, such as marketing, interviewing and selection and the criteria used.

Set the goals and objectives

In the study abroad programme (in Norway and America) which is part of the formal curriculum, students were awarded academic credits. The goals and objectives were part of the curriculum outcomes and were therefore set when the curriculum was developed. In the study abroad programmes that do not form part of the curriculum (for example, in South Africa), the process was not formalized and the facilitator mostly used the available resources in the host country as a guide for their decisions regarding the content of the programme. Not all goals and objectives were related to experiential learning. In a number of cases, the students had to attend lectures and/or do assignments to get credits for the modules. In other cases, however, the students had to complete a skills assessment tool whilst they were in the host country. Bentley and Ellison (2007:209) and McKinnon and Fealy (2011:95) confirm the need for the setting of clear objectives when introducing and developing the programme for the study abroad programme. They also indicate that the student’s “fit” into the health care team needs (role and contribution) to be decided before the trip to assist the team members to reach the objectives:

“The objectives are made, there’s a team of faculty actually a curriculum committee, so all our course objectives come from a big curriculum...and the objectives are basically of programme outcome objectives.”

The operationalization of the objectives do, however, vary as the HEI makes the decision when to send the students, meaning that the students could be sent in their second, third, or fourth year in the degree programme.
Selection of students

The students were either selected by a committee or by the facilitator. The students normally know the committee members as they are often their lecturers. However, in some cases the faculty members might not know the students, and therefore have to put measures in place to build a relationship with the students. Therefore, meetings are held, interviews conducted, and references sought:

“Meetings start 9 months before the time and they meet ten times...I um meet with the students to tell them about the programme to get them enthused about the programme...Let students ask questions.” “I collect references from their different clinical faculties...” “I interview the students...”

The students’ academic records are also reviewed and in most cases only the top achievers were selected to participate in the study abroad programme as the students are seen as ambassadors for the HEI and the country. The students’ personal traits were also taken into account. The students had to be reasonably independent, have leadership qualities, be easy going, and be flexible so that they would be able to adapt to the host countries’ culture and the group dynamics. The reports from the clinical mentor were regarded as paramount as students would be expected to work and do clinical procedures in the host country:

“...we do have a selection criteria document...” “...so part of my responsibility is to figure out who gets to come and who doesn’t, I make informed decisions on that...”

Once the selection was made, the students that were not selected were counselled by the facilitator. The findings of Ganske et al. (2007:297) are akin to the findings above in which the faculty members participate in the selection of the students.

Preparation of the students

The preparation of the students varied. There were both formalized programmes and informal preparation. The preparation was not only conducted in the Department of Nursing Science, it was done in cooperation with the Office for International Education. Each department makes a contribution from a different perspective. In most cases, the faculty and students that have been on the study abroad programmes are also involved in the preparation of the students., which continues until departure:

“Bring in students from last years course, so just sort of layer by layer.”
University websites often provide students the necessary information regarding the study abroad experience, for instance, the possibility of culture shock, travel arrangements, luggage, safety tips and so forth. Bentley and Ellison (2007:209) confirm the findings and suggest that strategies for staying healthy and safe on the trip were discussed before the study abroad programme. In the formal programmes the preparation can include:

“...cultural selective on South Africa...everyone who’s interested attends this class...so that course focused on the history of the country, the political socio-economic issues some of the health issues that they would see here um it just covered the cultural differences in terms of the languages and so we try to prepare them for some of the things they will see and experience just based on kind of what we know about the country. So they are a little bit familiar with the fact that there are eleven official languages and that sort of thing and that there are um the different races whites, coloured you know that sort of thing.”

Students also had to prepare themselves for clinical practice. They were given information regarding the type of procedures they would be expected to conduct in the host country, and they had to assess themselves and make arrangements with the clinical mentors to update their skills:

“...so these are the kind of skills you might see at this institution and then look at your own abilities...they can go to our clinical labs...update themselves on the skills...”

Where the study abroad experience was not part of the formal curriculum, the facilitator indicated that the students were prepared for the academic expectations that were required. The length of the programmes varied from one month to three months. The following comments will indicate the holistic preparation that took place among the group and specific students:

“...social aspects as well, support groups, your family support how will you cope...how will you cope in terms of your group dynamics...in terms of your communication with your family, also financially we need to look at the financial aspect and ask them do you perhaps have enough money. If not then we have to put other structures in place or select another student because we don’t want that stress to still be on the student when on the other side...”

“...emotional preparedness you know some of them have never even um fly anywhere nationally or internationally...medically as well you know I ask them do you have any medical condition...look at the student holistically and prepare them in different areas...also for the
different culture barriers, language barriers I find with the Xhosa population of students it is difficult for them often that is anxiety provoking...in terms of cultural values what if it’s not my food group for instance...”

Lee (2004:117-120) also mentions the role of the facilitator in the preparation of the student for the international experience, for instance, the teaching and learning strategies used in such an experience, the clinical practice comparison, and also the different roles of students. Logistical arrangements such as indemnity were another aspect noted in Lee’s study.

Logistical arrangements

The facilitators and the Office for International Education were involved in this aspect of the study abroad programme. The facilitators informed the students about the requirements and were the “point person” for more information. The Office for International Education usually help the students make arrangements for visas and supply general information, for example, insurance and medical aid. Information is provided about basic safety in the host country, passports, general behaviour, for instance, what to wear, luggage, and what food not to eat or water not to from questionable sources:

“I bring the students together, provide them with a point person so I make sure the students are getting the information they need.”

Again, the findings are similar to the study of Robinson et al. (2006:25) and Bentley and Ellison (2007:209) in which they describe the functions of the faculty member as being one arranging transport, making sure accommodation is found, arrangements for payment and travel arrangements, immunization, passports and insurance.

The faculty members prepare themselves

Faculty members also have to prepare themselves for the study abroad programme by using the internet and reading materials. They may even go on an exploratory visit to the host country. Faculty members could attend a number of the sessions with the students to familiarize themselves with the student group or the clinical skills that the students have. The facilitators also obtain information from lecturers who have been on programmes before and from the coordinators in the host country. The statements below provide more clarity:

“I attended a handful of their class sessions so I could kind of see what you know theory wise I was in public health and I was up to speed with that and we can reflect back on it then here I can bring up things they did in class and that sort of thing…” “...orient myself...to see
what, where we are you know where we live where is everything that we need to get to what
does it look like you know those sorts of things. How do we exchange money...all those
basic kind of travel questions.”

Ganske et al. (2007:296) confirm that the ‘exchange programme’ is not only about the
student, but also about the exchange of information, research, dialogue, and academic study
between faculty members.

**Liaise with Department of Nursing Science at the Host University to process documentation
for registration at the professional body**

This point is only applicable when the host country necessitates registration of visiting
nursing students and faculty members that want to participate in experiential learning in
clinical placement areas. There is not always a designated person present in the
Department of Nursing Science at an HEI, that deals with the professional body applications
but in this study there was one. The role can be assumed by the coordinator if need be or
given to an administrative officer. The South African Nursing Council requires the HEI to
send information and an application to them. The facilitators therefore liaise with the
responsible person in the Department of Nursing Science in the host country:

“We [have to] get nursing council approval” “...get all the paperwork in that we need to get
in...”

In the case where professional registration of the student nurse is not required by legislation,
facilitators should be mindful of the legislative requirements in the host country and the
medico-legal issues related to the training of the student nurses in the host country. The
HEIs usually have formal agreements pertaining to exchange programmes in which the
requirements could be found.

**Facilitators liaise with local Office for International Education**

The facilitator is also the liaison person between the student and the International Office or
the Department of Nursing Science and the Office for International Education. At this stage,
the facilitators manage the process and check to see if the following have been sorted out,
for instance: the financial arrangements, aeroplane tickets, visas, other travel arrangements,
planning the campus orientation, obtain information for planned excursions including the
costing thereof. Bentley and Ellison (2007:209) confirm that support is necessary for faculty
members from the HEI especially the Office for International Education before embarking on a study abroad programme:

“...so I really go to them with what we need...and they organize it.”

During this period, the Office for International Education will also supply the overseas university with a cost proposal (Please see the section in Chapter Three, Section 3.4.3, pertaining to the Office for International Education at the HEI) and the facilitator, Head of the Department of Nursing Science, and the Office for International Education make the decision whether the programme will in fact take place. The finding echoes the finding of Ganske et al. (2007:296) in which they state that the administrative role and support is paramount to the study abroad programme. They discuss the involvement of nurse executives, financial management support, and the need for “inter-system collegiality” to cement the collaborative relationship. The finding is also consistent with Bentley and Ellison (2007:210) in which they communicate the importance of the costing of the trip. They further the discussion by making mention of fundraising when students cannot afford the trip.

Facilitators and coordinators liaise with each other

The facilitator and the coordinator converse regularly before the visit. The objectives of the visiting university are matched with the resources available and aspects such as feasibility and cost are considered. The communication between the coordinator and facilitator is crucial regarding needs and expectations and has to be verbalized clearly in good time so that appropriate arrangements can be made:

“I work extensively with [name of international officer], on this end and [name of coordinator] on your end to try to articulate what our expectations are and what you can accommodate and then we do a lot of back and forth”

The following comments will indicate the roles and responsibilities of the host coordinator regarding the programme development:

“...liaise with [University name] and to draw up a programme...to enable them when they come to South Africa to make their experiences in South Africa um very useful to them and also relevant to the programme, coordinate their practical experiences where we place them in [clinical placement area] and we also try...or rather incorporate some social activities in their programmes so that they can experience what the culture of South African’s are like um and also to enjoy the country as well...”
“...so each week they have a whole programme that’s identified for them, what time they start, what time they end in which wards they will be placed and who will accompany them in the wards.”

Bentley and Ellison (2007:208-9) confirm the importance of the content of the programme and the fulfilment of the curriculum requirements in the formalized programmes. The authors make special mention of the “fit” of the programme in the host country to the course outcomes which include academic and experiential learning, for instance, the inclusion of activities that would enhance cultural competence for instance cross cultural communication in clinical decision making.

**Planning the clinical experiences**

The coordinator, because he/she is familiar with the local circumstances usually put together an initial experiential learning programme after discussion with the facilitator regarding the level of the students and the goals and objectives of the study abroad experience:

“...work on lining up the clinical experiences and locations and then she [coordinator] would send the schedule back to me and I would take a look at it...”

It sometimes became necessary for the coordinator to speak to the mentors about the clinical placement areas regarding the special needs of groups. If a new placement area is recommended, the coordinator will begin the process of relationship building so that the requirements of the study abroad programmes will be met and placement can take place. A clinical mentor indicated:

“...I am involved in indicating [to the coordinator] which ward were most beneficial for them and which ones they enjoyed and gained the most experience out of...”

Ganske *et al.* (2007:297) confirms that communication and detailed planning and scheduling has to be done by both participative parties in order to ensure clinical, academic and social programmes and free time for the participants. The authors also included the fine tuning of the programmes, for instance, the campus visits and they even prepared the list of who would “buddy” with which nurse in the host country. The planning included choices for work weeks, days off and planned and unplanned social activities plus opportunities for informal discussion.
Fine tune the programme

The coordinator and facilitator work together to fine tune the programme as is seen in the next statement. The process can also continue during the study abroad programme:

“This is our third year so we kind of look at what was done the last two years and refine it a bit and think it through...design opportunities to what students are interested in...”

Theme Seven: Sub-theme 7.2

Faculty members reported on their various roles and responsibilities as facilitators, coordinators, and clinical mentors during the study abroad programme

Meet, greet and welcome the international visitors and campus orientation

All parties involved with the particular group of students can go to the airport to meet and greet the international visitors, but it could be a designated person. The visitors receive the initial information and are taken to their place of residence. Depending on the time of day they arrive, and where they are coming from, they could do a city tour (extra-curricular) or engage in a welcoming activity. These results are also consistent with the chronicles published by Robinson et al. (2006:28) regarding the welcoming of the students in which they indicate that they go to the airport, greet the students there, and make arrangements to see each other again face to face.

The day after arrival, the campus orientation takes place in which the macro environment of the university is shown to the students. Such orientation is usually carried out by the Office for International Education.

Departmental orientation

The orientation in the Department of Nursing Science could include a meet and greet session with faculty members and a tour of the classrooms and laboratories and the following statements indicate what the content could include:

“...we tried to give them an overview of what...the country [is] like and what are the services like...” “...they need to have some kind of theory and background regarding HIV and...the South African health system...communicable diseases...to inform them...”

“...we take them to the hospitals on their orientation...and they walk through the units and see them you know just to put themselves at ease or visualize where they will be working the following week...”
The finding is confirmed by Leinonen (2006:17) in which they describe the orientation, containing safety precautions for students, that was given to the study abroad students just after arrival.

Coordination

The coordinators’ role was initially to establish rapport with the facilitator and students. The coordinator continues the process of coordination to “...see that everything runs smoothly...” but they are regarded as the “...hostess basically in all spheres...” for the visiting group. The coordinator liaises with mentors and facilitators: “After the orientation I co-ordinate basically um I make sure I phone the faculty member every day to see how their day was, did they have any problems um any suggestions after they spent their day in the field.”

Ganske et al. (2007:298) report that the role of the faculty members are hosting social events. The authors discuss the facilitation of university experiences for the exchange nurses and the collaboration between the hospitals and the university. The coordinator is described as “the main link for the exchange nurses” and is responsible for the “adjustment of the schedule, as well as coordination and communication between all the parties” Ganske et al. (2007:298). The authors also indicate the necessity of availability which supports the findings below:

The coordinators liaised with everyone, and tried to facilitate and accommodate the needs of the students and faculty members. Faculty members are encouraged to: “...come and ask things, if they’d like to see something that’s not on the programme, and to make sure that we allocate them accordingly to their needs...”

The coordinator had to make provision for all possible scenarios, for instance, emergencies or incidents that happen in the clinical placement areas:

“we plan for anything that could possibly any glitch that could possibly happen...and what the contingency plans are...” “...if something happens on the spot, the clinical mentor assists there and sorts out as far as they can. Obviously like a needle stick injury they must go through the whole drill and go to emergency...she’d also contact me and if it’s really needed we will organize some counselling sessions for the students or um see what their needs are.”
Facilitating

The role of the facilitator is dynamic and can change from day to day. Most of the time the facilitator accompanies the students to the clinical placement area. They do not always want to or might not be able to because they have to reach their own goals and objectives. The fact, however, remains that the facilitator is there to promote the students’ learning:

“...my role was to just facilitate them and make sure everything was okay, make sure the students were getting opportunities...make sure they’re okay...” “...so that’s my role to make sure they have an opportunity of get all of these objectives, get those met.”

The facilitator maintains contact with the coordinator and clinical mentors so that the daily needs of the students can be met:

“facilitate that ...wasn’t on our schedule...I’ll check so then I talked to [clinical mentor]...try to facilitate the best I could.”“...always re-modelling even though we have the schedule set there’d be like okay we couldn’t go the first day because it was a taxi strike so I had to help make the decision on how are we going to handle that, so it’s a facilitating role I do.”

The facilitators support and debrief the students. The facilitators usually reside in close proximity to their own students, or they are with them every day. The following remarks clarify the supportive role they play on an individual level:

“So that was kind of my role too, not be the mother but be the one that watched their health holistically...” “...felt my role was to watch them from an emotional perspective that they were addressing if there were concerns...you know I was watching the students and just waiting to see that they were okay...just touch base...” “...I did that to some degree to make sure some of the shyer students felt at ease if they weren’t stepping forward.”

An important aspect, given the circumstances in the health care facilities and what the students are confronted with, is to have reflective and debriefing sessions with them:

“I meet with the students every few days to sort of debrief on what they’ve seen and do some reflection on what they have experienced and what they think about that and how it’s made an impact on them and how they’re going to transition it back [home].” “...we did debrief, we talked and we learnt from each other...”
The facilitator also kept an eye on the group dynamics and interpersonal relationships and was proactive in their approach, as is demonstrated by questions they asked:

“is the living situation too close...Are they starting to annoy each other...Is somebody spending too much money or not putting enough in?”

Koskinen and Tossavainen (2003b:504) aptly describe the role and responsibility of the facilitator as being pastoral and clinical care which included support and guidance regarding personal and professional issues, for instance, finance, medical matters, advocacy for clinical placement changes, being the link between the students and the coordinators. The relationship between the facilitator and students was “essential in assisting the students to adjust to the stress in the foreign country.” Furthermore, the facilitator helped the students “overcome their culture shock.” The findings are supported by the findings of Egenes (2012:763).

Clinical mentoring

The roles and responsibilities of the clinical mentors are different in every group because the level of the groups are different and because the objectives differ. The training of the students from each country differs and each group is in a particular juncture in their training (year group) meaning their knowledge and skill is on a particular level, and therefore their needs are different.

The clinical mentors are the link between the coordinator and the clinical placement areas. Therefore, the clinical mentors liaise with the clinical placement areas ensuring they are ready for the visitors and if the management have any requests or challenges, they are dealt with in an appropriate manner. The mentors indicated that they initially met with the managers to plan the visit with the international students and faculty members.

They “...take those plans to our head of department or hospitals and sit down with them and plan cos it’s both ways from their side and we need to plan with inside the units also.” The placement areas have “...to make them prepared that there is enough staff on those days when there are students...” They also go “…to the different units informing them these and these students will be coming, why they are here briefing them again.”
The findings are consistent with Koskinen and Tossavainen (2003a:281) study in which clinical mentors are considered intercultural mediators between the international nursing students and staff of the institutions.

The clinical mentors saw it as their role to: “...make it a pleasurable experience for them to enjoy the experience here...” They are expected to “...show them around” and “I had to make sure that all the objectives were met...”

The clinical mentors “…introduce them into the unit itself what’s the layout of the unit, what’s the overall focus and goals inside the units that they know that what is allowed just the basic points of what we are allowed to do, what basically our scope [scope of practice] is...” and they discuss safety issues with them “…it was more to prevent the student contracting the disease...”

The clinical mentors found opportunities for the students in the clinical placement areas. If they heard about anything that might be of interest to the students they took the students there and also as the needs of the students and facilitators changed they try to accommodate them. The clinical mentors were on the “floor” so it was possible to: “…like day to day so sometimes you change... programme it still needs to be flexible to suit the students and also the lecturers that are accompanying the students...” “…if there is any issue I just basically I just communicate to them, to whoever is in charge and try to see where they can be placed” or “…make provision for them to swop from one hospital to another...”

The clinical mentors guide, support, and accompany students to ensure they reach their objectives. “The [clinical mentor] accompany them every single day...yes all the time in the different institutions where the students are placed.” The most important part of their job is to do the clinical teaching of the students. They also rotate the students within the units to make sure that they all get opportunities to work on the required aspects or to work with the “better nurses” in the units. The following statements will illustrate the accompaniment they provide:

“I will meet them in the wards and actually work alongside them in the wards.” “…if they are doing particular skills whatever’s available on that day I’ll sort of be alongside them and guide them and help them.” “I will um follow them up and do case presentations with specific patients in the ward.” “…I had to um give them practices so that they can gain experience and they can also have, they can feel confident to do certain procedures...”
True to the accompaniment theory as described by Kotzé (1998:14), the clinical mentor moved away from the student, when the student (and the clinical mentor) felt comfortable and became self-reliant. Koskinen and Tossavainen (2003a:281) also comment on the role of the mentor as builders and supporters of the student’s self-esteem”. In the present study the clinical mentor said:

“I supervise them so I don’t basically like allow them to do a skill without my presence of maybe asking another nursing sister or whoever is working at that time to supervise the students so I’m there to supervise them but at the same time giving them independence to be able to stand on their own.”

Similar to the study of Koskinen and Tossavainen (2003a:281), clinical mentors were seen to demand professional responsibility, explained procedures, worked alongside students, debriefed students, encouraged problems solving. The authors also indicated that the clinical mentors helped with adjustments in the clinical placements and adjusted the programmes to the students’ needs.

As stated before, international nursing students coming to South Africa have a smaller scope of practice in their home countries. The clinical mentors do expose them to other procedures but under strict supervision:

“...definitely the procedures they are not allowed to do in their country we with direct supervision we assist them and we otherwise we do the procedure before them that they can see the procedure how it’s done by a midwife or a normal professional nurse otherwise I’ll re do the things and then just assisting them with the procedure, which they sometimes know, they know in depth and theory and how things is supposed to be done but they not allowed to do it.”

Because the clinical mentors knew what experiences the students had on the day: “...we will reflect back at the end of the day how was the experience for them.” “...when I saw that it was emotionally taxing on the student I would remove them from that situation and just give them a sort of time out period and an opportunity to speak about what actually was you know emotionally disturbing to them and how did they feel about it and sort of explain the context...I also suggested um that they talk amongst themselves sort of have a debriefing session...I recommended a reflective journal...definitely did help um but at times when it was too emotionally draining I would actually which I did do in the past I removed them from the particular ward and placed them somewhere else.”
Everyone that worked with the international nursing students had to be kept in the information loop. The clinical mentors liaised with the students, coordinators, facilitator, and clinical placement areas. In cases where the facilitators did not accompany the students to South Africa, they even liaised with the facilitator overseas via email, especially if students had specific needs. The following statements will provide the evidence:

“and again speaking to them that changes can occur with allocations so making it flexible”

“...was just communicating with [HEI]...” “we need to address the hospital staff and we have to give them feedback how outsiders experienced the whole experience...”

Evaluating the programme

Evaluation of the programme in this study was done by all parties involved in the programmes and took different formats. On the one hand, a very formal process existed at the end of the experience where the students were brought into the Department of Nursing Science. The students filled in their questionnaires and gave feedback to everyone about the experience. The clinical mentors ensured that “...all their practica books that they have are completed.” if they brought them, but otherwise,

“...the last day or evaluation day they come in and they complete a questionnaire on their experiences. How did they experience their time here in South Africa? What do they think or what changes and suggestions, just basically you know we need to evaluate the programme as such and see where we can improve um for the following year.”

The South African group did not have a formalized evaluation, but they did do presentations to staff members and students on their return to South Africa regarding their experiences.

The American students had to do assignments during their time in South Africa and the facilitator did the assessment: “but their assignments...or three journal writing that they have to do to provide to me based on certain criteria and then I grade those journals and really their clinical performance too in terms of how they functioned and how assertive they are and that sort of thing.”

Levine (2009:166) discusses the reflection, introspection, and interpretation of opposing views and experiences that have to be dealt with at this stage of the programme, therefore confirming the finding.
Closing the experience

On completion of the evaluation, “we also give them a little… a token and we talk to them.” The last discussion is very important as it is used to clarify outstanding issues or uncertainties:

“to hear what the students are saying and sometimes to put things in perspective because what I did find was sometimes they didn’t understand the reason why people were doing things.”

Report is written

Reports are written by the coordinators, facilitators, and mentors. The Office for International Education could collate the information from the questionnaires and submit the report to the coordinator. The reports are usually submitted to the Heads of Departments, Faculty Management, and the Office for International Education.

Theme Seven: Sub-theme 7.3

Faculty members reported on their own personal and professional development experiences during the study abroad programme

An unforeseen finding for the researcher was that faculty members also indicated their own experiences regarding development – which in retrospect is of course their responsibility as they have been awarded such an opportunity. On reflection the reasons for the unexpected outcomes could be that there were no formally stated objectives for faculty members’ development that the host HEI had to take into account. Development of the faculty member could be weighted differently in different HEIs. Another reason could be, that during the timeframe of the research, faculty development as part of the study abroad programme has come more to the forefront. In the discussion on internationalization in Chapter Three, participants’ global-mindedness was discussed as one of the aims of study abroad programmes.

It could also have been the interpretation of the question: “What was good about this experience?” The question was asked in the context of the student experience so it was not anticipated by the researcher that the faculty members would provide information about their
own experiences. The researcher will therefore report the findings within the context of the study abroad programme.

The study abroad experience increased the faculty members’ self-awareness regarding their own behaviours and their own culture. The faculty members suggested that they became self-conscious which could indicate that their self-confidence was decreased due to the unknown circumstances but also that they had found it to be a humbling experience:

“you know you get really self-conscious about um your own culture like my own behaviours and um and so the help [from the mentors] was really good for me...”

“you get very humble because you start to realise you know we are really direct people and we’re very assertive people and um so it’s kind of fun for me to just see that people are not always direct and their not always that assertive and yet you can work with them...”

Faculty members voiced that, for the first time in their lives, they experienced how it felt to be a minority and they had to adapt to the circumstances. They felt, just like the students that they were being stared at, but also that they did not want to be rude. The experience therefore contributed to their cultural development too as evident in the quote below:

“I think I’m never in the minority in the, in my own country I never have been, I’ve always we have you can count on one hand the number of black people that live in the town were the college is and so you know we would parade through the clinic all sixteen of us in our blue [uniform], and white skin and it was obvious that we were strangers and um so you feel like you don’t want to stare and you don’t want to make people feel like your this clinic is terrible or you know you people are you know bad or anything you but you’re like so on the edge the whole time of sort of feeling awed like I don’t want them to think we’re staring at them or that we think that the clinic is bad or anything cos we don’t were just here because we want to just be here and experience...”

