

# Model development for international nurse educator partnerships: relationship-building process and strategies *Modelo de desarrollo internacional de asistencia para la enfermera educadora: proceso de construcción de relaciones y estrategias*

Sandra Cadena, PhD, APRN, CNE\*

### **Abstract**

Cultural diversity and its impact on patient care contribute to persistent health care disparities. In attempts to enhance nursing student cultural awareness and sensitivity, nurse educators seek international opportunities, often times in low resource countries, as ways to expand upon culturally diverse experiences. A model that addresses relationshipbuilding among faculty from different countries and cultures contributes to enhanced professional relationships, minimizes collaboration barriers, and maximizes shared teaching opportunities during international experiences. It is critical in relationship-building among nurse educators to develop implementation strategies that facilitate comprehensive and effective student encounters. [Cadena, S. Model development for international nurse educator partnerships: relationship-building process and strategies. MedUNAB 2012; 15:99-105].

**Key words:** Nursery, Faculty, Nursing, Nursepractitioners, Partnershippractice, Health educators, Professional-practice, Foreignprofessionalpersonnel, International cooperation.

# Introduction

Patients expect nurses to listen, understand and work with the musing culturally sensitive and knowledgeable practice. The Essentials of Baccalaureate Education for Professional Nursing Practice<sup>1</sup> identified that globalization of health care that would require preparation of professional nurses to practice in a multicultural environment who possess skills needed for culturally competent care. Attempts to expose undergraduate nursing students to international experiences,

## Resumen

La diversidad cultural y su impacto en la atención al paciente contribuyen a las disparidades de salud persistentes. En un intento por aumentar la conciencia del estudiante de enfermería y sensibilidad cultural, los educadores de enfermería buscar oportunidades internacionales, muchas veces en países de bajos recursos, como forma de ampliar las experiencias de diversas culturas. Un modelo que se ocupa de la construcción de relaciones entre el profesorado de diferentes países y culturas contribuye a la mejora de las relaciones profesionales, las barreras de colaboración minimiza y maximiza las oportunidades de enseñanza comunes en experiencias internacionales. Es de suma importancia en la construcción de relaciones entre los educadores de enfermería para desarrollar estrategias de aplicación que facilitan los encuentros estudiantiles integrales y eficaces. [Cadena, S. Modelo de desarrollo internacionales de asistencia para la enfermera educadora: proceso de construcción de relaciones y estrategias. MedUNAB 2012; 15:99-105].

Palabras clave: Educación en enfermería, Educación continua en enfermería, Programas de graduación en enfermería, Docentes de enfermería, Intercambio educacional internacional.

such as service-learning experiences, study abroad opportunities, or time-limited patient observations in international and culturally diverse regions of the world, have been applauded as facilitating cultural sensitivity and competency. Established in 2004, the Center for Global Health has initiated student and faculty exchanges, clinical experiences, research projects, collaborative teaching, and curriculum consultation. But there cannot be comprehensive and effective international experiences for students if nursing faculty are not knowledgeable.

Correspondencia: Sandra Cadena, Nursing School, University of South Florida, Florida 33612, USA. E-mail: scadena@health.usf.edu

Artículo recibido: 9 de Julio de 2012, aceptado: 3 de Septiembre de 2012.

<sup>\*</sup> Profesora Asistente, Escuela de Enfermería, Universidad del Sur de la Florida, Tampa, Florida, Estados Unidos.



Knowledgeable, culturally sensitive nursing faculty are crucial for international nursing student experiences. A process that systematically guides faculty through the development of partnerships with faculty from different countries, cultures, and curricula can contribute to the building of international professional relationships, minimize barriers for collaboration, and maximize shared teaching opportunities in global nursing practice. Indeed, nurse educators are seeking opportunities that integrate of culturally relevant experience into undergraduate nursing curricula.

