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Nursing Students' Interest in and Perceived Barriers to International Clinical Experience

Thesis submitted in partial fulfillment of Honors

By

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Background

The term “melting pot” is not an uncommon phrase for most United States residents, as it has long been used to describe their country’s cultural makeup. Immigration has been bringing a variety of diverse cultures to this nation for hundreds of years now, and each culture includes a wealth of traditions, customs, languages, and belief systems unique to those groups. These populations also possess their own beliefs and practices regarding health care. As our world continues to become a global society through immigration and cross-cultural tourism, it is becoming increasingly important that health care professionals are capable of providing culturally competent care to all patients. Whether the situation involves an immigrant establishing permanent residence in the U.S. or a simply a tourist making an unexpected hospital visit during a vacation, health care providers must be equipped to care for all individuals, regardless of their differences or how “foreign” their patients’ beliefs seem.

Many colleges in the health care field recognize the importance of this ability and have implemented an international component to their curricula to assist students in acquiring cultural competence. As nurses are the most directly and consistently involved care providers and advocates for patients in the whole health care team, providing ninety percent of healthcare services worldwide (World Health Organization, 2008), it is arguably most important that they of all team members are culturally competent. Many schools of nursing across the nation have added study abroad programs, as well as other technology-based international activities to their curricula to equip their future nurses with the mindsets necessary to care for patients of all backgrounds. While East Tennessee State University offers many undergraduate study abroad opportunities, and the Quillen College of Medicine incorporates international components to its curriculum, no opportunities such as these exist specifically with nursing students in mind.

Though an optional component existed in the past, the College of Nursing has yet to add this type of program to its current curriculum, despite the benefits purported in the literature.

Literature Review

The very first provision in the American Nurses Association's Code of Ethics (2015) states that it is nurses' duty to practice "with compassion and respect for the inherent dignity, worth, and uniqueness of every individual" (para. 1). In order to possess these traits in relation to patients from different cultural backgrounds, nurses must be culturally competent when providing care. This term "cultural competence" is quite popular in today's world of health care, and rightfully so, with the increasing amount of global travel and diversity seen among patients under any nurse's care. Cultural competence can be defined as "developing an awareness of one's own existence, sensations, thoughts, and environment without letting it have an undue influence on those from other backgrounds; demonstrating knowledge and understanding of the client's culture; accepting and respecting cultural differences; adapting care to be congruent with the client's culture" (Purnell & Paulanka, 1998, p. 7).

Just as patients present a variety of cultural backgrounds, many nursing students in the U.S. today are international students themselves, coming from very different cultures than the one in which they now reside and attend college. This only adds further reason as to why nursing schools should integrate international health activities into the curricula. As well-known nursing theorist Madeleine Leininger (1997) said in one of her studies, "nursing curricula, faculty, and staff can no longer be uniculturally focused if they are to help students of many different cultures function in our multicultural world" (p. 254).

Recent years have seen a plethora of research emerging concerning the impact of international experiences on nursing students. In addition to instilling cultural sensitivity and

competence (Callister & Cox, 2006; Ruddock & Turner, 2007), studies show these activities bring many other benefits, including personal growth and development (Keogh & Russel-Roberts, 2009), enhancement of critical thinking related to social justice (Kirkham, Hofwegen, & Pankratz, 2009), and a broadened perspective of other cultures (Afriyie Asenso, Reimer-Kirkham, & Astle, 2013), just to name a few.

Many nurses feel that participating in international experiences as students cultivated cultural awareness and a “global perspective” (Evanson & Zust, 2006). Likewise, Smith and Curry (2011) found that one area positively impacted by international student nursing travel was an “international perspective.” One study interviewing nursing students who had traveled to countries such as Jamaica, Malta, Greenland, and Australia reported that students developed empathy and respect for patients as a result of their experiences in adjusting to the host culture. Immersion in another culture allowed them to understand personally how it felt to be foreigners and reflect on how their international patients must feel in the U.S. (Ruddock & Turner, 2007). For students who are used to being part of the majority group, experiencing life as a minority in a setting outside their comfort zone is particularly eye-opening and leads to greater sensitivity to the feelings of minority patients (Maltby & Abrams, 2009).