Koskinen and Tossavainen (2003a:282) report that faculty members, especially those that accompanied students in clinical settings during study abroad programmes, benefitted from mutual learning but the authors made specific mention of intercultural learning. Christoffersen (2008:246) also stated that the study abroad programme broke cultural barriers in relationships and provided personal and professional development for the faculty members.
The faculty members also came into the country with preconceptions that were thwarted by the study abroad experience: “I was of the opinion there were predominantly slums and we were especially on our city tour we were able to see it’s an entire mix of social and economic...”

Much like the students, the faculty members reflected on and compared the professional competence of student and professional nurses in their own country. It also made them appreciate what they had, and it made them proud:

“...experience was very good, very, very good because we learn also out of it a lot things that definitely we take for granted and then end it, I'm actually grateful for being trained in South Africa because...it feels skilled we are much more skilled and specialized in our areas, we learn to improvise from a very young, young if I can say age when we start nursing first and second year so you learn how to do things if there is no resources so the experience was very, very good it made me reflect back immensely how we nurse and sometimes what we take for granted...

Ganske et al. (2007:299) confirms that faculty members in their study, compared the differences in the nursing roles in their respective countries.

The faculty members indicated that the preparation they received through the study abroad experience prepared them better for subsequent study abroad programmes, in that they felt a little more at ease because they knew the environment a bit better, but also because it would give them better background to base the student selection on:

“What’s good is myself professionally I feel much more comfortable bringing a group of students back next year”

“...it’s also important because you must have insight into what happened during the exchange programmes and that also kind of directs your questions as to um to elicit the correct response from your participant or your candidates.”

Professionally, the opportunity afforded the faculty member a chance to gain first-hand information and experiences that could contribute and be used in the courses that they teach in their home country. They stated: “I hope to be able to take some of that information and work it into my classes so it’s was like personal and professional."
The faculty members enjoyed the experience because they could utilize their professional experience and help the students put what they observed and experienced into perspective even though what they observed was regarded as negative:

“...we tried to turn it into a teachable moment and say you know um if you look at how these assistants work...you know this isn’t necessarily a third world phenomena...This could be a phenomenon in any socialized or public health amenity and...I’d talk to them about public health policy...private model versus the public model...it did turn into a learning opportunity”

The study abroad experience also refined the faculty members’ cultural competence and made them aware of what they needed to include in the preparatory programmes they teach about South Africa in their home country that will be attended by future students. The experience also made them think about ways they could transfer the gained information and experiences to other students:

“...it’s helped me to I can see my cultural selective on South Africa cos I’m hearing what they are saying now so I may be given the opportunity to present some of this information to the prospective students of next year...like for instance I think I would do much more on the politics...I would talk on the relationship of the Afrikaner and Black and the Coloured...now we have a better understanding of you know, historically as and how it translates into current inter-relationships and behaviours...I intend to use some of these students as guest lecturers...”

The finding is confirmed by Ganske et al. (2007:299) in which the faculty members returned home with the knowledge to share and implement in their home country. They indicated that the social aspects of their programme were as comprehensive as the clinical programmes. The participants in their study also stated that they “got a feel for” the cultural aspects and utilized the opportunity to participate in cultural activities for instance festivals and social activities with staff members.

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The visiting faculty members that came to South Africa reported that the study abroad experience was a very positive one. The visitors also only reported on a few aspects that were negative and in one instance, no suggestions could even be made on how to improve
the experience. The faculty members that went overseas also experienced the study abroad experience as positive, but they had more reservations. Theme Eight focuses on the planning and implementation of the study abroad programmes that were found to be beneficial for the students.

There are many factors that contribute to people’s impressions when they travel to a foreign destination, but probably the most lasting is the impression derived from the environment and its people. The visitors were “...impressed by just the friendliness of many of the people.”

The visiting faculty members commented on the affiliation between the host and visiting HEIs and indicated that: “I felt it was really important we were connected to [local HEI] because you’re highly respected and that just gave us that legitimacy...there was a lot of interest in us wherever we went both from the nurses and the physicians...um we’d say we have a partnership with [HEI] we’re here with them. So I thought it was really good to have that nursing connection and it was really important for us especially with the matrons, I mean with everyone really but that was key...um that set the stage but then I thought um people are so willing to teach in most cases, of course there is always that outlying person that’s having a bad day...”

Value is described by Daft, et al. (2008:282) as receiving benefit after payment. Adding value to an experience in this study can therefore be described as something that was beneficial or that made a positive contribution towards the study abroad experience or that increased the enjoyment of the experience for the international nursing students.

**Theme Eight: Sub-theme 8.1**

*Faculty members identified aspects of the planning and implementation of the programmes that added value to the study abroad programme*

Planning is the action “to plan” which means “to design or plot” a proposed item or to arrange in advance actions and resources towards an intention of implementation (Brown, 1993b:2234, 2236; Daft, *et al.*, 2008:845). Implementation means “the mechanism or organization of something”, the production of, putting in place something that has been planned and needs to be achieved or to put into action (Roget, Roget & Roget, 1988:33, 88). The preparation and actions taken regarding the study abroad programme will now be discussed.
A team approach is essential when undertaking or implementing a study abroad programme in a HEI, because all parties have different roles and responsibilities as is evident in Theme Seven. In any given scenario a well-planned and well executed programme contributes towards a successful outcome. The findings in this study suggest that it was indeed the experience of the faculty members as they indicated that: “…it was well planned and things functioned well…”

The visiting faculty members (facilitators) reported that they received support from members of, and persons involved with, the study abroad programme throughout the process which added value to the programme and the experiences of the faculty members and students. Their views were articulated as follows:

“…I felt we had good support between [name of coordinator in South Africa] e-mails and [name of person from Office for International Education of the visiting university].” “…I can’t say enough about our clinical instructors so we had good support. I never felt at any time will somebody not help me, never.”

Bentley and Ellison (2007:210) confirm the finding in that they state that having local staff that are sensitive to the outcomes and provide guidance in the area is critical to maximizing benefits for the project. Ganske et al. (2007:298) indicate that the coordinator in the host country is pivotal to the success of the whole study abroad programme in this regard.

The model and design of the programme at the particular HEI where the study was done in South Africa is not the same as in America. Visiting facilitators usually accompany the students to the placement areas because the clinical placement areas are so different to what they are used to. The visiting faculty members therefore also wanted to learn about and experience the clinical placement areas and see the difference in nursing. The visiting faculty members therefore commented that they appreciated the support they received from the mentors in South Africa as the clinical practice environment was unfamiliar to them and the methods of care differ from the visiting countries nursing practices and on the differences in clinical nursing practice:

“…what I really liked about this design is that there was a clinical faculty there, clinical faculty from here and that was crucial because you know any environment or any faculty you can’t walk in and really know the people, know what is expected, know where things are kept so like if [clinical mentors] they were willing to start an IV their role is to work directly with the student and do it.”
“I like the design that we went to Livingstone ICU first, got comfortable with the place...before we went to casualty.”

The visiting faculty member remarked that it was positive for them to bring a larger group. They did, however, indicate that it would be difficult to bring groups larger than 16 especially if there was only one facilitator: “I'm happy that we are able to increase...our student core to sixteen...”

Placements of the students in the clinical placement settings in South Africa were seen as a positive aspect by the coordinators or the facilitators. Most of the clinics were large enough and could provide adequate activities and learning opportunities. In general the following comment represents the views of the faculty members: “[Clinical placement areas] don't have an issue with the students coming they actually welcome their visits.”

The faculty members commented on the opportunities the study abroad programme afforded the students in terms of their personal and professional development opportunities. For the more senior nursing students, the study abroad opportunity was an investment in their future and therefore the confidence that they gained from this experience was deemed to be invaluable. They were at the threshold of a new chapter in their lives hence the following comment by the faculty member:

“...you know when you move into your next new job your going to be in a new environment so you have to adjust to something new...here they got to really do that on a large scale, they had to adjust to a whole new culture...whole new operation and a new environment and now that they've successfully done that I think for them to walk out into their first job is going to be a lot more comfortable...this was a good time for them to have this experience.”

The students were given an opportunity to practice more independently and: “it is something that they will never every forget and definitely they um they grew within themselves, emotionally um practically in their competence level so I think it’s definitely a very positive experience that they can walk away with. And I think well I realize they only realize it when they get back home um what they have actually gained from it.”

The students had an opportunity to refine their clinical skills and participate in clinical nursing care which added value to the study abroad experience. A mentor summed it up as follows:
“...they were very um they appreciated all that they were exposed to because even thought initially it was very hard for them to be hands on...at the end of their practica they were very glad...”

The students were exposed to a different scope of practice and to learning opportunities that they would not have otherwise been exposed to at home and it added value to the whole study abroad experience because “They achieve their objectives and even more...” Many examples were cited in the experiences of the students but the faculty member stated:

“Today we had another example um where in one clinic...um a male student nurse came in and it turned out he’s involved in that ritual circumcision activity and so the primary care provider the nurse who was there included two of our students in a discussion with this student, this male about that whole, all the culture that surrounds it.”

Other important aspects that were mentioned by the faculty members were that the programmes’ length suited their needs: “I asked all the students wasn’t it too long, too short or just right...it was adequate.” The clinical mentors, however, did not all agree on the most appropriate length of the study abroad programme because they sometimes felt that they could not provide the quality of learning in such a short time.

Faculty members were impressed by the variety and diversity of experiences that students were afforded and they felt that it contributed greatly to the achievement of the objectives and positive experiences the student had. They were impressed with the campus tour and felt that it should be included into the next years’ programme, they enjoyed the introductory session in the Department of Nursing Science. They found the tour of the hospitals “fascinating” but found that the general content of the programme enriched the students’ experience:

“I think the clinics were good, really good for the students to be able to see and we saw a variety of different clinics there are some that were um extremely busy and understaffed and under resourced and crowded and TB everywhere and then we saw ones that were not as busy so you could really get a good, I think we got a really good sense for that community based comprehensive primary care clinic atmosphere...we got into the hospitals and that was great and we could see um we saw [three large hospitals] and it was great...”

“...I think the placement overall I think it broaden their whole look...”
The preferred placements for the visiting and the local international nursing students were: “...they like specialist units like trauma, ICU and the renal unit etcetera...they are also mad about the home based care programme” because they were able to actively participate in the care that was given in the homes. The students were under direct supervision of nursing staff, and it could therefore be a reason why they enjoyed it so much.

The faculty members remarked that the group dynamics added value to the study abroad experience and gave the students an opportunity to share the learning opportunities: “...I felt very fortunate with this group because they really weren’t necessarily all good friends when we left but they became very supportive of each other and even like in the ICU after a while when we’d have an experience come up. A couple of students would say well I’ve done that go grab [student name] she hasn’t done that, hasn’t had a chance to do that yet. So even watching out for each other...so they bonded”

As indicated in Theme Two, the students also bonded with each other and with the faculty member that accompanied the group and the findings are similar to what Edmonds (2010:558) and Reid-Searl, et al. (2011:895) discussed. They found that the study abroad programme was a bonding experience between fellow students and/or the faculty members that accompanied them on their study abroad trip.

The faculty members even thought that the reaction they received from the locals prepared the students for the conditions in the clinical environment to a degree:

“...interestingly enough...when...they would tell other students they were going to [hospital names] people always go Whoa oh ever your students would say to them...Whoa. So in some way when we got there it didn’t seem as difficult or as bad or as challenging as were expecting...it’s not as clean as you would expect it but we’ve sort of thought okay we knew that it didn’t affect us at all so I think in some ways we were well prepared for that too.”

Seeing the teaching and clinical learning environment dispelled some of the misconceptions the students had, but for students visiting America, for instance, seeing the technology and how it was used in the hospitals and learning environment added value to the programme. Students also saw how limited resources affected practice and what innovation took place in the face of adversity. Edmonds (2010:558) and Smith-Miller, Leak, Harlan, Dieckmann and Sherwood (2010:23) also indicated that the students noted the innovative practice when resources were scarce:
“It was good to see [the Nursing Department and technology], I think the students were impressed by that too cos again sometimes in their heads they think “Africa” and it’s hard you know.”

“...[medication] it’s all computerized and um ja that was really quite amazing cos...type in their password and eight o’clock all the eight o’clock meds will come up and the clinical coordinator will come and she will observe them and do some on the spot training...”

“...see how competently some of the staff members do cope even in the face of having fewer resources...”

Faculty members commented on the different health care systems and environments. The faculty members were impressed with the role of the nurse in South Africa and also commented on the ability of the nurses to work with limited resources. The faculty members indicated that whilst the dire situation of the patients and the severity of illness shocked the students, it improved their understanding of the impact the disease had on the community. It culminated in a positive experience for them:

“...very positive [experience] um you know we were able to graphically see the difference between the private and the public hospital systems...experiencing um delivery systems and social contact that they’ve only read about before also most of our students have not had a lot of experience with the socialized or public health care model...I think that it’s provoked tremendous discussion amongst the students...”

“I think...the TB hospital was interesting too I think that was something that we haven’t done in the past and it was a fill on experience, but I’m glad we did it cos it was very impressive to be able to kind of see the environment and know how ill people get with this disease and how it’s had such a huge impact on the country and so that was a good, I mean a good thing not to see it, because we were oh my gosh this is really hard to see but it was a good experience.”

Experiencing the difference in the corporate culture was also good for the students even though it was regarded in a negative light:

“Um tea, yes I worked on a patient and they just shut down...It’s time for tea, boom we’re out of here, gone for half an hour...you know we come from a health care system that thoroughly embeds the principles of pro-activity, efficiency etc. into our health care and that’s different than here...”
The international nursing students were offered an opportunity to utilize their skill and knowledge to teach the local staff. Faculty members indicated that a number of the students integrated their theory and practice at the bedside: “...definitely integration they can do it excellently they can take the theory and practice and they can do that integration at the bedside...I found quite inspiring for our students as well because they can definitely learn from them in that sense...” and when they had an opportunity to participate they took it. It reinforced the students learning but it also made the students feel that they had made a difference. In the following example was posed by the faculty member as it was deemed to be a positive contribution to the study abroad experience:

“...when we have burn patients which they are more advanced that we are um which we found it out when they were here um they know how to manage those patients and they actually somewhat educate the staff of this is actually how we bandage our patients and we do this with our patients in a burns situation...”

The findings are congruent with Edmonds (2010:557) who indicates that students were found to take the initiative and make the most out of the experience.

The students that were a bit hesitant and needed more prompting were guided not only by facilitators but also by the clinical mentors. The clinical mentors were deemed to be knowledgeable and supported the students with their clinical skills but helped and staff members by organizing the students in the clinical placement area. The rotation of the students was also done by the staff in specialized nursing units so that nursing students were all exposed to needed learning opportunities therefore realizing their objectives. The clinical mentors often have to intervene when it is necessary to put “things into perspective” for nursing students during their clinical training so it was done for the international nursing students too. The following statements are put forward as evidence:

“...the mentors did a nice job of you know kind of trouble shooting and there were a couple of occasions you know students might look a little hesitant...Go up to them and say oh I’ve got it right here, come in here you know...“ “...the mentors um knowledgeable um very much you know they know these sites...they know the people in them ...it makes it much easier to you know have us come here.“ “...mentors were good at kind of de-briefing them afterwards”

The findings are consistent with Koskinen and Tossavainen (2003a:281) who describe the role of the clinical mentor as the person that translates health care protocols, helps with
interpretations, guides clinical activities and encourages participants, and helps students to clarify their future roles as nurses.

Most nurses and the doctors were willing to teach the international nursing students, but the students were also very willing and eager to learn. The fact that a number of nurses translated the conversations with the patients into English enabled the students to participate and this enhanced their learning. The students also had a good attitude in that they wanted to work and add value to the health facility services that they visited. The following accounts will ratify the comments:

“...in ICU the doctors are so involved there and they assume these students are medical doctors some of the time and they really take them under their wings but even if they know or hear they are nurses because these students are so eager they’ve got a passion, they jump in and are so positive and they do the things they’re not scared of anything really and they are so positive they see bad things but they just see good things...”

The emotional support the international students and faculty members received in the clinical field from the study abroad team in South Africa was also seen in a positive light. The description of an incident that occurred in the burns unit of one of the hospitals will illustrate:

“...we were on our first orientation there was this patient who had been severely burned and was basically dying and one of the sisters brought everybody into the room, which is probably inappropriate. None of us faculty saw it coming so we were in there before, we didn’t know what she was going to do. [Coordinator’s name] was very good about it...[she said] come back here, have some pizza let’s talk about it and then, she expressed “I don’t think that was appropriate” and they said “Yeah we felt a little uncomfortable.” “Well that probably wouldn’t be a typical thing you would see” so she was very sensitive to the emotional needs but I know she is a psych nurse so she’s really spot on like that.”

The faculty members commented on the cultural experience of the students. They felt that the culture shock was not always a negative thing for the students, but that it did in fact confront them with their pre-conceived ideas and knowledge. The students were able to see and experience a range of cultural aspects in the host country:

“America is such a advanced country um with all the technologies involved, okay um it’s a positive thing not culture shock in a negative way but um I think I always feel so pleasantly
um pleasantly surprised when visitors come from abroad come to us and they realize that we are not backward...

“...[the students] can see the cultural aspect and even when we got to go to the townships and the homes it was a nice combination cos you could see the patient at [hospital] but you could see where they came from and then with the hospice you also sort of saw the whole cycle of life.”

The South African coordinator indicated that they tried to balance the programme to enable a holistic learning experience: “...shall I say we tried to incorporate both social as well as academic activities so that it’s very balanced and we have allocated persons doing academic and um social activities with the students as well and really try and make them feel good and welcome...”The students did get opportunities to mingle with the other students, at the planned and unplanned events that took place:

“I think the stay at [accommodation] for them is a good place. What I liked about it...they also got to be with other foreign students...so they all learn from each other, students especially do well at that and not only nursing so they got a, they made some interesting connections and they did things, activities...social kind of things that increased their learning.”

“...you did is a combination of things I mean you were very welcoming to all of us and you had that braai, [coordinator] had a braai where the students...got together with us...The students also started to connect with your students when they saw them at the unit...”

This finding is similar to that of Maas (2011:296) in which the students learn from each other during their visit, but they were also surprized at what they knew and could teach others.

**Theme Nine**

**Faculty members identified constraints that impacted negatively on the study abroad programme**

Theme Nine was derived from the question posed to the faculty members regarding the constraints they experience during the study abroad programmes.

A constraint is a limiting factor that is restrictive to a course of action or keeps something within bounds and pertains to a particular topic, person, or situation (Brown, 1993a:489). In
this study, a constraint was deemed to be a negative aspect thought to be limiting or restrictive toward the study abroad programme by the faculty members.

In any study abroad programme where so many role players and organizations are involved, it is inevitable that constraints will be found.

There were a number of constraints that HEIs or coordinators could do little or nothing about, such as the language in the host country. It could be safely stated that when English is not the lingua franca in a given situation, any person that does not speak or understand the local language will experience constraints. The international nursing students are exposed to translators in their home countries’ health care system. It is standard practice for them to have translators present where non-English speaking patients are seen. The organizational culture of “tea time” at the clinics was another example that can be deemed as a consistent constraint, especially for the visitors or the staff of the HEIs as they are both visitors to the organizations and the behaviour has become the norm or the accepted behaviour within those organizations. The “tea time” culture was deemed to be a constraint because staff left their posts for an hour whilst the students just had to wait for them to return thus wasting a lot of time/learning opportunities for the students. Most constraints can however be prevented or rectified to a degree and will be discussed in Theme Ten in which the students and faculty make suggestions regarding the optimization of the study abroad programme. The discussion of the constraints experienced by the faculty members will now follow.

Theme Nine: Subtheme 9.1
Faculty members identified aspects of planning and organization of the study abroad experience that need improvement

Planning is the management task concerned with defining goals for future performances and deciding on the tasks and resources needed to attain them (Daft, et al., 2008:845). Organization is the act of assigning tasks, making arrangements for, grouping tasks, allocating resources, and delegating responsibility to people and work units to achieve a goal (Daft, et al., 2008:845; Brown 1993b:2020; Huber, 2010:408).

A member from a visiting HEI indicated that they would like to bring more students but that there were constraints placed on them by coordinators and the Office for International Education. The reason for the constraints was that larger groups were too difficult to place in
clinical areas, and that it would necessitate more resources for instance drivers and mentors and investing more time in coordinating such programmes. The participants voiced the following:

“Well one was we couldn’t take everybody that wanted to go I mean because of some of the constraints mostly I think having to do with [HEI] finding clinical sites for students um you know um transportation things like that...I almost feel obligated to try to get them the opportunity, rather than be turned down by you know some decision tree”

Another faculty member remarked that:

*I find that the objectives are not really formalized because when I ask these students to indicate what was the objective of their visit on their evaluation forms you will find that it’s always going to be different from one...but it will be nothing what the lecturers told you...”*

Koskinen and Tossavainen (2003a:283) point out that mentors in their study had the same experience where there were no objectives for them to base the students learning outcomes on.

As seen in the comment above the facilitators at the HEIs do not all provide clear objectives for the students’ learning or study abroad programme. It was a great frustration for the coordinators and mentors as they did not know what they needed to provide for the students and the students changed their minds all too often during the programme. They also expected the coordinators to change the placement areas frequently, which is of course was just not possible given the circumstances in hospitals and clinics.

The students did not take their books with them, leaving them short on resources in the host country. It was also not possible for the coordinators to perfectly match the expectations with the available resources at the time. A measure of miscommunication between the facilitator and the coordinator sometimes occurred as the faculty member indicated that “*we e-mailed through these are the expectations*” to the HEI for placement in relevant classes: “*they’re supposed and place them in those areas*” but weren’t so the learning of the students “*wasn’t relative at that particular time to what learning needs they needed.*" The students were also bored in the academic environment because of the relevance and also because the classes “*...were below their level.*"
The status of students in clinical settings was another problem. Once the students were in the clinical placement areas many of them were bored, because they only had observer status (the South African students in America), because the level of the students were not matched with the programme content in the host country or they were not allowed to participate due to the restraints put on the students by the staff in the clinical placement areas. It was also the case when they had to shadow a student in the clinical placement area:

“I can speak because from experience the constraints are that our students felt um very bored at times because they had observer status...they were not allowed to do and whatever they were allowed to do um it was on a first year level...the students were thinking about something a bit more advanced as they were going abroad...you know it’s really not on their level.”

The South African faculty members indicated that it was very difficult to recruit, appoint, and retain appropriate mentors to accompany students because most nurses work full time. Pensioners were often co-opted to mentor the students but the age gap between the mentor and students became an issue as did their knowledge and skill level and energy to perform their task. A number of the mentors also did not understand their roles and thought that they only had to take the students on rounds. In a number of instances mentors agreed to participate and then at the last minute withdrew. Transport was also found to be a major hindrance in providing mentors as many mentors did not have their own vehicles:

“...you might not find a suitable mentor, they’re not happy with the mentor and that’s a challenge because it’s very difficult to find a mentor...” “...if I just look at the last group I kind of, I didn’t know the mentors because it was appointed by a primary health care but when I met them I kind of felt this is kind of embarrassing because they are supposed to represent the department and be ambassadors and really go out there and this is the group that they will be in contact with most of the time, so they are supposed to be on par with these things I mean even if you talk down, these students are very geared up as I said with theoretical knowledge etcetera and integration so if you talk about the latest evidence based guidelines these mentors are not even in the academia you know it’s kind of where are you coming from, what are you actually doing, why are you mentoring us...”

Even though in Theme Eight it was indicated that the facilitators felt that the programmes were just the right length, it was not the case for the mentors in South Africa. They felt that
the programmes were too short and that they could not always provide enough good quality opportunities for the students:

“...for some of the groups that are here for the shorter periods time is definitely um a constraint because um coming into our nursing or working environment is quite overwhelming at times especially within the public sector um they find it difficult to relate to you because it’s overwhelming, the poverty and the diseases that our public faces as opposed to what they are used to. So I think the time for them to actually deal with the initial shock and get orientated um by the time they get over that it’s virtually time for them to leave so time is definitely a constraint.”

The clinical mentors also thought that placing the students in a large variety of clinical placement areas was a constraint regarding the learning experience. Less is more in this case it seems:

“I would say that also placing them at too many hospitals and doing to many things definitely um they can’t really focus on their skills and focus on one thing, it’s too many things as opposed to just being placed at one hospital I think that’s also a factor that can hinder their experience.”

The above findings are congruent with the study by Koskinen and Tossavainen (2003a:281) in which mentors were concerned about the learning outcomes of the programmes because of the length of the programmes.