# Culture, competency and globalization

"Culture guides our thinking, doing, and being and becomes patterned expressions of who we are". Integration of transcultural nursing concepts into our delivery of care intimately affects our encounters with and our perception of culture, cultural diversity and cultural universality. 3-7

Nursing faculty seek out community health-related experiences to tap into culturally unique learning experiences and expose students to multiple world views This approach frequently focuses on contacting ministries of health rather than local universities and nursing programs. It was also not unusual for US nursing programs to not initiate formal contacts with agencies or institutions within a country.

Local nursing programs were either overlooked or not viewed as valuable, and international nurse educators often voiced concerns about study abroad nursing programs that 'appeared' in their community, having no knowledge of their presence. Study abroad nursing experiences sporadically attempts to connect with nursing faculty, at times in an authoritarian manner, ignoring missed opportunities to establish connections or build relationships between international nursing colleagues. International nurse educators share mutual roles, responsibilities and preparation with visiting faculty, providing an untapped resource that could bridge programs, universities and communities.

# Nurse educator roles and preparation

Professional identity and preparation. Nursing faculty throughout the world embrace values of individual professionalism including integrity, commitment, knowledge, expertise, and a dedication to the development of future nurses. The majority of nurse educator shave a variety of expertise, including acute critical care, women's health, pediatrics, mental health, research, and community health. Do all nursing faculty have the skills and interests to undertake international programs? As universities worldwide focus on demands of globalization, the burden often falls to faculty to forge opportunities, setup and

implement programs, identify resources, and coordinate student experiences in safe and comprehensive programs that meet course, college, and university objectives. A process that blends the complexities of cultural competency and international program development can assist faculty who strive for international nursing curriculum.

Professional preparation rarely includes cultural competency knowledge for nursing faculty. Many nursing programs integrate learning objectives of cultural competency and expect faculty to simultaneously be culturally competent and "teach" cultural competency. Instructors are frequently ill prepared for intercultural communication and dependent up on diversity committees to provide cultural sensitivity training. Enhancing cultural awareness and competency contributes to being positioned to initiate international programs.

Personal values of flexibility and acceptance are also paramount for international nursing preparation. Potential faculty who plan to participate are encouraged to conduct a cultural competency<sup>8</sup>. Self-reflection, enhanced self-awareness, and minimization of assumptions of cultural acceptance are valuable. All humans come to newand unknown situations with a variety of responses. International faculty colleagues living in developing or poor-resource countries are presented with their own personal stresses and assumptions of cultural sensitivity.

International nurse colleagues perspective. Visiting nurse educators acknowledge that international nurse educators also have specific expertise, education, and a professional identification. Nurse educators vary in their training and education, at times having comparable master's degrees or certifications beyond basic nurse training. Many times additional education is not available. Nursing faculty shortages are evident in many parts of the world. Visiting faculty could be perceived as either a guest or intruder into the nursing education community. With enhanced preparation for the culture, community and views of nursing educators, faculty should arrive being knowledgeable and prepared.

# A process of relationship-building

The development of a process that emphasizes relationship-building of international faculty partnerships contributes to cultural competencies, cultivation of professional relationships, and the advancement of international nursing practice. This process provides strategies for the identification of collegial working relationships with international faculty colleagues in both clinical and academic settings to promote positive learning environments. Sustainability in a community involves establishing and maintaining relationships with colleagues in nursing programs to share similarities, identify and understand differences in pedagogy, and review and compare curricula with in a cultural and nursing context. The process includes methods



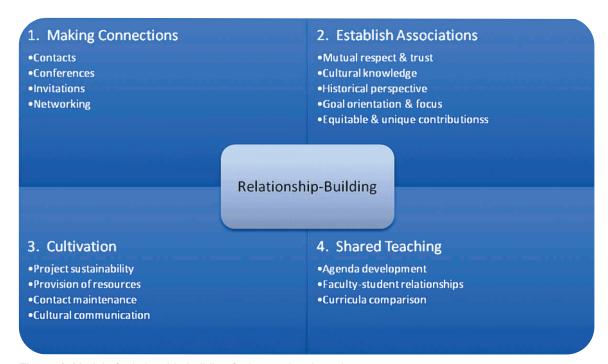


Figure 1. Model of relationship-building for international nursing programs

for identifying potential international institutions, implementation of connections, and deline at strengths and possible barriers for international nursing program implementation.

