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LEARNING IN LIMINALITY:

A HERMENEUTIC PHENOMENOLOGICAL INVESTIGATION OF STUDENT NURSE LEARNING DURING A STUDY ABROAD JOURNEY

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LEARNING IN LIMINALITY:

A HERMENEUTIC PHENOMENOLOGICAL INVESTIGATION OF STUDENT NURSE LEARNING DURING A STUDY ABROAD JOURNEY

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ABSTRACT

Study abroad generates positive learning outcomes for students. However, experiences of learning, and processes, strategies and influences on learning during unaccompanied nursing study abroad are unclear. This hermeneutic phenomenological study therefore investigated student nurse experiences of learning during a study abroad journey in order to explore the phenomenon of learning and the processes, strategies and influences on learning throughout this journey.

Twenty student nurses, from the UK and Europe, participated; two semi-structured interviews were conducted per participant (post-return and follow-up). Phenomenological hermeneutical data analysis revealed the phenomenon of learning comprised four themes: 'experiencing a different reality'; 'active sense-making'; 'being with others' and 'being changed and transformed'.

Findings identify that study abroad was experienced as the liminal space in which learning occurred. Students experienced liminality in this space and the process of learning was triggered by disjuncture. Students took responsibility for learning and undertook active sense-making activities to gain insight. Students struggled to make sense of troublesome experiences, and remained in a stuck place until resolution of troublesome-ness enabled students to cross a threshold into understanding. Threshold concepts in nursing were revealed as particularly troublesome. Learning was influenced by others; this included communitas, communities and communities of practice. Otherness also influenced student learning and position in these communities. Students experienced change and transformation as a result of the learning that had occurred. A postliminal state was attained when troublesome-ness was resolved and students had re-integrated back into their usual reality.

These findings offer new practical and theoretical insight into student nurse learning during unaccompanied study abroad journeys and further development of educational policy, practice and research is recommended.

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GLOSSARY

Glossary of abbreviations and commonly used terms. References are provided in the thesis.

- ASSIA   Applied Social Sciences Index and Abstracts
- CINAHL   Cumulative Index to Nursing and Allied Health
- DC   Developing Country: A low income country whose economy is based primarily on agriculture
- DPA   Data Protection Act (UK)
- Erasmus   An EU Higher Education study abroad programme
- ERIC   Education Resources Information Centre
- EThOS   Electronic Theses Online Service
- EU   European Union
- Faculty   Academic staff from the student's home university
- Faculty accompanied study abroad

          Study abroad in which a member of Faculty from the home university accompanies students
- FUI   Follow-up interview
- HE   Higher Education
- LPTE   Local programme team enablers
- LSE   Local student enablers
- Medline   Biomedical database
- N   Research study sample size
- n   Denoting size of research study sample subset
- NHS   National Health Service (UK)
- NMC   Nursing and Midwifery Council (UK)

- Non-EU   Countries outside the European Union

- NORA   Northumbria University broad academic subject database
                  now known as Library Search

- P   Research participant

- PIO   A strategy used to facilitate identification of search terms
                  and inclusion criteria in this thesis. Stands for Population,
                  Intervention, Outcome

- PubMed   Biomedical and life sciences database

- RI   Return interview

- RN   Registered Nurse

- RSS   Rich Site Summary or Really Simple Syndication: Journal
                  alert service application

- SQ3R   Survey, Question, Read, Recall, Review: Basic initial
                  literature screening technique

- SALSA   Search, Appraisal, Synthesis, Analysis: Framework
                  outlining stages of a literature review

- ST   Sub theme

- Study abroad   A programme of education in which the student studies in
                  a different country. Components of study may vary.

- UK   United Kingdom

- US   Denoting students or universities located in United States
                  of America

- Unaccompanied study abroad
                  Study abroad experiences in which students are not
                  accompanied by a member of Faculty

- ZETOC   British Library Electronic Table of Contents

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DECLARATION

I declare that the work contained in this thesis has not been submitted for another award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in the thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee on 21st July 2012.

I declare that the word count of this thesis is 83,271 (excluding references and appendices).

Name: Debra Anne Morgan

Signature:

Date: 3rd May 2018

"No journey carries one far unless, as it extends into the world around us, it goes an equal distance into the world within"

(Smith, 1954, p10)

Lillian Smith

Author and social critic

CHAPTER ONE: INTRODUCTION AND STUDY CONTEXTUALISATION

1.1. CHAPTER INTRODUCTION

This PhD thesis presents two journeys. The first, which forms the focus for this research, is the journey of learning undertaken by student nurses during study abroad placements. The second is my journey as a research student working toward doctorateness. Both may be considered to be journeys of liminality and transformation. Chapter one seeks to introduce these journeys and aims to orientate the reader to the research study and thesis structure. This chapter commences with discussion of the origins of the study and signals commencement of the researcher's journey. An overview of the study abroad placements programme that provides the context for investigation is then presented. Contextualisation also comprises review of relevant policy and professional drivers, and additionally considers the pedagogical underpinnings of the study abroad programme. The research question, aim and objectives that the PhD research seeks to address are also introduced and the reflexive nature of their development is highlighted. This chapter concludes by providing an overview of the structure of the thesis.

1.2. REVIEW OF STUDY ORIGINS

The origins of this doctorate arose from my interest in student nurse study abroad. As the programme leader for an optional student nurse study abroad

programme, I was responsible for developing and delivering a safe and valuable learning experience. Student reports, evaluations and presentations demonstrated attainment of learning outcomes. These outcomes included personal and professional growth, an understanding of different healthcare systems and cultures, and the ability to work within systems. I had developed robust health and safety protocols and I had also completed research to develop a deeper understanding of student nurse perceptions of risk during study abroad to further ensure the safety of the experience (Morgan, 2012).

One of the findings, in particular, from the risk research suggested that student perceptions of risk influenced learning. These risks, as triggers for learning, were not confined to the formal setting of the clinical placement, they were also identified outside of clinical placement, in informal settings. The previous study also revealed that other people were influential to the experience of risk during study abroad. These findings generated personal disjuncture. Whilst I felt confident that study abroad placements were safe and did result in positive learning outcomes, I was less certain of student experiences of learning throughout the entirety of study abroad, including both formal and informal settings in which learning may occur. I was also unsure about the extent of influence others may have upon learning experiences. Review of existing literature identified a gap in relation to this area. Further, whilst study abroad to European destinations was reported upon in the literature, short, unaccompanied, non-European destinations were infrequently discussed. Study abroad placements outside of Europe, that were more usually described, were short programmes in which students were accompanied by a tutor from their home university (Faculty). These

programmes were most common to North American nurse education. The programme I led, which offered students the opportunity to undertake either European exchange or a placement in a non-European destination, both of which were unaccompanied by Faculty, was therefore limited in relation to its pedagogical evidence base. My interest to explore learning during unaccompanied study abroad, in both formal and informal contexts, to establish this evidence base, therefore forms the original trigger for this interpretivist PhD study.

1.3. RESEARCH CONTEXT AND OVERVIEW OF THE STUDY ABROAD PROGRAMME

The programme which forms the basis for this research was developed to offer pre-registration nursing students the opportunity to undertake a study abroad experience. It includes either a three month European Union (EU) higher education (Erasmus) exchange programme (European Commission (EC), 2012), comprising a clinical nursing placement, or a one month clinical nursing placement outside of Europe. Students who register onto the study abroad programme undertake this experience during timetabled, year two, clinical placement time. Depending on the type chosen (Erasmus or one month), study abroad clinical placements therefore replace, either in whole or in part, a home country nursing placement. Approximately twenty nursing students per year participate. The study abroad programme comprises three core learning aims which are, to facilitate students to become global graduates, to facilitate development toward cultural competence, and, to

facilitate personal and professional growth. To further contextualise the doctoral research study, the policy, professional and theoretical drivers that underpin these aims are reviewed below.

1.3.1. Review of policy drivers

Policy drivers for study abroad programmes may be influenced by the concept of globalisation, which is identified as,

> *"a multidimensional concept that relates to creating a world in which the social, cultural, technological, political and ideological aspects of life become increasingly homogeneous and in which economic interdependence and growth are driven by the principles of the free market" (Maringe, 2010, p24).*

Globalisation has been taking place over many years but has accelerated over recent decades due to a multiplicity of factors, such as the advancement in communications technology, the free movement of people and the development of common currencies (Maringe, 2010; Maringe and Foskett, 2010). Globalisation therefore involves, in some way, people coming together and interacting (Guruz, 2011). The interdependency generated by globalisation assumes events in one part of the world impact upon communities in another (McGrew and Lewis, 1992). Globalisation has therefore led to a requirement for global graduates who are able to work across international boundaries, who are able to participate positively in intercultural contexts and who understand the global aspects of the world of work (Diamond, Walkley and Scott-Davies, 2011).

In response to globalisation, and in order to provide globally competent graduates, internationalisation of higher education has occurred. Such internationalisation comprises an integration of intercultural elements into higher education (Maringe and Foskett, 2010). Internationalisation is also reflected in EU policy drivers to which the UK government is committed (albeit voluntarily). For example, as a member of the European Higher Education Area, the UK Government is committed to the Bologna Process, which specifies a minimum of 20% of undergraduates should participate in study abroad by 2020 (Bologna Process, 2010; EC, 2017). When further considering the education of health students, McKimm and McLean (2011, p626) also identify a need to educate health students to be socially responsible and *"to think globally but act locally"*. In this way, it is assumed, global resources, expertise and knowledge may be utilised to address local challenges encountered. This further demonstrates the relevance of global health graduates. The study abroad programme at the university in which the doctoral study is located is therefore identified as one approach that supports internationalisation of curricula and the Corporate Strategy requirement to facilitate students to become global graduates (The University, 2009; 2013).

1.3.2. Review of professional drivers

The study abroad programme also includes the professional aim to develop toward cultural competence, which is defined as,

> *"the ongoing process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community)"* (Campinha-Bacote, 2002, p181).

Campinha-Bacote (2002) also suggests five constructs underpin cultural competence. These are:

- Cultural desire – a wish to engage with people from a different culture to one's own;
- Cultural awareness – a cognitive process that enables sensitivity and appreciation of another's cultural values and beliefs and this also requires awareness of one's own cultural beliefs and biases;
- Cultural knowledge – becoming knowledgeable about other cultures in order to be able to understand the worldview of the client (emic view). It also includes developing knowledge of physiological differences that may exist in different ethnic groups;
- Cultural skill – the ability to conduct culturally sensitive holistic assessments;
- Cultural encounters – the opportunity to engage with people from culturally diverse backgrounds.

Andrews and Boyle (2008) are supportive of Campinha-Bacote (2002) as they also suggest integrating cultural skill, knowledge and awareness in order to promote trans-cultural communication and encounters. Further, both Campinha-Bacote (2002) and Andrews and Boyle (2008) are reflective of Leininger's culture care nursing theory which proposes the importance of providing culturally congruent care that incorporates into practice such cultural understandings (McFarland and Wehbe-Alamah, 2015).

The aim to develop toward cultural competence is also reflective of key learning outcomes for student nurse education. Specifically, The Nursing and Midwifery Council (NMC) (2010), the UK regulatory body for nursing, has set competency standards that student nurses are required to attain in order to enter the NMC register as a Registered Nurse. These competencies are divided into four domains comprising: professional values; communication and interpersonal skills; nursing practice and decision making; and leadership, management and team working. The requirement to have an understanding of culture, personal beliefs and values, and the ability to care for people from diverse backgrounds is evident throughout each domain.

These competencies are also underpinned by The NMC Code of Conduct (The Code) (NMC, 2008; 2015). The Code emphasises that nurses must provide individualised care that maintains dignity. It also identifies that nurses must not discriminate against people, they must demonstrate a commitment to equality and diversity, and they must be able to meet the language and communication needs of people. In addition, The Code highlights that nurses must have the skills and knowledge to be able to recognise the contribution people can make to their own care and they should be able to support people to maintain their health, whilst acknowledging their rights to accept or decline treatment.