Faculty members indicated that the evaluation process at the end of the visit could become onerous for the visiting students, with the Office for International Education and the nursing department wanting to do the evaluation all at once, but the South African faculty members remarked that the process had to be formalized for the groups going overseas:

“I think maybe that’s a shortcoming that we have to work on for our students going there and that’s for all the groups we don’t really have a standardised process in place.”

Faculty members indicated that a balance between curricular and extra-curricular experiences was necessary for the holistic development of the student. The general feeling was that:
“...what is really lacking at the moment is that the, international students do not really get an opportunity to really socialize and work with our students...”

Faculty members indicated that students in a number of the study abroad programmes worked too many hours hence not giving them an opportunity to experience other or extra (outside) curricular (formal programme). They also found it difficult to make the arrangements for the students to meet each other because of the difference in levels and the full programmes that the South African students had to adhere to. Faculty members did, however, feel that there needed to be more interaction between the students and that there should be a balance between the work and social life in the study abroad programmes. Their following opinions were voiced:

“I think which is also very important is to find out exactly how many hours do they expect their students to be in the clinical field because when they come here we tend to work them out a full programme, they have no free time you know and I think we must be sensitive to that issue, they are also here to see a little bit of the country and not just to work...”

“...feature more on the social needs because we cater so much for the academic and practical needs and I think the social aspect is also very important to come in, like the South African braais.”

“Unfortunately um for the first two weeks our students you know were very bored because they were they really didn’t know where to go to, what to do and the University what social activities to engage in...”

The safety of students remained a concern for faculty members, but they indicated that the fact that the students “...don’t ever go out at night so that’s a reasonable constraint...” in the study abroad experience.

Theme Nine: Sub-theme 9.2
Faculty members reflected on the preparation of the students, facilitators, coordinators, and clinical mentors

Faculty members pointed out that the students were not adequately or appropriately prepared for the study abroad experience. It was indicated that a number of the students had never been in a hospital before they came to South Africa and this caused misgivings in
the clinical setting as the student became another burden to the already overburdened nurses:

“...there was a lot of misunderstanding because of the fact it was their first time being in a hospital environment so it was basically very difficult to get them along and for them to cope with the situation...”

“...was very difficult especially because you go to a ward and if you bring staff in they expect the staff to be hands on and to assist in overall even though they are learning but to assist, so then um it made it very difficult...to explain to the staff and for the staff to be um, to be um what is the word now to receive them because they felt like they are just now here to increase the number of the workload.”

Faculty members indicated that the students had been given inappropriate information about South Africa and the health care setting. It created anxiety for the students and impaired their learning. It was also felt that the students had not been prepared adequately for the cultural experience. The following opinions were voiced:

“Students are misinformed when they arrive. They make comments like...the majority of people is HIV positive[or] most of the people are having TB so they need to be very, very careful...and you know initially you find that they are very like tense you know because they’ve been told all this...like when they come here it’s just totally different and it’s only after some time like maybe two days that you spend with them...now they realize that it’s not like that and then they start relaxing...” “...they were told that they are to be very very careful there is a possibility of being shot or being you know people are always fighting and initially, to tell you the truth they were scared...they were saying but we’ve got this kind of cases um they are also faced with things like rape um perhaps the numbers in South Africa are more but they are faced with all those kind of things um unfortunately it’s been exaggerated as if like every second person who is a lady who comes in trauma is raped...”

“...I don’t know what most of them are told or um our people here yes are illiterate but they can identify you know because I remember quite a few patients said no, no, no they are not touching me you know because they are taught like that also to explain to the patient who they are and explain the procedure but patients not everybody is comfortable to be done procedure by a student you know and some of them shame you can see in their eyes that they are scared you know they are doing it but they are scared so ja, it will be great maybe if they increase their time also here and also to do more practicals back home before they come...”
The faculty members also felt that the students were not adequately prepared or orientated toward the illness profile or the constraints that the South African nurses had to deal with:

“and often I don’t know if their students are also prepared enough for what they can expect here in terms of our health care settings and our health care population."

“I think the expectation is sometimes that they are coming to something similar than their own um...so they create or they have high expectations in terms of health care, in terms of resources, human resources, financial resources um so when they come here they kind of have those expectations and when they get to the settings they actually realise that this is not what they’re used to in terms of human resources, staff shortages they are shocked by what they see because they are one on one and two on two ratio is what they expect us to have that’s the norm in their country.”

Faculty members indicated that they did not always have enough international experience or information about the HEI or even the city to which the international nursing students were sent. They could therefore not be proactive enough about the content of the programme as they were unsure about the resources available to them:

“...of not knowing it’s unfamiliar ground for us...we probably are not so pro-active in saying this is what we want for instances I would say this is the clinical areas ..or let’s look at different clinical areas or different clinical hours...”

The findings also indicate that the coordinator and mentors were not always certain about issues such as indemnity, the clinical hours that the students needed, or the skill level of the visiting students, indicating that there might be a lacuna in the preparation of the above mentioned faculty members:

“You know what I have no idea regarding that [indemnity], it would be the Office for International Education, that would be really interesting cos I’ve thought about what if, what happens if something happens? I’m sure from the International Office side regarding transport and that type of thing there must be something but I don’t know.”

This finding is consistent with Koskinen and Tossavainen’s study (2003a:281) in which clinical mentors expect more information from the nursing schools regarding the students’ background, learning requirements, rules, and intercultural education:
“I’m not one hundred percent sure of how many hours but I know they have to and I wonder if they achieve these hours every time that they are here and how strict they actually are. If they are as strict as we are or not, I don’t know.”

“No um again there...we do not know what skills these students are able to do...”

Theme Nine: Sub-theme 9.3
Faculty members identified constraints regarding the clinical nursing experience of the students.

A number of problems were experienced with regard to clinical placements. Faculty members confirmed that the students did not get information timeously and that the information was not sufficient. The students did not know where to go for placements. Many of the clinical placement areas (clinics or institutions) allegedly did not know that the students were coming even though the researcher was aware that arrangements were made well in advance; this was the case in South Africa and America. Faculty members in South Africa felt embarrassed by the disorganization in the clinical placement areas, and it also lead to wastage of valuable time that could have been used for learning. Faculty members indicated that they could not let the placement areas too long before the visit because the information was lost and it appeared as if the appropriate people did not get the information.

A variety of challenges were experienced by the coordinators such as the conditions in the hospitals, difficulty in placing students in home based care, safety in the placement areas, negative attitudes of the staff, the staff that do not want to teach students, but also staff that felt overwhelmed and have no zest for the study abroad programmes. The remarks made by the participants will illustrate the above:

“...when they’d say well we weren’t expecting you which probably happened about seventy five percent of the time that almost like we weren’t welcome initially...”

“...didn’t even know the students are coming...that was disorganized and that was disappointing and quite embarrassing...because this is planned months before the time that students are coming here and this is their needs and they are coming to this unit and to get students coming with it was difficult...”
A general constraint was definitely that not enough opportunities were awarded to the students to do “hands on” nursing. All the groups - locals and visitors commented that it was a constraint of the study abroad programmes:

“little frustrated in the ability to um to actually get hands on...Um they want to, and individuals working with individual providers has some really neat experiences but because of the language because of um maybe the reticence of part of the providers to cos they don’t know our students, they don’t know what their educational preparation we say what it is but you know so that’s what’s not great it’s no good.”

A number of the South African faculty members felt that the international nursing students should not practice outside their own scope of practice because the students had not been prepared properly for the procedures, and that it caused a moral or legal-ethical dilemma:

“the constraints of students being placed, not being placed but going to units and being allowed to engage in activities were they were not really, not in their scope of practice...”

“I don’t want it to be considered that you know we are sort of a third world country and anybody can just come here and do whatever...”

Poor nursing practice was also deemed by the faculty members to be a constraint for the study abroad programme. It was seen as an embarrassment and a disappointment. The international visitors told the following story in which they were actually scared of their safety – but who would not have been, this being Africa. The experience also highlights another issue and that is that the international visitors did not know how to react in/to these difficult situations which again could be due to a lack of cultural or professional preparation for the visit. Abarbanel (2009:S136) writes about international students being “unprepared for things that aren’t comfortable” and students feeling “intimidated by new experiences”:

“You feel that, you absolutely feel that...like you are judging um and you shouldn’t you know be judging and yet your like, they’re so under resourced and you know that they should be washing their hands in between patients and you know that they have a whole hospital full of TB patients and yet their putting you in there and there and putting a mask on you and your saying this mask is doing nothing for us and those sorts of uncomfortable times when you’re going, this is basic infection control and the students are saying they’re not...the nurse had five needles tucked in her fingers, like this...I kind of backed up...don’t poke me with the needles you know um so your just in a position, where you feel like you can’t really say anything...things that you see that you just don’t know, what to do with as an observer, and
as a stranger and as a outsider, and so you just want to be sensitive and open and, that you know that sort of have that approach.”

The students were sometimes left to their own devices or they were left alone to run nursing units which was seen as unacceptable. The students’ account of the experience in a premature baby nursing unit in a large hospital serves as another example:

“At certain times it has been very, very traumatizing for them um I really don’t know how to put this they’ve sort of been allowed to take care of the unit at certain times and um sort of man the unit and I don’t think from my point of view um that should have been the case necessarily cos these students needs are similar to our students needs they need to be accompanied at all times.”

**Theme Nine: Sub-theme 9.4**

*Faculty members indicated that students need emotional support and reflective sessions*

The faculty members indicated that the students found the clinical experience in South Africa taxing, shocking, and traumatizing at times. Previous comments also refer but the following successive comments will indicate why the faculty members had a concern:

“...look one must also be realistic and realize that our set up here in South Africa is completely different to the ones that these students are exposed to in their training in America um so when they come to South Africa it’s the big culture shock for them to be exposed to um so many patients, so many different types of disease profiles and um also because they have to, so many patients and the ratio of patient and nurse care is perhaps not optimal...”

“...so there is a big culture shock and it is traumatizing for the student...”

“...coming here sometimes it’s not really what they envisaged it to be and I think when they get here it’s a cultural shock and for some of them it’s a really, really they didn’t actually think that things could be in our health care setting as it is.”

“it is the experience that they want but at the same time it’s such a reality shock for them...”
Kotzé (1998:10) asserts that accompaniment in nursing is based on the relationship structure in which the student needs to experience a sense of security to enable them to learn and develop into professionals. The feeling of security and support given by the faculty members is deemed to be a pre-requisite for successful accompaniment and is therefore put forward as supporting the identified needs. The need for emotional support is also supported by the findings of Foster et al. (2008:347) who state that the students expressed a need for care and emotional support.

One of the faculty members told the researcher about a clinical incident: “...there was a blood splash [incident]...which was quite traumatic for them...” The students, not being used to the environment, totally over-reacted. The student got blood on her clothes but insisted that anti-retroviral drugs needed to be started.

The mentors also provided emotional support for the students as indicated in the remarks below:

“...when I saw that it was emotionally taxing on the student I would remove them from that situation and just give them a sort of time out period and an opportunity to speak about what actually was you know emotionally disturbing to them and how did they feel about it and sort of explain the context that why this actually happened and why in this country or the nurses deal with things differently to how they would I tried to put it in context and give them sort of a clearer understanding why the particular thing actually happened...”

“...we had to change her around into another area where she um could cope better...”

Hellstén and Prescott (2004:348) confirm the finding in stating that mentors should enhance reflective and inclusive teaching cultures in study abroad programmes at universities. The findings in a study done by Reid-Searl, et al. (2011:895) specifically noted the value placed on the accompaniment of staff members by the students on their journey. In that study the students indicated that the faculty members helped find learning opportunities for them and gave them individual and group support.
Theme Nine: Sub-theme 9.5
Faculty members identified financial constraints regarding the study abroad programme

Both the local and international nursing students experienced financial constraints according to the faculty members. The financial constraints were mentioned by the coordinators, facilitators, and mentors. As is seen in the quote below, financial constraints do exist, but the quote also indicates that the coordinator had pre-conceptions:

“We always think well initially I thought Americans are wow so rich they have a million bucks and it’s not really like that, these students are like ours just in their own country. Some of them are really poor they may have to make loans to study so yes they do have financial constraints...”

The findings are consistent with a study conducted by Goodman, Jones and Macias (2008:382) in which they found that over 70% of students had funding problems regarding study abroad programmes.

On the other hand, the facilitators may have preconceptions about the cost of living in a “third world country” bringing the financial concerns to the forefront. The foreign exchange rate could have contributed to the concern:

“and also the price kind of went up a little geometrically [with larger group of students] – from well part of it was I think the devaluation of the dollar in relation to the rand but I also can imagine you have to pick up additional mentors and all of that stuff.”

The financial constraints put pressure on the international partnerships. The facilitators felt that there should be a reciprocal approach regarding services rendered. The services that are rendered in the host country could however be overestimated by the facilitators, meaning that they programmes that are offered are deemed to be of a higher quality than the visiting countries. Directly after the interviews an informal discussion took place between the researcher and the facilitators. In the field notes it was taken up that there might be misinformation or misinterpretation regarding who pays for what and the allocation of the funds, as faculty members indicated that the Office for International Educations invoice the other International Offices, and the transportation is “free” for all students (not only
international students), but the facilitators think that the host university pays for the service for example accommodation and food:

“...I also think in terms of the international partnership with regard to finances it's always a struggle...”

“Cost is a significant issue for us. Our students pay for the experience out of their own pocket and it's not, they don't receive any government funding, the school does not provide any kind of support for them to do this...and I was quite shocked when the programme cost was finally calculated it came to about ninety seven thousand rand for us for three weeks and it's about fourteen thousand dollars um divided over sixteen students you know if was about a thousand dollars per student and that cost covered transportation to the clinical sites, the mentors, the nursing council clearance, [International Office, and coordinator] and those people that did the co-ordination and I understand that can be a costly experience um when you think about the human resource time that's put into it, but I almost fell over backwards and we got, I got pretty close to saying I wonder if we can even move forward with this because ninety seven thousand rand for three weeks is an exorbitant amount of money to spend for a clinical experience an observation experience really because the students did very little hands on they gave a few injections and that was pretty much it...Um that's the main constraint I can think of, we will always have high interest in the programme so I don’t think we will ever have a problem with recruiting students to come.”

The facilitator felt that more clarity was necessary:

“...um we hosted the students and granted there were only four and we had them just for one week but we set up similar experiences you know where sort of I mean not quite to that extent but the idea is that we would do that at no charge and we didn't in fact we paid for their lunches every day and we gave them gifts and you know all of that sort of thing um so that's sort of thing we need to talk about constraints.”

“...for our students I think definitely financial constraints um in terms of sponsorships, in terms of what is the international [office's] role what is a departmental contribution so I think financially most of all...”
Theme Nine: Sub-theme 9.6
Faculty members reflected on the constraints they experienced regarding the processes of the Office for International Education

As seen in the description of the roles and responsibilities in Theme Seven, the Office for International Education is responsible for sending information, making travel arrangements, arranging accommodation, and transport for the students to and from their accommodation as well as during the clinical programme. At the HEI where the study was done, there was a joint responsibility regarding the financial aspects of the study abroad programme. The faculty member voiced the constraints as such:

“I also think in terms of the international partnership with regard to finances it’s always a struggle in all the exchange programmes I’ve been involved with in getting the International Office to deliver their promises so in terms of that you know the logistics it’s such a stressor that two weeks before the time then the permits are not sorted out or the flights we are still struggling with those logistics, in terms of accommodation on the other side...and then at the end of the day is either departmental or the students that have to be informed to bring more money or you know so I think that was the biggest thing for me...”

The information that was sent from the Office for International Education to the Department of Nursing Science takes too long for timeous planning so faculty member contact the facilitator in the overseas country directly to expedite the process.

“...they book via the International Office and the International Office will inform me that these are the dates but sometimes, really to be honest, that comes a bit slow because I know this programme goes every year I liaise directly initially with them [overseas faculty member] so that I can start my programme so that I can get my dates on time...”

By far the most important aspect regarding the transport is the fact that there was an incident when one of the drivers strictly speaking “hijacked” the visitors because the visitors were taken to an unknown destination without their consent. The accountability of the drivers was therefore questioned by the visiting faculty members and they indicated that it wasted a lot of time that could have been spent in the clinical field:

“...we had one experience with our driver that...wanted to do another run for some other group...so our other driver left and we had one driver so six of our students...brought us to
some of the homes...about two houses our bus driver said he wanted to go to the airport too...ended up cutting about an hour and a half out of the clinical day...it was just a lot of driving and a lot of frustration and we felt pretty helpless and like we couldn't do what we needed to do that day and had wasted a lot of time waiting and driving around and stuff so that was kind of our bad day.”

The difficulties regarding the transport made the organization of the programme difficult and also placed extra stress on the clinical mentors and students:

“...someone didn't pick up the students once or twice I think and then we planned that day for them to have like introduction of the hospital and...so they missed those things so we had to rush those things it was like a struggle in the end cos you had to give all this information...so that was bad…”

4.4.4. Suggestions Regarding the Improvement of the Study Abroad Experience

Theme Ten was derived directly from the final question posed to the participants in all the sample groups in which they were asked to indicate how the study abroad experience and programmes could be improved.

**Theme Ten**

Students and faculty members suggested ways to optimize the experiences of international nursing students who participate in the study abroad programme

Theme Ten could be viewed as an outcome of the expectations and experiences of both the students and the faculty members. The researcher recognised that the students’ expectations when entering into the study abroad experience influenced their suggestions regarding the optimization of the processes as discussed in this theme. On the other hand, the experiences of the students and faculty members might have highlighted new areas that need to be dealt with in future study abroad programmes.

The subthemes will now be discussed in detail.


**Theme Ten: Sub-theme 10.1**

Faculty members and students made suggestions regarding the preparation and planning of the study abroad experience in both the host and visiting countries

In terms of the paradigmatic framework presented in this study, planning includes the determination and sequence in which needs have to be met and developing a plan based on the needs to meet the needs and on which the implementation can be built (Kotzé, 1998:9). There have been many references to planning and preparation throughout this chapter, but when participants were given the opportunity to voice possible improvements in the planning and preparation of the study abroad programmes, they stated that “they need to be given information...and all that but it should not be exaggerated...” Students indicated that detailed schedules and programmes should be given to them before their departure so that they could prepare themselves and know where to go once they arrive:

“I would of liked a better schedule a schedule with detail….it would of been nicer to get it [schedule] just before the time, before we leave.” “...tell us maybe what to do when we get there...”

Proper trip preparation with consideration of safety, legal liabilities, and educational goals is a necessity to ensure positive outcomes for patients, students, faculty, and the university or college (Whitman-Price, Anselmi & Espinal, 2010:89):

It was also recommended that the planning should be timeous. Again, the goals and objectives were prioritized as the planning, organization, and operationalization of the study abroad programme and experience all depend on them:

“...plan it well in advance and say to them um what can we do because we don’t want experience where they actually get to the units and they say but this is not on our level and it’s maybe in a lower level and really it’s not optimising our experiences and in terms of that planning, give me your curriculum what are your clinical [expectations], what are your core competencies what are you actually expect from us and just have that and really optimise it in that sense...”

A study by Pross (2003:398) indicates that preparation should start long before the student ever leaves home and, if done effectively, preparation has a positive effect. Kotzé (1998:9) adds that the decisions on which to act have to mirror the needs and the student.
The faculty members indicated that they should be proactive in their approach to planning the programme for the students going abroad. They pointed out that they need to be very explicit and “...to say what do you really want from this...looking at what are the objectives, what are the strategies we have to [put in] place...”

The timing of the programme was also identified as an area that needs re-evaluation. One of the faculty members pointed out: “...I think that we would have to have this prepared way before, because they were on their spring break and so it was done very quickly.” The students also suggested that the HEI “...send whatever students that are going from South Africa anywhere at the beginning of the year...” There were also suggestions made by students and clinical mentors to extend the programmes: “I think making it longer maybe...”

The mentors in particular stressed the fact that the international nursing students should receive clinical nursing experience before departing on a study abroad experience (and the students echoed the sentiment), and felt that the students should also ensure that their clinical skills were up to date. The mentors were concerned that the students practiced on patients when in fact they did not have the skill and that especially the illiterate patients should be protected against such practices.

“Anything we got is more…to the University back home…so that we can like…have our six week hospital practice before we go down here…”

“...get a little bit of practica at home before they come this side because the other thing that I find was it’s a little bit of a problem is that you know they come here for practicals um and yes you are South Africa is especially...you find that you've got illiterate patients but um you know it’s not ethical somehow for students to just practice on people...”

Finance is always an important factor in any study abroad experience and it can be a debilitating phenomenon when travelling. Many students had to bear the cost of the study abroad experience themselves, so they needed time to save and prepare themselves. These students therefore felt that accurate and relevant travel information should be given to future participants: “More money is always better if you are in another country, so...[allow] lots more time to plan and to save.”

The students also made the suggestion that they be involved in the planning and scheduling of the programme: “…maybe involving us in the formulation of the time table, what your schedule...in the decision making...”
Faculty members suggested that facilitators need to communicate their needs before coming to the host HEI, so that the coordinator could match the needs with what is available in the host country because it is important when it came to planning and coordinating the programmes for the visitors.

“...identifying their needs and really saying this is what we have to offer then trying to sort of marry the two so that it’s optimal for them...”

Furthermore, a number of remarks indicated that the planning of the content should in future be matched with the level of the students in the classroom and in the clinical setting, as it proved to be a stumbling block in the programmes in the study. As one faculty member commented: “the level issue...It really needs to be addressed to make it optimal for our students, clinically as well as academically.” The Norwegian and American students voiced that they thought it would be beneficial for future students to attend classes, even just a few, to compare the academic environment and meet other students. Faculty members also indicated that the planners should place the students in classes, as this would benefit the students due to the classes they missed in South Africa during the study abroad experience: “...identify which modules they are doing...what the um lectures they will be missing...and place them there.”

The fact that the study abroad experience was not part of the curriculum could probably be deemed the root cause of the academic distress the students experienced. The students therefore recommended that future students have access to books, be given appropriate academic information timeously (what was expected of them during and after the study abroad programme), academic assistance on return, to attend appropriate classes and even write tests with the other students, and to receive credits for both the academic and experiential learning experience:

“I kind of thought about it...cos talking to the other students from the other side um they told us that [University name] and other universities that side what usually happens for them is...that credited for attending classes and all that and we didn’t get credited for anything...if maybe things were planned properly by attending the medical surgical class we could have attended the class wrote the test there and then came back and maybe things would of worked out better...”
The findings are supported by Goodman, et al. (2008:382) who state that the lack of flexibility in the curriculum placed a constraint on the students in study abroad programmes. In the discussion above, there was no flexibility in the curriculum, thus necessitating the study abroad experience to be additional to the academic programme.

There were a number of suggestions regarding the content for instance that all programmes should have a walkthrough of the department, that a campus tour be included, that a traditional healer be included but to “...optimize their experience one really has to expose them to what is meant by the Eastern Cape culture.” Faculty members made suggestions and students had their preferences. Many of them indicated that they thought the home based care component should be enlarged and the exposure to the specialized units should be lengthened. The mentors suggested that “...send out a choice to them let them choose which wards or which [clinical] settings they would like to go before they actually arrive here instead of us allocating where they need to go” A theme that repeatedly transpired and is linked to the planning of the programme, was that the both the American and Norwegian students felt that they should be placed in a clinical placement setting longer so that they could get to know the staff, environment and the patients. The following statements were made in this regard:

“...where we could get to be at one or two clinics then you would have been able to develop a relationship with the sisters then they would you know, know you and know what you can do and trust you and so then they would give you more you know opportunities to do things, so I think like that could improve...”

A strong argument was made by all participants that students should be heavily involved with each other in the academic field. There were proponents of “you could connect some students earlier by internet...” using the students in preparation of others or to guide the students on entry and in the clinical field: “Students listen to students...especially students who’ve gotten first-hand experience.” Faculty members indicated that the students in the host country should also benefit from the visit of the students in that: “...suggestion would be more direct involvement um and from the visiting students in our department as well...”

As indicated in theme 8 the holistic learning experience was deemed to be beneficial to the study abroad experience. Faculty members further indicated “...I’d suggest that um it would be a good idea if they have a social committee to welcome the students you know when they arrive there and um you know advise them these are social activities...” There were a number of suggestions about the working hours: “...maybe they should have like a four day
week or a three and a half day week so we must get something that the lecturer is comfortable with...because they wanted to go away for a weekend and stuff.”

The faculty member pointed out that the programme could be structured or formalized in a way to: “...incorporate again some social activities for our student because that is very important this is a wonderful opportunity for our students to go abroad we do not just want them to experience that the academic side and the clinical side of it but we want them to really enjoy the experience and see what another country is all about.”