In a study on integrating cultural content to curricula, a nurse describing the effect of her student immersion experience said that the language barrier brought to light struggles with communication between nurses and patients and their cultural differences. She said, “[W]e were forced to find new ways of reaching the patient. It was critical that we explain our hands-on nursing assessment in an effort to [show] respect and avoid violating social norms” (Caffrey, Neander, Markle, & Stewart, 2005, p. 239). The cultural differences that bring about difficulties

for nursing students in a host country all serve to develop a sensitivity to the host people's beliefs and traditions and cultural competence when caring for them.

Throughout the literature, personal growth and development is a common theme of benefits to an international component in nursing curricula. In an interview with a nursing student upon her return from Guatemala, researchers found that the trip helped build her confidence in her own abilities. Without the use of technology and testing supplies so abundant in her home country, the student's "senses were heightened" as she "listened, looked, touched, smelled, and intuited." The student added, "Using the knowledge of other nursing students was equally as exciting. We were peers sharing information in an attempt to uncover the unknown. The experience was invaluable in building confidence" (Caffrey et al., 2005, p. 239).

In addition to this aspect of personal growth, international nursing experience also serves to enlighten students of all that nursing encompasses, outside of their own cultural borders that shaped their perspectives. It allows them to "redefine" nursing practice, and many students report that their "personal approach" to healthcare delivery changed considerably upon their return (Keogh & Russel-Roberts, 2009). This signifies maturation in nursing students, both personally and professionally.

Nursing students who participate in international clinical experience also tend to develop an awareness of and desire to address social injustice when they return home. Narrative data of interviews with students after their immersion experience generated several themes with one in particular being "increasing the commitment to make a difference" (Callister & Cox, 2006, p. 97). Evanson and Züst (2006) reported that students' development of cultural awareness resulted in advocacy "for change for their patients" and for social justice in general. When experiencing a culture different from one's own in such an overwhelming way, students develop social

consciousness, or “personal awareness of social injustice” (Kirkham et al., 2009, p. 7). As a result, they begin to reflect and think critically on the socially unjust factors contributing to poor health and healthcare, and they evaluate their personal priorities. Many students become more aware of injustices in their own communities, and work towards social change at home (Afriyie Asenso et al., 2013).

Finally, a major benefit of international immersion experiences is that they allow students to broaden their perspectives of other cultures beyond the media portrayal and traditional ideology. For nursing students studying abroad in Zambia, they found that the modern city in which they resided was nothing like the media images of Africa they had grown up viewing. These stereotypes greatly shaped the students’ expectations, but the experience served to correct their perspective (Afriyie Asenso et al., 2013). Additionally, the students traveled with the common expectation that they were going to “help” these hopeless, desperate people, when instead they came to discover that the relationships they formed with the host people were mutually beneficial. In a post-trip interview, one student summarized many group members’ feelings, saying, “This has taught me a whole lot about what your intentions should be when you are coming to a place like this.... Who is to say that we can help them, who is to say that our way is better?” (Afriyie Asenso et al., 2013, p. 232).

Unfortunately a common ideology in Western culture, particularly in healthcare, is this existing mindset of “aid and assistance” instead of “cooperation and partnership,” where the only focus is improving the conditions in developing countries without realizing that they have just as much to offer in return to developed countries (Wright, Zerbe, & Korniewicz, 2001). As evidenced by this student learning experience in Zambia, when nursing students participate in these international nursing trips, they develop a more holistic perspective of international health

and appreciate the fact that every culture brings something to the table. This realization is a major factor in developing cultural competence in nursing practice, and these benefits previously stated all serve as evidence why the implementation of international clinical experience is important in nursing curricula. For nursing schools located in areas of minimal diversity, such as East Tennessee where ETSU resides, it is particularly important to include exposure to different cultures as part of the educational experience for students before beginning their careers in health care.

Purpose

The purpose of this study was to determine the level of interest among ETSU nursing students in participating in international clinical experience. The study aimed to gather data about students' preferences regarding this international curriculum component in an attempt to give the College of Nursing a foundation to work with in planning for the implementation of such a program.

The two main research questions of this study were 1) How many ETSU College of Nursing students are interested in international clinical experience, and 2) What are the perceived barriers to this type of travel for these students?