The process for relationship-building of an international nursing program includes four components with multiple strategies: 1) Making connections, 2) Establishing associations, 3) Cultivation, and 4) Shared teaching (figure 1).

Making connections. Various opportunities abound to make contact with international faculty at conferences, through mutual contacts, by invitations from governments or institutions, or networking with colleagues who have prior international experiences. In many countries, initial face-to-face contact is perceived to be most courteous. As that is notal ways possible, a telephone conference call that incorporates the referring individual is a productive option. If faculty have already initiated study abroad visits, a search in the community for the nursing program that serves the community of interest via website, word of mouth, or clinic contacts will facilitate meetings.

**Establishing associations.** Mutual respect and trust are cherished values throughout most of the global nursing community. Nurses in many developing and resource-poor countries revere Florence Nightingale's philosophy and principles. Knowledge about such values and the reigning philosophy of the receiving country's nursing community will enhance conversations that are understood among colleagues.

Cultural knowledge is critical for faculty prior to connecting with faculty from other countries. Strategies to enhance

one's cultural knowledge include 1) identification and review of specific literature that discusses cultural awareness, 2) a focus on the country's cultural norms and values, and 3) actively seeking out individuals within your own community from that country. Individuals are often unable to articulate the differences between their own and the present culture. Particularly if they are immigrants, a helpful technique is to elicit examples about similar and dissimilar experiences,

What behaviors exhibit respect in the receiving country? Presentation of business cards by standing and holding the card with both hands, for example, and offering one's card to international faculty is seen as mutually respectful. A positive first impression can be established. People from the United States are often perceived by other cultures in stereotypical fashion.

They are criticized as being aggressive, self-centered, and arrogant. Women, however, maybe viewed admirably for being assertive, knowledgeable, and caring, particularly by other women. In some countries, visiting faculty may create an inconvenience or precipitate a problem, but international colleagues may not discuss the resulting difficulty, attempting to deflect shame from visiting faculty. It is difficult at times to as certain the impact one has on international faculty and students. At other times, faculty is perceived as being more important simply by being present; this can elicit feelings of jealousy and competition. When female faculty establish associations with other faculty in countries where women are perceived as ineffective, knowledgeable faculty can model respectfully assertive behaviors in meetings, negotiations and communities.



Gift exchanges in many countries are expectations symbolizing mutual respect, acknowledgment of a person's self-worth and an opportunity for personal connectedness. It is customary to exchanges mall tokens of appreciation at every visit to all individuals. There is usually, however, a gift giving hierarchy. More costly gifts are remarked for directors and deans; the most expensive and/or esteemed gifts are reserved for presidents of universities and government dignitaries. Visiting faculty should maintain a list of gifts and recipients from each trip. Giving the same gift twice is perceived as neglectful and is a small but important aspect of relationship building that can undermine relationship-building.

Knowledge of the country's historical views on nurses, women, healthcare, and healthcare rights should be explored prior to faculty visits. Information may be limited therefore visiting faculty should seek opportunities to explore these topics with international faculty and students. Visiting faculty must have an understanding of international faculty roles, limitations and opportunities for nurses prior to their trip.

An orientation to goal setting establishes a focus that builds associations in international nursing programs. Historically, there have been many programs in nursing, public health, and other disciplines that travel to countries only to utilize opportunities for their own programs. At times, these program participants engage in conversations and planning, only to return to the original country and fail to follow through on the planning and discussions. Many developing countries have experienced decades of 'false promises' and are understandably cautious to make commitments. Mutual decision-making with specific short-term goals and achievable accomplishments, particularly from the initiating faculty, will establish credibility and faster engagement with the international faculty.

Development of these goals where both parties can contribute and benefit will enhance the program's sustainability. Whether it is an exchange of students, faculty, curricula or research projects, visiting faculty should explore how each part can assist and contribute to mutual enhancement. To be perceived as self-serving is detrimental to the relationships. Initially, there may not be equal contribution among faculty. Visiting faculty, viewed as 'rich' with accessible resources, may be approached to provide unavailable resources. Both faculties benefit when the focus is on shared and reciprocated knowledge and opportunities that enhance equality.