The students suggested that the next group of students get useful information “…a list of other places we can go or where they are more local people would go there...less touristy...I want to know what the locals do. If I lived here every day where would I be going kind of thing.” The also suggested information about transport for instance “…the bus I mean you can't take a bus if you don't know where you are going so it was like this bus goes there...” Sporting events and local tourist attractions were also mentioned as possible inclusions.

Again the aspect of student integration takes precedence “…it will be better maybe if there was a student who would go with us to those places so that we can feel more at ease.” “…just to show places that we could of gone to cos I'm sure we could have gone to a lot of places if we knew how to get there...” “…to be able to just talk to the people, everyday people.” On the other hand they also suggested that they have contact with international visitors to “…interact with people from different cultures, races, different countries...to seek out global opportunities.” The students suggested that the local students help them make arrangements for activities because they knew where to go and to counteract the isolation and loneliness they experienced, but also to get invited to the informal gatherings provided. They did mention that it should be a reciprocal process. The finding is similar to the suggestion made by Bamford (2008:4) that universities should provide social activities and student contact to encourage social adjustment and social networking opportunities. Ruddock & Turner (2007:365) found that student contact and integration helped with feelings of isolation, making sense of new experiences, adaptation to the different culture and be more flexible in their attitudes when dealing with ethical dilemmas.
Theme Ten: Sub-theme 10.2
Faculty members and students reflected on the possible improvements that could be made with regard to the organization and operationalization of the experiential learning of the international nursing students

A noteworthy finding of the research study was that all students wanted to participate in nursing care. The South African group, however, could not legally participate in nursing care in the USA because of the legal processes which differed to those in South Africa and America. Both the students and the faculty members commented: “We should really look at changing the status of our visit there that it is not just observer status cos our students really do become extremely bored for four weeks to be observers all the time…”

One of the aspects of organization that were pointed out by the faculty included informing the clinical placement areas of the international nursing students’ visit: “...I’ll have to look into that [informing the clinical placement area] to make it more, um official with them, the wards themselves.” The students suggested that the coordinator be more flexible and the mentor be given more flexibility to change the programmes as needed. They also thought it would be beneficial if the mentor introduced them in a more appropriate way so that they could participate in clinical care.

The faculty members also made suggestions regarding the mentors. They indicated that there was a need for more mentors especially in the large groups because individualized support was not possible. Another suggestion was that: “…what we can do is keep a database of people that can be recommended from the services…” The faculty members were, however, outspoken about the quality of the mentors that they thought should be appointed. They felt that they should “…get younger mentors and…get people who are on par with what is really happening…” Faculty members further recommended to: “…focus or appoint someone specifically as just clinical mentors…I mean they need to work permanently.” Adding to this, the faculty members commented:

“…I definitely think we need to maybe establish a group of mentors for acute and um primary health care and give them some in-service education, take them through the programme…a list of this is what we need to do and in terms of for instance we have clinical guidelines for our clinical mentors have something structured and in place and take them through one day or two day orientation programme and…make sure they exactly understand what is expected of them…”
This brings us to the need for preparation of faculty members and staff members for the experiential learning experience of the students as suggested. Robinson et al. (2006:26-7) also describe the need for the preparation of faculty members regarding the objectives of the programme, culture of the students, the health care system, legal requirements, the expectations, and the logistical arrangements that have to be made regarding the visiting students. The findings are also congruent with the paradigm put forward in which the actualization structures are built around the preparedness of the accompanist (Kotzé, 1998:8). The following quotation by a faculty member provides a summary of the suggestions made in this study:

“...liaison of all sitting together and saying this is what we’ve got to offer these are your needs what do you think about it. Have all structures in place specifically with regard to rules and regulations as well um what is our South African scope of practice say um internationally what is their scope of practice say are they allowed with the um foreign students nursing council...what are they allowed to do, what are they not allowed to do and have all that knowledge of all that and sit round [and talk] so that they are comfortable with the programme, they know about it and um they know what is expected of them, they know that it is in directly relation to what their learning needs are they know that there is legal that they are allowed to do it it’s not a you know learning experience where it’s because it’s Africa you can do whatever.”

The need for preparation of the students was highlighted by both the faculty members and the students:

...we could perhaps before we send them into the unit that it’s not sort of in your face culture shock prepare them, this is where you are going, this is what you are going to encounter give them the situational analysis of these specific unit that they are going into, this is what you might see be prepared for that...

Students also suggested that more information regarding the culture, such as cultural etiquette and socio-political aspects of their experiences, should be included into their preparation for the study abroad programme and clinical experience: “…can we get students to be part of the orientation programme...to tell them a little of their experience in nursing in South Africa, get a student to be part of the orientation programme...” The findings above are akin to the preparation of students utilized by Robinson et al. (2006:25) in which the students were prepared for the cultural differences in the host country to avoid or minimize cultural conflicts.
Regarding the experiential learning, the faculty members indicated: “Um a little more hands on that’s still appropriate um I really see that there were some things that could be done in terms of them contributing um a product that would help the functioning of the clinic...” It was also suggested that students be given more responsibilities during active nursing care. Again, the aspect of student integration came to the fore:

“You know I think which would really be beneficial if we can in some way get the students more involved with these students but in the practical field. They’re going to feel so much more comfortable working with them and they will ask questions and the students will show them immediately the right way, if you buddy them up they’re going to experience more...I think because in a group that I think could really work nicely.”

The findings are consistent with the study conducted by Hellstén and Prescott (2004:348) in which students facilitated other students’ learning, which also goes a long way toward decreasing the feeling of loneliness and isolation for the international student. Bamford (2008:4) also indicated that peer assisted learning was found to be useful for the international students at HEIs. Furthermore, Ruddock and Turner (2007:365) asserted that the students in their study pointed out that when local students supported them in the clinical setting, it helped them sense the differences in the health care system and it helped with the feelings of strangeness, especially in the cultural aspect of nursing care.

Translation/interpretation was also pointed out as a way to enrich future students’ experiences in the clinical field: “…number of the providers were very good about providers translating and involving the student at least enriching the observation experience...could of translated or maybe provided a running commentary...it might...more helpful.”

Even though the orientation programme in the Department of Nursing Science does prepare the students for their exposure to the terminally ill HIV/AIDS patients, the students none the less felt that they needed to be prepared for the emotional experience regarding what they might encounter:

*We have chosen to come here and work in the hospitals and we didn’t prepare ourselves too well so we can’t change any of the system, or anything of the system. Next time just maybe prepare the students a little bit more of what they are going to meet. It’s like the situation is they have to be tough to handle them...so may be prepare them. [Okay so we need to tell you that the sisters behave like this?]...Yeah. They [students] are must be tougher It’s like*
because of how the situation is and they have to be tough so maybe to prepare them…yes. We asked, I don’t remember we asked someone, like would we see dead bodies and first day every ward we had at least one dead body so explain it will be a derby, you will see dead people, that it will be tough so that they can prepare themselves.”

“Maybe give us more information…Maybe just a day at school so we can better learn about HIV and TB and Hepatitis and how do South Africa treat and how to protect yourself as a nurse. We were very we didn’t know anything about the diseases…Maybe the teaching can be a little bit after they go to the hospital, not before they go because then they will understand more why or maybe before they go to medical.”

The students also wanted to be prepared for the differences between the home country and what they might see in the host country:

“…compile a departmental DVD for instance and give them snippets of what’s happening in our health care situations and prepare them…”

“maybe just a brief educational piece on the basics or things we won’t do in the United States…we don’t have the things that you have for maternity…I mean I’d seen a ventilator, I never did anything with it you know, I never…we never touch it…so maybe the first day if we’d just practiced it a little bit and since you guys have one at your lab.”

The results are comparable to the preparation that was necessary when Indian nursing students were brought into America as described by Robinson et al. (2006:26), in which faculty members had to prepare the students for what they would find in clinical practice, to be more assertive, and to prepare them for the expected way of communication in clinical practice. Pross (2003:398) provides examples of the effects on students that were not well prepared for the study abroad experience, indicating that the students experienced shock, feelings of being overwhelmed or even feeling stupid and unprepared for the clinical experience.
Theme Ten: Sub-theme 10.3
Faculty members recommended that measures be put in place to provide emotional support to visiting nursing students

As indicated in Theme Nine, faculty members indicated that students needed emotional support in the form of structured, reflective and debriefing sessions: “...understanding the context of why things happen um helped them [the student] understand it more and deal with it.” Furthermore, one of the clinical mentors commented that: “I think um organized debriefing sessions need to be incorporated for example every Friday um not just ad lib I think actual organized debriefing sessions need to be done for them...”

In previous themes showcasing the experiences of the students, the need for support has been evidenced by the students’ traumatizing experiences and the various challenges and barriers they encountered. One of the faculty members then highlighted the need for further “emotional support”, affirming the need for structured, reflective debriefing sessions:

...we could have it once a week a specific time, a specific place um possibly using um a psychologist...anyone that’s actually mentoring them and then their faculty members as well and to actually sit and just have an hour or two hours to talk about it what they’ve experienced that week and then help them as they go back into the units for the following week...just to help them cope along the way otherwise what happens is they bottle it up and then only at the end of the programme when it gets too much they are quite emotionally drained.

Even though the students did not express the need for measures to be put in place, they did express their appreciation for the emotional support that was rendered to them:

“...just to have, to know that we’re supported and you guys are there for us, it’s huge, we really appreciate it.”

Robinson et al. (2006:28) agree with the above-mentioned findings and state that a close relationship needs to be fostered with the students’ professional role development. Robinson et al. (2006:28) further attest to the fact that faculty and clinical staff need to be approachable and willing to assist both academically and on the personal level. Koskinen and Tossavainen (2003b:507) concur with Robinson et al. (2006:28) regarding the need for student support, and suggest that tutor-student relationships are important in facilitating international students. According to the authors, the pastoral, clinical, and academic aspects
of facilitation are vital for learning and becoming inter-culturally sensitive (Koskinen & Toassavainen, 2003b:507). Furthermore, facilitators should adopt strategies to assist students to overcome their culture shock and encourage them to reflect on their personal, experiential, and scientific cultural knowledge during the study abroad experience. Kotzé (1998:9) supports this sentiment and asserts that accompaniment should take place in an environment where the accompanee is supported, nurtured, protected, 'stood up for', and cherished.

**Theme Ten: Sub-theme 10.4**

Faculty members and students made suggestions regarding the services of the Office for International Education rendered to them and to the Department of Nursing Science

As established in Theme Seven, the Department of Nursing Science and the Office for International Education have a reciprocal relationship regarding the study abroad processes. Faculty members in the study indicated that there has been a long-standing need for a formal agreement (service level agreement) with the Office for International Education. Indeed, the comment below offered by one of the participating faculty members indicates the need for a formal agreement regarding the roles and responsibilities, timelines, logistics, accommodation, travel arrangements, and financial arrangements:

"Um for our students I think definitely financial constraints um in terms of sponsorships, in terms of what is the international [office's] role what is a departmental contribution so I think financially most of all um I also think in terms of the international partnership with regard to finances it's always a struggle in all the exchange programmes I've been involved with in getting the International Office to deliver their promises, so in terms of that you know the logistics. It's such a stressor that two weeks before the time then the permits are not sorted out, or the flights we are still struggling with those logistics, in terms of accommodation on the other side so I think if there is a definite agreement also in place to say International Office you are responsible for this, this is the timelines, this is when you must be producing this then it will go definitely easier..."

The Office for International Education is responsible for the international agreements between HEIs, and for invoicing the international student groups for the services rendered. Regarding the cost of modules, the American group of students suggested that a reciprocal discount be awarded to them as they render services to the South African students too:
“I don’t know if there could be some um reciprocation discount...example like the nursing module...where could we get some discount because we host your students...and but we could give them a really good experience as well um I guess that’s just one idea, suggestion.”

The Norwegian group also found it difficult to pay for their study abroad programme in South Africa. These students, as reported, experienced a number of difficulties with the financial process, one of them being that they did not want to bring cash to South Africa, but wanted to pay for the programme prior to leaving their home country: “...maybe we could pay before we come here. It is easier if we can walk into our bank and pay.”

In addition, the Norwegian students did not receive information timeously regarding their accommodation: “but it would have been good to know these things [accommodation] a little earlier.” The South African students lived in the University residence in America. The male student was not housed in the same building or even near the females, and he wanted to be near his colleagues. He therefore recommended: “It would of appreciated being with these guys better closer cos I was put up in another building by myself because these three guys were by themselves in their girls dorm, there are mixed dorms...”

Linked to the issue of accommodation, was the suggestion concerning the internet and cell phones, which the students and faculty members thought would improve the study abroad experience. One faculty member remarked that they could not expect the students to do their projects because it “turned out not to be feasible.” The faculty member explained that the visiting students had to do assignments and that it was not feasible because the students did not have internet access and that the internet fees were not affordable for the students.

The students also suggested that cell phones would improve the contact between them and the local students: “Organize us a phone...so that we could get hold of people...mobile phones.” Bentley and Ellison (2007:209) also support the provision of telephones for study abroad students to stay in touch with their families at home.

The international nursing students felt that more students should be sent on the study abroad experience. They asserted that everyone who wanted to go, and had the financial means, should have the opportunity to be involve:
“so that some of the other university students can also come along it would be a good way of interacting with the other faculty students as well...so if we could like go all in a group from South Africa as...university it would just make a lot of difference...”

It was also suggested that nursing students could be part of a larger group of students from the HEI to visit an overseas institution, as it would give students an opportunity to mingle with the local students and experience something together. A faculty member also indicated that a mixed gender and professional disciplinary group (for example, nursing and pharmacy students) would work better than the homogenous groups (nursing students only) for a study abroad experience.

“Oh if you could send more people that would be good always send more people four people is not enough everybody was asking us...I know we have money issues all the time but send more people it’s a good experience for them.”

Bentley and Ellison (2007:210) state that study abroad experiences can be used to stimulate collaborative interdisciplinary experiences as students from multiple disciplines can interact and provide services.

**Theme Ten: Sub-theme 10.5**
**Suggestions towards improvement of the study abroad experience indicated that faculty members should also have formal objectives and/or outcomes for the study abroad experience**

The researcher set out to gain insight into the experiences of the students, but as seen in Theme Eight, the faculty members also indicated their own experiences regarding the study abroad programme. Faculty members also advocated for structure and formal objectives for the study abroad experience as this was also seen as a learning opportunity for them. Faculty members did not expect to have a vacation, but wanted to learn and have different experiences during their visit to the host country. As one of the participating faculty members remarked:

“I think there must be definite outcomes, there must be a definite agreement to say if you go these are the outcomes, this is what we expect from you on that side and this is what the department also expects from us...”
Ganske et al. (2007:298) describe the necessity for goals and objectives for faculty members, especially to promote the academic exchange in their respective disciplines or to do research. Ganske et al. (2007:298) did, however, indicate that there needed to be a degree of flexibility in the objectives to make discoveries and have experiences that would enhance the participants’ nursing practice and teaching.

The faculty members in this study felt that more staff should engage in and be prepared for the study abroad programmes, and suggested that they (faculty members) lead repeated study abroad visits because: “...if it was my turn to come again I could help them, it will be richer for me to help them because I would know more...” “…have the same lecturer coming over for a few years...until she’s comfortable...” One of the visiting faculty members also indicated that: “…you must have insight into what happened during the exchange programmes and that also kind of directs your questions as to um to elicit the correct response from your participant or your candidates...[during the selection of students]”.

The need to “know more”, as one of the faculty members stated, is supported by Ganske et al. (2007:296) who describe the necessity of the exploratory work that has to be done prior to a study abroad programme. Ganske et al. (2007:296) indicated the need to “observe how the other half work” before their study abroad programme could be introduced.

Often the study abroad experience is seen as an opportunity to absorb new experiences, but as indicated in the comment below, faculty members derived a great deal of satisfaction from the experience of sharing their knowledge and expertise; which should this be put forward as a recommendation towards the betterment of the study abroad programme:

“...the faculty also...speak to their faculty as well...where we learn from them and they learn from us and we should share...”

Ganske et al. (2007:299) confirm that their study abroad experience was an opportunity to accept new knowledge and share their own experiences as faculty members.

The need for collaboration was also expressed by the faculty members as this was seen as an opportunity to generate the required publications and to build new knowledge. One of the faculty members also indicated that there was a need to improve the body of knowledge in their existing disciplines:

“...looking at our focus areas then we have to be more structured we have to say research one of our core focus areas what are we going to do are we just going to go there and not
have anything done, what about collaborative research what about interactions, what about even getting a piece of research even...a one or two page article on what I experiences and putting that together...I think there is a lot of financial input and um you have to get or give something back somehow...”

This finding is similar to the study abroad experience described by Ganske et al. (2007:296) in which faculty members and students were encouraged to present their experiences and research findings in classrooms and conferences upon return from a study abroad programme.

Lastly, there were also suggestions made by the faculty members regarding the formalization of the evaluation process, and the mentors suggested that there be “...continuous feedback and not at the end of the whole programme...there is interaction between the staff members and it’s not only from your side the whole time, you’re giving from your side but to actually feel that there is a team behind you to assist you with the students.”

Kotzé (1998:9) states that continuous and retrospective assessment is necessary in a dynamic, systematic process where many parties and institutions are involved, to achieve one goal, thereby confirming the above finding.

4.5. Conclusion

In this chapter, it was concluded that the students’ expectations of the study abroad programme were mostly mirrored in the experiences that they had. Despite the difficulties experienced, the students valued the experience. The faculty members’ roles and responsibilities were compiled into a generic list using their own accounts of their posts. A description of the faculty members’ experiences was also provided, and it transpired that they had very similar experiences to the students; however, they explained them from their own frame of reference. Both groups voiced their opinions about how the study abroad programme and experience could be improved. Ultimately, however, the study abroad experience is about the opportunity of the HEI to export and showcase existing knowledge, and to import and integrate new skills and knowledge back into the home country, therefore realizing the internationalization of nursing at the HEI which will be discussed in the subsequent chapters.
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CHAPTER FIVE: DEVELOPMENT OF STANDARDS TO FACILITATE OPTIMAL EXPERIENCES OF SHORT-TERM STUDY ABROAD NURSING STUDENTS AT A HEI (PHASE THREE)

“It is about the perennial contestation between universality and particularity that as a species we are searching for globalisation and per definition, internationalization. This has brought us closer to understanding that we are driven by the same broad transcendental, if not trans-historical values of love and compassion, of wanting to care for our neighbours and our communities and for the wider world. That we are not only citizens in the city of Port Elizabeth, not only in South Africa and the continent of Africa, but we are also simultaneously and often in contradictory ways also citizens of the world”
(Nico Jooste, 2010:5).

5.1. Introduction

In Chapter Four, the results from the data collected from the participants were discussed. In Chapter Five, the researcher will discuss Phase Three of the study. The researcher will report on the inferential analytical themes that were developed from the descriptive themes (derived out of the context (situational) investigation) and results from the participant interviews. Under each of these analytic themes, standards were developed and the researcher proposed strategies that could be operationalized to facilitate optimal experiences of short-term study abroad participants (nursing students) at a HEI.

Initially, the different aspects of the process of Phase Three will be clarified and thereafter the sequence of the discussion will follow the process as it unfolded.

5.2. Phase Three: Development of the Analytical Themes, Standards and Strategies

According to Thomas and Harden (2008):

“While the development of descriptive themes remains ‘close’ to the primary studies, the analytical themes represent a stage of interpretation whereby the reviewers ‘go beyond’ the primary studies and generate new interpretive constructs, explanations or hypotheses.”
Going 'beyond' the primary studies means that innovative process of synthesis takes place and the product is larger than the sum of its parts (Barnett-Page & Thomas, 2009) and interpretation means the action of explaining the meaning of something (Oxford Dictionary of English, 2005).

Thematic synthesis analysis is used in systematic reviews to infer themes from multiple sources of data (Thomas & Harden, 2008). Although this study was not a systematic review, the principles used by Thomas and Harden (2008) can be applied because of the different sources of data collected and analysed in this study. The method was also used because thematic synthesis analysis preserves the principles of qualitative research, in as much as it is grounded in the primary data that encapsulates the meaning of the whole and takes cognisance of the truth of the participant and the reality of the situation (Thomas & Harden, 2008).

According to Hardy, 1974 (in Walker & Avant, 2005:26), concepts are the basic building blocks of theory building (knowledge creation) and are mental images of phenomena, ideas, or constructs in the mind about things or actions. A construct is a type of concept that is complex and abstract (with no physical referent) and is conceptualized using language. Constructs are formed from multiple less abstract or more empiric concepts, whose reality base can only be inferred and constructed from multiple sources of direct and indirect evidence (Chinn & Kramer, 2011:161, 246). It could therefore be deduced that interpretive constructs are abstract explanations of complex phenomena that are based in reality.

When developing these interpretive constructs, various approaches to synthesis can be taken, which is dependent on the researcher's epistemological position. Spencer (cited in Barnett-Page and Thomas, 2009:5) outlines two main epistemological positions, idealism and realism, but states that there is in fact a range of positions that can be taken. Idealism is where all knowledge is constructed in the mind and realism is an accurate and objective representation of people or things as they actually are (Oxford Dictionary of English, 2005). According to Barnett-Page and Thomas (2009:5):

[In] “subjective idealism: there is no shared reality independent of multiple alternative human constructions; Objective idealism: there is a world of collectively shared understandings; Critical realism: knowledge of reality is mediated by our perceptions and beliefs; Scientific realism: it is possible for knowledge to approximate closely an external reality; Naïve realism: reality exists independently of human constructions and can be known directly.”
In this study, the researcher will therefore use scientific realism to synthesize the analytical themes, standards, and strategies. Please also see Chapter One, Section 1.9.1.2.

Mouton (2006:63) states that there is continuous interaction between the researcher and the social world. During the interaction, the researcher has to make a number of decisions (conceptualization and judgements) in pursuit of valid conclusions (knowledge). Knowledge therefore becomes an ideological construct that organizes beliefs, expectations, and actions (interventions). This knowledge changes as understanding of the world changes, not only individually, but also collectively (Tierney, 2001:360). The process of interpretation and inference is dependent on judgements, interpretations, and insights of the researchers and reviewers (Thomas & Harden, 2008). A transparent, logical process is therefore necessary to ensure the reader can assess the trustworthiness of the inferences.

5.2.1. The Process Used to Develop the Analytical Themes

The process of synthesis the researcher followed to develop the analytical themes was as follows:

The researcher read and re-read the descriptive themes grounded in the context investigation and the qualitative data analysis. She also returned to the primary data to clarify concepts and determine the context in which concepts were found. The researcher used the knowledge of the structure and processes of the organization (HEI) where she works, the knowledge regarding the context of the study, and the knowledge gained from the participants to make the inferences and develop new interpretive constructs. By using a cyclical process of discussion with the study promoters, and returning to the initial results, central concepts were identified. On reflection and discussion, new constructs then emerged and progressively crystalized. When sufficient abstraction (the quality of dealing with ideas, considering something independently, and contemplating its associations or attributes (Oxford Dictionary of English, 2005) had taken place, a synthesized product was proposed using inference - making conclusions on the basis of evidence and reasoning (Oxford Dictionary of English, 2005). Like Thomas and Harden (2008a), a concept map was used to enhance the process. The inferential analytical themes that pushed beyond the original data to a fresh interpretation was then tabulated and described by the researcher (Barnett-Page & Thomas, 2009; Thomas & Harden, 2008a). Barnett-Page and Thomas (2009) suggest that the findings of the research should be operationalized. Using the knowledge gained from the context and the participants, standards were therefore developed for each theme to make them applicable/appropriate for governing bodies at HEIs, policy makers, and operational
managers. Thereafter, accompanying strategies were developed to ease the process for those involved with study abroad programmes in HEIs.

5.3. Concept Clarification

The reader is reminded that concept clarification took place in Chapter One, Section 1.8. The central concepts in the concept map will also be explained under the discussion of the constructs and analytical themes below. The following concepts, however, need to be clarified before further discussion can take place.

5.3.1. Standards

Please see Chapter One, Section 1.8.1.

Standards are norms, a set of rules, guidelines and principles regarded as acceptable professional behaviour or operations and are used consistently and repeatedly to ensure quality and order in a given context (International Organization for Standards (ISO), 1996:1). Standards can take the form of a document that provides requirements, specifications, guidelines, or characteristics that can be used consistently to ensure that materials, products, processes, and services are fit for their purpose (ISO, 2012:2). Standards are therefore statements against which institutions and managers can measure behaviour or practices. Standards are a function of the goals of organizations and are normally set in the planning phases to ensure that managers on corporate, middle, and operation levels can monitor the attainment of the goals (Muller, Bezuidenhout & Jooste, 2011:40). The standards also provide a basis for comparison to measure structure (the resources required to facilitate service delivery), process (how to act or the interventions needed), and outcomes (end results) (Muller, Bezuidenhout & Jooste, 2011:515, 532).