Methodology

This quantitative study utilized a survey method of gathering data. The survey contained sixteen questions, five of which were demographic. The other eleven questions requested information regarding students' previous travel experience, interest in international nursing experience, perceived barriers and benefits, preferred length of time and locations, and preferred methods of financing such a trip (see Appendix A). Answer formats for the questions were either multiple choice or select all that apply, with most of the "select all that apply" having a limit of

three or four selections and a request to rank those top three or four in order of importance to the participant. The survey was adapted from a tool used in a study by Kent-Wilkinson, Leurer, Luimes, Ferguson, and Murray (2015) at the University of Saskatchewan College of Nursing in Saskatoon, Canada.

Though originally planning to only alter the survey to meet the demographic, the researcher found it necessary to revise the whole survey tool to make it applicable to and useful for the College of Nursing at ETSU. This was done by examining each survey question individually to determine if the question's wording, content, and answer options and formats were easily understandable and applicable to nursing students at this particular College of Nursing, as there are many cultural differences between Canadian and American students. Figure 1 shows three examples of questions that were part of the survey.

Figure 1

- 2. What statement best expresses your current interest in having an international nursing experience?**
 - Very Interested
 - Somewhat Interested
 - Neutral
 - Slightly Interested
 - Not at all Interested

- 4. If you had the opportunity to participate in international clinical experience, what best describes your views on the benefits of this experience? (Rank your top 3 choices from 1-3, with 1 being most important)**
 - Fulfill academic requirements
 - Learn a new language
 - Gain international nursing experience
 - Learn about a different culture
 - Demonstrate social responsibility
 - Gain self-awareness and independence
 - Increase competency in nursing skills
 - Future employment opportunities
 - International research opportunities and/or clinical experience

- 6. If you were to participate in international clinical experience, when would be the preferred time? (Rank choices from 1-3, with 1 being first choice)**
 - During Christmas or spring break
 - During the summer
 - During the academic school year
 - No preference

Question Two is a multiple choice question pulled directly from the survey by Kent-Wilkinson, et al. (2015), with only a modification to change the term “academic experience abroad” to the more specific phrase “international nursing experience.” Question Four was also adapted from the previous survey, but the answer format was changed from a Likert scale to ranking the top three choices. The answer choices are identical to the previous survey, with the exception of the removal of one answer choice, due to its terminology being unfamiliar with ETSU’s College of Nursing students. Question Six is an original survey question created by the researcher with ranking answer format. It was included in the survey with the intention of gathering data on another logistical angle for international travel.

Upon the study’s approval by the ETSU Institutional Review Board as exempt (see Appendix B), the survey was distributed online via students’ school email, using the survey platform Checkbox. It was sent to every undergraduate nursing student at ETSU in one of the five semesters of the BSN program. The survey excluded names and other identifying factors and did not request any sensitive information of participants. IP addresses were disabled to maintain confidentiality. Participation was voluntary; consent was inferred from the submission of each completed survey. A letter of invitation and informed consent was included in the email for students to read and be informed before choosing to begin the survey (see Appendix C). Those who participated were made to select an option stating they were eighteen years old or above before beginning the survey. The survey remained open for six days, and at the end of that period, data was compiled and analyzed in aggregate so no individuals could be identified. Review of the data took place with the help of the College of Nursing statistician.

Results

The survey was sent to all 692 undergraduate BSN students, and 69 of them participated by submitting completed surveys, for a 10% participation rate. The data was reviewed using SPSS software to look at descriptive result-frequency.

91% of participants were female and only 9% male, though this is generally an accurate representation of the demographics in most nursing schools. Table 1 shows the age distribution. Most participants were in the 20-24 years age bracket at 64%. The rest were spread across the spectrum, except that there were no 40-44 year old participants. When asked how many

Table 1

Age	Percent (%)
18-19	11
20-24	64
25-29	7
30-34	7
35-39	7
40-44	0
45-49	2
50+	2

dependents participants had, the majority at 84% reported none. 9% had one dependent, 2% reported two, 5% selected three, and none claimed to have four or more. On the topic of resident status, the majority of participants were U.S. citizens, though 1% reported being “international students here solely for school,” and another 4% selected “green card/permanent resident” status. Also, 3% of participants identified themselves as part of a minority group. None reported having a physical disability.