Both the competency standards for registration (NMC, 2010) and The Code (NMC, 2008; 2015), it may be argued, reflect the influence of globalisation and they therefore require that nurses possess the skills, knowledge and

understanding to provide care to people from different cultures. This culturally competent care, is also defined as,

> *"care that is sensitive to the differences individuals may have in their experiences and responses due to their heritage, sexual orientation, socioeconomic situation, ethnicity, and cultural background" (Meleis, 1999, p12).*

This definition is similar to Leininger's conception of culturally congruent care which also emphasises the need to perform caring actions which are culturally sensitive, and are guided by knowledge of a given culture (McFarland and Wehbe-Alamah, 2015). However, use of the term *culture* is a problematic concept and requires further clarification. For example, Inglis and Hughson (2003) identify that multiple meanings have been assigned to it. Delaney (2011) also identifies use of the term *culture* as contentious. Reviewing a range of social theorists, Delaney suggests there is an anthropological argument that the word should not be used due to its application in a pluralist manner, across a range of disciplines. Delaney also highlights since inception, as a noun relating to cultivation of crops, *culture* has been latterly applied to humans. This application led to it becoming a politicised and class-orientated word, indicating supremacy of some groups over others, for example, viewing the 'upper classes' as being more *cultured* than 'lower classes'. Whilst, Delaney does not support elimination of use of the word *culture* from the anthropological paradigm, it is acknowledged that many anthropologists have ceased to use this term. Nevertheless, the word *culture* continues to be applied to nursing and nurse education (NMC, 2008; NMC, 2010; NMC, 2015). For clarity, the following definition is therefore offered (and will be applied in this research),

"culture describes what different groups of people think, believe and feel: their ways of thinking and the values that they hold are generally deeply ingrained both within the mind of each individual and in the texture of the collective life of the group to which they belong" (Inglis and Hughson, 2003, p2-3).

When considering the concept of culture and also cultural competence development, it is therefore suggested that the study abroad programme anticipates that provision of a placement abroad offers students, with a cultural desire, the opportunity for cultural encounters. Specifically, study abroad aims to provide students with the opportunity to live and undertake a clinical placement with a group of people who are from a different culture to their own. It is assumed that this provides students with an opportunity to gain a cultural awareness of different ways of thinking, believing and feeling. In addition, it is assumed that students gain cultural knowledge and understanding of how culture can influence patients' perspectives and responses to health, illness and healthcare. This is supported by Inglis and Hughson (2003) who also propose that culture influences the way people comprehend and respond to the world. It is therefore suggested that participation in the study abroad programme may facilitate students to develop in relation to the constructs that underpin cultural competence. And this in turn, it is assumed, will permit development of student ability to provide culturally skilled and culturally competent care.

1.3.3. Review of pedagogical underpinnings

The programme requires that students take responsibility for study abroad applications and preparations. It also requires students to be self-motivated and self-directed throughout the experience as they must take responsibility

to ensure they attain their learning outcomes. It is anticipated that these experiences of being self-directed provide students with opportunities to attain personal and professional growth. Importance is assigned not only to achievement of learning outcomes, but also to the processes by which students attain these outcomes. This educational perspective is underpinned by humanistic theories (Maslow, 1971, Quinn, 2004; Knowles, Holton and Swanson, 2005). For example, a humanistic approach proposes that learners have a desire and the capacity for self-directed learning and this ability is driven by motivations to learn that are internal to the adult learner (Quinn, 2004; Knowles, Holton and Swanson, 2005). The importance of self-directed learning is also supported by Grow (1991) who categorises self-directed students as having attained the highest level of autonomy as learners. This is also resonant of the humanistic approach that emphasises that learning provides a means to enable personal growth toward such autonomy and self-actualisation (e.g. Maslow, 1971; Rogers, 2002). Further, the NMC also reflects humanistic aims as the development of student nurses to become autonomous practitioners is integral to standards for pre-registration nurse education (NMC, 2010).

It is therefore suggested that the study abroad programme is underpinned by a humanistic approach applied to an experiential learning context (Rogers, 1983; Kolb, 1984; Boud, Cohen and Walker, 1993; Jarvis, 2010). Jarvis provides further support for this perspective when proposing that learning is not only about what is learnt, it also includes *"what the learner is 'becoming'"* (Jarvis, 2006, p6) and this *becoming* occurs as a result of exposure to experience. This is articulated in the following definition that learning is,

"the combination of processes throughout a lifetime whereby the whole person - body (genetic, physical and biological) and mind (knowledge, skills, attitudes, values, emotions, meaning, beliefs and senses) – experiences social situations, the content of which is then transformed cognitively, emotively or practically (or through any combination) and integrated into the individual person's biography resulting in a continually changing (or more experienced) person." (Jarvis, 2010, p81).

Jarvis (2010) also considers the process by which such personal growth is attained, proposing that when exposed to new experience that disjuncture is likely to manifest, and disjuncture triggers opportunities for learning to occur. Disjuncture is defined as,

"the gap between what we expect to perceive when we have an experience of the world as a result of our previous learning (and therefore our biography) and what we are actually confronted with" (Jarvis, 2010, p83).

Further, the above indicates that learning during study abroad may be influenced by the individual, as supported by humanism, and it may also include a social dimension. Other theorists have also proposed a social dimension to learning (e.g. Boud, Cohen and Walker, 1993; Lave and Wenger, 1991). Of particular relevance to nurse education and study abroad, Lave and Wenger (1991) suggest social aspects may be important when considering learning in clinical practice settings. Specifically, Lave and Wenger introduced the concept of 'communities of practice' to describe groups of people who learn through interactions when they possess a shared learning purpose. Wenger, McDermott and Snyder (2002) offer the following definition of a community of practice,

"Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis." (p4).

Therefore, in addition to consideration of the individual learner being internally motivated and capable of self-directed learning, it is suggested that the study abroad programme also assumes that interactions with the local community of nurses may also influence learning. These pedagogical underpinnings may consequently be summarised as comprising a combination of assumptions about learning during study abroad. These are reflective of a humanistic approach to experiential learning and also suggest both an individual and a social dimension to learning.

1.3.4. Research context summary

Discussion of the contextual background of the research has introduced the student nurse study abroad programme that forms the basis of investigation for this doctoral study. This includes consideration of policy and professional drivers, and pedagogical assumptions. Policy drivers responsive to globalisation underpin the programme aim to contribute to student nurses' development as global graduates. Professional drivers advocate the requirement to support students in their development as culturally competent practitioners. And the aim to facilitate personal and professional growth is reflective of a humanistic approach, applied to an experiential learning context. Further, it has been suggested, to achieve programme aims, this experience relies upon individual students being situated and interacting in the 'real-world' and social context of a different culture.

1.4. DEVELOPMENT OF THE RESEARCH QUESTION, AIM AND OBJECTIVES

To establish whether programme assumptions about learning were supported by more specific empirical evidence in the field of study abroad, a literature review was undertaken (see chapter two). This review identified that whilst the assumed learning outcomes of study abroad were supported by evidence, the processes of learning, the strategies employed and the influences on learning were infrequently reported upon in relation to unaccompanied study abroad programmes. Only a limited number of research studies, which were small scale in nature, discussed these aspects of learning. Further, findings were disparate, and predominantly focused upon the formal context of a clinical placement. Therefore, there remained a lack of clarity in relation to learning processes, strategies and influences during study abroad.

A gap in knowledge in relation to student nurse learning during unaccompanied study abroad experiences was confirmed and the research question, aim and objectives were therefore developed. A provisional research question of *'how do students learn during international placements'* was considered. However, this question was re-formulated during development of the conceptual framework to be more reflective of the research focus to investigate experiences of learning. It was also re-formulated to reflect the study desire to explore experiences throughout the entirety of a study abroad period and not just formal clinical placements. In addition, as my understanding of research methodology developed, I also

added to the research aim and objectives. In keeping with the inductive nature of the study, and to maintain transparency and an audit trail, this reflexive development process is represented in figure 1 and is discussed in the respective chapters.

Figure 1: Stages in development of the research question, aim and objectives

Stage	Description
Confirmation of research focus	• Consideration of contextual background and field specific literature review leads to confirmation of focus for investigation *(see chapter two)*
Confirmation of research question	• Consideration of inquiry paradigm leads to confirmation of research question to address focus • Research aims and objectives are also articulated *(see chapter three)*
Development of research aim & objectives	• Consideration of research methodology leads to reflexive additions to research aim and objectives *(see chapter four)*
Presentation of confirmed reseach question, aim & objectives	• Presentation of confirmed research question, aim and objectives *(see chapter four)*

The confirmed research question, aim and objectives that the study sought to address are:

Research Question

'What are student nurse experiences of learning during study abroad?'

Aim

To explore and interpret student nurse experiences of learning during the totality of study abroad in order to:

Objectives

- gain insight into the process of learning and the strategies students used to enable learning;

- identify what experiences students had transformed into learning events and to uncover how these experiences had been transformed;

- identify the factors that were perceived to have inhibited or that promoted student learning;

- uncover whether and how the student relationship with others, and their position in the communities they interacted with were perceived to have influenced learning;

- identify whether the experiences encountered were felt to influence the student's subsequent approach to learning.

And ultimately to,

- enable an uncovering of the phenomenon of learning and gain insight into being a student nurse learner during study abroad.

1.5. THESIS STRUCTURE

In order to address the research question, aim and objectives, the study has followed an inductive approach commensurate to a hermeneutic phenomenological methodology, and the thesis structure is reflective of this approach. The inductive nature of the study has also influenced engagement with the literature and the decision to employ reflexivity throughout the study. Therefore, to enable clarity, a synopsis of each chapter (which highlights points at which literature has been reviewed and reflexivity applied) is offered below.

Chapters one, two and three discuss development of the conceptual framework. This framework is described by Rallis and Rossman (2012) as,

> *"a structure that organizes the currents of thought that provide focus and direction to an inquiry. It is the organization of ideas – the central concepts from theory, key findings from research, policy statements, professional wisdom – that will guide the project." (p88).*

Rallis and Rossman (2012) therefore suggest that a conceptual framework comprises the researcher's perspective, relevant research, and generative theories or theoretical constructs. Denzin and Lincoln (2005) and Lincoln, Lynham and Guba (2011) also suggest that the researcher's perspective, or worldview, is influenced by a paradigm (comprising ontological, epistemological and methodological beliefs). Accordingly, the factors that influenced development of the conceptual framework and, in turn, the research inquiry, are discussed as follows:

Chapter one: Introduction and study contextualisation. As discussed, this chapter considers the origins of the research study. It also discusses the study context. This comprises an overview of the study abroad placements programme, which participants in the research were undertaking. It also includes consideration of relevant policy, professional and pedagogical underpinnings of the programme under investigation. The research question, aim and objectives that the study addresses are also presented and this highlights the reflexive nature of their development and refinement. This chapter also provides an overview of the structure of the thesis to enable reader orientation.

Chapter two: Engaging with literature and review of field-specific literature. The importance of engaging with literature during a doctoral study is outlined. This chapter also explains the points at which literature was engaged with in the research and thesis. Literature that existed in the field of study abroad at the time of conceptual framework development is also reviewed. This review concludes by highlighting the gap in knowledge that existed in relation to learning during study abroad. The chapter concludes by confirming the focus of the doctoral study.

Chapter three: Confirmation of inquiry paradigm and research question. This chapter reviews and confirms the inquiry paradigm in which the research is situated. It also offers a reflexive review of the researcher's perspective in relation to paradigm alignment. The confirmed research question is also presented and research aim and objectives are articulated.

Research design is discussed in the following chapters:

Chapter four: Research methodology and reflexive additions to the research aim and objectives. Research methodology is discussed and the selected methodology is identified. Review of methodology also resulted in an expansion of researcher horizon, therefore, this chapter also discusses and presents reflexive additions to the research aim and objectives.

Chapter five: Sampling and data collection. This chapter discusses sampling and data collection methods. It also provides details of both sample and data collection events, so permitting further contextualisation and transparency. Ethical issues specific to this study are also considered.

Chapter six: Data analysis process. The data analysis process is presented and this includes discussion of the reflexive development undertaken to further enhance trustworthiness and utility. It presents a visual model of the data analysis process and also offers a reflection on its application.

Chapter seven: A reflexive approach to research quality assurance. The approaches employed to assure quality throughout each stage of the research are discussed. Accordingly, the methods for assurance of trustworthiness and rigour in interpretivist research are considered. This discussion also includes consideration of the concept of reflexivity and highlights application of the reflexive approach employed.

The outcome of the analysis stage of the study is discussed in the remainder of the thesis as follows:

Chapter eight: Introducing additional literature reviewed. Additional theories that emerged from participant accounts as pertinent to explore, but which had

not previously been discussed in the thesis, are introduced. These theories are introduced prior to the findings chapter as they permit clarity when considering the findings.