The benefit of using standards is that they are cost saving because they optimize operations by improving the service interface, and they enhance customer satisfaction by improving quality, thereby improving income revenue and reducing negative impacts on the environment, for example, reputations of organizations. Standards can also help open markets by breaking down barriers, for example, in contracts and international agreements, standards can create pathways for student mobility because organizations measure performance of other organizations using standards (ISO, 2012). Standards also provide a means of proactive, continuous, and reactive control in organizations in terms of measuring
actual performance, and deviations (performance gaps), thereby creating opportunities to rectify deviations (Muller, Bezuidenhout & Jooste, 2011:554).

5.3.2. Strategies:

If one considers that strategy is described in many dictionaries as the “art of warfare” or art of manoeuvring an army (Macdonald 1972:1335; Meine, 1949:715; Brown, 1993b:3085; Sykes, 1978:901), the following analogy could be used to clarify the concept. One could say that strategy is the idea that the leader or commander develops in his/her mind (unwritten) to outwit the rival or to win the battle. It is not the battle itself. The ideas come together creating a plan, when the ideas are organized and patterned. It happens when consideration is given to the goal, the circumstances, and the activities that need to take place. The strategy (plan) might not necessarily be to confront the ‘enemy’ head on, but it could be to minimize the confrontation or to render no competition or conflict at all, but rather to cooperate and compromise to achieve the goal. In reality, therefore, the whole situation (winning the war) has to be taken into account, not only the micro situation (the battle). In most cases the plan is committed to paper to make it tangible and the thought patterns are organized to present it to others so that a more elaborate and comprehensive plan can be developed with proposed actions. Developing a strategy takes skill and knowledge (empirical and personal knowingness), but also intuition (aesthetic knowing) and a sense of ‘what is right’ (ethical knowing) in a given situation to create and implement strategy successfully (Carper, 1978:18-20). There is therefore no universal approach or “one size fits all” to strategy development and strategic planning (van Rensburg, 2008:4; de Wit & Meyer, 2010:7; Mintzberg, 2007:375). In essence, “Strategy is what is right for you” taking the whole context into consideration (Mintzberg, Ahlstrand & Lampel, 2005:25; Mintzberg, 2007:1-2, 385).

Standards vs Strategies

Taking Section 5.3.1 and 5.3.2 into account, a standard can therefore be regarded as the benchmark (that which should be in place) against which the HEI can measure their short-term study abroad programmes, and the strategies are those actions that can be taken to achieve the standards.

5.3.3. Optimization Criteria

Please see Chapter One, Section 1.8.3 for the definition of optimal.
Criteria refer to principles or indicators by which something may be judged or decided (Oxford Dictionary of English, 2005). Criteria are clear and transparent expressions of requirements (complexity and quality) against which successful (or unsuccessful) performance is assessed and may include such aspects as actions, roles, knowledge, understanding, skill, values, and attitudes. The criteria should also state the context of and conditions under which demonstrations should occur (SAQA, 2001:21). In the context of Table 5.1, optimization criteria refer to the indicators that can be used as a minimum performance level (goal) for the organization, and therefore against which it can be measured.

5.3.4. Stakeholder

Stakeholders are individuals or groups with interests, concerns and/or rights in, or ownership of, an organization and its activities (Kelly, 2008:65; Oxford Dictionary of English, 2005). Examples of stakeholders include customers, suppliers, employees, strategic partners, shareholders, regulatory agencies, and so forth. Each stakeholder has an interest in how the organization performs, and is influenced by or influences the organization. There is therefore a measure of interdependent upon each other as stakeholders (Hellriegel, Jackson, Slocum, Staude, Amos, Klopper, Louw & Oosthuizen, 2010:119; Carroll, 2006:97; Kelly, 2008:65). In this study, stakeholders are external (to the HEI) service providers such as hospitals and clinics, and internal stakeholders (to the HEI), for example, the Office for International Education that influences or is influenced by the study abroad programmes of the international nursing students.

5.3.5. Provider

A provider is a person or organization that delivers a service to an organization or a person (Oxford Dictionary of English, 2005). The service that is provided is normally for financial gain. Examples would include a person that transports students from their place of residence to the hospital for a fee, or a hospital that provides nursing care services to patients.

Providers and stakeholders are not necessarily exclusive categories. Stakeholders can be providers, and providers can be stakeholders at the same time because the decisions or behaviours of the one influence the other, and they can provide services to each other.
5.3.6. Customer

A customer is a person or a company which buys or uses the goods or services of a provider (Goetsch & Davis, 2010:135).

5.3.7. Environment

The environment is the surroundings or conditions in which a person, plant, animal lives or an organization operates. It is the setting in which a particular activity takes place or is carried out (Oxford Dictionary of English, 2005). For a business or educational institution there is an internal environment which consists of the organization itself and the processes (aimed at satisfying the needs of the society and the customer) within it (Marx, van Rooyen, Bosch & Reynders, 2009:43). The processes in the internal environment include, for instance, the input (natural or human resources, capital, and entrepreneurship), the management of the business (planning, organising, leading, control, and coordination of services), and the conversion of the inputs to outputs (goods or services that are rendered). The variables within the organizations directly influence the processes and include the organizational culture (vision, mission, and organizational goals, business ethics, the expectations of the stakeholders, how information is managed), the business functions (the way the institution is organized and managed (for instance, the policies, procedures, management styles of the operational managers), and the resources that the organization has to its disposal (financial, expertise, number, and quality of employees) (Marx, et al., 2009:43-44).

The external environment has two facets – the business environment and the macro-environment. The business environment refers to the interface between the internal business and the environment outside the organization where the organization serves the customer. The variables in this environment are the consumers themselves (the demographics, needs and what they are, for instance, prepared to pay for the services), consumerism (the organized rights and powers of buyers to eliminate malpractices), competitors in the market segment, and the intermediaries (in the case of a HEI it could be the Department of Nursing Science that mediates between the service providers and the students. Further variables include the suppliers themselves (for example, their characteristics, resources, and services that they can and are prepared to offer), as well as the opportunities and threats that exist in the marketplace (for example, unsatisfied needs of customers) (Marx, et al., 2009:48-56).
The other facet of the external environment is the macro-environment which includes the local, national, and international environments. Often organizations do not have much control over these environments, even though they might be able to influence them to some degree, for example, influence political leaders regarding health care practices. Variables include economics, demographics (society), legal/political, physical (including the natural environment) technological, and socio-cultural factors, which have a communal effect on each other, but also includes stakeholders and suppliers (Marx, et. al., 2009:57-78; Daft, Kendrick & Vershinina, 2010:84).

5.4. Concept map depicting the central concepts of the inferred analytic themes

According to Novak (2010:25; 63), a concept map is a graphical tool of illustration for organizing and representing knowledge. Words and linking lines (could also use phrases) are used to specify relationships between concepts and illustrate a perceived regularity or pattern in events or objects, or records of events or objects, designated by a label (Novak, 2010:36, 112). Novak (2010:36; 112) also suggests that a concept map is devoid of detail and only indicates central concepts (key ideas) of/and phenomena (complex ideas).

The following concept map was used in the process of synthesis of the analytic themes as discussed in Section 5.2. The discussion below the concept map should be read in conjunction with Table 5.1 for clarification.
Figure 5.1 The concept map depicting the central concepts of the inferred analytic themes
5.4.1. Discussion of the Concept Map

The four central shapes of the concept map represent the central concepts of the constructs and analytic themes that were synthesized using the collected qualitative data, and themes from the contextual investigation - expectations, governance and management, and experiences and differences. The shapes in which the words appear are outlined with dotted lines to indicate their ‘permeability’, meaning that they can be influenced by factors around them, for instance, the environment within the HEI or external to the HEI. Relationships mean the way two or more people or things are connected or how they are associated with each other (Oxford Dictionary of English, 2005). The direction of the relationships between the constructs and the environment are indicated by the bidirectional arrows. The green arrows represent the evaluation that should be done, for instance, in/by HEIs, and the results influence the expectations, management, and experiences. The results of the evaluation will affect the other constructs, for instance, if students indicate after the experience that their outcomes were not reached, it should alert the managers of the programmes to place students at other institutions and to provide them with different experiences. The evaluation should/will also modify the expectations, because the facilitator will become aware/know that something might not be possible to achieve as an outcome of the study abroad programme, therefore the facilitator can/has to change the information given to the students before visiting the HEI. The environment in which the study abroad programme takes place is represented by the large oval shapes. The central one is the HEI at which the study abroad programme takes place, the next oval is the local and national environment, and the outside circle represents the international and global environment. The small circles represent the providers and stakeholders, and can be local, national, but also global or international and something in between. The local providers represent the clinical placement areas or the transport agents, for instance. The small oval shapes that extend to all three large oval shapes are the stakeholders that work locally and globally such as the Offices for International Education of the HEIs. The stakeholders/providers work with institutions on all levels, but they can also influence the environments they are in, for instance, by having international colloquiums to discuss best practices regarding internationalization at HEIs, or they can influence the management of the HEI to include other offering types that could potentially increase the revenue and enlarge the access for international students. Again, all the stakeholders and providers are enclosed with dotted lines to signify the dynamic process that takes place between the stakeholders and providers and the environments or institutions. As Jooste (2010:5) points out:
“Realities and systems are never completely closed or hermetically sealed, they invariably internally contradict, and even if we reach some description of how it works it is a provisional explanation and it will be subverted eventually by new truth claims.”

5.5. Constructs and Inferred Analytical Themes

The reader is reminded that the descriptive themes in Chapter Three are summarized in Table 3.19, and the themes from the qualitative data analysis in Chapter Four, are represented in Table 4.3. The constructs described in the section below include the main concepts and themes, the standards attached to each theme, and the optimization statements and optimization criteria as reflected in Table 5.1. The constructs will be discussed in detail in Sections 5.6 – 5.9, below.
Table 5.1 Inferred analytic themes synthesized from the contextual investigation and qualitative data and the standards developed under each theme

<table>
<thead>
<tr>
<th>Description of the inferred analytic themes</th>
<th>Expectations</th>
<th>Governance and Management</th>
<th>Experiences and Differences</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td><strong>Theme One</strong></td>
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<tr>
<td>Expectations are the stimulus and objectives of international education (study abroad) programmes</td>
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<td><strong>Theme Two</strong></td>
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<td>Adherence to internationalization and management principles underpin effective and efficient study abroad programmes</td>
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<td><strong>Theme Three</strong></td>
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<td>Exposure to a variety of experiences, the differences between the sending and hosting countries, and reflection on these experiences leads to learning</td>
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<tr>
<td><strong>Theme Four</strong></td>
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<td>Evaluation of the programme at different levels and intervals is necessary to determine, maintain, and improve the quality of the study abroad programme</td>
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<th>Standards</th>
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<td><strong>1.</strong></td>
<td>HEIs should adhere to global expectations regarding internationalization and/or HEIs</td>
<td>HEIs should adhere to international legislation, trends and agreements, and governance principles</td>
<td>Visitors should be exposed to a variety of experiences</td>
<td>Evaluation should take place in a formalized and structured way, but should also be done informally</td>
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<td><strong>2.</strong></td>
<td>Global educational and ethical standards regarding study abroad programmes should be upheld</td>
<td>Internationalization should not only be integrated into the vision and mission statements and strategic plans of HEI and particular sub-structures, but they should also be operationalized</td>
<td>The students should be exposed to a variety of differences in the host countries</td>
<td>Evaluation should be done to assess adherence to international legislation and agreements</td>
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<td><strong>3.</strong></td>
<td>HEIs should generate revenue for the institution using study abroad programmes</td>
<td>Quality assurance and improvement mechanisms should be put in place regarding study abroad programmes</td>
<td>Students should be involved and actively participate in all settings (educational, clinical, and extra-curricular) rather than just observe</td>
<td>Evaluation should be done at different intervals – before, during, and after the programme</td>
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<td><strong>4.</strong></td>
<td>Study abroad programmes should build the reputation of the organization</td>
<td>Collaborative agreements should be signed with</td>
<td>Students and faculty members should be given an opportunity to make a civic contribution and be engaged in local community activities</td>
<td>International norms and standards should be used as a benchmark to assess study abroad</td>
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<td>5.</td>
<td>HEIs should retain their institutional uniqueness when delivering study abroad programmes</td>
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<td>6.</td>
<td>HEIs should use study abroad programmes to increase and diversify their talent pool</td>
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<td>7.</td>
<td>Aims, objectives, and outcomes for students and faculty members should be clearly stated before the visit</td>
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<td>8.</td>
<td>Students, faculty members, and stakeholders should be comprehensively prepared for study abroad programmes</td>
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<td>other institutions to enhance educational collaboration and research</td>
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<td>HEIs should have institutional policies that support internationalization in all sectors in/of the HEI</td>
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<td>6.</td>
<td>HEIs should ensure efficient and effective management processes to develop, implement, and maintain good quality study abroad programmes</td>
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<td>7.</td>
<td>Funding for internationalization activities in the HEI should be made available</td>
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<td>8.</td>
<td>Management should ensure that programme preparation, planning, organization, implementation, and evaluation is efficient and effective</td>
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<td>9.</td>
<td>The HEI should provide support services for study abroad students and faculty members</td>
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<td>5.</td>
<td>A reciprocal process should take place in which students and faculty members utilize and showcase their skills/attitudes/knowledge to ensure cross pollination and leave a footprint</td>
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<td>6.</td>
<td>Opportunities should be created to allow visitors to participate in interdisciplinary research and projects to strengthen research and knowledge production</td>
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<td>7.</td>
<td>Expose students to a variety of clinical settings/circumstances to allow them to gain clinical experience and experiences in organizational cultures, health practices, and to develop their professional roles and responsibilities</td>
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<td>8.</td>
<td>Allow sufficient time for exposure, rest periods and time for reflection</td>
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<td>5.</td>
<td>Assessment of targets, systems, process and progress of internationalization in the HEI should be done</td>
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<td>6.</td>
<td>Evaluation of the quality of the programme should take place on institutional, individual, agent, and stakeholder levels</td>
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<td>Optimization statement</td>
<td>10. Study abroad programmes should enhance community engagement and development</td>
<td>9. Balance the experiences of students in the study abroad programme</td>
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<td>The more comprehensive the objectives of the programme (number of levels addressed), the higher the quality of the programme can be</td>
<td>10. Expose students to unique professional learning opportunities that they would not normally be exposed to in their home country</td>
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<td>The higher the level of internationalization of the organization, the better the programme can be</td>
<td>11. Expose visitors to the unique characteristics of the host country</td>
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<td>The more aspects that are effectively and efficiently managed, the higher the quality of the programme will be</td>
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| Optimization criteria   | Do the study abroad programme objectives address the following:  
- Global expectations?  
- National expectations?  
- HEI and School expectations (curricular and extra-curricular)?  
- Is internationalization visible in the mission, strategic plans, policies, and procedures across the organization?  
- Is internationalization addressed in the job descriptions and in | The quality of the programme is higher when:  
- the students are given a variety of experiences  
- are exposed to the differences between the countries  
- are allowed to participate or be actively involved in activities such as experiential learning or inter-cultural activities  |
|                         |  |
|                         | • Has the particular study-abroad programme exposed students to the following differences between their own country and the hosting country in a planned manner:  
- Does a range of stakeholders take part in the evaluation of the programme?  
- Does the evaluation include input, process, and outcomes?  
- Are the feedback loops |  The more aspects and levels that are evaluated regarding internationalization of the HEI, and in particular the study abroad programmes, the better the opportunity for optimization of the study abroad programme and its outcomes |
### Chapter Five: Development of Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI

<table>
<thead>
<tr>
<th>Question</th>
<th>Performance Management Objectives across the Organization?</th>
<th>Appropriate to allow for timely improvement?</th>
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<tbody>
<tr>
<td>Expectations of the individual students?</td>
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<td>Expectations of the faculty members involved?</td>
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<td>Socio-economic standards and systems?</td>
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<td>Cultural character?</td>
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<td>Health system structure and functioning, including the role of the nurse?</td>
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<td>HEI programme equivalent to their own, including student life?</td>
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<td>Has the programme facilitated reflection on these experiences?</td>
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5.5.1.1. The Constructs and Inferred Analytical Themes within the Paradigmatic Framework

In the paradigmatic perspective noted in Chapter One, Kotzé (1998:3-5) indicates that her theory is built around axiological, anthropological, technologic, and agogic fundamentals. The axiological fundamental pertains to the meaning of value – what is regarded as valuable, sought after, desired, regarded as good, or right. In this context, the axiological fundamental could therefore mean that the philosophy of a person or an organization is central to the decisions that are made regarding goals and actions (Kotzé, 1998:3-5). The anthropological fundamental of this theory pertains to the human science and that man is a unique, multidimensional total being, indivisibly body-psyche-spirit, continuously becoming within an inseparable dynamic relationship with the world, time, fellow-beings, and God (Kotzé, 1998:3-5). The World refers to the objective and external world in which man exists and also the internal world, that is, the subjective or personal world in which co-existence or inter-relatedness exists and the dimensions of time exist. The expectations and experiences as discussed in the constructs therefore pertain to this fundamental (Kotzé, 1998:3-5).

The technological fundamental of Kotzé’s theory pertains to nursing as a science and is built around the nursing process of assessment, planning, implementation, and evaluation – which is directly related to the governance and management in the discussion. The agogic fundamental of this theory refers to supporting, protecting, and “going with” a client – in this case the student - in which the accompanee (student) transforms from a dependant to a self-reliant independent individual which is the actualization of the goal and in the context of this study, is the optimization of the experiences of the student in which the organization and the accompanist helps with the students professional development (Kotzé, 1998:3-5).

The constructs (which include the themes) will now be discussed individually.

5.6. Theme One: Expectations are the stimulus and objectives of international education (study abroad programmes)

5.6.1. Background Information and Rationale

The goal setting theory described by Edwil Locke and Gary Latham, proposes that managers can increase motivation by setting specific, challenging goals that are accepted by subordinates to help them track their progress (Daft, et al., 2010:618). (Daft, et al., 2010:618). The goal setting theory has four component, that is, the specified goals, the difficulty of the goal, the acceptance of the goal by the employees and the feedback the
employee receives (Daft, et al., 2010:619). The relationship theory pertains to the relationships between behaviour and its consequences (Daft, et al., 2010:619). It is based on the feedback about the behaviour of the employee which results either in rewards or punishment (Daft, et al., 2010:619). The above theories can be applied in an HEI (or any organization) which want to improve the quality of their service and retain their customers. Mason (1978:2) suggests that:

“The consumer of any service has certain expectations of that service. If the consumer’s expectations are met he gives the service a high quality rating; likewise, when the consumer’s expectations are not met, the service is rated as poor.”

Even customers without any prior experience or with only limited past experience form expectations (Polonsky, Higgs & Hollick, 2005:59). Many things create or influence expectations, for instance, marketing communications, word of mouth referrals, third party information, and prior experience with specific brands (Polonsky, Higgs & Hollick, 2005:57).

Smith (2012) suggests that there are seven types of expectations: implicit expectations (generalized established norms); explicit expectations (performance standards); static performance expectations (how quality is defined, for example, dependability); dynamic performance (services that are needed and evolve over time); technical expectations (value for money); interpersonal expectations; and situational expectations (process or systems).

The goal in the marketplace is to meet and exceed the customer’s needs and expectations and in so doing, help managers deal with global competition by improving the company’s income, reputation, and brand (Kelly, 2008:436; Daft, Kendrick & Vershinina, 2008:60).

5.6.2. Definition

Please see the definition of ‘expectation’ used in Chapter One, Section 1.8.9. Furthermore, to this discussion, the concept expectation could mean a strong belief that something will happen or be the case, or a belief that something will be achieved (Oxford Dictionary of English, 2005). According to the Oxford Dictionary of English (2005), the term is also associated with terms such as:

- **Anticipation**: to regard as probable
- **Hope**: a feeling of desire for a particular thing to happen
- **Assumption**: something that is accepted as true or certain without proof
Confidence: showing certainty about something
Prediction: to say or estimate that something will happen in future, or that there will be a consequence
Conjecture: an opinion that is formed on the basis of incomplete information

Henceforth, in the following discussions the term expectation will refer to a person, a group, or an organization/institution that make/s a prediction and is confident that something will occur before, during and after a study abroad experience - but it is not a certainty.

5.6.3. Optimization Statement and Criteria

To optimize the experiences of short-term study abroad students (and faculty) as well as the study abroad programmes, comprehensive objectives that address a number of levels should be stated, for instance:

Do the study abroad programme objectives address the following:

- Global expectations?
- National expectations?
- HEI and School expectations (curricular and extra-curricular)?
- Expectations of the individual students?
- Expectations of the faculty members involved?

5.6.4. Standards and Strategies

The following standards are proposed by the researcher for Nursing Schools and HEIs to use as a guide to implement strategies and also against which their performance can be measured. Strategies will be proposed under each standard, which can then be used as assessment criteria. However, it is suggested that further performance indicators be developed that are relevant to each HEI or School of Nursing (it is beyond the scope of this study). To avoid duplication, the standards will be presented in bold and the strategies will follow directly under each one. The standards are numbered from 1-8 in this section.

1. HEIs should adhere to global expectations regarding internationalization and/of HEIs
   1.1. Use global expectations (benchmark) as a foundation when planning for international education at all levels (schools, staff, and students) of/for the HEI.
Concepts such as global competence and global responsibility and global citizenship will enrich such planning.

2. **Global educational and ethical standards regarding study abroad programmes should be upheld**
   2.1. Comply with a transparent process in which best practices and global ethical codes of conduct are held as the benchmark (or goal) of the activity, for example, provide accurate, relevant, and comprehensive information on websites, to potential clients and stakeholders.
   2.2. Verbalize and supply formal documents of expectations, roles, and responsibilities to all role players before the planning of study abroad programmes begin.
   2.3. Ensure that the quality of study abroad programmes is equal to that of formal programmes offered by the HEI.

3. **HEIs should generate revenue for the institution using study abroad programmes**
   3.1. Develop ethical financial targets and practices for the HEI, schools, or departments regarding revenue generation with major stakeholders.

4. **Study abroad programmes should build the reputation of the organization**
   4.1. Provide normative targets and communicate the expected behaviour of faculty members regarding global engagement and cooperation on organizational and departmental level, beginning with study abroad at home and progressing to global activities.
   4.2. Implement quality monitoring and improvement programmes with regard to study abroad programmes.

5. **HEIs should retain their institutional uniqueness when delivering study abroad programmes**
   5.1. Reinforce the uniqueness and special character of the nation, the organization, and the discipline, for instance, the culture within a nursing school in a particular HEI in a particular country - South Africa.
   5.2. Communicate the expectation that the uniqueness be included in the study abroad programmes.

6. **HEIs should use study abroad programmes to increase and diversify their talent pool**
6.1. Plan to recruit international faculty on a short-term or longer term basis to address specific human resource needs, for example, dual appointments locally and internationally, short-term appointments during sabbaticals, and integrate the study abroad programmes into such a recruitment strategy.

6.2. Plan to recruit more international postgraduate students and post-doctoral fellows and use the study abroad programme to showcase such opportunities.

6.3. Provide study abroad programmes that meet the needs of the clients, but that also showcases the organizations’ facilities, activities, and strengths. For example, opportunities for participation in research and potential for collaboration (provide information about community needs and possible projects).

6.4. Create, facilitate, and provide opportunities for selected short-term and long-term exchange programmes for talented individuals.

7. Aims, objectives, and outcomes for students and faculty members should be clearly stated before the visit

7.1. Sending HEIs need to state the comprehensive aims, objectives, and outcomes for students and faculty members in terms of the study abroad programmes. It should include aspects such as the hours that need to be spent in clinical practice, outcomes for the theoretical (academic section of the programme), outcomes for the extra-curricular activities, and the activities that the students are expected to participate in during the visit (research activities).

7.2. Faculty members can include a wish-list regarding the other activities that they would like the students to participate in during the study abroad experience.

8. Students, faculty members, and stakeholders should be comprehensively prepared for study abroad programmes

8.1. Send organizers of study abroad programmes, especially facilitators and coordinators (but could include clinical mentors and even stakeholders), to visit the sending HEI for scout visits, before they begin the process of introduction or organization of the study abroad programme. This will ensure that realistic expectations are set, accurate information is provided, and organizational issues can be dealt with. Visiting faculty members could also prepare the following years’ students for their study abroad experience if there is a reciprocal arrangement.

8.2. Stipulate and communicate the requirements for participation (selection) in the study abroad programmes (and preferably include it into the service level agreements). For example, stipulate the selection process and the competencies
needed or knowledge, skills, and experience levels needed by students and/or, faculty members that will accompany students,

8.3. Provide accurate and comprehensive information regarding the objectives, the activities (content), the expectations for behaviours (activities, roles, and responsibilities), and the outcomes of the programmes to staff and students, and stakeholders and providers.