Table 2

Program & Year	%
Traditional BSN, 1 st Semester	18%
Traditional BSN, 2 nd Semester	15%
Traditional BSN, 3 rd Semester	18%
Traditional BSN, 4 th Semester	16%
Traditional BSN, 5 th Semester	27%
Accelerated 2 nd Degree BSN, 3 rd Semester	6%

Additionally, when asked to select their current semester of the program, there was a good distribution of participant responses, as shown by Table 2. 18% of participants were in their first semester of nursing school, as well as 18% from the third semester. 15% were in the second semester and 16% in their fourth. 27% percent of participants were in the final fifth semester of nursing school, and only 6% reported being part of the accelerated BSN program, which at that time was their third semester.

As the demographic questions were located at the end of the survey, the very first survey question asked about participants' previous travel experience. 71% reported having traveled within the U.S., and 59% had traveled internationally. 1% of participants had participated in a study abroad experience for longer than six months, and 3% had lived outside the U.S. for more than one year.

To gauge students' current interest in having an international nursing experience, the survey asked participants to rate their interest as "not at all interested," "slightly interested," "neutral," "somewhat interested," or "very interested." The data showed that 48% were "very interested," and another 25% were "somewhat interested." 14% reported feeling "neutral" about the subject, with only 10% "slightly interested," and 3% "not at all interested." This showed that almost three fourths of participants felt more than neutrally toward the opportunity.

Participants were then asked their opinions on the factors that would be most influential in preventing them from going abroad as a nursing activity. They were given a list of options and asked to rank their top three choices. Table 3 shows the list of perceived barriers organized in order of factors that were ranked in participants' top three most often. "Lack of funds" was the highest perceived barrier, with 70% of participants ranking this option in their top three. Out of those who listed it in their top three, 56% ranked it as number one.

Table 3

What do you feel would prevent you from studying abroad? (Rank your top 3 choices)	% ranked in top 3 (# of responses)	Valid Percent ranked as #1	Valid Percent ranked as #2	Valid Percent ranked as #3
Lack of funds	70% (48)	56	23	21
Family responsibilities	42% (29)	72	10	17
Relationship commitments	41% (28)	29	54	18
Safety concerns	41% (28)	3	54	43
Job obligations	35% (24)	12	38	50
Not fluent in the language	35% (24)	9	43	48
Political instability in desired country	9% (6)	0	17	83
Not interested	7% (5)	100	0	0
No parental support	6% (4)	0	50	50

Friends would not accompany	6% (4)	25	0	75
Application process too difficult	6% (4)	0	75	25
Other	4% (3)	33	0	67
Prefer not to say	1% (1)	0	0	100

The second most perceived barrier was family responsibilities, ranked in the top three by 42% of the students. Out of all the students who chose this option, 72% of them ranked it as number one. These students that ranked it as number one made up 30% of participants. Relationship commitments and safety concerns tied for the third most commonly perceived barrier, with 41% of participants ranking each of these in the top three. Out of the students who placed relationship commitments in their top three, over half (54%) ranked it as number two out of three. These statistics were identical for those who chose safety concerns as a factor. Table 3 also contains the percentage breakdowns for the factors chosen in participants' top three, showing how many students listed them as number one, two, or three.

In addition to questioning perceived barriers, the survey asked participants to rank their top three choices of perceived benefits of an international clinical experience. Table 4 contains this data. Just as there was a 70% majority ranking of the number one perceived barrier, the number one perceived benefit was to “gain international nursing experience,” with 70% of participants ranking it in their top three. Out of those that placed this choice in their top three, 65% ranked it as the number one perceived benefit.

Table 4

What best describes your views on the benefits of an international clinical experience? (Rank your top 3 choices)	% ranked in top 3 (# of responses)	Valid Percent ranked as #1 (%)	Valid Percent ranked as #2 (%)	Valid Percent ranked as #3 (%)
Gain international nursing experience	70% (48)	65	27	8
Learn about a different culture	52% (36)	31	36	33
Increase competence in nursing skills	52% (36)	25	36	39
Gain self-awareness and independence	25% (17)	18	35	47
International research opportunities and/or clinical experience	25% (17)	18	29	53

Future employment opportunities	22% (15)	13	47	40
Fulfill academic requirements	15% (10)	30	10	60
Learn a new language	15% (10)	20	50	30
Demonstrate social responsibility	9% (6)	17	33	50

Two options tied for the second most top-three ranked benefit. 52% of participants ranked to “learn about a different culture,” just as 52% selected to “increase competence in nursing skills” in the top three. However, the breakdown for whether these two options were ranked as students’ first, second, or third choice was spread quite evenly across the board. Similarly, two perceived benefits tied for the third most top-three ranked options. 25% of students selected to “to gain self-awareness and independence” in their top three, and 25% believed “international research opportunities and/or clinical experience” would be one of the top three benefits to such travel.