Chapters nine, ten and eleven are the findings chapters. The findings are presented in three chapters to reflect the stages of the study abroad journey that were revealed. Therefore, chapter nine discusses *The preliminal stage - prior to being in a different reality*; chapter ten discusses *The liminal stage - being in a different reality*; and chapter eleven discusses *The postliminal stage - being back*. Within each of the findings chapters, the themes and sub themes that emerged will be presented. At the end of each of these chapters a summary, in the form of an emerging understanding, will be provided. Chapter eleven will conclude by presenting an emerging understanding of the full journey.

Chapter twelve: Discussion. Presenting a comprehensive understanding of the phenomenon. This chapter presents the outcome of the comprehensive understanding stage of the research. Literature is re-engaged with and the themes and sub themes that emerged at each stage of the journey are reflected upon and considered. The final themes and sub themes that represent the full journey, and the phenomenon, are presented and discussed. A final comprehensive understanding of the phenomenon is offered. Answers to the research question, aim and objectives are summarised and integrated into this understanding.

Chapter thirteen: Conclusions and recommendations. The final chapter of the thesis reviews study strengths and limitations. It also offers recommendations

for future educational policy, practice and research. A final reflexive review of the researcher's journey toward doctorateness is offered prior to presentation of a concluding summary that draws both the journey of the researcher and also the research to a close.

1.6. CHAPTER SUMMARY

The introductory chapter of the thesis has sought to orientate the reader to the research, which focuses upon student nurse learning during unaccompanied study abroad placements. It has explained the origins of the study and it has also offered research study contextualisation. The inductive and reflexive nature of this hermeneutic phenomenological research study is indicated when presenting the research question, aim and objectives, and also when introducing the thesis structure. Chapter two now considers engagement with literature and, to confirm the research rationale, a critical review of literature in the field of study is provided.

CHAPTER TWO: ENGAGING WITH LITERATURE AND REVIEW OF FIELD-SPECIFIC LITERATURE

2.1. CHAPTER INTRODUCTION

Chapter two discusses engagement with literature. Such engagement is identified as an integral aspect of doctoral study (Trafford and Lesham, 2008). Critical consideration of literature permits the doctoral student to synthesise and analyse existing evidence in the field of study. This, in turn, enables the student to 'authorise' their position, so situating the PhD study within the context of subject knowledge (Trafford and Lesham, 2008; Ridley, 2012). Engagement with literature, at each stage of the PhD journey, therefore offers an opportunity to develop a research study that has the potential to make a unique contribution to the subject by addressing gaps in existing knowledge (Trafford and Lesham, 2008; Ridley, 2012).

The chapter commences by outlining the stages at which literature has been engaged with in this research. Following this, the remainder of the chapter focuses upon the field-specific literature review undertaken at the point of conceptual framework development. The chapter concludes with presentation of the identified gap in knowledge and confirmation of the resultant research focus.

2.2. ENGAGEMENT WITH LITERATURE THROUGHOUT DOCTORAL STUDY

Whilst the literature review to be presented in this chapter focuses upon literature that existed at the point of conceptual framework development, it is also important to engage with literature throughout the entirety of a study (Trafford and Leshem, 2008; Carter, Kelly and Brailsford, 2012). Literature has therefore informed each stage of the research, from development of the conceptual framework and research design, to generation of the emergent theoretical framework and study conclusions.

The inductive nature of the research also influenced the points at which engagement with field-specific literature and theory occurred. As discussed, the previous chapter explored policy and professional drivers, and pedagogical assumptions, to contextualise the research. The current chapter presents the initial field-specific review, and subsequent chapters (chapter eight and chapter twelve) consider additional literature that supports the emergent theoretical framework. Engagement with this additional body of literature occurred during the comprehensive understanding stage of data analysis. However, as it is signposted in the findings chapters, it is introduced prior to the findings to permit clarity for the reader (chapter eight). A more extensive review is further incorporated into the discussion chapter (chapter twelve). Relevant study abroad literature published subsequent to the initial literature review is also integrated into chapter eight and chapter twelve, as appropriate. Figure 2 displays the key stages at which literature has been reviewed during the course of this research.

Figure 2: Key literature reviews undertaken during the research

Presented in	Key literature reviews undertaken
chapter 1	• Literature is reviewed to contextualise the research.
chapter 2	• Field specific literature review is undertaken to establish evidence base and identify gap in knowledge at point of conceptual framework development. • Focus: student nurse learning during study abroad.
chapters 8 & 12	• Comprehensive understanding stage literature review is undertaken as part of data analysis process (see chapter 6) this generates a deep understanding of findings and the phenomenon. • Focus: guided by the emergent findings.

2.3. INTRODUCING THE FIELD-SPECIFIC LITERATURE REVIEW

2.3.1. Aim of the review

Cohen, Manion and Morrison (2011) suggest that the aim of a literature review is to provide a representation of current knowledge in the subject area of investigation, demonstrating the key issues and this includes highlighting the gaps in knowledge that exist. The initial field-specific review therefore situates the doctoral research study within the context of the field of student nurse learning during study abroad. It reveals a gap in empirical knowledge and confirms the resultant doctoral research focus.

2.3.2. Search and review strategy

Fink (2010) suggests that a literature review should be systematic when reviewing a body of empirical work. Further, Booth, Papaioannou and Sutton (2012) suggest use of the term *systematic* emphasises the requirement for all literature reviews to be rigorous. And to achieve rigour, a structured literature search and review strategy is required (Grant and Booth, 2009). Accordingly, the SALSA (search, appraisal, synthesis, analysis) review framework was applied to guide review (Booth, Papaionnou and Sutton, 2012).

2.3.2.1. Search Tools

Literature search utilised relevant catalogues, databases, search engines and web sites (Fink, 2010; Ridley, 2012). Databases searched included those relevant to nursing, healthcare and education such as CINAHL, Medline, PubMed and ASSIA. In addition, databases which focused upon broader educational sources were also searched, for example, ERIC, British Education Index and Australian Education Index. Generic databases were also accessed, and these included, ZETOC, Web of Knowledge and subsequently Web of Science. The thesis database EThOS was also utilised to access this form of grey literature. The University library search tool, NORA (subsequently developed into Library Search), was also used as this searched all databases relevant to university academic subject areas. This provided access to additional studies that may have focused upon the topic area but which may have escaped capture if they were not contained within the subject specific databases searched.

Use of search tools therefore provided access to a wide range of sources which included books and journal articles, including primary research, secondary and tertiary materials and grey literature, comprising conference proceedings, national government and international bodies, professional body reports, theses and popular media (Ridley, 2012).

2.3.2.2. Search terms and parameters

PIO (population, intervention, outcome) structure was used to refine search parameters and identify search terms (Cooke, Smith and Booth, 2012). This permitted integration of clear inclusion criteria into the search strategy (Booth, Papaioannou and Sutton, 2012). Accordingly, the search strategy utilised to inform the initial field-specific literature review included selection of a wide range of synonyms used to describe the inclusion criteria of:

- the study **population:**   student nurses
- the **intervention:**   study abroad placements
- the **outcome:**   learning

As some databases offer thesaurus search term parameters, a combination of free text and thesaurus searching was applied, as relevant, to each database searched. This approach is also recommended by Booth, Papaioannou and Sutton (2012).

In addition, a snowballing technique was also employed (Booth, Papaioannou and Sutton, 2012; Ridley, 2012). Snowballing comprises reviewing search terms used in, and reference lists of, obtained literature. This reveals additional search terms and literature that may be relevant. In addition, electronic catalogues also permit a feed-forward function whereby obtained literature is also linked to more recent material published that may be of relevance (Ridley, 2012). Figure 3 further describes the terms searched and outlines the search engines and databases utilised.

Figure 3: Field-specific literature search terms and databases
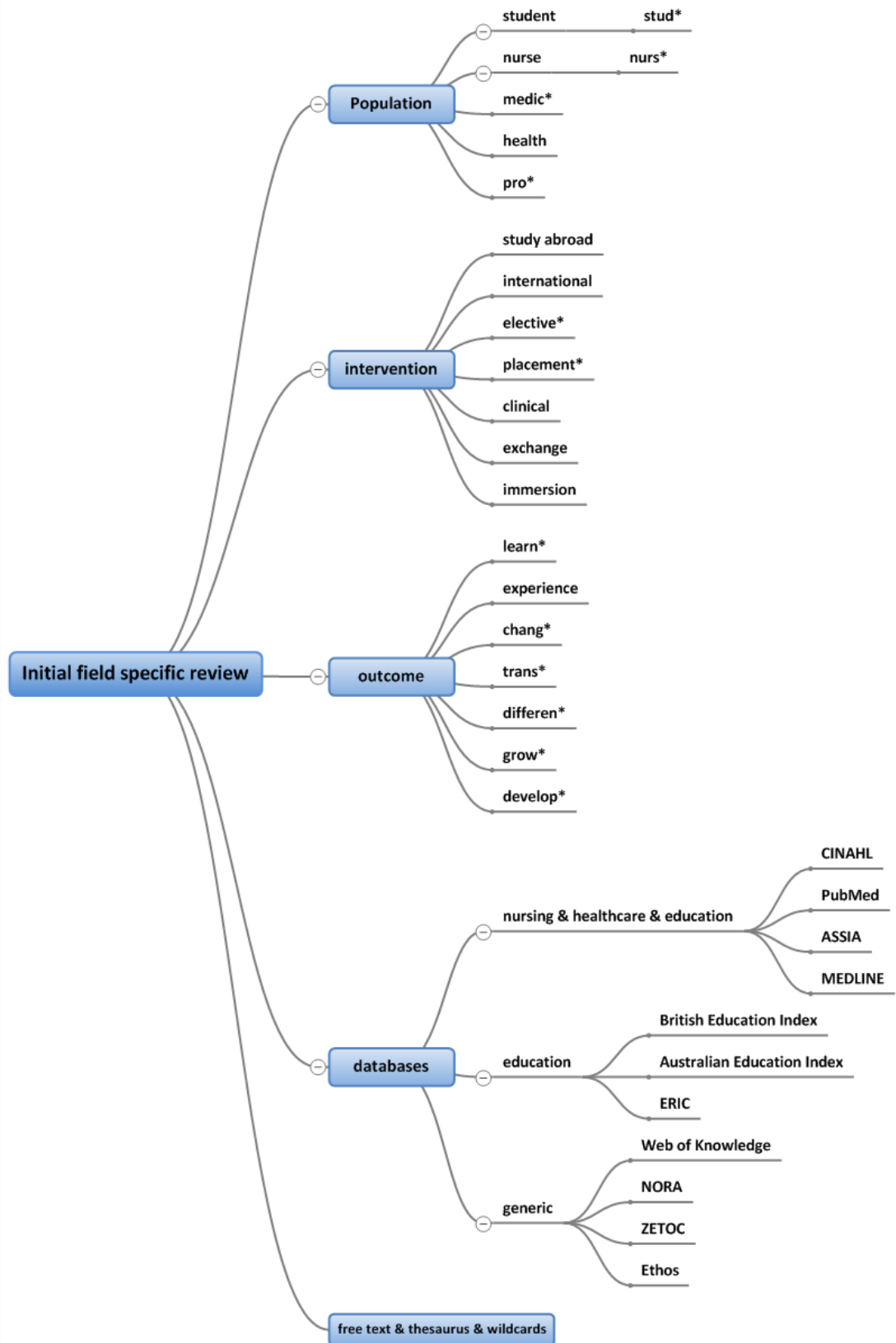
Broad searching of individual search terms was initially undertaken. This permitted capture of the full extent of the literature using the chosen terms; both relevant and irrelevant material was therefore obtained. To enhance search efficiency, Boolean logic was then applied to permit specificity and this resulted in identification of relevant literature for review. Each database directory was consulted prior to undertaking such searches to ensure the use of these operators was employed correctly (Ridley, 2012).

Year restriction parameters were not set to ensure the full scope of literature from the field of interest was revealed. However, the language parameter of English was set. Whilst this could be considered a potential limiter, the identified studies also included research that had been conducted by researchers from across the world, and this included several countries which did not use English as a first language. This parameter was, therefore, not felt to weaken the study.

As identified, literature was engaged with at specific points in the study, therefore subsequent searches will be discussed in chapters eight and twelve. In addition, to further facilitate efficient searching and retrieval of literature at the relevant stages of the study, both ZETOC table of contents alerts and RSS journal feeds, were also subscribed to (Ridley, 2012).

2.3.2.3. Critically appraising the literature and completing the review

The process of critical appraisal firstly involved an initial assessment to 'screen in' studies of potential relevance and 'screen out' those that were not relevant. Accordingly, the SQ3R system was employed (Ridley, 2012). This method comprises that the reader surveys the text to gain a general overview of its focus. Whilst reading the text the reader asks questions of it to ascertain potential relevance. If the text is potentially relevant, the reader again reads the text carefully. The key points are then recalled and finally the text is reviewed to ensure that all salient points have been identified (Ridley, 2012).