Cultivating linkages. Once relationships have been established with mutual respect, maintenance of projects and sustainability of these linkages is the third step in the process. Maintaining contact with new colleagues is critical. Often that responsibility belongs to the initiating faculty. Many faculty throughout the world depend upon email communications and thus sending information is simplified. Keep in mind that Internet access is often unreliable. There

may be days and weeks between communications. Rapid responses are appreciated in our country and slow responses are assigned negative meanings. Types of communications are also cautiously approached. Contrite responses maybe perceived as respectful of one's time, not abrupt and rude. Teleconferences are avenues of communication that facilitate ongoing connectivity.

Face-to-face interactions using such platforms as Skype are often helpful if the receiving country has the capacity for such communications. Inviting receiving country faculty to present in one's class, inviting students to participate in international classroom discussions are other strategies to maintain connectivity with minimal resource allocation. Finally, knowledge of cultural styles of communication, whether it is face-to-face, telephone, or electronically is needed. For example, who is expected to contact whom? It is essential to explore preferences and perceptions of your style of communication and make adjustments if needed to enhance effective communication. Consistent and productive communication will contribute to identifying opportunities and facilitate implementation of teaching opportunities among visiting and international faculty.

Shared teaching. With development of international nursing programs, curriculum comparisons with ongoing discussions will provide opportunities for international faculty to identify similarities and potential conflicts. Community health and public health, for example, are perceived as different approaches in some developing countries. Public health is only the administrative and political aspect of health care delivery in communities. Community health, often the purview of nursing, is implementation that focuses on prevention and promotion of health care (Lourdes). Philosophies of many international nursing programs emphasize that nurses only concern themselves with prevention and promotion of health in all settings and not diagnoses nor interventions. The majority of United States' nursing programs emphasize the medical model paradigm of diagnostic reasoning, clinical decision-making and institutional interventions. This may contradict and impede the effectiveness of communicating with international faculty and agenda development.

Mutual development of agendas for exchange programs, student immersion experiences, research projects and faculty consultation can be accomplished through ongoing communication. Helpful to both parties, setting agendas is dependent upon available resources in the community. Many communities and institutions may make confirmation of agendas and resources. Upon participating in the country, faculty finds that there is a high level of change requiring flexibility on planning and implementation. Having clear, unambiguous objectives for the learning experiences agreed upon by both faculty groups will facilitate the variation that accompanies international travel without sacrificing the requirements of the course or program.



Faculty-student relationships vary in nursing programs and are often dependent upon perceived authority and roles in the receiving country. Faculty often holds students to high standards of knowledge and practice, yet in the United States; also perceive roles as a facilitator of information. This facilitation role may include individual work with students, mutual goal-setting, and a sense of equality. In developing countries, however, the faculty-student role may be more authoritarian, expecting students to 'figure it out themselves' or maternalistic, having support/therapy sessions with students concerning their personal lives and struggles.

# Sustainability and funding support

Development of international nursing programs, like all aspects of higher education, requires attention to the provision of resources. International experiences are often not obtainable financially by faculty and students in resource-poor countries. Nursing programs in the United States also struggle with allocation of resources to a myriad of demands. So carefully thought out international programs must include reasonable estimates of costs for short and long-term plans.

Funding for sustainability can include various approaches. Student fees can cover costs of student study abroad programs by integrating faculty costs into the programs. This study abroad approach should include payments, if possible, to the receiving country faculty for their efforts,

solidifying commitments to program planning and implementation. In-kind commitments are also viable alternatives to funding ongoing international program.

Community health courses, both didactic and clinical experiences, required in the baccalaureate nursing program, can include options for international experiences. Curriculum placements of that students can participate in these semester long experiences will offer many students opportunities to utilize scholarships and financial aid in the participation.