Next, students were asked about their preferred length, time, and location of an international trip. Almost half (48%) of participants wanted the experience to last four weeks or less. About one third (34%) of the students selected six weeks, and only 15% were interested in a twelve week trip. 3% of students selected “other,” and one of these participants listed a semester as the length of time they would want to be abroad. In regards to the time of travel, over half of students at 59% selected the summer as their top choice. 27% preferred during the academic school year, and only 12% preferred over Christmas or spring break. The remaining 2% had no preference or did not answer the question completely.

Participants were then given a list of locations for clinical placement and asked to rank their top three choices, just as with the barriers and benefits. Table 5 shows the resulting data. Just under half (45%) of participants ranked Europe and the United Kingdom as one of their top three preferences. Among these students, almost half (48%) of them ranked it as their number

one preferred location. The second most popular location was Australia/New Zealand at 38%. However, half (50%) of these students who selected it ranked it as their third choice. Third in frequency, 32% of participants chose the Caribbean region. Almost half (46%) of them listed it as their number one preference.

Table 5

If you were to study abroad, in what area are you most interesting in studying? (Rank your top 3 choices)	% ranked in top 3 (# of responses)	Valid Percent ranked as #1 (%)	Valid Percent ranked as #2 (%)	Valid Percent ranked as #3 (%)
Europe/United Kingdom	45% (31)	48	36	16
Australia/New Zealand	38% (26)	27	23	50
Caribbean (incl. Jamaica, Haiti, Dominican Republic, etc.)	32% (22)	46	36	18
Africa	29% (20)	45	25	30
South America (incl. Brazil, Ecuador, Peru, etc.)	26% (18)	28	44	28
Canada	20% (14)	29	29	43
Central America, Mexico	19% (13)	23	46	31
East Asia (incl. China, Japan, Korea, etc.)	15% (10)	10	40	50
Southeast Asia (incl. Thailand, Malaysia, Indonesia, Vietnam, etc.)	13% (9)	11	33	56
India	7% (5)	40	40	20
Middle East	4% (3)	0	0	100
Russia	4% (3)	33.3	33.3	33.3

The survey also contained a question regarding the utilization of technology in the classroom to integrate an international curriculum component as an alternative or supplement to cross-cultural travel. According to a study by Garrett and Cutting (2012), technology offers a lot of potential for educational activities that could promote cultural competence without the expense of physical travel, and the number of nursing schools implementing this to their curricula is increasing. Two examples to illustrate this option in the survey question were Skyping with students in another country and a live video feed from a medical clinic in another

country. 52% of participants reported interest in this possibility, with 17% feeling unsure, and only 10% not interested. The remaining 21% did not submit an answer to this question.

Regarding the financial aspect of international travel, students were asked to prioritize four different options, with number one being how they would prefer to finance the trip. 66% of participants reported that they would first prefer to “apply for any scholarships that will help to fund a small part of the cost.” Second, 16% first chose to “help fundraise for extra money.” 11% opted to first “work extra and save to pay for it.” The remaining 9% said that if the university could not finance all or part of the trip, they would no longer be interested.

Discussion

This study’s purpose was to gauge the interest of nursing students in participating in international clinical experience, as well as determine their opinions regarding barriers and benefits and their preferences for travel logistics and finances. Overall, the findings indicate that a significant number of nursing students at ETSU are interested in participating in such travel to gain international nursing experience and develop cultural competence. They perceive finances to be the largest hurdle to overcome in this process, but the majority would be willing to search for scholarships and fundraising opportunities to provide the cost.