8.4. Provide additional information to participants to prepare them for study abroad programmes. For example, the level of the students to the stakeholders, organization and content of training programmes to coordinators, aspects of clinical practice to clinical mentor, and explain the following information to the students: the circumstances in the clinical areas; the possible challenges they may encounter (and how to deal with them); the differences they may experience (and how to deal with them); ambassadorship (how to behave when exposed to different cultures - taboos and protocol); information regarding the history and social systems of the country/discipline; shopping; taxis; travel arrangements; and security in the host country.

8.5. Facilitate linkages of students and faculty members before the study abroad programme to ensure that communication takes place and realistic expectations can be developed.

5.6.5. Timeframes and Responsible Persons

Governors/Managers of the HEI and Schools of Nursing are important role players as they are ambassadors for the organizations and make strategic decisions about information disclosure (continuous process). Directors and staff of Offices for International Education, lecturers/faculty members, service providers, stakeholders, and students are all ‘agents’ for the organization and therefore important role players.

5.7. Theme Two: Adherence to internationalization and management principles underpin effective and efficient study abroad programmes

5.7.1. Background Information and Rationale

Good governance and management is becoming more and more important in organizations as communities demand accountability, especially in public organizations. The three King Reports (1994, 2002 & 2009) describe the characteristics of good governance, which
include aspects of transparency, global and local social, civic, and environmental responsibility, fair and equitable labour, ethical conduct and inclusive decision making, effective and efficient management systems and processes, adherence to contracts and agreements, and sustainability of organizations and communities (Institute of Directors in Southern Africa).

In Chapter Three, Section 3.2.2, an extensive discussion was put forward regarding internationalization, specifically in higher education. However, if organizations already have internationalization strategies in place, it would be important that they review and refine these existing strategies. These organizations should enhance the visibility of institutional goals and commitment to internationalization and widen the strategic planning process to align it to the whole institution (Egron-Polak & Hudson, 2010:240). The organizations should also synergize disparate education and research internationalization strategies or support and encourage the creation of new strategies. Internal processes should be assessed for strengths and weaknesses of existing strategies, and organizational approaches, programmes, and activities that do not support the strategic plan should also be reassessed. The introduction and mobilization of more coherent institutional approaches (overarching activities) might be necessary (Egron-Polak & Hudson, 2010:240). The managers should also assess the overall importance (priority given) to the internationalization of the organization and investigate or develop new innovative and promising approaches if necessary (Egron-Polak & Hudson, 2010:240).

The International Organization for Standards (ISO) and in particular the ISO 9000 benchmark (2012:2), describes quality management principles as having a customer focus, leadership, involvement of people, a process approach, a systems approach to management, continual improvement of services and quality, a factual approach to decision making, and mutually beneficial supplier relationships.

5.7.2. Definitions

The term governance refers to the action or manner of ruling or controlling a state or an organization (Oxford Dictionary of English, 2005). The Oxford Dictionary of English (2005) also associates the word, governance, with the following terms:

- **Rule**: to set regulations or principles of conduct within an area of activity, to constitute law, to constitutionally regulate proceedings, conduct policy, be in command of, to make decisions about, being committed and financially liable.
• **Control**: power to influence people’s behaviour or course of action, to restrain or verify something. It also means determining behaviour and the supervision of someone.

• **Direct**: to control operations, to tell and to show someone, to address and give instruction, to guide or advise, to give an official order or authoritative instruction.

• **Authority**: is the power or right to give orders, to make decisions, and to enforce obedience. It is the right to behave in a certain way and to delegate tasks and sanction those that do not adhere, to have predominating influence.

• **Regulate**: to control or maintain something so that it operates properly, using rules and regulations.

In the following discussion, governance therefore refers to a person or group of people or an institution, that is/are in charge or in senior management positions of an intuition that offers a study abroad programme and makes strategic decisions with regard to internationalization activities of/in the organization.

**Management** refers to the process of dealing with or controlling things or people (Oxford Dictionary of English, 2005). It is associated with the terms:

• **Administration**: the process or activity of running a business or organization

• **Conduct**: a manner in which a person behaves especially in a particular place, the way in which an organization is managed or directed, action of leading or guiding, to carry out or organize, to direct the performance of people or orchestra

• **Control**: power to influence people’s behaviour or course of action, to restrain or verify something. It also means determining behaviour and supervision of someone

• **Executive**: a person with senior managerial responsibility in a business who has the power to put pans or actions into effect (Oxford Dictionary of English, 2005).

In further discussion below, management is therefore the active process of running an organization or a study abroad programme to keep the organization/programme moving in a particular direction or to implement strategic decisions. The manager is someone who has the authority to make operational decisions about such programmes and who gives authoritarian orders to control, maintain, and direct the operations in this regard.

Even though the terms governance and management are different, the term **management** will henceforth mean governance and management, because it is not always clear where the one begins and the other ends and depending on the size and structure of the
organization, one person (manager) or a group of people could be responsible for both functions.

5.7.3. Optimization Statement and Criteria

The study abroad programme will be optimal if the organization creates a culture of internationalization, and aspects of internationalization are integrated into all levels of the organization. The programme will also be optimum if programmes are managed effectively and evaluation of the systems and processes take place continually to monitor and improve their quality. The optimization criteria are therefore:

- Is internationalization visible in the mission, strategic plans, policies, and procedures across the organization?
- Is internationalization addressed in job descriptions and in performance management objectives across the organization?

5.7.4. Standards and Strategies

The standards are numbered from 1-10 in this section and are presented in bold to distinguish them from the strategies.

1. HEIs should adhere to international legislation, trends, and agreements and governance principles

1.1. Incorporate and adhere to international legislation, international agreements, and governance principles into policies, internationalization activities (procedures), and contracts.

1.2. Foster and develop a corporate culture of internationalization and ensure that the HEI and stakeholders adhere to internationally accepted ethical standards for study abroad programmes, for instance, ethical marketing practices (accurate information), service delivery, and recruitment of international experts for the talent pool.

2. Internationalization should not only be integrated into the vision and mission statements and strategic plans of HEIs and particular sub-structures, but they should also be operationalized

2.1. Incorporate internationalization into the vision and mission, strategic planning process, and performance requirements of the HEI and all the faculties and departments.
2.2. Develop, maintain, and/or improve institutional systems and processes to offer study abroad programmes.

2.3. Provide infrastructure and resources (financial, human resources, administrative, technological) to achieve the internationalization goals.

2.4. Internationalize all new curricula and incorporate internationalization into teaching and learning activities (ensure opportunities for students to participate in study abroad programmes), ensure credit bearing international experience (or contact sessions or participation in international activities, such as projects), include internationalization into modules in curricula, and include internationalization aspects/activities, such as study abroad at home experiences, into existing programmes.

2.5. Introduce action plans to widen internationalization activities in the HEI, for example, student positions to accompany international students (buddy international students, take them on excursions, give them lectures, communicate with students before the visits).

3. Quality assurance and improvement mechanisms should be put in place regarding study abroad programmes

3.1. Introduce or improve data gathering mechanisms (ensure data quality and consistency) for decision-making, analysis, and reporting. For example, data of students’ mobility and mobility patterns, international student demographics, student and faculty member participation of internationalization activities.

3.2. Introduce and/or implement quality assurance, monitoring, Maintenance, and improvement systems and processes into the HEI, schools, faculties, and departments - evaluation of contracts, internal and external audits, evaluation of service delivery, student/staff satisfaction surveys, and ensure that they align with the HEIs systems and processes.

3.3. Incorporate internationalization activities into the performance measurement and improvement mechanisms of the HEI, faculties or departments, and individuals. For example, evaluation of the HEIs internationalization performance mechanisms - registration targets for international students, measurement of the targets for international cooperation/research and engagement, new and renewal of international contracts or service level agreements between HEIs, and stakeholders, and evaluation of staff members’ performance (participation in exchange programmes.)
4. **Collaborative agreements should be signed with other institutions to enhance educational collaboration and research**

4.1. Ensure that collaborative agreements that align with strategic goals/plans and capabilities (build on strengths) of the organization, are signed.

4.2. Participate and promote programmes that signify global responsiveness and civic responsibility (global citizenship).

5. **HEIs should have institutional policies that support internationalization in all sectors in/of the HEI**

5.1. Develop, implement, evaluate, and change institutional policies to contain all aspects of internationalization, for example, agreements, collaboration, financial arrangements in all divisions of the HEI - human resource policies, financial policies, academic policies. Specific goals for internationalization (targets, capping, outcomes, study abroad at home, internationalization of the curriculum, expectations regarding staff opportunities - financial arrangements and participation in international exchanges) should be clear.

5.2. Appoint drivers of internationalization in the organization (could be heads, committees, or interested faculty members) that are part of the senior management team to integrate, implement, and evaluate strategic international priorities and targets, work, activities, and achievements and with the aim of improving them.

6. **HEIs should ensure efficient and effective management processes to develop, implement, and maintain good quality study abroad programmes**

6.1. Develop and provide institutional policies to ensure quality and ethical practice in the HEI, for example, financial management policy, admissions policy, or a study abroad management policy which could include matters such as “mark ups” (percentage marked up above market price for international students), accommodation, payment methods, and/or benefits students should receive.

6.2. Provide the necessary information, for instance, guidelines for study abroad programmes for departments, stakeholders, and providers.

6.3. Provide the necessary training for stakeholders and providers, for example, faculty members regarding selection of students (group size and constitution), ambassadorship, expectations (before, during, and after the programme), providing good service, support that needs to be provided, professional and academic requirements that need to be met, differences and circumstances in sending and hosting countries.
6.4. Sign service level agreements between all stakeholders, providers and agents to ensure expectations are met, roles and responsibilities are clear, and services are delivered at an appropriate level. For example, a service level agreement between Office for International Education and Departments of Nursing, stipulating the financial contribution that each department will make towards study abroad programmes, what percentage of the income of these programmes will be shared between them, roles and responsibilities of staff regarding planning, organising, directing, and controlling the programme, for instance, communication and control over stakeholders and providers.

7. **Funding for internationalization activities in the HEI should be made available**

7.1. Make provision for study abroad programmes in appropriate budgets, such as Departments, Faculties, or Offices for International Education budgets.

7.2. Introduce different offering types to broaden the revenue base, for example, joint appointments with international HEIs, e-learning, open access courses.

7.3. Ensure an equitable arrangement regarding funding (also generation of funding) between all stakeholders and providers, for example, have contracts and service level agreements that have reciprocal benefits.

7.4. Evaluate the cost/benefit of activities in the internationalization process and prioritize the distribution of funding according to the strategic priorities, and performance of substructures (Offices for International Education or Departments).

7.5. Apply financial control and align the process and system to the HEI policies, processes, and systems.

8. **Management should ensure that programme preparation, planning, organization, implementation, and evaluation is efficient and effective**

8.1. Put measures in place to ensure effective directing of the study abroad programme. This might mean appointing a coordinator and local facilitator for the programme (could be the clinical mentor that will go with the groups, or it could be someone that will be the for host the students, for example, student host) to direct operations and the programme, but the person must have the necessary knowledge, skill, and authority to make day-to-day operational decisions (micro level).

8.2. Provide funding for study abroad activities in the institution, for example, international student and local student contact, visiting faculty lectures, ‘cultural weeks in departments’.

8.3. Put measures in place to ensure effective planning of the programme by providing guidelines for facilitators, coordinators, other Offices for International Education
about pre-planning and the actual planning of the programmes, for example, visa requirements, professional requirements, provision of objectives/outcomes before planning can begin.

8.3.1. Include all stakeholders and providers in the process, for example, students that have been on study abroad programmes (ambassadors), staff - clinical mentors, stakeholders, providers.

8.3.2. Assess the possibility to match the expectations and the actual experiences that can be provided for the visitors.

8.3.3. Ensure the necessary permission from bodies and organizations.

8.3.4. Communicate the objectives, outcomes, and expectations effectively.

8.4. Put measures in place to ensure effective organization of the study abroad programme, for example, provide information to stakeholders and providers regarding the requirements of the programme.

8.4.1. Submit and communicate the plan in writing to receive the necessary permission and cooperation from stakeholders and providers.

8.4.2. Allow students to take responsibility for their own learning (be flexible with placements and adjust where necessary) if appropriate and possible.

8.4.3. Ensure flexibility in the programme – make daily adjustments after feedback has been received from the facilitator, students, and/or stakeholders and providers.

8.4.4. Continually assess the programme and activities (whilst the programme is running).

8.4.5. Prepare the students for their return home.

8.5. Put measures in place to ensure effective control of the study abroad programme.

8.5.1. Develop goals, targets, objective/outcomes, performance indicators, plans, and organizational documentation for study abroad programmes and evaluate the operations continuously for standard of service, cost effectiveness, and consequences, for example, effect on reputation of the organization or relationships with international HEIs.

8.5.2. Undertake consultation and information sharing activities (provide access to research) and provide training for all participants and stakeholders when needed - make the necessary adaptations when quality breaks down.

8.5.3. Liaise and build relationships between organizations, departments, stakeholders, and providers.
9. The HEI should provide support services for study abroad students and faculty members

9.1. Provide and deliver appropriate support and other services for the study abroad programmes, for example, translation services (interpreter services), clinical psychologists (counselling services), and health service providers or guides (to facilitate cultural experiences).

9.2. Appoint a member of staff to accompany students (even if it is for a short period) for support and debriefing in their own language (someone that understands their frame of reference and can “look out for them” if faculty members do not escort their students (but this is not optimal)).

10. Study abroad programmes should enhance community engagement and development

10.1. Assess the community needs and manage the system to create opportunities for international collaboration (student and faculty involvement).

5.7.5. Timeframes and responsible persons

Planning and organization of such programmes have to begin at least one year before the time in order for students to have time to make the necessary financial arrangements. The actual planning of the programme should begin at least six months before the time, and specific details at least three to six month before the time, to ensure that regulatory requirements can be met and arrangements with stakeholders and providers can be made. All governors, managers, and employees of/at HEIs and Schools of nursing, stakeholders, and providers are/should be involved with quality management (activities), therefore standards have to be implemented and upheld as an on-going process on all levels. Each group will have their own specific functions depending on how the School or HEI is organized and structured.

5.8. Theme Three: Exposure to a variety of experiences, the differences between the sending and hosting countries, and reflection on these experiences leads to learning

5.8.1. Background Information and Rationale

Please see Chapter One, Section 1.8.4. Chinn and Kramer (1995:2) explain that from the time a person is born, a lifelong process of learning, experiencing self, experiencing other
people, and the environment begins and what people know is the outcome of these everyday experiences. Hansen (2000:24) describes various experiences, that is, physical, mental (cognitive), emotional, spiritual, social, religious, and virtual experiences. First-hand experiences are deemed to be the best way to learn, but there is a potential for erroneous perceptions developing if the exposure is incomplete (only a section of the sector shown, for example, only public health sector), insufficient (not long enough), or selective (only certain sections or information is provided or only low income housing). Hansen (2000:24). Initially, students can be overwhelmed by the stimulus in the surrounds so they need to observe and screen out some features to adjust (Bastable, 2010: 61). Time for reflection is also needed to integrate the knowledge (interpret it) and make judgements about it. Time is also necessary to practice skills and procedures for them to become ‘habitual’ or automatic (Bastable, 2010: 61).

Pascarella and Terenzini (2005:608-9) suggest that students who are actively involved in both academic and out-of-class activities gain more psychosocial, knowledge, and general cognitive growth and skill from the college experience than those who are not actively involved. Attention to the students’ self-system and the dynamics of self-regulation may help the varying effects of the social learning experience; however, support from facilitators or mentors that students trust and have a relationship with is necessary, to assist the students to develop from dependant people to independent practitioners (Kotzé, et al., 2008:8).

5.8.2. Definitions

The concepts are clarified below.

**Experiences**

Please see Chapter One, Section 1.8.4.

**Experiences** refer to knowledge and skills acquired by means of practical contact with and observation of facts or events mostly in a particular profession (Oxford Dictionary of English, 2005).

The terms associated with experiences are:

- **Skill**: the ability to do something, expertise, trained to do a specific task
- **Practical**: concerned with the actual doing or use of something rather than the theory and ideas, effective in real circumstances, being sensible and realistic
• **Learning**: the acquisition of knowledge or skills through study, experience or being taught

• **Know**: be aware of information, have knowledge of something, be certain or sure about something, have a command of, be acquainted with, have personal experience of

• **Understanding**: to comprehend something, power of abstract thought or judgement in situations, awareness of

• **Maturity**: becoming professionally proficient or skilled

In further discussion and in the concept map, experience therefore means gaining knowledge, skill, and a particular attitude (point of view) by doing or participating in something or being exposed to an event over a period of time and then applying the gained knowledge and skill in a given context.

**Differences:**

According to the Oxford Dictionary of English (2005), **difference** refers to the way in which people or things are dissimilar and distinguishes members or items from one another.

Terms associated with differences are:

• **Contrast**: juxtaposition, the state of being strikingly different, having qualities that are not the same as something similar

• **Distinctive**: characteristic of a person or thing that serves to distinguish it from something or someone else

• **Differentiation**: recognize or ascertain what makes something or someone dissimilar to something or someone

• **Variation**: a change or slight difference in condition, amount, level, typically within certain limits, deviation from something, change in something,

In further discussion and in the concept map, differences refer to those characteristics of communities (political, economic, social, cultural, health systems, patterns - diseases or trends), technology, and disciplines that are dissimilar to others. The degree of distinction, the content, and the context could differ, making something unique (distinguishable from the rest).

Even though there is a difference in these two concepts discussed above, the term **experience** will henceforth be used to describe differences and experiences, because it is
implied that when people engage in an experience they are exposed to different things and they experience each difference differently.

5.8.3. Optimization Statement and Criteria

The quality of the programme and the outcomes of the programme will be higher/more acceptable if students and visiting faculty members are given a variety of experiences, are exposed to the differences between the countries, and are allowed to participate or be actively involved in activities such as experiential learning or inter-cultural activities. The following criteria therefore have bearing:

- Has the particular study abroad programme exposed students to the following differences between their own country and the hosting country in a planned manner:
  - Socio-economic standards and systems?
  - Cultural character?
  - Health system structure and functioning, including the role of the nurse?
  - Higher education programme equivalent to their own, including student life?
- Has the programme facilitated reflection on these experiences?

5.8.4. Standards and Strategies

The following strategies are proposed under each standard which is numbered 1-11 in this section.

1. Visitors should be exposed to a variety of experiences

1.1. Incorporate an extensive orientation programme for all participants to prepare them for the experience (some of the information has been provided above in the expectations). Such topics to include could be the location of the programmes, the facilities and circumstances, what the students should and should not do, or where they should or should not go, what they could encounter and how they should behave and deal with the situations (for example, who to contact if they encounter a problem, and provide the relevant phone numbers).

1.2. Ensure that programmes are designed to allow students and faculty members a variety of experiences. Expose students to curricular (in their disciplines) and extra-curricular activities (skill and experience based learning opportunities, for example, cultural visits, other disciplines, for instance, music or history or art of the particular country).
1.3. Assess the students’ level of training and learning needs and place them with the appropriate programme level (they must be challenged otherwise they get bored).

1.4. Expose visitors to and allow them to engage with:
   1.4.1. Local students before they come to visit via the internet (students that go on international visits could meet the students coming to the host country in the coming year and they can provide information to them).
   1.4.2. Students at the local HEI:
      1.4.2.1. Other international students.
      1.4.2.2. Students within the same department/discipline as them.
      1.4.2.3. Students from other disciplines at the HEI.
   1.4.3. Researchers and experts from the local HEI.
   1.4.4. Local community members:
      1.4.4.1. People from different cultures and ethnicities.
      1.4.4.2. People from different socio-economic groups.

2. The students should be exposed to a variety of differences in the host countries

2.1. Ensure that the content of the programme ensures that the visitors are exposed to the differences in the country:
   2.1.1. Provide opportunities for students to be exposed to differences in educational environments and practices (teaching and learning strategies, for instance, simulation laboratories and theoretical lectures/presentations, campus life - recreational facilities, housing facilities for students).
   2.1.2. Provide opportunities for students to be exposed to differences in their discipline and health systems (private and public health care providers, the differences in the burden of disease or midwifery nursing practices).
   2.1.3. Provide opportunities for students to be exposed to different extra-curricular, such as the differences in the economic positions, social practices, for example, provision of social development grants, lectures about other disciplines (outside their own).

3. Students should be involved and actively participate in all settings (educational, clinical, and extra-curricular) rather than just visit or observe

3.1. Provide opportunities and ensure that students can actively participate in all activities (get permission).
   3.1.1. Allow students to observe and shadow qualified nurses and students before they begin applying their skill.
3.1.2. Allow students to participate in clinical activities (get permission and orientate/train stakeholders and providers, but ensure support and control measures (for example, students should not work outside their scope of practice and should not attempt procedures that they are not trained to do).

3.2. Ensure that students attend and participate in a few classes with the students so they can see the difference in teaching/teaching strategies, approaches to andragogy, and use of technology.

4. Students and faculty members should be given an opportunity to make a civic contribution and be engaged in local community activities

4.1. Allow students to participate in projects to give them an opportunity to develop holistically and to make a contribution towards community development.

4.2. Create opportunities for visiting students to showcase their skill and develop independence.

5. A reciprocal process should take place in which students and faculty members utilize and showcase their skills/attitudes/knowledge to ensure cross pollination and leave a footprint

5.1. Assess the students’ learning needs and place them in lectures where they will be interested and learn something.

5.2. Allow and create opportunities for visiting students to “teach” local students and to engage with students in the same position as them.

5.3. Allow and create opportunities to “teach” international students about their discipline (allow the locals to “showcase their knowledge”).

5.4. Set up opportunities to allow local students to “buddy” the visiting students (cross pollination) or just accompany them to services (chaperone the international students if they are going into a community health care setting).

5.5. Allow students time to interact and to communicate informally (without supervision).

6. Opportunities should be created to allow visitors to participate in interdisciplinary research and projects to strengthen research and knowledge production

6.1. Provide appropriate opportunities for students and faculty members to participate in collaborative research, for instance the scholarship of international teaching and learning, and/or projects that will help them develop their global perspective/responsibility and sustain or develop communities, international or transnational research, or international projects (engagement).

6.2. Provide opportunities for internationalization activities for instance networking and building international relationships for students.
7. **Expose students to a variety of clinical settings/circumstances to allow them to gain clinical experience and experiences in organizational cultures, health practices, and to develop their professional roles and responsibilities**

7.1. Place students in a variety of clinical settings/circumstances (hospitals, community health care setting).

7.2. Place students in a number of disciplines (general nursing, psychiatric nursing, midwifery, and community health) if appropriate.

7.3. The clinical mentor must supply and support students with accompaniment during the clinical learning experience, which could include the assessment of their clinical skills, preparation for the clinical procedures, assessment of their competence, or being a liaison between the staff and the students or stakeholders/providers and HEI.

7.4. Allow the students time to practice independently once they are competent enough, but strict control measures should apply (there should be supervision and support available at all times).

7.5. Encourage and allow students and expect from them to participate actively in clinical nursing activities (all settings).

8. **Allow sufficient time for exposure, rest periods, and time for reflection**

8.1. Place students in one setting for a number of days so that they can get used to the environment, build relationships, get to know the routine, and gain confidence to participate or begin doing procedures, and allow time for them to practice the procedures (to achieve the programme outcomes).

8.2. Allow enough time for rest, reflection, and integration of the learning experience.

8.3. Allow time for students to caucus amongst themselves (to reflect and learn from each other).

8.4. Create opportunities in the programme for the coordinator and mentor (must be a local) to “put things into perspective” for the students, for example, if there is a large discrepancy between nursing practices within a country or they experience something negative.

8.5. Create reflection exercises in the programme, such as debriefing sessions, reflective diaries, and projects.
9. Balance the experiences of students in the study abroad programme

9.1. Balance the programme to include curricular, extra-curricular (political/cultural or other interests or disciplines), academic, clinical, social activities, and recreational activities.

10. Expose students to unique professional learning opportunities that they would not normally be exposed to in their home country

10.1. Plan and implement the programme to expose students to professional opportunities that they would not get in their own country, after assessment of the circumstances in the sending HEI and the profession. For example, some countries do not allow nursing students to participate in midwifery (have birthing exposure, or allow students to participate in autopsy), but strict control measures such as supervision should apply to ensure ethical practice, safety of the patient, and the student.

11. Expose visitors to the unique characteristics of the host country

11.1. Include planned and unplanned excursions into the study abroad experience because facilitators do not always know what is available (new development) and what students can/need to learn about another country (traditional healing rituals).

11.2. Include recreational activities as part of the programme, for example, having social evenings with students or faculty members in the host nation, such as a braai, traditional dancing, drumming, or safaris that are very unique to the host nation.