Following this initial screening stage, literature was then critically appraised to assess the quality of the studies reviewed. Considerations included assessment in terms of validity and reliability, or, trustworthiness and authenticity (as relevant) which permitted judgements to be made in relation to applicability (Law et al, 1998; Letts et al, 2007; Booth, Papaioannou and Sutton, 2012; CASP UK, online). Following appraisal, synthesis and analysis of the literature was also undertaken (Booth, Papaionnou and Sutton, 2012). Further, Trafford and Leshem's (2008) recommendation to demonstrate authorisation has been incorporated. The following discussion is therefore a presentation of the outcome of all stages of the literature review undertaken.

2.4. PRESENTING THE FIELD-SPECIFIC REVIEW

Broad literature searching revealed that study abroad has been widely reported upon. For example, a search using the term 'study abroad' displayed as n=53,884. However, undertaking specificity searching (e.g. as indicated in figure 3) found that fewer papers considered study abroad and student nurses. In addition, SQ3R screening further identified studies which were not relevant for presentation in this initial field-specific review. For example, some articles initially identified when combining search terms 'student' and 'nurse' were revealed to have focused upon Registered Nurses (RN) undertaking post-basic study (e.g. Haloburdo & Thompson, 1998). As the competency profile of RN's can be assumed to be different to that of pre-registration student nurses (e.g. Benner, 1984; NMC, 2010) these studies were also excluded from review at this stage of the research. Anecdotal narrative articles were also excluded.

The search and appraisal process identified a small number of studies of relevance to include in review. This is perhaps unsurprising when considering it was only in the late 1990's that study abroad experiences became more commonly offered in pre-registration nursing programmes. This can be linked to changes in nurse education. For example, in the UK prior to 1995, only clinical hours accrued in the UK were counted toward nurse registration. This effectively prohibited nursing placements in Europe (Scholes and Moore, 2000). In addition, pre-registration nurse education transferred from Schools of Nursing into higher education settings in the late 1990's. This change of provision therefore permitted inclusion of student nurses into university

European exchange programmes such as Erasmus. Such recognition of, and rationale for, the relative dearth in empirical literature prior to 2000 is also supported by Lee (2004).

This review therefore presents, thematically, a synthesis and analysis of this critically appraised empirical body of knowledge. Accordingly, discussion themes are: consideration of the product of learning *or* what students learn during study abroad (comprising, short term and longer term outcomes); and, the processes and influences employed to facilitate learning (including, contextual influences, inter-personal influences and learning processes). This review also reveals the gap in knowledge, and authorisation confirms the research focus to investigate processes, influences and strategies for learning during the entirety of unaccompanied, student nurse, study abroad placements.

2.4.1. Consideration of the product of learning *or* what students learn during study abroad

The body of research considering the product of learning, or, what students learn during study abroad, predominantly focuses upon immediate or short term impact, whilst only a minority have investigated longer term impact. These research studies are predominantly qualitative in design, and the most frequently applied qualitative methodology is phenomenology. A minority of research is either quantitative or mixed methodology. The strengths and limitations of these studies will be discussed at the respective points.

2.4.1.1. Short term impact of study abroad

Frisch (1990) has been credited (e.g. by Zorn, 1996; Mill, Yonge and Cameron, 2005) as the first to move the study abroad evidence base beyond the anecdotal. Frisch conducted a quantitative research study to establish the immediate impact of a six week exchange, which included clinical placement in Mexico. Frisch identified that American (US) student nurse participants developed cognitively as they adopted a more relativistic and mature level of thinking ($p=0.018$). The findings do however need to be considered with caution as the sample size was small ($n=6$) and students who had remained in the US ($n=17$) also demonstrated cognitive development, although to a lesser extent. Further, generalisation to unaccompanied study abroad is not possible as students in Frisch's research were accompanied by a Faculty member on the exchange.

A mixed methodology study by St Clair and McKenry (1999) also explored the impact of participation in a short international clinical nursing experience. The study compared nursing students who remained in the US ($n=120$) with students who undertook a clinical elective of two to three weeks in Jamaica, Ghana, England or Northern Ireland ($n=80$). Participants in the study were required to complete a Cultural Self-efficacy questionnaire designed to measure levels of ethnocentrism, cultural sensitivity and cultural self-efficacy. Statistically significant findings demonstrated an increase in cultural sensitivity and self-efficacy in those who undertook electives when compared to students who had remained in the US. However, cognisance of sample

size is recommended by the researchers when interpreting significance, as the sample is considered to be small.

Scholes and Moore (2000) evaluated clinical exchanges undertaken as part of an European nursing degree programme. This evaluation comprised student nurses from the UK who exchanged to Europe and European nurses who exchanged to the UK. Over a four year period, a total of N = 79 students (n=70 European and n=9 UK students) completed evaluation questionnaires. However, the design and content of these questionnaires is not articulated. Scholes and Moore's analysis of responses suggest that students developed cultural sensitivity and personal and professional maturity as a result of exchange. Grant and McKenna (2003) also reflect these findings. Grant and McKenna conducted a qualitative study that investigated Australian undergraduate student nurses (N=9) who undertook a four week UK clinical placement. Students kept reflective journals during the placement and on return home they were interviewed. Six interviews included review of the participant's journal whilst three participants preferred to be interviewed without reference to their journal. Thematic analysis identified that these final year students developed an enhanced awareness of nursing culture both in the host country and at home. It is relevant to note however, that the lack of standardisation in relation to data collection may be a limitation. However, a literature review by Button et al (2005) also concurs with these findings. Button et al highlight that study abroad offers the opportunity to compare and contrast healthcare systems and suggest it enables students to develop personally and professionally. It is important to note that Button et al (2005) provide a broad review that includes articles that report upon international

placements that could be clinical or academic, it includes review of articles in which students may have been pre-registration or post-registration nurses, and also includes research that investigated students of other academic disciplines, therefore transferability of these findings to the current study cannot be assumed.

More applicably in terms of transferability, Sandin, Grahn and Kronvall (2004) researched an unaccompanied experience to Tanzania that comprised a three week hospital placement. Qualitative interviews of eight Swedish students (aged 25-30 years) revealed participants developed new perspectives in relation to self (insight into personal reactions and culture). Greatrex-White (2007; 2008), who conducted phenomenological research, concurs. As a result of reflective diary analysis, Greatrex-White suggested that UK student nurses (N=26) developed self-understanding and gained cultural awareness as a result of clinical placements in a range of countries (duration six to twelve weeks). Further, Ruddock and Turner (2007) propose that an international experience facilitated development of cultural sensitivity. Ruddock and Turner also conducted a phenomenological study which involved Danish student nurses (N=7) who had undertaken experiences in Jamaica, Malta, Australia or Greenland. Study duration ranged from one month to a semester. However, the exact composition of these experiences is unclear. They appear to have comprised formal educational attendance and clinical placement exposure, but this is not clearly outlined for each of the countries visited and living arrangements are also not specified, therefore limitations are evident.

In addition, Keogh and Russel-Roberts (2009) qualitatively researched a twenty week Finnish-German student nurse exchange programme and suggested that study abroad enabled personal and professional development. More specifically, students (N=7) were considered to have acquired trans-cultural competencies such as language development and communication abilities, they developed sensitivity to cultural difference and were able to incorporate these elements into nursing practice. A phenomenological study by Edmonds (2010) agrees with Keogh and Russel-Roberts (2009). Edmonds investigated US student nurse experiences during a short (two weeks or less) study abroad programme. Edmonds' findings suggest that students developed personally and they gained an awareness of diverse cultures. Interestingly, the study abroad experiences that generated these outcomes were shorter in duration than other study abroad programmes. However, whilst the programme comprised a clinical placement visit with short exposure to practice in Dominica, it also included students who did not undertake clinical practice (some students undertook an educational group tour to London which included cultural and clinical visits and lecture attendance). Due to this dissimilarity, transferability of findings is significantly restricted.

2.4.1.2. Longer term impact of study abroad

Fewer research studies have focused upon the longer term impact of study abroad. When considering these studies it is important to note that the findings of this body of research have arisen following variable and extended time frames. Therefore, these findings may be influenced by participant

memory, selective recall or subsequent experience (Parahoo, 2006). This consideration may also account for the limited number of research studies which have chosen to focus upon this aspect of impact.

Zorn (1996) presented the first quantitative survey research (N=27) to investigate long-term impact. Participants in this research were US Baccalaureate nursing alumni who had undertaken a study abroad experience during their undergraduate studies (one to fourteen years prior to the research). Zorn developed an International Education Survey (IES) to collect data. This survey measured impact in four areas: nurses' role, international perspectives, personal development, and intellectual development. Similarly, to the short term impact studies, Zorn identified that participants developed an international perspective and experienced personal growth. Generalisation is highly limited due to the small sample size. Additionally, whilst the majority of participants experienced a 'hands on' clinical placement (n=17) a significant minority had undertaken survey project work (n=10). More recently, Smith and Curry (2011) also applied a similar quantitative survey methodology to investigate long term impact of a study abroad experience with US Associate Nursing Degree alumni (N=36). Research participants undertook a two week clinical experience in Ecuador during their pre-registration nursing studies (between one and ten years previously). The study abroad programme comprised a combination of observation of clinical practice in hospitals, participation in 'hands on' practice in an older people's nursing home and the completion of paediatric health assessments in a day care setting. Participants completed the IES survey tool, as designed by Zorn (1996). Descriptive statistical analysis also

indicated long term impact including personal development. However, the small sample size presents as a limitation when considering these findings.

When considering qualitative methodologies, Callister and Cox (2006) conducted a phenomenological study which interviewed US graduate nurses (N=20) who had undertaken an international clinical elective during undergraduate education in the preceding ten years. Destinations visited included South America and Jordan. This study demonstrated development of cultural competence, an enhanced awareness of global health and socio-political issues as well as feelings of personal growth. However, these findings need to be considered with caution when applying to exclusively international placement programmes, as the sample also included US students who had undertaken placements with Native American communities in the US. It is unclear why this latter placement type was included in a study that sought to investigate the influence of international placements. Levine (2009) also undertook a qualitative research study that comprised US graduate nurses (N=10) who had participated in an international immersion programme during their undergraduate studies. Countries visited ranged from Central America, Eastern Europe and South-East Asia. This research investigated study abroad that had occurred from three to thirteen years previously and suggested that transformation of the participants' worldview had occurred as a result.

2.4.2. Learning processes and influences on learning during study abroad

With only a few exceptions, the body of literature that consider influences and processes of learning during study abroad comprise the same research studies presented above. However, these studies present as a less cohesive body of evidence when considering processes and influences on learning. Specifically, a disparate range of influences have been suggested in the published research. Accordingly, this section of review considers this body of research under the headings of contextual influences, inter-personal influences and learning processes.

2.4.2.1. Contextual influences

Zorn (1996) investigated duration of study abroad and suggested that participants who had undertaken a longer experience (three to four months) demonstrated significantly greater impact ($p<0.05$) when compared to participants who had undertaken shorter experiences (two to four weeks). It should be noted that the shorter experiences comprised survey work and they were not 'hands on' clinical placements. Therefore, the compared experiences were dissimilar, and this may have influenced findings. However, Grant and McKenna (2003) also highlight how duration of placement may influence learning. Grant and McKenna found that Australian student nurses developed over time during a clinical placement; for example, students initially focused upon clinical skills but over time they developed an

understanding of nursing culture, so suggesting that a longer duration exchange may be most beneficial.

The qualitative component of St Clair and McKenry's (1999) study suggests that living and working contexts also influence learning. Qualitative analysis of student reflective journals (n=80) identified that being immersed in a different culture, by living with and working with people in their community, enabled transformation of perspective. However specific detail about living or working arrangements is not provided and this may be a limitation when considering transferability. Further, a focus upon living may have occurred as this was a short study abroad experience (two to three weeks) and participants may have had more exposure to living than working environments in this timeframe. However, it is not possible to understand this further without these specific details.

Thompson, Boore and Deeny (2000) undertook a quantitative study also utilising the IES survey tool (Zorn, 1996) to compare the study abroad contexts of developing countries versus developed countries. Student nurses (N=74) from a university in Northern Ireland participated. A statistically significant difference between the two types of experience was identified; with students who had undertaken study abroad in a developing country gaining more in relation to personal development, international perspectives and intellectual development. Thompson, Boore and Deeny (2000) suggest key influencing factors were living and being exposed to the different culture's values and health experiences, which generated self-reflection on own life. However, Thompson, Boore and Deeny did not provide detail in

relation to how many participants undertook the developing country experience compared to the developed country experience, which is a limitation. However, given this caution, this research suggests that informal contexts may influence learning during study abroad.