While the majority of participants were female U.S. citizens aged 20-24 with no children, they were spread over the five semesters of the BSN program quite evenly. Most of the survey questions received answers very similar to those in the survey study from which this one was adapted. Just as Kent-Wilkinson et al. found that lack of funds and family responsibilities were the top two perceived barriers respectively in a Canadian nursing school, ETSU students felt the same way. In this study, it is interesting to note that while 84% of participants reported having no children, family responsibilities was number two out of all perceived barriers, with 42% of

participants ranking it in their top three. However, this may be due in part to the majority's young age bracket of 20-24 years, where many of these nursing students still have very close ties to their parents and immediate families.

Identical to the Canadian study, the top perceived benefits were to gain international nursing experience and learn about a different culture. The third benefit most chosen by students was to increase competence in nursing skills. Interestingly, only 15% ranked the option to "fulfill academic requirements," indicating that students have a deeper interest in the opportunity than merely a grade.

The most popularly chosen preferred trip location was Europe and the UK. Australia and New Zealand were second, and the Caribbean was third. An interesting observation regarding these choices is that though concern for safety was a top three choice for 41% of participants, the top two preferred locations of travel (chosen by 45% and 38% respectively) are not considered "dangerous" or "unstable," as these terms are more often used to describe developing countries. Additionally, the fact that Western Europe, Australia, and New Zealand were the most popular travel locations indicates most of the nursing students would prefer to develop and enhance their nursing skills and cultural competence in other first-world countries, rather than less developed nations. However, depending on the regions of these locations, particularly some Western European countries, language may be a barrier to consider.

Finally, with regard to the financial aspect of an international clinical experience, the majority of participants were first prefer to apply for scholarships to fund the trip, then fundraise to pay expenses, with working extra and saving money as their last resort. If all three of those options failed, only then would the majority of participants no longer be interested. These results indicate that students are very interested in the possibility of studying abroad as part of nursing

school, and they would be willing to try several options of financing such a trip. However, the fact that an overwhelming majority listed finances as their priority issue for this travel opportunity suggests that it would be very beneficial for participation if ETSU assisted with all or at least some of the cost.

Limitations and Implications

This study's survey only received a 10% response rate from ETSU's College of Nursing, as only 69 out of 692 students participated. This could be partially due to the time of the semester the survey was distributed because the end of April tends to be a busy time of wrapping up assignments and exams. Additionally, the survey was only open and available for six days due to time constraints. Some participants did not answer all survey questions before submitting their surveys, and some did not answer the questions in their entirety. It may also be worth noting that generally those who are interested in a survey's topic are the ones that are more inclined to participate. These factors may all have had some effect on the data. For future planning, sending out the survey earlier in the semester and for a longer period of time may yield better results. Sending reminder emails and emphasizing the application of this topic to nursing students could also result in greater participation.

This study targeted a very small sample and population within one university's College of Nursing. The data cannot be used to infer opinions of other nursing students outside of ETSU on this topic; however, the consistent similarities between this study and the Canadian study by Kent-Wilkinson, et al. (2015) indicate there may be some universal interests and perceptions among Western nursing students. Despite this small population, this study's purpose was solely to determine the interest of ETSU's nursing students in international clinical experience, as ETSU has yet to incorporate opportunities such as this into the program. The study's goal was to

provide preliminary data for the College of Nursing to use as a foundation should they choose to implement an international component to the curriculum. More data is needed to determine the extent of interest, beyond the 10% of the BSN nursing student body who participated.

Opportunities also exist for a longitudinal study; it would be beneficial to repeat the survey yearly or per semester to continue to gauge interest and concerns on this topic, as international relations, travel opportunities, technology, and healthcare continue to evolve and change rapidly.

Conclusion

In conclusion, many nursing students at ETSU do have an interest in participating in international clinical experience. Out of those who participated in the survey, 73% felt more than “neutrally” toward the opportunity, showing similar results as the Kent-Wilkinson, et al. study where data revealed 84% interest (2015). The literature indicates that these experiences are beneficial for nursing students and their ability to provide holistic nursing care, with an emphasis on cultural competence. Many ETSU nursing students believe they would benefit from such an experience, as reflected in the survey responses. Besides gaining international nursing experience, they believe this travel would provide opportunity to learn about different cultures and increase cultural competence in nursing skills, as well as gain self-awareness and independence.

However, these students also felt that the number one factor (70%) with the potential to keep them from participating is inadequate funds. Other perceived barriers of significance were family responsibilities, relationship commitments, and safety concerns. Their first preference in obtaining the necessary funds, should the university not provide them was applying for external scholarships. Next, they would attempt to fundraise.