5.8.5. Timeframes and Responsible People

Please see the section regarding the management of the programme. Timeous planning and a variety of organizations have to be contacted timeously. The duration of the programme and when the programme takes place is of the utmost importance. Students should also have time to plan, experience something, relax, reflect, have time to practice or hone their skill, and integrate the information/experience.

5.9. Theme Four: Evaluation of the programme is necessary at different levels and intervals to determine, maintain, and improve the quality of the study abroad programme
5.9.1. Background Information and Rationale

Educators concur that effective teaching and learning is promoted by evaluation when assessment is linked to learning outcomes (Bastable, 2010:xii). Evaluation is more effective when assessment requirements are made available (transparent) prior to assessment, for example, using standards and best practice indicators. Evaluation is most effective when it is continuous, timeous, fair, impartial, conducted by a competent person, valid, reliable and the process is rigorous (Bastable, 2010: 95). Appropriate and timely feedback has to be provided to students or those being evaluated to promote learning and facilitate development and improvement (Bastable, 2010: 69).

The World Food Programme (WFP) (2008:6-7) states that organizational assessment is used to bring about accountability for performance and to learn about occurrences in the organizations to facilitate policy changes, strategic choices, and make strategic and operational decisions and solve problems (address corporate issues to improve corporate performance). The evaluation should focus on expected and actual accomplishments, examining the results chain, processes, contextual factors and causality to understand achievements or the lack thereof (World Food Programme, 2008:7). Evaluation aims to determine the relevance, effectiveness, efficiency, impact, and sustainability of the organizations’ activities, operations, strategies and policies, and their contribution to the development and humanitarian processes (World Food Programme, 2008:7). Evaluation takes place on all levels of the organization and should also take place at different intervals (long-term and short-term), for instance, pre-visit assessment of students’ knowledge or skill levels, but could also be done during or after such programmes, for instance, to assess whether study abroad programmes do in fact improve clinical competence or develop globalized job seekers (World Food Programme, 2008:7).

It must be re-confirmed that evaluation for evaluation’s sake (just to say someone did it) is a waste of resources. Evaluation should be done for the purpose of quality assurance (assessment of the level and monitoring of quality) and quality improvement, therefore activity/process is necessary and adjustments need to be made (to targets, policies, practices, or services). All levels within organizations and all people involved in the processes should be evaluated from the governors and managers (for example, CEOs) to the service providers.
5.9.2. Definitions

**Evaluation** means to form the idea of the amount or value of something or to assess something (Oxford Dictionary of English, 2005).

Terms associated with evaluation are:

- **Assess**: evaluate or estimate the nature, ability or quality of, calculate or estimate the value of,
- **Appraise**: assess the value or quality of, assess the performance of someone formally,
- **Judgement**: ability to make considered decisions or come to sensible conclusions, an opinion, a decision of a caw court,
- **Rating**: a classification of ranking of someone or something based on a comparative assessment of quality, standard or performance, estimating the value of something
- **Ranking**: positioning something in a hierarchy or scale, the action of processing or giving someone or something a rank
- **Analysis**: detailed examination of the elements or structure of something

It can therefore be deduced that evaluation refers to measuring something (often using a tool) to establish its level, or worth in order to rate or rank it. In the discussion and concept map, evaluation refers to the on-going, systematic, and comprehensive evaluation of study abroad programmes to enhance their functioning and benefits.

5.9.3. Optimization Statement and Criteria

The more aspects and levels that are evaluated regarding internationalization of the HEI, and in particular the study abroad programmes, the better the opportunity for optimization of the study abroad programme and its outcomes. Evaluation should take place on all levels of the organization and from the pre-visit period to long after the study abroad programme has been completed, in order to assess the long-term effect of the programmes. Reputations of organizations and the true effect of programmes are not always noticeable soon after programmes have been completed, but trends in data should be analysed. Expectations, experiences, as well as management should be evaluated and improvements made on all levels, from adjustments to strategy all the way down to service delivery to facilitate or ensure, maintain, and improve the quality of the programmes (student experience). The optimization criteria are therefore:

- Does a range of stakeholders take part in the evaluation of the programme?
• Does the evaluation include input, process, and outcomes?
• Are the feedback loops appropriate to allow for timeous improvement?

5.9.4. Standards and Strategies

The following strategies are proposed (under the standards numbered 1-6 in this section) to optimize the experiences of the short-term study abroad nursing students.

1. Evaluation should take place in a formalized and structured way, but should also be done informally
   1.1. Introduce evaluation practices (structured evaluation) in the HEI in a formalized way
   1.2. Encourage faculties/departments to use informal assessment (have stakeholder meetings and feedback sessions).
   1.3. Critically debate study abroad programmes in Departments or Schools of Nursing to establish the benefit or worth of these programmes (also in terms of student experiences), or to develop improvement strategies.

2. Evaluation should be done to assess adherence to international legislation and agreements
   2.1. Evaluate the services and practices in/of the HEI in terms of targets, policies, and prescribed procedures of the HEI.
   2.2. Undertake research to assess the adherence by the HEI to international legislation, norms, and international agreement (global level) - strategic position of the HEI in terms of internationalization.

3. Evaluation should be done at different intervals – before, during, and after the programme
   3.1. Introduce evaluation at different intervals - evaluation should take place before, during, and after a study abroad programme – to assess the level of students’ knowledge (of South Africa) and skill (clinical competence) on entry at the HEI, the outcomes that were/were not reached, the outputs of the staff after study abroad programmes (research or publication outputs).

4. International norms and standards should be used as a benchmark to assess study abroad programmes
   4.1. Utilize best practices and ethical codes of conduct as the standard (benchmark) against which evaluation is done for instance to establish the level of
internationalization of the HEI and assessment of the practices regarding study abroad programmes in/of the HEI.

5. Assessment of targets, systems, process, and progress of internationalization in the HEI should be done

5.1. Collect standardized data from all agents, providers, stakeholders, and departments that have anything to do with international students or who are involved with internationalization activities in the HEI (and outside the HEI if possible). The assessment could include: attitude, knowledge, and skills of faculty members, student mobility, financial input, infrastructure, provision of services, support and resources

5.2. Develop tools specifically for the evaluation of study abroad programmes, for instance, to assess students’ global mindedness, or the actual effect that study abroad experiences had on clinical experience (before and after evaluation).

5.3. Assess occurrences, trends, and variances in the data regarding study abroad programmes, for instance, cost, financial contribution made by role players, variances in service delivery (transport of the students or accommodation issues).

5.4. Undertake research on study abroad programmes and adapt strategies, operations, and practices accordingly.

6. Evaluation of the quality of the programme should take place on institutional, individual, agent, and stakeholder levels

6.1. Introduce evaluation at all levels within the organization regarding study abroad programmes. For example, the Council of the HEI could undertake a strategic assessment regarding revenue generation, and the financial targets or transnational cooperative research agreements, and departmental evaluation will include, for instance, evaluating the number of students they have had throughout the process as well as the customers’ satisfaction). Evaluation should also be done on organizational and individual level, for instance, stakeholder or provider services/contributions can be evaluated in terms of the service level agreements or contracts and on individual level, practitioners or specific students (participants or service providers) can be evaluated by asking visiting students to do assessments or satisfaction surveys.

5.9.5. Timeframes and Responsible Persons

Again, this is a continuous process. There is potential for improvement of programmes at all intervals, before the time in the planning process, during the programme when students are
engaging in the experience (operational issues), and then after the fact when satisfaction surveys will indicate the level of service delivered. All HEIs at all levels should be involved, but the Office for International Education and the Schools or Departments that actually organize the study abroad programmes are the most important role players in this regard. Stakeholders and providers should also do their own assessment to ensure that study abroad programmes are also feasible and beneficial for them.

5.10. Summary of the Standards and Strategies to Facilitate Optimal Experiences for Short-Term study Abroad Nursing Students

Please see Table 5.2 for the summary of the standards and strategies.
### Table 5.2 Summary of the standards and strategies to facilitate optimal experiences for short term study abroad nursing students at a HEI

<table>
<thead>
<tr>
<th>Themes</th>
<th>Standards</th>
<th>Strategies</th>
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<tbody>
<tr>
<td><strong>Theme One: Expectations</strong></td>
<td></td>
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<tr>
<td>1. HEIs should adhere to global expectations regarding internationalization and/or HEIs</td>
<td>1.1 Use global expectations (benchmark) as a foundation when planning for international education at all levels (schools, staff, and students) of/for the HEI e.g. responsible global citizenship</td>
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<tr>
<td>2. Global educational and ethical standards regarding study abroad programmes should be upheld</td>
<td>2.1 Comply with a transparent process in which best practices and global ethical codes of conduct are held as the benchmark of activity</td>
<td>2.2 Verbalize and supply formal documents of expectations, roles, and responsibilities to all role players before study abroad programme planning begins</td>
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<td>3. HEIs should generate revenue for the institution using study abroad programmes</td>
<td>3.1 Develop ethical financial targets and practices for the HEI, schools, or departments with the major stakeholders, regarding revenue generation</td>
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<tr>
<td>4. Study abroad programmes should build the reputation of the organization</td>
<td>4.1 Provide normative targets and communicate the expected behaviour of faculty members regarding global engagement and cooperation on organizational and departmental level, beginning with study abroad at home and progressing to global activities</td>
<td>4.2 Implement quality monitoring and improvement programmes with regard to study abroad programmes</td>
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<td>5. HEIs should retain their institutional uniqueness when delivering study abroad programmes</td>
<td>5.1 Reinforce the uniqueness and special character of the nation, the organization, and the discipline e.g. South Africa</td>
<td>5.2 Communicate the expectation that the uniqueness of the nation, the organization, and the discipline be included in the study abroad programmes</td>
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<tr>
<td>6. HEIs should use study abroad programmes to increase and diversify their talent pool</td>
<td>6.1 Plan to recruit international faculty on a short-term or longer term basis to address specific human resource needs, e.g. dual appointments locally and internationally</td>
<td>6.2 Plan to recruit more international postgraduate students and post-doctoral fellows and use the study-abroad programme to show-case such opportunities</td>
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<td>6.3 Provide study abroad programmes that meet the needs of the clients, but also showcases the organization's facilities, activities, and strengths e.g. opportunities for participation in research</td>
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<tr>
<td>(7 \text{. Aims, objectives, and outcomes for students and faculty members should be clearly stated before the visit} )</td>
<td>6.4 Create, facilitate, and provide opportunities for selected short-term and long-term exchange programmes for talented individuals</td>
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</table>
| \(8 \text{. Students, faculty members, and stakeholders should be comprehensively prepared for study abroad programmes} \) | 7.1 Sending HEIs need to comprehensively state the aims, objectives, and outcomes for students and faculty members in terms of the study abroad programmes  
7.2 Faculty members can include a wish-list regarding the other activities that they would like the students to participate in during the study abroad experience  
8.1 Send organizers of study abroad programmes, especially facilitators and coordinators (but could include clinical mentors and even stakeholders) to visit the sending HEI to scout  
8.2 Stipulate and communicate the requirements for participation (selection) in the study abroad programmes  
8.3 Provide accurate and comprehensive information to all participants and relevant stakeholders and providers  
8.4 Provide additional information to participants to prepare them for study abroad programmes  
8.5 Facilitate linkages of students and faculty members before the study abroad programme |

| Theme Two: Management |  
| --- | --- |
| 1. HEIs should adhere to international legislation, trends and agreements, and governance principles | 1.1 Incorporate and adhere to international legislation, international agreements, and governance principles into policies, internationalization activities (procedures), and contracts  
1.2 Foster and develop a corporate culture of internationalization and ensure that the HEI and stakeholders adhere to internationally accepted ethical standards e.g. marketing practices |
| 2. Internationalization should not only be integrated into the vision and mission statements and strategic plans of HEI and particular sub-structures, but they should also be operationalized | 2.1 Incorporate internationalization into the vision and mission, strategic planning process, and performance requirements of the HEI and all the faculties and departments  
2.2 Develop, maintain, and/or improve institutional systems and processes to offer study abroad programmes  
2.3 Provide infrastructure and resources (financial, human resources, administrative, technological) to achieve the internationalization goals  
2.4 Internationalize all new curricula and incorporate internationalization into teaching and learning activities e.g. ensure credit bearing international experience modules and include internationalization activities in existing |
<table>
<thead>
<tr>
<th>3. Quality assurance and improvement mechanisms should be put in place regarding study abroad programmes</th>
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<tbody>
<tr>
<td>3.1. Introduce or improve data gathering mechanisms (ensure data quality and consistency) for decision-making, analysis, and reporting e.g. data of students’ mobility and mobility patterns</td>
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<td>3.2. Introduce and/or implement quality assurance, monitoring, maintenance, improvement systems, and processes into the HEI, schools, faculties, departments e.g. audits or satisfaction surveys</td>
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<td>3.3. Incorporate internationalization activities into the performance measurement and improvement mechanisms of the HEI, faculties or departments and individuals</td>
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<th>4. Collaborative agreements should be signed with other institutions to enhance educational collaboration and research</th>
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<tr>
<td>4.1. Actively seek to sign agreements and ensure that only collaborative agreements are signed that align with strategic goals/plans and capabilities (build on strengths) of the organization</td>
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<tr>
<td>4.2. Sign and partake in programmes that signify global responsiveness and civic responsibility (global citizenship)</td>
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<th>5. HEIs should have institutional policies that support internationalization in all sectors in/of the HEI</th>
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<tr>
<td>5.1. Develop, implement, evaluate, and change institutional policies to contain all aspects of internationalization e.g. agreements, collaboration, financial arrangements in all divisions of the HEI - human resource policies, financial policies, academic policies</td>
</tr>
<tr>
<td>5.2. Appoint drivers of internationalization in the organization</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>6. HEIs should ensure efficient and effective management processes to develop, implement, and maintain good quality study abroad programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1. Develop and provide institutional policies to ensure quality and ethical practice in the HEI e.g. financial management policy, admissions policy, or a study abroad management policy</td>
</tr>
<tr>
<td>6.2. Provide the necessary information, for instance, guidelines for study abroad programmes for departments, stakeholders, and providers</td>
</tr>
<tr>
<td>6.3. Provide the necessary training for stakeholders and providers e.g. faculty members</td>
</tr>
<tr>
<td>6.4. Sign service level agreements between all stakeholders, providers, and agents to ensure expectations are met, roles and responsibilities are clear, and services are delivered at an appropriate level e.g. a service level agreement between Office for International Education and Departments of Nursing</td>
</tr>
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<table>
<thead>
<tr>
<th>7. Funding for internationalization activities in the HEI should be</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1. Make provision for study abroad programmes in appropriate budgets, such as Departments, Faculties, or Office for International Education budgets</td>
</tr>
<tr>
<td>7.2</td>
</tr>
<tr>
<td>7.3</td>
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<tr>
<td>7.4</td>
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<tr>
<td>7.5</td>
</tr>
</tbody>
</table>

| 8.1 | Put measures in place to ensure effective directing of the study abroad programme e.g. appoint coordinator |
| 8.2 | Provide funding for study abroad activities in the institution e.g. international student and local student contact |
| 8.3 | Put measures in place to ensure effective planning of the programme by providing guidelines for facilitators, coordinators, other international offices about pre-planning and the actual planning of the programmes e.g. visa requirements, professional requirements, provision of objectives/outcomes before planning can begin |
| 8.3.1 | Include all stakeholders and providers in the process e.g. students that have been on study abroad programmes (ambassadors), staff - clinical mentors, stakeholders, providers |
| 8.3.2 | Assess the possibility to match the expectations and the actual experiences that can be provided for the visitors |
| 8.3.3 | Ensure the necessary permission from bodies and organizations |
| 8.3.4 | Communicate the objectives, outcomes, and expectations effectively |
| 8.4 | Put measures in place to ensure effective organization of the study abroad programme |
| 8.4.1 | Submit and communicate the plan in writing to get the necessary permission and cooperation from stakeholders and providers |
| 8.4.2 | Allow students to take responsibility for their own learning (be flexible with placements and adjust where necessary) if appropriate and possible |
| 8.4.3 | Ensure flexibility in the programme – make daily adjustments after feedback has been received from the facilitator, students, and/or
Chapter Five: Development of Standards to Facilitate Optimal Experiences of Short-term Study Abroad Nursing Students at a HEI

9. The HEI should provide support services for study abroad students and faculty members.

10. Study abroad programmes should enhance community engagement and development.

1. Visitors should be exposed to a variety of experiences.
2. Ensure that programmes are designed to allow students and faculty members a level of training and learning needs and place them with the appropriate programme level (they must be challenged otherwise they get bored).
3. Incorporate an extensive orientation program for all participants to prepare them for the experience.

8.4.4 Continuously assess the programme and activities (whilst the programme is running).

8.4.5 Ensure effective control of the study abroad programme.

8.5.1 Develop goals, targets, objective/outcomes, performance indicators, plans and organizational documentation for study abroad programmes, and evaluate the operations continuously for standard of service, cost effectiveness, and consequences e.g. effect on reputation of the organization or relationship with international HEIs.

8.5.2 Undertake consultation and information sharing activities (e.g. provide access to research), and provide training for all participants and stakeholders, and providers.

8.5.3 Establish and build relationships between organizations, departments.

3.4.2

Theme Three: Experiences

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<table>
<thead>
<tr>
<th>2. The students should be exposed to a variety of differences in the host countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. Ensure that the content of the programme ensures that the visitors are exposed to the differences in the country:</td>
</tr>
<tr>
<td>2.1.1. Provide opportunities to be exposed to differences in educational environments and practices e.g. teaching and learning strategies, for instance, simulation laboratories and theoretical lectures/presentations, campus life - recreational facilities, housing facilities for students</td>
</tr>
<tr>
<td>2.1.2. Provide opportunities to be exposed to differences in their discipline, health systems (private and public health care providers), the differences in the burden of disease, nursing practices</td>
</tr>
<tr>
<td>2.1.3. Provide opportunities to be exposed to different extra-curricular, such as the differences in the economic positions, social practices e.g. provision of social development grants, lectures about other disciplines (outside their own)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Students should be involved and actively participate in all settings (educational, clinical, and extra-curricular) rather than just visit and observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1. Provide opportunities and ensure that students can actively participate in all activities (get permission)</td>
</tr>
<tr>
<td>3.1.1. Allow students to observe and shadow qualified nurses and students before they begin applying their skills</td>
</tr>
<tr>
<td>3.1.2. Allow students to participate in clinical activities, but within their scope of practice and ability</td>
</tr>
<tr>
<td>3.2. Ensure that students attend and participate in a few classes with the local students</td>
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<tr>
<th>4. Students and faculty members should be given an opportunity to make a civic contribution and be engaged in local community activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Allow students to participate in projects to give them an opportunity to develop holistically and to make a contribution towards community development</td>
</tr>
<tr>
<td>4.2. Create opportunities for visiting students to &quot;showcase&quot; their skills and develop independence</td>
</tr>
</tbody>
</table>
### Standards to Facilitate Optimal Experiences of Short-Term Study Abroad Nursing Students at a HEI

#### Chapter Five: Development of Standards to Facilitate Optimal Experiences of Short-Term Study Abroad Nursing Students at a HEI

<table>
<thead>
<tr>
<th>Standards</th>
<th>Descriptions</th>
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<tbody>
<tr>
<td>5.</td>
<td>A reciprocal process should take place in which students and faculty members utilize and showcase their skills/attitudes/knowledge to ensure cross pollination and leave a footprint</td>
</tr>
<tr>
<td>5.1</td>
<td>Assess the students’ learning needs and place them in lectures where they will be interested and learn something</td>
</tr>
<tr>
<td>5.2</td>
<td>Allow and create opportunities for visiting students to “teach” local students and to engage with students in the same position as them</td>
</tr>
<tr>
<td>5.3</td>
<td>Allow and create opportunities to “teach” international students about their discipline (allow the locals to “showcase their knowledge”</td>
</tr>
<tr>
<td>5.4</td>
<td>Set up opportunities to allow local students to “buddy” the visiting students (cross pollination) or just accompany them to services (e.g. chaperone the international students if they are going into a community health care setting)</td>
</tr>
<tr>
<td>5.5</td>
<td>Allow students time to interact and to communicate informally (without supervision)</td>
</tr>
<tr>
<td>6.</td>
<td>Opportunities should be created to allow visitors to participate in interdisciplinary research and projects to strengthen research and knowledge production</td>
</tr>
<tr>
<td>6.1</td>
<td>Provide appropriate opportunities for students and faculty members to participate in collaborative research, for instance the scholarship of international teaching and learning, and/or projects that will help them develop their global perspective/responsibility and sustain or develop communities, international or transnational research, or international projects (engagement)</td>
</tr>
<tr>
<td>6.2</td>
<td>Provide opportunities for internationalization activities for instance networking and building international relationships for students</td>
</tr>
<tr>
<td>7.</td>
<td>Expose students to a variety of clinical settings/circumstances to allow them to gain clinical experience and experiences in organizational cultures, health practices, and to develop their professional roles and responsibilities</td>
</tr>
<tr>
<td>7.1</td>
<td>Place students in a variety of clinical settings/circumstances e.g. hospitals, community health care setting</td>
</tr>
<tr>
<td>7.2</td>
<td>Place students in a number of disciplines (general nursing, psychiatric nursing, midwifery, and community health) if appropriate</td>
</tr>
<tr>
<td>7.3</td>
<td>The clinical mentor must supply and support students with accompaniment during the clinical learning</td>
</tr>
<tr>
<td>7.4</td>
<td>Allow the students time to practice independently once they are competent enough, but strict control measures should apply</td>
</tr>
<tr>
<td>7.5</td>
<td>Encourage and allow students to actively participate in clinical nursing activities (all settings)</td>
</tr>
<tr>
<td>8.</td>
<td>Allow sufficient time for exposure, rest periods, and time for reflection</td>
</tr>
<tr>
<td>8.1</td>
<td>Place students in one setting for a number of days so that they can get used to the environment, build relationships, get to know the routine, and gain confidence to participate or begin doing procedures and allow time for them to practice the procedures</td>
</tr>
<tr>
<td>8.2</td>
<td>Allow enough time for rest, reflection, and integration of the learning experience</td>
</tr>
<tr>
<td>8.3</td>
<td>Allow time for students to caucus amongst themselves</td>
</tr>
</tbody>
</table>
| 8.4 | Create opportunities in the programme for the coordinator and mentor (must be
<table>
<thead>
<tr>
<th>9. Balance the experiences of students in the study abroad programme</th>
<th>9.1. Balance the programme with curricular, extra-curricular (political/cultural or other interests or disciplines), academic, clinical, social activities, and recreational activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Expose students to unique professional learning opportunities that they would not normally be exposed to in their home country</td>
<td>10.1. Plan and implement the programme (after assessment of the circumstances in the sending HEI and the profession) to expose students to professional opportunities that they would otherwise not get in their own country, but under strict control</td>
</tr>
<tr>
<td>11. Expose visitors to the unique characteristics of the host country</td>
<td>11.1. Include planned and unplanned excursions into the study abroad experience because facilitators do not always know what is available</td>
</tr>
<tr>
<td>11.2. Include recreational activities as part of the programme, such as having social evenings with students or faculty members in the host nation e.g. braai or traditional dancing, drumming, or safaris that are very unique to the host nation</td>
<td></td>
</tr>
</tbody>
</table>

**Theme Four: Evaluation**

<table>
<thead>
<tr>
<th>1. Evaluation should take place in a formalized and structured way, but should also be done informally</th>
<th>1.1. Introduce evaluation practices (structured evaluation) in the HEI in a formalized way</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2. Encourage faculties/departments to use informal assessment e.g. have stakeholder meetings and feedback sessions</td>
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</tr>
<tr>
<td>1.3. Critically debate study abroad programmes in departments or Schools of Nursing to establish the benefit or worth of these programmes (also in terms of student experiences) or to develop improvement strategies</td>
<td></td>
</tr>
<tr>
<td>2. Evaluation should be done to assess adherence to international legislation and agreements</td>
<td>2.1. Evaluate the services and practices in/of the HEI in terms of targets, policies, and prescribed procedures of the HEI</td>
</tr>
<tr>
<td>2.2. Undertake research to assess the adherence by the HEI to international legislation, norms, and international agreement (global level) e.g. strategic position of the HEI in terms of internationalization</td>
<td></td>
</tr>
<tr>
<td>3. Evaluation should be done at different intervals – before, during, and after the programme</td>
<td>3.1. Introduce evaluation at different intervals e.g. evaluation should take place before, during, and after a study abroad programme to assess the students’ level of knowledge (of South Africa) and skill (clinical competence) on entry at the HEI; the outcomes that were/were not reached, the outputs of the staff after study abroad programmes e.g. research or publication outputs</td>
</tr>
<tr>
<td>4. International norms and</td>
<td>4.1. Utilize best practices and ethical codes of conduct as the standard (benchmark)</td>
</tr>
<tr>
<td><strong>standards should be used as a benchmark to assess study abroad programmes</strong></td>
<td>against which evaluation is done for instance to determine the level of internationalization of the HEI and practices regarding study abroad programmes</td>
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</tbody>
</table>
| **5. Assessment of targets, systems, process, and progress of internationalization in the HEI should be done** | **5.1** Collect standardized data from all agents, providers, stakeholders, and departments that have anything to do with international students or who are involved with internationalization activities in the HEI (and outside the HEI if possible) Assessment could include: attitude, knowledge, and skills of faculty members, student mobility, financial input, infrastructure, provision of services, support and resources  
**5.2** Develop tools specifically for the evaluation of study abroad programmes, for instance, to assess students' global mindedness, or the actual effect that study abroad experiences had on clinical experience (before and after evaluation)  
**5.3** Assess occurrences, trends, and variances in the data regarding study abroad programmes, for instance, cost, financial contribution made by role players, variances in service delivery e.g. transport of the students or accommodation issues  
**5.4** Undertake research on study abroad programmes and adapt strategies, operations, and practices accordingly |
| **6. Evaluation of the quality of the programme should take place on institutional, individual, agent, and stakeholder levels** | **6.1** Introduce evaluation at all levels within the organization regarding study abroad programmes. Evaluation should also be done on organizational and individual levels, for instance, stakeholders or provider services/contributions can be evaluated in terms of the service level agreements or contracts, and on an individual level, practitioners or specific students (participants or service providers - coordinators of the study abroad programme) |
5.11. Conclusion

From the contextual data, it emerged that the global community expect HEIs to develop global citizens and adhere to best practices, and that it was dependant on enabling management environments. Through the qualitative data gathered in this study it was established that improvements were necessary in the planning and preparation of the study abroad programmes, the relationship with internal and external stakeholders, the organization and operationalization of the programmes, and that further internationalization of the Nursing Department should be considered. The conclusion was therefore that: expectations are the stimulus and objectives for study abroad programmes, that the study abroad programmes must be offered in an enabling environment, that a variety of experiences that students should be exposed to the differences in host and their countries of origin, and that evaluation of the study abroad programmes need to take place on all levels and on different intervals. Chapter five was therefore dedicated to the development of standards and strategies that could be used by HEIs to ensure optimal student (nursing) experiences in short-term study abroad programmes. In the following chapter, the recommendations and limitations of the study will be discussed.
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CHAPTER SIX: CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

"No one who has lived through the second half of the 20th century could possibly be blind to the enormous impact of exchange programs on the future of countries..."
(Bill Clinton, 1993)

6.1. Introduction

In the previous chapter, a description of the analytic themes, and the standards and strategies to facilitate optimal experiences of short-term study abroad nursing students at a Higher Education Institution were presented. In the final chapter, the conclusions, the limitations, and the recommendations for nursing practice, research, and education will be discussed.