Development and implementation of co-sponsored international conferences is another possibility for revenue generation. These offerings can contribute to relationship-building among faculty and institutions, generating funds to be utilized to offset international program, faculty and student costs. Foundations and donors are often untapped resources to support international nursing experiences. Many community donors with internationalities are willing to support student nursing experiences, particularly if these experiences are conducted in one's home country.

# **Obstacles**

Obstacles identified over the past decade of conducting an international nursing program were categorized into six areas,1) historical country relationships, 2) judgments, 3) intercultural stress, 4) international faculty issues, 5) time orientation, and 6) expectations (figure 2).

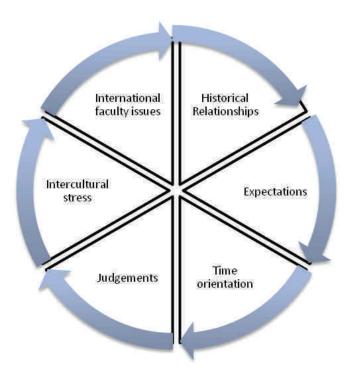


Figure 2. Obstacles to establishing international faculty programs



Often times, countries throughout the world have had experiences or perceptions concerning decisions made by the United States that are unfavorable to the welfare of the visiting country. The media portrayal of United States citizens, particularly women, has negatively contributed to stereotypes that potentially imped mutual understanding and respect.

Additionally, the visiting countries' own historical struggles have far-reaching ramifications for healthcare, resource allocation, and academic emphases. For example, developing countries in South America have struggled for decades over human rights, emphasizing ethical concerns that trump all aspects of decision-making. Not knowing the political struggles of a country and respectfully incorporating that world view can impede relationship-building as the invited faculty can minimize the importance of the historical context.

Judgments and the tendency to evaluate can become a barrier to relationship-building. It takes both the awareness of the tendency to close our minds and the courage to risk changing our own perceptions and values to dare to comprehend why someone acts and thinks differently than us.

Stress is often considered to be inherent in intercultural encounters, disturbing the equilibrium in an individual's system and world view. Kim<sup>10</sup> perceived intercultural competence as a means to manage stress, regain internal balance, and carry out communication process in such a way as to contribute to successful outcomes.

Faculty from both countries may approach the other with assumed superiority or inferiority. This world view may be unconsciously in grained and only evident in subtle attitudes, behaviors, and communication. Assumptions of similarities appear to be embraced by US citizens more than those of other cultures. In attempts to find similarities, faculty may unwittingly dismiss important differences. Persons from other countries such as Japan view themselves as different than other cultures and hence do not expect persons from other cultures to understand them.<sup>11</sup>

The sense of the passage of time is frequently problematic among cultures with different time orientations. 'Let's do it tomorrow' when there is no time frame for what 'tomorrow' is, can be misunderstood as a manipulative delay or disrespectful, when time, work, and other values compete for attention and priorities. <sup>12</sup> Setting up meetings, appointments, and schedules should take into consideration flexibility and the 'acceptable' time frames. In the receiving country, for example, a scheduled meeting at 7:00 am inferred that the participants leave their homes at 7:00 am the meeting starts only after all members arrive at 8:15 am.

Expectations can impact not only perceptions of time but many other aspects when working in the international arena. Intercultural interaction is seen as a situation in which the way others' behavior is categorized (that is, given meaning) is often inaccurate or inappropriate due to unfamiliar cues. These errors cause incorrect expectation, which has found to cause decreases in problem solving ability, adaptability, and health. 14,15

A better understanding of this phenomena can be gained through an awareness of how information is believed to be organized in meaningful ways in human thought: information is classified and categorized on the basis of similarity. In making predictions about individual's reactions to people of other cultures at both the attitudinal and behavioral level, understanding individuals in an intercultural context is enhanced. Visiting faculty, for example, benefit from an exploration and discussion with cultivated international faculty about met and unmet expectations. An open dialogue about disappointments and pleasant decisions or outcomes will facilitate all faculty's' classification of meanings into new and conducive frameworks of meaning. Preventing potential frustration and disenchantment is the cement for relationshipbuilding.