If the College of Nursing decides to incorporate international experience into the curriculum in the future, it will need to look into these concerns and preferences. To receive the participation necessary to keep the program running, it will be necessary for the College to find ways to overcome the financial constraints and work with students' family obligations. Additionally, it will need to look into these locations that students ranked most highly, such as Europe and the UK. Finally it will be advantageous for the College to explore the benefits students would expect to reap from the experience, as well as investigate the literature on the topic, and implement activities accordingly.

Investigating and addressing all of these factors are necessary for student participation in international travel during nursing school. In this era of globalization, cultural competence will go a long way in the delivery of excellent nursing care. The most direct way to understanding and developing cultural sensitivity and competence is to experience a different culture firsthand, and this study has shown that a significant number of ETSU nursing students are interested in doing just that.

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Appendix A

ETSU International Clinical Experience Survey**1. What is your travel experience? (Check all that apply)**

- I have traveled in the United States.
- I have traveled outside of the United States.
- I have studied abroad for longer than 6 months.
- I have lived outside of the United States for longer than one year.

2. What statement best expresses your current interest in having an international nursing experience?

- Very Interested
- Somewhat Interested
- Neutral
- Slightly Interested
- Not at all Interested

3. What do you feel would prevent you from studying abroad? (Rank your top 3 choices from 1-3, with 1 being most important)

- Not interested
- Family responsibilities
- Relationship commitments
- Job obligations
- Lack of funds
- No parental support
- Friends would not accompany
- Not fluent in the language
- Political instability in desired country
- Safety concerns
- Application process too difficult
- Other (please specify) _____
- Prefer not to say

4. If you had the opportunity to participate in international clinical experience, what best describes your views on the benefits of this experience? (Rank your top 3 choices from 1-3, with 1 being most important)

- Fulfill academic requirements
- Learn a new language
- Gain international nursing experience
- Learn about a different culture
- Demonstrate social responsibility
- Gain self-awareness and independence
- Increase competency in nursing skills
- Future employment opportunities
- International research opportunities and/or clinical experience

5. If you were to study abroad, what would be the preferred length?

- 4 weeks or less
- 6 weeks
- 12 weeks
- Other (please specify) _____

6. If you were to participate in international clinical experience, when would be the preferred time? (Rank choices from 1-3, with 1 being first choice)

- During Christmas or spring break
- During the summer
- During the academic school year
- No preference

7. Have you already studied abroad or went abroad during any year as a volunteer (i.e., humanitarian/church project)?

- Yes
- No

8. If you were to study abroad (or study abroad again), in what area are you most interested in studying? (Prioritize your top 3 choices from 1-3, with 1 being first choice)

- Canada
- Central America, Mexico
- South America (including Brazil, Ecuador, Peru, etc)
- Caribbean (including Jamaica, Haiti, Dominican Republic, etc)
- Europe, UK
- Africa
- Middle East
- Russia
- India
- East Asia (including China, Japan, Korea, etc)
- South East Asia (including Thailand, Malaysia, Indonesia, Vietnam, etc)
- Australia/New Zealand
- Other (please specify) _____

9. Which of the following settings would interest you for international clinical experience? (Check all that apply)

- Rural
- Urban
- Other (please specify) _____

10. As an alternative or supplement to cross-cultural travel, would you be interested in an international curriculum component that involved technology in the classroom (i.e. Skyping with students in another country, live video feed in a medical clinic in another country, etc.)?

- Yes
- No
- Unsure

11. If the university could not finance all or part of the cost for the experience: (Prioritize your preferences from 1-4, with 1 being first choice)

- I would work extra and save to pay for it
- I would apply for any scholarships that will help to fund a small part of the cost
- I would be willing to help fundraise for extra money
- I would no longer be interested

12. What is your current program and year?

- Traditional BSN, 1st semester
- Traditional BSN, 2nd semester
- Traditional BSN, 3rd semester
- Traditional BSN, 4th semester
- Traditional BSN, 5th semester
- Accelerated 2nd degree BSN, 3rd semester

13. What is your age?

- 18-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-and over

14. What is your gender?

- Male
- Female
- Transgendered
- Prefer not to say

15. How many dependents do you have?

- None
- One
- Two
- Three
- Four or more

16. Would you identify yourself as belonging to any of these groups (check all that apply):

- International student here solely for school
- Green card/permanent resident
- Student from a minority group
- Student with a physical disability
- Other (please specify)_____

17. Do you have any other comments about studying abroad that you would like to share?

18. Thank you for completing the survey!

Survey adapted from

Kent-Wilkinson, A., Leurer, M. D., Luimes, J., Ferguson, L., & Murray, L. (2015). Studying abroad: exploring factors influencing nursing students' decisions to apply for clinical placements in international settings. *Nurse Education Today*, 35(8), 941-47.