6.2. Summary and Conclusions

The purpose of this study was to develop standards to facilitate optimal experiences of short-term study abroad nursing students at a Higher Education Institution thereby potentially improving customer satisfaction and retaining or improving the competitive advantage of the HEI, and with that the Department of Nursing Science, in the global study abroad market.

The objectives of the study were to:

1. Describe and analyse the context in which study abroad nursing students engage in study abroad experiences
2. Describe and analyse the expectations and experiences of short-term study abroad nursing students and faculty members of Higher Education Institutions.
3. Develop standards to facilitate optimal experiences of short-term study abroad nursing students at a Higher Education Institution.

The research design was a qualitative, explorative, descriptive, and contextual design. A thematic synthesis analysis was utilized to combine the context analysis themes with the qualitative data themes in order to develop the standards to facilitate optimal experiences of short-term study abroad nursing students at a Higher Education Institution.

The study consisted of three phases:
Phase One: A contextual (situational) analysis was done to describe the context in which the international nursing students engaged in their study abroad programme at a HEI. The context was described in terms of global, international, and national contexts as well as the context of the HEI where the study took place. Thematic synthesis was conducted to develop descriptive themes from the content. Three main themes were identified:

1. The global community expects study abroad programmes in Higher Education Institutions to develop global citizens and adhere to best practice.
2. Study abroad programmes in different countries provide opportunities for exposure to different realities.
3. The quality of the study abroad programmes are dependent on an enabling management environment.

Phase Two: The qualitative study was conducted using a convenience sample, focus groups, and individual interviews with short-term study abroad nursing students and faculty members from the host and visiting HEIs. Five universities from three countries (Norway, America, and South Africa) were represented in the study. Thematic synthesis was conducted using Tesch’s method of data analysis. Thereafter, ten main themes were identified and the results discussed in detail in Chapter Four. The themes that were identified were:

1. Faculty members and nursing students expressed their expectations towards the study abroad programme.
2. Students experienced personal and professional growth as a result of their study abroad experience.
3. Experiencing the host countries’ health care system enabled the nursing students to draw comparisons in health care delivery systems.
4. The study abroad experience gave the nursing students an opportunity to gain clinical experience.
5. The experience of immersion into the host countries' culture transformed the students' pre-existing knowledge and perspectives.
6. Nursing students reflected on factors that influenced their extra-curricular learning.
7. Faculty members reported on their various roles and responsibilities and on their own personal and professional development.
8. Faculty members identified aspects that added value to the study abroad programme and experience.
9. Faculty members identified constraints that impacted negatively on the study abroad programme.
10. Students and faculty members suggested ways to optimize the experiences of international nursing students who participate in the study abroad programme.

**Phase Three:** A thematic synthesis analysis was conducted using the data from the situational analysis and the qualitative data. Four analytic themes were synthesized and described as follows:

1. Expectations are the stimulus and objectives of international education (study abroad) programmes.
2. Adherence to internationalization and management principles underpin effective and efficient study abroad programmes.
3. Exposure to a variety of experiences, the differences between the sending and hosting countries, and reflection on these experiences leads to learning.
4. Evaluation of the programme at different levels and intervals is necessary to determine, maintain, and improve the quality of the study abroad programme.

As discussed in Chapter Five, synthesized analytical themes and standards were developed under each theme. The standards could be used as a benchmark for study abroad programmes. Thereafter, strategies were proposed that could be used to operationalize and achieve the standards in order to facilitate optimal experiences of short-term study abroad nursing students at a Higher Education Institution.

The aim and objectives of the study were therefore achieved.

**6.3. Limitations of the Study**

Only one South African HEI was included in the study. More local HEIs could be included to assess whether practices regarding study abroad programmes are similar in HEIs.

Only South African clinical mentors were included in the sample. If a similar study is conducted, it would be recommended that representation from the participating countries be included.

With regard to data collection, the researcher experienced a language barrier regarding the Norwegian contextual data; many of the documents were not accessible to the researcher due to the language, and some information was simply not available or could not be obtained.
6.4. Recommendation Regarding the Standards

It is recommended that the standards, as presented, be introduced at a HEI, especially where programmes are being developed. The strategies that were proposed (under each standard) could be adjusted and refined to suit the unique features of the HEI. The standards should also be tested further, especially endeavouring to measure the impact of different strategies in order to identify how limited resources could be spent with maximum impact.

6.5. Recommendations for Education at a HEI

It is recommended that the standards (as put forward) be used to plan study abroad activities in HEIs. The researcher also recommends that comprehensive preparation of faculty members, students, clinical mentors, and stakeholders be undertaken to optimize the experiences of short-term study abroad students. Efficient and effective governance and management systems and processes also need to be developed and maintained to optimize the experiences of international (nursing) students. Furthermore, it is imperative that the HEIs keep their goal in mind, which is to develop students for the global workforce that are responsible and engaged citizens of the world. The study abroad programmes should therefore be balanced (contain academic, extra-curricular, and recreational elements) to facilitate holistic development of the students. Preparation, active participation (especially in clinical areas), and contact with other students (and community members) were voiced by the visiting students as their biggest needs. Faculty members cited comprehensive objectives/outcomes, appropriate learning experiences (at the level of the student and also ensuring the safety of the patient), and formalized service level agreements, as their biggest needs. It is also recommended that evaluation should be done on all levels (not only the levels of the HEI, but also the skill and knowledge levels of the students) and at different intervals from pre- to post-visits.

It is further recommended that the body of knowledge be increased by studying the reciprocity of study abroad programmes in terms of what contracts stipulate, and also the degree to which they stipulate the support of study abroad at home activities. It would also be worth studying the extent to which HEIs require their faculty members to participate in study abroad, and if the participation in internationalization processes are included into key performance areas for quality improvement. Studies regarding the financial implications of study abroad programmes will also benefit HEIs, and topics could include the return on investment regarding sending students and staff for study abroad experiences, the
contributions of each sector (Office for International Education and departments of nursing science) regarding these programmes in terms of direct financing and indirect financing (the planning, organising, and so forth). In addition, the following questions could be posed: What alternative offering types can be used by HEIs to improve their internationalization efforts and, what alternative indicators for internationalization can be used by the HEI to evaluate the level of internationalization of the organization?

For the School or department of nursing, it would also be beneficial to determine the extent to which “buddying students” can improve the outcomes of the study abroad experience of students, and also the extent to which it changes their own students’ attitudes toward global health care, or their global mindedness. It would also be interesting to determine the extent to which the local students’ cultural sensitivity and/or intercultural communication skills improve after contact with visiting nursing students in study abroad programmes.

6.6. Recommendations for Further Research

Methodological recommendations and topics for future research are recommended by the researcher.

6.6.1. Methodological Recommendations

The researcher is of the opinion that in qualitative studies the coder should be given the recorded interviews at the same time as the transcribed documents (which was not done in this study). During the coding, the researcher (using the transcription and voice recording) found it easier and to understand the transcribed document (and also pick up omissions) when she was able to hear the nuance, or the response of the students. Indeed, the transcription creates a single dimension of the interview, when in fact, it is not one dimensional. Not only will this practice improve the quality of the coding, but it will also serve as a measure of trustworthiness. This by no means takes the responsibility away from the researcher, but it will improve the internal validity of the research process. The coder can then be asked to sign a confidentiality agreement (which was done in this study).

6.6.2. Other Recommendations Regarding Research

It is recommended that more research be undertaken on the topic of study abroad experiences (students and faculty members) as there is paucity in research regarding study abroad programmes in South Africa. It might prove useful to do a comparative study to link
or compare the expectations and experiences with the satisfaction rates of the students in study abroad programmes, or to compare study abroad students’ satisfaction rates with those of local students, or between short and long-term study abroad students.

It is also recommended that more research be undertaken regarding the pre- and post-evaluation (long-term and short-term) of study abroad programmes. A study could be conducted to determine if study abroad experiences in fact contribute to long-term relationships being forged by students from a visiting country with a project/cause or student in the host nation. It would also be useful to study students’ attitudes regarding global citizenship and if global mindedness was actually developed during study abroad programmes. In addition, it would be worthwhile to determine visiting nursing students’ clinical skill levels on arrival, and then to determine if the study abroad experience actually contributed to their clinical skill development at the end of the programme.

The fact that focus groups were used as a means to interview the students did not facilitate the students’ expression of feelings. A phenomenological study on the experience of nursing students in short-term study abroad programmes could therefore prove valuable. A study could, for instance, be conducted on the short-term and long-term emotional effects of positive or negative/challenging incidences experienced during study abroad programmes on the students’ personal and professional lives.

6.7. Recommendations for nursing practice

Even though this was not a clinical nursing study, there are implications for nursing practice (as stakeholders and providers), as the experiences of students were sometimes found to be trying in clinical practice. It is recommended that HEIs include the stakeholders and providers in planning and preparation as well as evaluation of the study abroad programmes. It is also recommended that staff members in clinical practice areas receive training regarding the training and experiences of international nursing students. Training could also include a topic such as, the role of the professional nurse as ambassador for their profession and their country. It is furthermore recommended that research be conducted to determine how international nursing students experience clinical nursing institutions and their provision of care, and to determine the patients’ experience of international nursing students participating in clinical practice in the host country. The attitudes of nurses toward international students could also be studied, as well as their understanding of their roles and responsibilities regarding these students. It would also be interesting to establish (if money
could be found for such an undertaking) if nursing practice would improve or change if stakeholders were given the opportunity to participate in study abroad programmes.

6.8. Conclusion

Increasing competition, complexity, and interdependence is a reality in the global compact and requires new innovative approaches to deal with global forces in higher education. Study abroad programmes should not be ‘add-ons’ or overload already burdened nurse academics, but benefit Nursing Schools by creating reciprocal opportunities for participants. At the same time, study abroad programmes should not devour scarce resources by having extraneous outcomes that stretch stakeholders and providers to the limit, but contribute to the strategic goal, revenue, talent pool, and reputation of the School/HEI.

Institutions therefore need integrative management tools that help embed environmental, educational, health, political, economic, social, technological, and governance concerns into their strategic thinking and daily operations. The world requires talented and ethical leaders and employees who not only advance organizational goals and fulfil legal and fiduciary obligations to stakeholders and shareholders, but who are also prepared to deal with the broader impact and potential of globalization and internationalization in a responsible way (UN Global Compact Office, 2007:3).
“Life changing experience”

“At the Capstone presentations students reflected on their “life-changing” experiences. They learned to cope with enormous challenges and grew not only in knowledge and skill, but gained personal strength and confidence, and a commitment to disadvantaged people around the globe. They learned to do much with little, even when resources were scarce, and the burden of disease and suffering were nearly overwhelming. They knew the care and compassion they gave to others genuinely made a difference.”

“Thanks to all at .......who made it possible.”

(Facilitator, USA)
LIST OF REFERENCES

A

Abarbanel, J. 2009. Moving With Emotional Resilience Between And Within Cultures. *Intercultural Education*, 20(sup 1), S133-S141.


BBC News Channel, Foreign Student’s Experience Of The UK. Friday 3 September 2004, 23:15 GMT 00:15UK.


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List of references


Department of Higher Education of South Africa. 2010. Statistics regarding international students at HEIs in South Africa. E-mailed to researcher on 11 October 2010. E-mail in possession of researcher.


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List of references


HEI: When HEI is indicated in the text as a reference please see inscription under Nelson Mandela Metropolitan University (NMMU) below.


Accessed June 2012.


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List of references


Nelson Mandela Metropolitan University (NMMU). 2010. Statistics as on 18 February 2010. Email to researcher from MV to researcher on 18 February 2010. Email in possession of researcher.


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List of references


Råholm, M., Hadegaard, B.L. Löfmark, A., Slettebø, A. 2010. Nursing Education In Denmark, Finland, Norway and Sweden – from Bachelor’s Degree to PhD. Journal of Advanced Nursing, 66(9), September, 2126-2137.


South African Association of Health Educationalists (SAAHE) concept paper. “Setting An Agenda For Education Research In South Africa?” Response from South African Association of Health Educationalists (“SAAHE”). Sent by email from fatimasaban@uct.ac.za to Suzette.duRand@nmmu.ac.za, 16 December 2008, 10:35am. Documentation in possession of researcher.


South Africa.info. South Africa’s Universities. [website]. Available on:

South African Nursing Council (SANC). Statistics, Growth In Roles And Registers From

South African Nursing Council (SANC). [website]. Approved Nursing Education Institutions in

South African Nursing Council (SANC). 2010. Interview with Author: Professional Officer,
Foreign Desk of the South African Nursing Council on 4 May 2010, Pretoria. Digital voice
recording in possession of the researcher.

Accessed September 2010 and June 2013.

South African Nursing Council (SANC). Statistics: Available on:

South African Nursing Council (SANC). 2013. Email to Esmeralda.Ricks@nmmu.ac.za and forwarded to author by Dr E Ricks. Email from Professional Officer (Registration – Foreign Desk) South African Nursing Council on 5 February 2013. Email in possession of the researcher.


South Africa Government. 2012. Green Paper For Post-School Education And Training. Available from Mr Zakhele Hlongwane (Director: Office of the Director General), Department of Higher Education of the Republic of South Africa, Private Bag X174, Pretoria, 0001 or at the following email address: hlongwane.z@dhet.gov.za.


Stohl, M. 2007. We Have Met The Enemy And His Is Us: The Role Of The Faculty In The Internationalization Of Higher Education In The Coming Decade. *Journal of Studies of International Education*, 11, Fall/Winter, 359-372.


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Universities Australia. 2010. Universities Australia Submission to the Senate Legal and Constitutional Affairs Committee Inquiry into the Migration Amendment (Visa Capping) Bill


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List of references


YZ


2 March 2010

Mr MH Grimbeek
The Registrar
Nelson Mandela Metropolitan University
P.O. Box 77000
Port Elizabeth
6031

Dear Mr Grimbeek,

REQUESTING PERMISSION TO CONDUCT RESEARCH AT NMMU

I am presently registered as a doctoral student at the Nelson Mandela Metropolitan University. The research I wish to conduct for my D Cur involves individual and focus group interviews with international nursing students, host faculty members and representatives of departments that manage international students. This project will be conducted under the supervision of Prof RM van Rooyen: Department of Nursing Science at NMMU.

I am hereby seeking your consent to approach the above mentioned participants and representatives for this study and that data relevant to the study be released and made available to me.

The aim of this study is to explore and describe the expectations and experiences of international graduate nursing students at a Higher Educational Institution in South Africa as well as exploring and describing the roles, responsibilities and experiences of academic and professional stakeholders in order to develop strategies that will enable the Department of Nursing Science at the HEI to optimize the experiences of international nursing students.

A copy of my research proposal is available on request and a copy of the consent form to be used in the research process is included as well as a copy of the approval letter which I received from the NMMU Research Ethics Committee (Human) ref: h10-hea-nur-001.

If you require any further information, please do not hesitate to contact me on Tel: 041 504 2615 or by email at Suzette.duRandi@nmmu.ac.za.

Thank you for your time and consideration in this matter.

Yours sincerely,

Suzette du Rand
Nelson Mandela Metropolitan University
Department of Nursing Science

Cc: Prof R Naidoo: Dean of the Faculty of Health Science, Dr N Jooste: Office of International Education.
Ref: 117606

5 March 2010

Ms SM du Rand
Department of Nursing Sciences
Faculty of Health Sciences
Nelson Mandela Metropolitan University
PO Box 77000
PORT ELIZABETH
6031

Dear Ms Du Rand

PERMISSION TO CONDUCT RESEARCH AT NMMU

I hereby wish to confirm that permission has been granted to you to conduct research for the degree Doctor Curationis at the Nelson Mandela Metropolitan University.

Yours sincerely

MH Grimbeek
REGISTRAR

MHG/6db
Dear Prof Van Rooyen

STRATEGIES TO OPTIMIZE THE EXPERIENCES OF INTERNATIONAL NURSING STUDENTS IN GRADUATE PROGRAMMES AT A HIGHER EDUCATIONAL INSTITUTION IN SOUTH AFRICA

Your above-entitled application for ethics approval served at the February 2010 ordinary meeting of the Research Ethics Committee (Human).

We take pleasure in informing you that the application was approved by the Committee.

The ethics clearance reference number is H10-HEA-NUR-001, and is valid for three years. Please inform the REC-H, via your faculty representative, if any changes (particularly in the methodology) occur during this time. An annual affirmation to the effect that the protocols in use are still those for which approval was granted, will be required from you. You will be reminded timeously of this responsibility, and will receive the necessary documentation well in advance of any deadline.

We wish you well with the project. Please inform your co-investigators of the outcome, and convey our best wishes.

Yours sincerely

Dr B Pretorius
Chairperson: Research Ethics Committee (Human)

cc: Department of Research Capacity Development
    Faculty Officer, Faculty of Health Sciences
NELSON MANDELA METROPOLITAN UNIVERSITY

INFORMATION AND INFORMED CONSENT FORM

<table>
<thead>
<tr>
<th>RESEARCHER’S DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of the research project</strong></td>
</tr>
<tr>
<td><strong>Reference number</strong></td>
</tr>
<tr>
<td><strong>Principal investigator</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>Postal Code</strong></td>
</tr>
<tr>
<td><strong>Contact telephone number (private numbers not advisable)</strong></td>
</tr>
</tbody>
</table>

A. DECLARATION BY OR ON BEHALF OF PARTICIPANT

I, the participant and the undersigned

ID number

Initial

A.1 HEREBY CONFIRM AS FOLLOWS:

I, the participant, was invited to participate in the above-mentioned research project

that is being undertaken by Suzette du Rand

of the Nelson Mandela Metropolitan University.

Initial

THE FOLLOWING ASPECTS HAVE BEEN EXPLAINED TO ME, THE PARTICIPANT:

<table>
<thead>
<tr>
<th>Initial</th>
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<tbody>
<tr>
<td>2.1 <strong>Aim:</strong> The aim of the study is to explore and describe the expectations and experiences of international nursing students at a Higher Educational Institution in South Africa as well as exploring and describing the roles and responsibilities of academic and professional stakeholders in order to develop strategies that will enable Departments of Nursing Science at HEIs to optimize the experiences of international nursing students.</td>
</tr>
<tr>
<td>2.2 <strong>Procedures:</strong> Focus group interviews or individual interviews will be conducted with representatives of organizations, faculty members of Higher Education Institutions (HEIs) (host and visiting) and International Graduate Nursing Students. Documentation from stakeholder organizations and the HEI will be analysed.</td>
</tr>
<tr>
<td>2.3 <strong>Risks:</strong> If any participants verbalize any emotional discomfort at the time of the interview, counselling will be offered to them.</td>
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</table>
2.4 Possible benefits: This study may be of benefit to the participant as they will have an opportunity to express their views and it may help them alleviate some stressors that might have been experienced during their stay in South Africa. It will also benefit other groups of international students and faculty members if measures are put in place to optimize the experiences of international nursing students.

2.5 Confidentiality: Will be maintained as far as possible.

2.6 Access to findings: The dissertation will be available from the NMMU library. A peer reviewed journal article will be written. Conference papers will be presented. A summarized report may be made available upon request.

Voluntary participation / refusal / discontinuation: All participation is voluntary. Participants are allowed to refuse participation, and may withdraw without being penalized.

3. THE INFORMATION ABOVE WAS EXPLAINED TO ME/THE PARTICIPANT BY:

Suzette du Rand

in Afrikaans English Xhosa Other

and I am in command of this language, I was given the opportunity to ask questions and all these questions were answered satisfactorily.

4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.

5. Participation in this study will not result in any additional cost to me.

A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT:

Signed/confirmed at on 2010

Signature of participant Signature of witness:

Full name of witness:

B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

I, Suzette du Rand declare that: I have explained the information given in this document to and / or his / her representative

He / she was encouraged and given ample time to ask me any questions;

This conversation was conducted in Afrikaans English Xhosa Other
I have detached Section D and handed it to the participant

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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Signed/confirmed at on 20

<table>
<thead>
<tr>
<th>Signature of interviewer</th>
<th>Signature of witness:</th>
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<tr>
<th>Full name of witness:</th>
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C. IMPORTANT MESSAGE TO PARTICIPANT OR REPRESENTATIVE OF PARTICIPANT

Dear participant/representative of the participant

Thank you for your/the participant’s participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur: You do not want to continue with the research study, experiencing fear due to activities or any emotional issues that you want to discuss.

Kindly contact: Suzette du Rand at telephone number 0723936367

............................................................................................................................................
**D. IMPORTANT MESSAGE TO PARTICIPANT OR REPRESENTATIVE OF PARTICIPANT**

Dear participant/representative of the participant

Thank you for your/the participant’s participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

(Indicate any circumstances which should be reported to the investigator)

Kindly contact: Suzette du Rand at telephone number 072 3936367
TO WHOM IT MAY CONCERN

I,..............................hereby agree to keep all information regarding the research study of Suzette du Rand in confidence, and undertake not to disclose any information or have discussions with any person other than the researcher or the promoter of the researcher (Prof RM van Rooyen) about the content or results. I further undertake not to divulge any information to any person or institution regarding the particulars or details thereof, unless consent is given to me in writing by the abovementioned researcher.

Signed at................................................... on this.................................of July 2010.

..................................................
Signature of Transcriber

..................................................
Witness:

..................................................
Witness:
TO WHOM IT MAY CONCERN

I, [Name], hereby agree to keep all information regarding the research study of Suzette du Rand in confidence, and undertake not to disclose any information or have discussions with any person other than the researcher or the promoter of the researcher (Prof RM van Rooyen) about the content or results. I further undertake not to divulge any information to any person or institution regarding the particulars or details thereof, unless consent is given to me in writing by the abovementioned researcher.

Signed at _______________ on this __________ day of _______________ 2010.

___________________________
Signature of Coder

___________________________
Witness:

___________________________
Witness:
Re: Editing of Thesis

This letter certifies that the thesis by Ms S. du Rand was edited by Jennalee Donian for the purposes of her PhD degree.

Yours faithfully,

J. Donian
BA (NMMU), BA (Hons) (Keele University, UK), MA, (NMMU)