Whilst Sandin, Grahn and Kronvall (2004) did not consider the informal setting, they also found exposure to difference in the clinical environment in Tanzania generated student self-reflection and a desire to learn about the other culture, which may support the importance of experiential learning. Levine (2009) also identified that transformation of worldviews occurred due to experiential learning in another culture, and dialectics (exposure to, and reflection upon, different ways of being) were also suggested to be important. Levine's work additionally supports the need to consider both formal and informal contexts of learning. However, it is important to note that the investigated programme comprised a Faculty accompanied group visit. Whilst Levine's study offers the potential for advancement of the evidence base in this field, it is not possible to assume that findings would transfer to unaccompanied study abroad programmes. However, a transcendental phenomenological study (Morgan, 2012) also suggests the informal context of learning may be important. Whilst this research focused upon risk during unaccompanied study abroad, it suggests that significant learning may occur outside of the formal context of clinical practice. However, it is unclear from this study how students transformed experiences into positive learning events.

2.4.2.2. Inter-personal influences

In addition to context, other research has considered personal or inter-personal influences such as student attributes, language ability and support. Ethnographic research by Koskinen and Tossavainen (2003a) investigated the mentor-student relationship during Finnish study abroad from the perspective of clinical mentors who supported UK students in clinical practice. This study suggested that student personality influenced the relationship significantly and these elements influenced their intercultural learning. Specifically, mentors identified that students who were motivated to learn adjusted well to cultural differences in practice, and they were also able to bridge language barriers. Students who did not demonstrate the same motivation did not adjust or cope with the differences, nor did they transcend the language barrier. Additionally, this research highlighted mentor support to be a key enabling factor in the facilitation of intercultural learning. However, this study did not include the student voice. What appears to be a companion paper by Koskinen and Tossavainen (2003b) did analyse student interview data from a study that held the same aims. Findings in this research also highlighted culture shock and language barriers as negative influences on development of competence. This latter paper appears to place the responsibility wholly upon the student to overcome the challenges and integrate into the community of practitioners. When considered in relation to Koskinen and Tossavinen (2003a) it is, however, perhaps most appropriate to suggest that challenges experienced required the student to take responsibility but also additionally required mentor support.

Ruddock and Turner (2007), discussed above, also propose the key to success in development of cultural sensitivity is being within a supportive environment. In addition, they note that 'time out' with peers from one's own country helped to facilitate participants to understand the new culture. Ruddock and Turner's work is interesting, however this research comprised a relatively small sample size (N=7), which Ruddock and Turner identified as being 'adequate' but they did not justify this methodological judgement. Ruddock and Turner acknowledge these limitations and recommend further studies with students from different cultural groups to expand understanding. In addition, participant age (24 – 29 years) in Ruddock and Turner's study is perhaps older than the student nurses who undertake international placements in the university in which this doctoral study is based (most students are 20 – 23 years). Given the above, transferability cannot be assumed.

However, the support of others appears a valid area to consider as Reid-Searl et al (2011), in a study of Australian student nurses (N=8), also identified that being with a group of students and staff from home was a key factor in the perceived success of a visit to Thailand. This experience comprised a four week clinical placement and students were accompanied by two home university academics. The study identified that students valued the development of bonds with peers but did not highlight whether peers offered the understanding outlined by Ruddock and Turner. This study also identified that the lecturers who led the group were perceived as vital to enabling learning opportunities to be made possible during the experience. Therefore, again transferability to unaccompanied study abroad is questionable.

Whilst Morgan (2012) focused upon risk during study abroad, the study also suggested that others are influential during the experience. Morgan identified that students, as part of their risk management strategy, were influenced by and relied upon other people, both inside and outside of the practice setting. For example, some students experienced social isolation as a result of being viewed as 'the other'; which is someone from outside the local community who may be viewed by local people as a threat (Douglas, 1992; Giddens, 1994). Participants were also revealed as being aware of needing to fit in to overcome social isolation by demonstrating to local people that they could be considered a 'friendly stranger', so advancing conceptualisation of 'the stranger' proposed by Giddens (1994). The study therefore recommends further exploration of the influence others may have upon learning.

Green et al (2008) employed a qualitative case study methodology to investigate Swedish (n=14) and UK (n=18) students who undertook student nurse exchange to Western European countries, USA, Hong Kong and South Africa. Exchanges ranged from five to twenty weeks. This project suggested that students developed personally and professionally through experiential learning, which was also influenced by levels of support and levels of language proficiency (limitations hindered the experience). Green et al, however, identified that the relationship between personal growth and professional development during study abroad is complex and recommended further research to investigate the influence these outcomes may exert upon each other. It is also important to note that whilst Green et al (2008) touched upon experiences outside of the formal placement setting, no detail is offered

in relation to these. This study therefore predominantly focused upon the clinical practice setting.

Myhre (2011) also considered language proficiency and conducted hermeneutic research (N=3) which sought to consider the lived experiences of nursing students from Central Europe who had undertaken a placement in Norway. This study sought to identify challenges faced by exchange student nurses who do not speak the host language. Myhre identified that limited language ability was not a barrier. It facilitated development of student self-confidence as students were able to find alternative ways to communicate with staff and patients. Data was collected via two focus group interviews, one mid experience and one at the end of the experience; however it can be questioned whether a focus group would facilitate the elicitation of individual lived experience of participants fully.

2.4.2.3. Learning processes

In addition to influences on learning, some studies have considered learning processes. For example, Scholes and Moore (2000) found that cultural sensitivity developed when separated from usual culture during clinical placement. This evaluation suggested that separation triggered disjuncture, students let go of their usual cultural assumptions and they made 'connections' with patients. Scholes and Moore suggest that transformative learning occurred, however a definition or further detail about this concept is not provided. Koskinen and Tossavainen (2004) also describe a similar process of cultural competence development. Koskinen and Tosavainen

conducted ethnographic research that focused upon development of intercultural competence during a Finnish student nurse single semester clinical exchange to the UK. This research also focused upon the formal context of clinical placement and suggested that intercultural competence learning comprised three categories; transition into another culture; adjustment to that culture; and the gaining of intercultural sensitivity, which was found to vary between participants. The researchers also suggest that learning occurred over three phases, an orientation phase identified as being problematic, a study abroad phase identified as stressful but rewarding, and an inadequate re-entry debriefing phase. Koskinen and Tossavainen did not account for the varying cultural sensitivity identified but did recommend additional support for all students during each phase of learning in order to enhance intercultural development.

Ruddock and Turner (2007) describe a circular process in the attainment of cultural sensitivity. This involves experiencing transition stress and culture shock, adjusting and moving to adopting the host culture ways, and comparison between home with host culture. Greatrex-White (2007; 2008) also identified elements that concur with Ruddock and Turner's process description. Specifically, Greatrex-White uncovered that *leaving behind* the student's normal life allowed students to gain an understanding of self, and *foreignness* afforded students the opportunity to compare home and host country. In addition, *foreignness* also highlighted the limitations language barriers can create, but as a result of being foreign, students gained insight into how it may be for others, which can be considered an attribute of cultural competence development. The diary extracts presented further demonstrate

the value of considering placement, living and socialising experiences, when investigating study abroad. However, Greatrex-White (2007) suggested that *foreignness* and *leaving behind* represent only a partial uncovering of study abroad. Edmonds (2010), also considered cultural competence development and offered similar themes to that uncovered by Ruddock and Turner and Greatrex-White. Through the uncovering of four themes, it was suggested that development toward cultural competence was demonstrated. These themes are *recognising* self and ethnocentric values, *encountering* another culture, *adapting* to reduce otherness and fit in, and *mastering* the challenges which promoted development of self-efficacy. However, as discussed earlier, transferability of findings requires caution due to the dissimilar study abroad experiences investigated.

Finally, a systematic literature review of student nurse development of cultural competence during study abroad also supports the studies above (Kokko, 2011). Kokko identified that cultural competence development comprises, *an increased cultural knowledge base* achieved by experiencing the foreign culture and coping and adapting to the foreign culture, *personal growth* as a result of enhancement of cultural knowledge base development, and the *impact* focused upon desire to adapt future practice as a result of experiences in the foreign culture. Whilst supportive of the existing evidence base it should be noted that this systematic review was relatively small (N=7) and this may further emphasise the limited range of evidence that has considered this topic.

2.4.3. Review summary, confirmation of the gap in knowledge and identification of the research focus

This review suggests that field-specific literature comprises a relatively small number of research studies. This body of research investigates a wide variety of study abroad placement types in terms of model, destination and duration. For example, study abroad programme models comprise those in which students may be accompanied by a member of staff from their home faculty, or they may be unaccompanied. North American studies predominantly focus upon accompanied study abroad experiences (e.g. Frisch, 1990; Levine, 2009). European studies, however, more commonly focus upon unaccompanied study abroad models (e.g. Koskinen and Tossavainen, 2003a; Keogh and Russel-Roberts, 2009). This may be linked to the predominance of the Erasmus unaccompanied exchange programme to which many European universities subscribe. The duration of study abroad also varies from short placements of two weeks, to those of longer duration, for example, five months. Longer placements are most common to European student nurse exchange programmes (e.g. Keogh and Russel-Roberts, 2009), whilst shorter placements are most frequently to non-European destinations, or comprise students who study abroad in Europe from outside of the EU (e.g. St Clair and McKenry, 1999; Grant and McKenna, 2003; Edmonds, 2010; Reid-Searl et al, 2011). This variation may be due to the fact that EU students may access EU financial grants to support an extended period of time in another EU country.

As indicated, research studies also vary in terms of researcher's base country. For example, researchers have published from Europe, USA, and Australia. Whilst research undertaken by UK-based researchers is small in number (e.g. Thompson, Boore and Deeny, 2000; Greatrex-White, 2007; 2008), this may be accounted for as UK student nurse study abroad is a recent addition to the study abroad community. However, European researchers have studied UK students who have undertaken exchange to Europe (e.g. Koskinen and Tossavainen, 2003a).

Despite these variations, there appears to be consensus that study abroad placements may facilitate positive learning outcomes that are reflective of the current study abroad programme aims. Specifically, published research supports that study abroad may enable personal and professional growth and students may also develop culturally aware attributes (e.g. Frisch, 1990; Ruddock and Turner, 2007; Keogh and Russel-Roberts, 2009). Whilst standard definitions have not been adopted in these studies, it is also apparent that cultural learning outcomes, such as development of cultural sensitivity and cultural competence seem to have been attained (e.g. St Clair and McKenry, 1999; Callister and Cox, 2006). Further, these outcomes also appear to persist over time (e.g. Zorn, 1996; Smith and Curry, 2011). Attainment of the attributes of global graduateness appear not to have been specified, although Ruddock and Turner (2007) discuss development of an awareness of global health.

There is a limited and less cohesive body of evidence considering influences, processes and strategies for learning during undergraduate, student nurse,

study abroad experiences. Some studies focus upon personal and inter-personal influences. For example, some emphasise the support of others, including clinical staff, tutors or peers (e.g. Ruddock and Turner, 2007; Green, 2008; Reid-Searl et al, 2011). Student motivation and language abilities are also proposed by some to be influencing factors (e.g. Koskinen and Tossavainen, 2003a; 2003b; Myhre, 2011). Other research assigns importance to contextual influences, such as immersion in a culture (e.g. St Clair and McKenry, 1999), or length (e.g. Zorn,1996; Grant and McKenna, 2003), or type of experience (e.g. Thompson, 2000). Research studies that have considered learning processes have mainly focused upon development of cultural competence (e.g. Koskinen and Tossavainen, 2004; Edmonds, 2010). Fewer studies have considered the processes by which students attain personal and professional growth (e.g. Greatrex-White, 2007; 2008). Studies suggest that learning processes may include separation from culture, disjuncture and adaption (e.g. Ruddock and Turner, 2007). Of note, there is a lack of specific focus upon the process of development as a global graduate. In addition, literature relating to the learning strategies employed by students is limited. Some studies have suggested that reflection aids development (e.g. Thompson, Boore and Deeny, 2000; Sandin, Grahn and Kronvall, 2004; Levine, 2009) and adapting to 'fit in' (e.g. Edmonds, 2010) may also be considered an active strategy. However, adapting may be more appropriately linked to coping during study abroad rather than it being employed primarily as a strategy to aid learning.