# Lessons learned and recommendations

Having established and sustained international nursing program, there are three predominant lessons learned with recommendations for current and future programs. First, language differences, often seen as a barrier, can be viewed as a potential strength. Although the ability to speak the language is always helpful and critical at times of negotiations, non verbal language is a powerful and universal tool once faculty establishes understandings and clarifies misunderstandings. The provision of translators is helpful. Requiring faculty from both countries to be painstakingly articulate and communicate, however, provides opportunities to explain terminology, philosophies, curricula and agend as in detail not often required in daily work. International nursing faculty, for example, have consistently remarked that only when they are responding to questions by visiting faculty in one's native language do they find that they have misunderstood their own faculty in their own programs.

A second lesson learned is to not focus on one's one agenda when connecting with international colleagues. A visiting faculty member can become excited when faced with endless opportunities for exchange, practice, or research projects. Concentrating solely on the visiting faculty's needs and interests will undermine relationship building. Sustainability will be sacrificed and visiting faculty will be perceived as opportunistic and manipulative. As one international faculty politely stated, "We don't work like that here". The visiting faculty, for example, no longer received communication with the international faculty that he believed he had established strong initial relationships. The program failed and the faculty remains unaware of the impact of his behaviors.



Finally, always 'do what you say you are going to do'. Previous nursing programs with promises of engagement and resources and who did not adequately follow-up may precede a new international nursing program.

Relationship-building based on mutual respect, trust and open communication avoids the consequences of broken promises. Visiting faculty who 'do not keep the promises' contribute to undermining the credibility of all nursing programs attempting to globalize.

### References

- American Association of Colleges of Nursing. The essentials of baccalaureate education for professional nursing practice. Washington: American Association of Colleges of Nursing, October 20, 2008.
- Giger J, Davidhizar R, Purnell L, Harden J, Phillips J, Strickland O. American Academy of Nursing Expert Panel report: Developing cultural competence to eliminate health disparities in ethnic minorities and other vulnerable populations. J Transcult Nurs 2007; 18:95-102.
- Cadena S. Panama. In: Fitzpatrick J, Shultz CM, Aiken TD (ed). Giving through teaching: How nurse educators are changing the world. New York: Springer; 2010: 289-93.
- Detweiler RA. Intercultural interaction and the categorization process: A conceptual analysis and behavioral outcome. Int J Intercult Relations 1980; 4:275-93.

- 5. Leininger M. Culture Care Theory: A major contribution to advance transcultural nursing knowledge and practices. J Transcult Nurs 2002; 13:189-92.
- Giger J, Davidhizar R. The Giger and Davidhizar Transcultural Assessment model, J Transcult Nurs 2002; 13:185-8.
- Purnell L, Paulanka B. Transcultural health care: A culturally competent approach. Philadelphia: FA Davis, 2008
- 8. Ray M. Transcultural caring dynamics in nursing and health care. Philadelphia: FA Davis, 2010.
- Campinha-Bacote J. The process of cultural competence in the delivery of healthcare services: A culturally competent model of care. Cincinnati: Transcultural C.A.R.EAssociates, 2003.
- Kim, YY. Intercultural communication competence: A systems-theoretic view. In: Ting-Toomey S, Korzenny F (ed). Cross-cultural interpersonal communication . International and Intercultural Communication Annual, vol. XV. London: Sage, 1991.
- Grant LF, Letzring TD. Status of cultural competence in nursing education: A literature review. J Multicult Nurs Health 2003; 9:6-13.
- 12. Weinstein S, Brooks A. Nursing without borders. Indianapolis: Sigma Theta Tau International, 2007.
- 13. Barna LM. Stumbling blocks in intercultural communication. In: Samovar LA, Porter RE (ed). Intercultural communication: A reader. Belmont: Wadsworth, 7th ed, 2004.
- 14. Jeffries M. Teaching cultural competence in nursing and health care. New York: Springer, 2006.
- 15. Duffy M. A critique of cultural education in nursing. J Adv Nurs 2001; 36:487-95.