Appendix B



Office for the Protection of Human Research Subjects | Box 70565 | Johnson City, Tennessee 376141707
Phone: (423) 4396053 Fax (423) 4396060

IRB APPROVAL – Initial Exempt

April 15, 2016

Bethany Rowell

RE: Nursing Students' Interest in and Perceived Barriers to International Clinical Experience
IRB#: 0416.3e ORSPA#:

On **April 15, 2016**, an exempt approval was granted in accordance with 45 CFR 46. 101(b)(2). It is understood this project will be conducted in full accordance with all applicable sections of the IRB Policies. No continuing review is required. The exempt approval will be reported to the convened board on the next agenda.

□ New protocol submission xform, CV of PI, consent script, email for professors, script for professors, survey questions.

Projects involving Mountain States Health Alliance must also be approved by MSHA following IRB approval prior to initiating the study.

Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days.

Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10 working days) on Form 109 (www.etsu.edu/irb). The IRB will review the change to determine that it is consistent with ensuring the subject's continued welfare.

Sincerely,
George Youngberg, M.D., Chair
ETSU/VA Medical IRB

Cc: Dr. Louny



Accredited since December 2005

Appendix C

Dear Participant:

My name is Bethany Rowell, and I am an undergraduate University Honors Scholar at East Tennessee State University. I am working on my bachelor's degree in nursing. In order to finish my studies, I need to complete a research project. The name of my research study is "Nursing Students' Interest in and Perceived Barriers to International Clinical Experience."

The purpose of this study is to determine the number of students within ETSU's College of Nursing who are interested in participating in international clinical experience and the factors they perceive to be barriers for this travel. I would like to give a brief survey questionnaire to the BSN students at ETSU. It should only take about 10-15 minutes to complete. You will be asked questions about your previous international travel experience, your level of interest in international clinical experience, preferred travel locations, what factors you perceive to be barriers to participating, and how you would prefer to finance the experience. This survey has no risks for and should cause no stress to participants. While there is no potential direct benefit to individual student, participants receive the benefit of having their opinions and desires regarding their educational experiences collected in the data, which will assist the College of Nursing as a whole in determining how to organize and implement an international component to the curriculum in a way that meets the needs of the students.

Your confidentiality will be protected as best we can. Since we are using technology, no guarantees can be made about the interception of data sent over the Internet by any third parties, just like with emails. We will make every effort to make sure that your name is not linked with your answers. Checkbox has security features that will be used: IP addresses will not be collected and SSL encryption software will be used. Although your rights and privacy will be maintained, the ETSU IRB and personnel particular to this research within the College of Nursing have access to the study records.

If you do not want to fill out the survey, it will not affect you in any way. There are no alternative procedures except to choose not to participate in the study.

Participation in this research study is voluntary. You may refuse to participate. You can quit at any time. If you quit or refuse to participate, the benefits or treatment to which you are otherwise entitled will not be affected. If you choose to participate, informed consent will be inferred from your submission of a completed survey.

If you have any research-related questions or problems, you may contact me via email at rowellb@goldmail.etsu.edu. I am working on this project under the supervision of Dr. Sharon Loury. You may reach her via email at loury@etsu.edu. Also, the chairperson of the Institutional Review Board at East Tennessee State University is available at (423) 439-6054 if you have questions about your rights as a research subject. If you have any questions or concerns about the

research and want to talk to someone independent of the research team or you can't reach the study staff, you may call an IRB Coordinator at 423/439-6055 or 423/439/6002.

Thank you for your participation!

Sincerely,

Bethany Rowell

Clicking the AGREE button below indicates

- You have read the above information
 - You voluntarily agree to participate
 - You are at least 18 years of age or older
- I AGREE
- I DO NOT AGREE