Whilst this review suggests positive learning outcomes, and it highlights possible influences and learning processes, the evidence base presents

limitations. For example, studies are generally small scale in nature, and this includes those that have applied a quantitative methodology (e.g. Frisch, 1990; Zorn, 1996; Smith and Curry, 2011). Some studies have provided limited information about the nature of study abroad experiences (e.g. Thompson, Boore and Deeny, 2000; Ruddock and Turner, 2007). Some describe samples which also include a strand who did not undertake clinical placement during study abroad (e.g. Edmonds, 2010). Further, one study included a number of students who spent time with an ethnic minority community in their home country (Callister and Cox, 2006).

It is also important to note that the majority of studies focus upon learning in the formal context of a clinical placement (e.g. Koskinen and Tossavainen, 2004; Sandin, Grahn and Kronvall, 2004) whilst minimal research has considered the informal context of learning (contexts outside of clinical placement) (e.g. St Clair and McKenry, 1999; Thompson, Boore and Deeny, 2000). Those that have included the informal context tend not to provide a depth of detail about the setting (e.g. St Clair and McKenry, 1999; Green et al, 2008). These studies also suggest this is an important and under explored aspect of the study abroad experience and recommend additional research to further investigate learning in all contexts of study abroad (e.g. Levine, 2009). A need to investigate experiences in all contexts is further supported when considering the concept of disjuncture. As discussed in chapter one, Jarvis (2007) proposes disjuncture that triggers learning is more likely to occur in new settings. Therefore, as study abroad experiences are located within new places then multiple disjunctures are possible at any time during the experience and not just within the formal, planned clinical learning

context. Literature review therefore revealed limited understanding in relation to student nurse learning throughout the whole study abroad period, including both formal and informal contexts in which learning may occur.

Given these limitations of research design, extent of focus, or reporting, the literature review identified several gaps in the evidence base of study abroad. As identified, limitations in understanding in relation to influences, processes and strategies, in all contexts of learning during the entirety of study abroad periods were revealed. As unaccompanied study abroad experiences are remote from the day to day influence of the home university lecturer, these gaps in the evidence base emerged as important to investigate. For example, literature reviewed suggests that learning may be socially influenced during study abroad. This may be juxtaposed to humanistic learning theory (as applied to the study abroad programme of interest) which assigns importance to a self-motivation to learn in adults. This juxtaposition indicates that learning may be influenced by others or by self. This further suggests a need to consider experiences of learning while alone or with others, in all contexts, during study abroad. As programme leader, without this empirical understanding, it was not possible to know whether reliance upon student motivation and self-direction would facilitate attainment of desired learning outcomes. It was therefore not certain whether students were maximising their learning and it was not possible to know whether they were missing opportunities to transform experiences into potential learning events. In addition, the influence of others throughout the entirety of the experience was unknown. Therefore, in order to address these gaps in knowledge, student

nurse experiences of learning while alone or with others, in both formal and informal contexts, required exploration.

The focus for doctoral research was therefore confirmed. The investigation wished to add original knowledge to the field by investigating student nurse learning during unaccompanied study abroad. This was to include identification of student experiences and learning processes, strategies and influences on learning. All contexts, social or solitary, throughout the entirety of the study abroad period were to be included. This was to encompass both formal contexts (the clinical placement) and also informal contexts (all contexts outside of placement). It was anticipated that emergent understandings generated, as a result of investigation, could facilitate development of educational practice in relation to study abroad for nursing students. Further, it was hoped that dissemination of research findings could also enable transferability judgements to be made, so that fellow educationalists responsible for study abroad, may gain further insight into the student experience and consider the findings in relation to their own programmes.

2.5. CHAPTER SUMMARY

This chapter has discussed engaging with literature throughout the doctoral study. It has highlighted the importance of engagement and has outlined the stages where literature has been reviewed. The chapter has also presented the field-specific literature review undertaken. This review identified a small

body of research that focused upon what student nurses learn during study abroad, and it has suggested gaps in understanding in relation to student experiences of learning during the totality of the study abroad journey. These gaps include a lack of consistency and clarity in relation to learning processes, strategies and influences on learning that may exist in both the formal and informal settings in which learning may occur during unaccompanied student nurse study abroad placements. This chapter has also confirmed this doctoral study's desire to address this gap in knowledge and focus upon investigating student nurse learning during unaccompanied study abroad journeys.

In order to facilitate formulation of the specific research question that reflects this focus, chapter three firstly identifies the paradigm in which the focus of the investigation is situated before then drawing together the components of the conceptual framework to confirm the question.

CHAPTER THREE: CONFIRMATION OF INQUIRY PARADIGM AND RESEARCH QUESTION

3.1. CHAPTER INTRODUCTION

Creswell (2009) advocates that the researcher makes known philosophical perspectives at the planning stage of a study as this then guides formulation of the research question. This chapter considers philosophical perspectives within the wider lens of paradigms, which comprise philosophical assumptions in terms of ontology, epistemology and methodological assumptions (Guba, 1990; Lincoln, Lynham and Guba, 2011). Accordingly, key paradigms will be reviewed and this will include a reflexive review of the researcher's positioning in relation to paradigm perspectives. Review of paradigms and reflexive considerations then assist confirmation of the paradigm in which the investigation is situated. A statement of the confirmed research question, which is reflective of the research focus and paradigm alignment, will also be presented. The research aim and objectives will also be articulated.

3.2. REVIEW OF PARADIGMS

There are a multiplicity of inquiry paradigms (Guba, 1990; Blaikie, 2007; della Porta and Keating, 2008; Creswell, 2009). For the purpose of this study, Lincoln, Lynham and Guba's (2011) identification of inquiry paradigms is

used. This chapter therefore reviews positivism, postpositivism and constructivism *or* interpretivist paradigms.

3.2.1. Positivism and Postpositivism

The origins of positivism are often associated with nineteenth century philosophers such as Comte, Mill, Newton and Locke (Pring, 2000; Russell, 2004; Blaikie, 2007) and are based on the belief that scientific truths or laws exist (Blaikie, 2007; Topping, 2010). Polit and Beck (2008) describe positivism as a philosophy which asserts that an objective, external reality exists independently of man. Blaikie (2007) also considers the characteristics of positivism applied to social sciences, and summarises that positivism proposes that reality consists of observable events. Therefore evidence of reality may only be demonstrated through experience of these events, which are also free from theoretical assumptions. Reality, and the observation of it, is therefore not confined to the natural world but also extends to the social world (Cohen, Manion, and Morrison, 2000).

When applied to either the natural or the social world, positivism assumes the observer is neutral, 'outside' and detached from the situation or experience being observed. Research techniques are also viewed as neutral, so assuming that interpretations of the situation may be objective, value-free and accurate reflections of what has been observed (Denscombe, 2002). The positivist paradigm is therefore concerned with attempting to provide explanatory knowledge of the external world, to express regular relationships

and laws that apply across temporal and spatial contexts (Blaikie, 2007). Lincoln, Lynham and Guba (2011) identify that a positivist paradigm therefore comprises an ontological perspective of naïve realism, a dualist/objectivist epistemology and applies experimental methodologies.

Postpositivism emerged after positivism (Creswell, 2009), and also considers reality as objective (della Porta and Keating, 2008). However, it suggests that whilst theories exist about reality, these theories are tentative rather than absolute (Blaikie, 2007; Creswell, 2009). The postpositivist paradigm therefore accepts complete objectivity is unachievable and instead prefers to consider the 'probabilities' rather than 'absolutes' of reality (Polit and Beck, 2008; Lincoln, Lynham and Guba, 2011). della Porta and Keating (2008) suggest that a postpositivist approach can be considered a more modern scientific approach. Lincoln, Lynham and Guba (2011) therefore summarise the postpositivist paradigm as comprising a critical realist ontology, a modified dualist/objectivist epistemology, employing modified experimental methodological approaches.

3.2.2. Constructivism or the interpretivist paradigm

When reviewing constructivism, or the interpretivist paradigm, it is evident that the terms are applied interchangeably. For example, Lincoln, Lynham and Guba (2011, p102) dually define the paradigm as *"constructivism (or interpretivist)"*. Further, Blaikie (2007) applies the term 'constructivist' at the level of epistemology rather than at the level of paradigm and describes constructivism as an individual cognitive activity. Schwandt (2007) also

discusses constructivism but differentiates between what he considers to be two strands. Specifically, the two strands of constructivism identified by Schwandt are suggested to be radical constructivism and social constructionism. Schwandt (2007) suggests that radical constructivism is concerned with the individual and cognition, whilst social constructionism focuses upon social processes and interactions that influence the construction of reality. However, Gergen and Gergen (2004) refute the interchangeable use of the terms constructivism and constructionism. Gergen and Gergen suggest that as constructivism proposes that reality is constructed by the individual, whilst social constructionism asserts that reality is constructed through, and in, relationship with others, they are therefore different conceptions of the nature of reality.

To avoid confusion between the application of constructivism as an epistemology as opposed to a broader paradigm, and to permit differentiation between the concepts of constructivism and constructionism at an ontological level, the term interpretivist paradigm is more appropriate to apply in this discussion. This application is appropriate as the central theme of the interpretivist paradigm, ontologically, is that of relativism whereby multiple constructions of reality are possible (Polit and Beck, 2008). Further, in line with Gergen and Gergen (2004), the interpretivist paradigm therefore offers the possibility to consider that relativistic reality may be constructivist (constructed by the individual) or constructionist (constructed through, and in, relationship with others), and it also does not preclude that reality may present as a combination of both perspectives. Creswell (2009) concurs, suggesting that individuals develop a subjective meaning of experience and

the world, and this may be influenced by social and historical elements. Creswell goes on to identify that in the interpretivist paradigm, reality is therefore the product of its inhabitants and the world.

Morris (2006) also emphasises the relativist and subjective nature of reality within the interpretivist paradigm, and, when considering epistemology, proposes that subjective data provides a legitimate form of evidence. Lincoln, Lynham and Guba (2011) also suggest that knowledge is constructed through 'lived experience', therefore researchers must ensure that knowledge generation captures the reality as it is perceived by participants. Blaikie (2007) also argues that theory should emerge from the perceived reality of participants. Schwandt (2007) therefore considers that the central feature of interpretivism is to develop an understanding of meaning from the individual's viewpoint. Schwandt further suggests that methodological approaches within the interpretivist paradigm are hermeneutic as they represent an interpretation of meaning. Morris (2006) also promotes a 'hermenueutic dialectic' approach, as hermeneutics seeks out individual interpretations and dialectics require that the individual interpretations revealed are then compared and contrasted with one another. Lincoln, Lynham and Guba (2011) concur when suggesting that such interpretation requires a negotiated dialectical approach and summarise that an interpretivist paradigm therefore comprises a relativist ontology, a subjectivist epistemology and a hermeneutical-dialectical methodology.

3.3. REFLEXIVE REVIEW AND CONFIRMATION OF THE PARADIGM UNDERPINNING THE INVESTIGATION

Prior to identification of the paradigm, I was cognisant to further outline my worldview in order to promote trustworthiness in the research. I felt it would permit transparency and demonstrate that paradigm alignment was guided by the aim of addressing the focus of investigation, rather than by any researcher preferences that may exist. This is important as Creswell (2009) suggests that a researcher's worldview is influenced by several factors, specifically the discipline of the research student, their supervisor & faculty beliefs and previous research experience. Denzin and Lincoln (2011) also identify the multiple facets of the researcher's history and biography are influential, and Schwandt (2007) also considers that discipline-specific elements influence paradigm allegiances and therefore worldviews. To facilitate transparency, a reflexive review of my worldview can be found in appendix 1. This reveals that I had previously undertaken research that was situated in various paradigms and therefore I did not have a preference toward any particular one.

This reflexive review, and consideration of the literature, aligned the focus of the research investigation to an interpretivist paradigm, which, as discussed, comprises a relativist ontology, a subjectivist epistemology and a hermeneutical-dialectical methodology. As suggested above, the interpretivist paradigm proposes that reality may be constructed by individuals. This may be influenced by the complex histories of individuals, and by interactions with others in the world. Therefore, multiple subjective realities may exist. As each

student nurse has their own unique background of experience as a person and as a learner during their nursing studies, it is acknowledged that each student's reality as a learner during study abroad is also unique. A relativist ontological perspective was therefore felt to be most appropriate for exploration of the field of learning during student nurse study abroad. Further, as both programme leader and researcher, I wished to ensure that an understanding of the reality of student learning would emerge directly from student experiences rather than outsider observations. In addition, as experiences of learning during study abroad may occur at any time, the student may be the only person in a position to reveal these experiences. Therefore to access this reality, a subjectivist epistemology was felt to be appropriate. Finally, (to be discussed in chapter 4) methodologically a hermeneutical-dialectical approach was considered to be the most appropriate to elicit understanding of the desired subjective experiences.

3.4. PRESENTATION OF THE RESEARCH QUESTION

Based on the completed exploration and confirmation of paradigm, and following consideration of the identified research focus, the developed research question was confirmed as follows:

Research Question

'What are student nurse experiences of learning during study abroad?'

It is important to note that a provisional question of '*how do students learn during international placements'* was originally considered. However, due to the iterative nature of the research process, the question was amended following proposal feedback, supervisor discussions and also, most importantly, application of reflexivity whilst developing the conceptual framework. This ensured that the confirmed research question was fully reflective of the intentions of the inquiry and the interpretivist paradigm in which it was situated. In addition, as the student is the only person party to all elements of the study abroad experience (in both formal and informal settings) they are the only source of information. Development of the question to ensure student experience was central, and to the fore, was therefore vital. Further, the question was designed to remain broad intentionally so that the relativistic nature of the reality of learning, for these students, in context, was not assumed and would emerge from student experience.

In addition, the following research aim and objectives were also articulated. The aim and objectives represent the expressed desire to address specific gaps in knowledge revealed from review of field-specific literature discussed in the preceding chapter. They are also reflective of the interpretivist paradigm in which the study is situated.

Aim

To explore student nurse experiences of learning during the totality of study abroad in order to:

Objectives

- gain insight into the process of learning and the strategies students used to enable learning;

- identify what experiences students had transformed into learning events and to uncover how these experiences had been transformed;

- identify the factors that were perceived to have inhibited or that promoted student learning;

- uncover whether and how the student relationship with others, and their position in the communities they interacted with were perceived to have influenced learning;

- identify whether the experiences encountered were felt to influence the student's subsequent approach to learning.

Finally, it is also important to highlight that the aim and objectives were then reflexively extended following subsequent consideration of research methodologies. This will be fully discussed in chapter four.

3.5. CHAPTER SUMMARY

This chapter represents the completion of the conceptual framework. It has considered potential paradigms and has identified that this doctoral study is most appropriately situated within an interpretivist paradigm. The chapter has also presented the confirmed research question. This question was formulated as a result of the 'drawing together' of the components of the conceptual framework. The question is therefore based upon identified gaps in knowledge, revealed by the field-specific literature review. It has also been

articulated in a manner that is reflective of the interpretivist paradigm in which the research is located. The chapter has also articulated the aim and objectives of the study, which are also reflective of the elements of the conceptual framework, and it has acknowledged that the aim and objectives are to be further developed in chapter four.

Chapters four to seven will next consider research design. This discussion commences in chapter four with consideration of research methodologies, and as indicated, it also includes discussion in relation to reflexive additions to the research aim and objectives.

CHAPTER FOUR: RESEARCH METHODOLOGY AND REFLEXIVE ADDITIONS TO THE RESEARCH AIM AND OBJECTIVES

4.1. CHAPTER INTRODUCTION

In order to maintain study rigour, it is necessary to select a research methodology compatible with the identified interpretivist paradigm. Accordingly, methodologies that support a relativist ontological perspective and that were potentially aligned to the study question, aim and objectives were reviewed (see appendix 2). As a result of review, phenomenology was identified as suitable for application to this study. In this chapter, phenomenology will be discussed and the specific school of phenomenology chosen for this research will be confirmed. Furthermore, due to my expanded horizon of understanding, the research aim and objectives were extended. These additions will also be presented in this chapter.

4.2. PHENOMENOLOGY

Phenomena may be considered to be objects that appear, and phenomenology, a term first applied by Kant (1724-1804), describes the study of phenomena (Lewis and Staehler, 2010). Dall'Alba (2009) identify that phenomenology is currently experiencing a renaissance as a suitable approach for educational research, as it facilitates an understanding of

complex phenomena in contemporary education. It is important to note in addition to being applied as a methodology, phenomenology may also be considered to be a philosophical movement (Earle, 2010). Therefore, when considering phenomenology as a potential methodology, it is firstly necessary to consider its philosophical underpinnings.

Husserl (1859-1938) is credited with development of phenomenology as a philosophy in response to his dissatisfaction with traditional science (Dowling and Cooney, 2012). Husserl felt science, in its quest for objectivity, ignored the importance of the multiple subjective realities which gave insight into an object and which 'grounded' objective knowledge in the world (Lewis and Staehler, 2010). A phenomenological philosophy therefore proposes that everything that exists, appears to a subject's consciousness in a relative manner (van Manen, 1997). Under daily circumstances, phenomena reside within the 'natural attitude', that is phenomena are encountered daily in a straightforward direct manner, without questioning. Their existence is simply accepted. Phenomenology is therefore considered to be an,

> *"attempt to step back from this straightforward directness towards the object in order to see just how the object is given to us" (Lewis and Staehler, 2010, p12).*

Phenomenology therefore permits identification of the aspects, or structures, of a phenomenon (van Manen, 1997). In order to achieve this, it is necessary to explore subjective experiences of the object in order for the phenomenon to be revealed. Polit and Beck (2008) suggest that phenomena are revealed through individual descriptions of their 'giveness'. This permits insight into a person's perceptions and conscious or 'lived experiences'. Anything that is

outside of the scope of consciousness is therefore also outside of 'lived experience' (van Manen, 1997). When considering phenomenology as a methodology, it is suggested that the only way to access reality is via subjective consciousness (Gallagher, 2012). However, when further considering the approach recommended to achieve the required *"stepping back from straightforward directness"* (Lewis and Staehler, 2010, p12) there are important conflicting beliefs between the two classical schools of phenomenology that require further consideration. These are the schools of transcendental (or descriptive) phenomenology as originally articulated by Husserl, and in contrast to this, hermeneutic phenomenology, which Heidegger (1889-1976), a student of Husserl's, is credited with development (Speziale and Carpenter, 2007).

4.2.1. Transcendental (or descriptive) phenomenology

Husserl (1965) suggests that phenomena appear if 'looked at' in the right way, under the correct conditions. Husserl proposes that as phenomena cannot be separated from the experience of them, then intuition or *intuiting* is necessary, which means that direct contact with the phenomenon is required. Husserl also suggests the way to objectively achieve this direct contact is through pre-reflective descriptions obtained directly from the subject. As these descriptions are generated without presupposition, this uncovering of the object therefore exposes the 'essence' or 'eidos' of the phenomenon under investigation as it exists independently of the subject (Husserl, 1965). Therefore, the focus is upon 'transcendental subjectivity' which is considered

to be an understanding of 'pure' consciousness or perceptions uncontaminated by presupposition (Carman, 2008). Hence this form of phenomenology is classified as 'transcendental phenomenology'.

Husserl's (1965) approach to revealing phenomena therefore also requires the researcher to suspend their own presuppositions in order to prevent researcher bias. It thus avoids imposition of the researcher's ideas about a phenomenon and permits the phenomenon to appear as it is given, without interpretation or judgement. In order to allow this appearance, Husserl (1965) therefore identifies that it is necessary for the researcher to 'bracket' their own understanding and experience. Dowling and Cooney (2012) consider bracketing to be the central feature of Husserl's phenomenological approach. Further, Lewis and Staehler (2010) suggest that when considering bracketing, or suspension of judgement about the world, or 'epoche', that only an universal epoche, or complete bracketing, will permit universal statements about the world to be made. Transcendental phenomenology therefore seeks to be considered as a rigorous science and advocates processes aligned to positivism, such as methodological objectivity and value-freedom (Husserl, 1965; Lewis and Staehler, 2010).

4.2.2. Hermeneutic phenomenology

Hermeneutic phenomenology, which is described by Heidegger as a "*methodological conception*" or the *"how of research"*, was developed to provide a means of understanding *"Dasein"* (Heidegger, 1962, p50). Heidegger (1962) defined Dasein as the entity, *"man himself" (p32)* and,

> *"this entity, which each of us is himself and which includes inquiring as one of the possibilities of Being"* (Heidegger, 1962, p27).

The term Dasein when literally translated means 'being there', the school of German philosophy would more usually apply the term to existence, whilst in everyday German it means the kind of Being that belongs to people (translators footnotes in Heidegger, 1962). Heidegger therefore sought to understand Dasein's being-in-the-world and the meaning of Being (Heidegger, 1962) or as suggested by van Manen (1997, p12) *"what it means to be in the world"*.

Importantly, in contrast to transcendental phenomenology, Heidegger suggests that phenomena require interpretation to enable them to show themselves. Heidegger (1962, p50-51) further supports this by considering the etymology of the term phenomenology stating that the term phenomenon means *"to show itself, to bring to light"* or that *"which shows itself in itself"*, whilst the term logos is interpreted as discourse. Therefore, hermeneutic phenomenology requires the researcher to find a way of access to let the phenomenon show itself in itself, to talk, in the *"average everydayness"* (Heidegger, 1962, p38) in which it is located; this is within the 'lived experience' or 'world' of Dasein. This is reflective of pure hermeneutics which aims to uncover hidden meaning through interpretation, primarily of text, to permit understanding (Ricoeur, 1973a; Klemm, 1983; van Manen, 1997). Hermeneutic phenomenology therefore specifically applies interpretation in order to disclose phenomena, which in turn, aims to provide an enhanced understanding of being-in-the-world.

The hermeneutic phenomenological researcher therefore moves beyond description. The researcher is required, through interpretation, to identify the cues and then move beyond literal meanings to reveal the structures, or themes, that comprise phenomena (Mackey, 2005). Smythe et al (2008) suggest that this process of interpretation requires the researcher to think about what is being pointed to in participants' experiences and Creswell (2013) articulates that the researcher then gives meaning to the 'lived experience' (Creswell, 2013). This is identified as important as participants may not be fully cognisant of, or recognise the existence of the phenomenon within their experiences, from their horizon (Ricoeur, 1976, Crotty, 1996). The researcher, as interpreter, therefore permits movement beyond such restrictive contexts of horizonal boundaries (Ricoeur, 1976).

Such considerations in relation to interpretation are also underpinned by the writings of Heidegger who proposes that interpretation and bringing to light phenomenon requires intellectual enquiry, which cannot be detached from subjective experience. Heidegger therefore rejects Husserl's requirement to 'bracket' (Heidegger, 1962). This is also supported by Gadamer (2004) who agrees that it is not possible to ignore ones conceptions. Further, Gadamer asserts that interpretation requires the interpreter to apply their preconceptions so that meanings can be made to speak (Gadamer, 2004). Hermeneutic phenomenology therefore also rejects the concept of an universal 'epoche' and all claims to being value-free (Parahoo, 2006). This is additionally supported by Flood (2010) who agrees that as phenomena

reside within the 'lifeworld', that subjective understandings of both the researched and the researcher are acknowledged.

Heidegger further proposes that it is also necessary to be cognisant of temporality. As interpretation and understanding of phenomena are situated in time, it is time that provides the horizon for understanding and interpretation (Heidegger, 1962). Further, as Heidegger (1962) identified that we see things from one horizon in time, it is also possible that a phenomenon will have more to give if viewed from an alternative horizon. Interpretation is therefore *an* interpretation and not *the only* interpretation due to its hermeneutic situatedness (Gadamer, 2004). The hermeneutic phenomenological tradition therefore validates the subjectivist and relativist nature of research. Further, as Smythe et al (2008) summarise, as researchers of a Heideggerian approach,

> *"we put aside any claim that our research will produce objective, simplified, scientific concepts of truth...our quest is therefore not to prove or disprove, not to provide irrefutable evidence but rather to provoke thinking towards the mystery of what 'is'"* (p1391).

Therefore, any claim to the development of universal statements as advocated by Husserl is rejected. Further, pure observation is also rejected in favour of an awareness that this is both impossible and undesirable (Heidegger, 1962). Consequently, hermeneutic phenomenology can be identified as comprising a relativistic ontology and a subjectivist epistemology.

4.3. CONFIRMATION OF THE CHOSEN METHODOLOGY

A phenomenological methodology was identified as most appropriate to permit exploration of student nurse subjective 'lived experience'. In turn, it was anticipated that exploration would facilitate an uncovering of the phenomenon of learning during study abroad. Further, it was anticipated that employing this methodology to explore student experience would reveal the processes and strategies for learning, as well as the influences on learning that student's experienced throughout the study abroad period. In addition, as learning may occur at any time or place (formal or informal contexts) only the student has full access to these experiences. Phenomenology was therefore felt to be the most legitimate way to access the phenomenon of learning as experienced from within the student's horizon. This methodology also acknowledges that such subjective experiences may be influenced by the historical, social, cultural or political contexts in which they occur (Flood, 2010). Further, not only are phenomena relative to subjects and their contexts, they are also inter-subjective, and so perception of a phenomenon may also be complemented by others perceptions of it (Gallagher, 2012). Phenomenology therefore also permits consideration of multiple subjective experiences and multiple horizons, to reveal the structures (or themes) that comprise the phenomenon of learning (Lewis and Staehler, 2010).

More specifically, the hermeneutic school of phenomenology was considered to be most appropriate. As discussed, hermeneutic phenomenology suggests that interpretation of the signs of phenomena as they exist within the 'lived experience' of Dasein is required, as phenomena do not simply appear.

Further, as students may not be cognisant of the signs of the phenomenon of learning, researcher knowledge and experience may be required to permit identification and interpretation of these signs (Mackey, 2005). In addition, the researcher should be open to the possibility that these cues may also emerge as metaphor that signal existence of phenomena (Ricoeur, 1976). Bracketing, as advocated by Husserl, was therefore felt to be undesirable in this doctoral study.

However, it is important to be cognisant of the need to ensure that interpretations offered may be demonstrated to be probable interpretations (Ricoeur, 1976). In particular, it is necessary to prevent any forcing of un-reflected presuppositions onto data (van Manen, 1997). Therefore, rather than bracketing it is necessary for researchers to make their presuppositions explicit (Diekelmann and Ironside, 2006). To demonstrate that all cues interpreted and the subsequently generated themes of the phenomenon had emerged from the data, application of a reflexive approach was therefore applied to this research, as recommended by Speziale and Carpenter (2007) (application of reflexivity will be fully discussed in chapter seven). It was felt that hermeneutic phenomenology would also be accommodating of reflexivity as, rather than providing a rigid methodology, it offers a flexible approach underpinned by a set of sound philosophically guidelines (van Manen, 1997). It was therefore anticipated that this approach would permit the study to be situated reflexively 'in-the-world' and this would permit attainment of the desired in-depth understanding of student nurse experiences of learning, and of 'being a learner' during study abroad placements.

4.4. REFLEXIVE DEVELOPMENT OF THE RESEARCH AIM AND OBJECTIVES

Review of research methodology led to further reflections upon the research aim and objectives. New understanding gained of the philosophical basis of hermeneutic phenomenology helped to refine my conceptual framework from being situated within a broad interpretivist perspective to that of a more specific hermeneutic phenomenological perspective. This assisted me to understand more about the full potential of the study. When viewed with a hermeneutic phenomenological lens, I was aware that exploration of student experience could provide a vehicle, or a tool, that had the potential to also develop a wider conceptual understanding of the phenomenon of learning and of being a learner during study abroad. Whilst one of the signs of the phenomenon, the product of the phenomenon of learning, had been well articulated in the guise of 'what students learn', the actual nature of the phenomenon remained hidden from view and would require that the signs be identified and then interpreted in order to attain a fuller understanding of the phenomenon. I therefore felt it was imperative to refine the research aim and objectives to more clearly reflect the interpretive aim of the study. Further, an additional research objective was added to reflect the desire to attain an understanding of the phenomenon and to gain insight into being a learner. It is important to state that these additions continued to be sympathetic to the research focus and research question which remained unchanged. To ensure clarity, the confirmed research question, refined aim and extended objectives, that this doctoral research sought to address, are now presented (additions to the aim and objectives are underlined).

Research Question: 'What are student nurse experiences of learning during study abroad?'

Aim: To explore <u>and interpret</u> student nurse experiences of learning during the totality of study abroad in order to:

Objectives:

- gain insight into the process of learning and the strategies students used to enable learning;

- identify what experiences students had transformed into learning events and to uncover how these experiences had been transformed;

- identify the factors that were perceived to have inhibited or that promoted student learning;

- uncover whether and how the student relationship with others, and their position in the communities they interacted with were perceived to have influenced learning;

- identify whether the experiences encountered were felt to influence the student's subsequent approach to learning.

<u>And ultimately to,</u>

- <u>enable an uncovering of the phenomenon of learning and gain insight into being a student nurse learner during study abroad.</u>

4.5. CHAPTER SUMMARY

This chapter has considered research methodologies and it has identified that a hermeneutic phenomenological methodology is appropriate to address the research question. Further, due to an expansion of the researcher's horizon, the research aim and objectives have been reflexively extended to reflect this emergent understanding.

Chapter five now considers methods of sampling and data collection.

CHAPTER FIVE: SAMPLING AND DATA COLLECTION

5.1. CHAPTER INTRODUCTION

Schensul (2012) identifies that researchers must consider where, when and from whom data is to be collected. Accordingly, issues of sampling and data collection will be discussed in this chapter. The principles of research ethics that underpin sampling and data collection will firstly be introduced and then incorporated throughout the discussion. Issues of sampling to be discussed are, sample selection and sample size, reflexive adjustments made to the inclusion criteria, and recruitment methods. Data collection is also considered and this will include discussion in relation to the data collection method employed. Reflections on data collection will also be offered.

5.2. ETHICAL PRINCIPLES

Rallis and Rossman (2012, p6) define ethics as *"standards for conduct based on moral principles"*. These moral principles relate to perceptions of right and wrong. In relation to research ethics, the standards for these principles are set at local, national and international levels (Newell and Burnard, 2011; Rallis and Rossman, 2012). Newell and Burnard, (2011) further identify four ethical principles that should be considered and applied in research:

- Beneficence: to do good;

- Nonmaleficence: to avoid harm;

- Autonomy: the right to make own decisions;

- Justice: to treat people fairly.

Rallis and Rossman (2012, p7) also suggest that the researcher is a "*moral practitioner*" who engages in research praxis, which relates to considered action. This suggests that application of research ethics is a continuous process. In the current research an ethical approach was developed and maintained throughout each stage of the study. This commenced by designing an ethically sound research study that took into account the four research principles. Following research proposal development, ethical approval was obtained according to University research ethics governance guidelines (see appendix 3). To demonstrate the continuous nature of the ethical approach, rather than restrict discussion to a separate section, additional examples of ethical research praxis will be integrated as appropriate throughout this chapter.

5.3. SAMPLING

5.3.1. Sample selection

The first stage in the process of sample selection is to identify the study population from which a sample could be drawn (Davies, 2007; Schensul, 2012). Utilising Heideggerian hermeneutic phenomenological terminology, the study population was identified as *Dasein*, the entity with 'lived

experience' of the phenomenon of learning and of being a learner. Student nurses who had undertaken study abroad placements were therefore identified as the study population. To facilitate generation of directly relevant research findings, the population was refined to be student nurses who had undertaken the study abroad programme (outlined in chapter one) that I was responsible for as programme leader.

To facilitate recruitment, the non-probability sampling method of purposive sampling was identified as appropriate. Polit and Beck (2008) describe purposive sampling as requiring that the researcher, by subjective judgement, identifies participants who are considered to hold the necessary information to address the research topic. Whilst Davies (2007) suggests that purposive sampling enables the researcher to select participants who are 'typical' of the study population, Polit and Beck (2008) argue that this is only one approach to purposive sampling and describe a wide scope of methods. These range from selection of a homogenous sample, comprising deliberate selection to establish understanding about a specific group of people; to one comprising deliberately selecting people who hold a wide range of diverse perspectives or characteristics. Further, to permit sample identification in purposive sampling, Creswell (2013) also suggests the use of criterion. This approach permits selection of participants who have encountered the experience or the phenomenon of interest. Applying an inclusion criterion also provides transparency in relation to sample selection (Davies, 2007).

As I wished to explore student nurse experiences of learning during study abroad, it may be assumed that homogenous sampling would be most

appropriate, as students shared several characteristics. For example, all students were pre-registration nursing students who were also enrolled to participate in the optional study abroad programme. As part of their wider nursing studies programme, all students had successfully completed a range of theory modules and clinical placements commensurate to their level of training. This provided assurance that students possessed appropriate attributes, skills and knowledge. These included having a professional approach, sound communication and inter-personal skills, organisational skills, the ability to work as a member of the clinical team, and the ability to practice safely (whilst being aware of their own limitations) under the supervision of a Registered Nurse (e.g. European Parliament and the Council of the European Union, 2005; NMC, 2010).

Further, all students were to receive similar pre-travel support, which included allocation to a home university tutor. This tutor would monitor the student in their preparations. During the study abroad experience all students were to be supported by a local Registered Nurse and tutor or manager. Students were also to take responsibility and exercise self-direction in their learning. As a result of engagement in study abroad, it was anticipated that students would attain identified core learning aims. These (as more fully discussed in chapter one) were to develop toward both global graduateness and cultural competence, and also to experience personal and professional growth.

However, beyond these similarities, it is also possible that students and their experiences may vary. As discussed, phenomenology assumes that multiple

subjective realities exist. With regard to learning during study abroad, student subjective realities and 'lived experiences' may be influenced by variations such as personal history (e.g. previous travel), or context and culture of the study abroad destination and clinical placement. As these multiple subjective realities provide the horizons that permit the structures, or themes, of phenomena to be revealed (Lewis and Staehler, 2010) it is therefore not desirable to attempt to control such features of variation by either inclusion or exclusion criteria.

However, one exclusion criterion was employed at commencement of recruitment. It was decided to exclude EU student nurses, registered onto the study abroad programme, who came to the University to undertake a clinical placement. It is important to note that this exclusion decision was not taken to provide homogenisation of the sample. It was felt that requiring EU students to complete research diaries and reports in English (as will be discussed in the relevant section) could prove maleficent. It was felt possible that this requirement could impose an excessive time demand on students that may be detrimental to learning during study abroad.

A broad inclusion criterion was therefore applied and this consisted of student nurses from the University study abroad programme who were scheduled to undertake an international placement. As the programme offered UK students two options of placement, either a one month non-EU placement, or a three month EU higher education exchange placement, students from both study abroad types were to be included in the research.

5.3.2. Sample size

Within interpretivist research the focus is upon obtaining the most in-depth experiences from the most information-rich participants (Speziale and Carpenter, 2007). As such, determination of appropriate sample size should not be based on gaining as large a sample as possible. As indicated by Creswell (2013) samples are often small in interpretivist studies. Therefore, rather than focus upon prediction of required sample size for statistical purposes, it is suggested that interpretivist research focuses upon recruitment of a suitable sample size to enable achievement of data saturation (Morse, 1995). This is described by Morse as the point at which data collection no longer reveals any new information. Data saturation is therefore suggested to be an indicative measure of having sampled the correct number of participants (Kerr, Nixon and Wild, 2010).

However, for studies that do not apply theoretical sampling, it is unclear how an accurate assessment of ideal sample size may be predicted (Kerr, Nixon and Wild, 2010). Davies (2007) for example, suggests that sample size in qualitative research could range from one to twenty participants. However, Creswell (2013) identifies that sample size varies depending upon the type of qualitative methodology applied. When considering phenomenological approaches, several examples, ranging from a sample size of one to the hundreds, have been cited by Creswell. Morse (2000) suggests six to ten participants as being ideal for phenomenological studies. Starks and Trinidad (2007) also concur and suggest a typical sample for phenomenological studies ranging from one to ten participants. Alternatively, rather than

considering methodology, Schensul (2012) focuses upon type of data collection method. Schensul notes that in-depth interviews, for example, may comprise a single participant, whilst semi-structured interviews usually have a larger sample, ranging from twelve participants to not more than ninety.

Such diversity supports Kerr, Nixon and Wild (2010) who suggest that numbers appear to have been frequently *"plucked out of the air" (p273)*. They go on to argue that the evidence base of authors who have previously recommended ideal sample sizes is limited. Kerr, Nixon and Wild suggest that it is not possible to predict what will be an adequate sample size and instead calls upon researchers to utilise their experience. However, in an attempt to provide a more evidence based approach to identification of the ideal sample size, Guest, Bunce and Johnson (2006) reviewed qualitative study data (N=60) and identified that twelve participants appear to be the average number required to achieve saturation when using interview methods.

Considering the above in relation to the current study design, context and my experience of attaining data saturation in previous interpretivist research, a sample size of N=10 students was estimated to provide data saturation. This is further supported by Morse (1995) who suggests that the smaller the range of activity under investigation the quicker saturation will be achieved.

As the university admitted students twice per year onto the pre-registration nursing programme, the study abroad programme also ran every six months. Therefore, the sample was to comprise three cohorts of students who would

be undertaking study abroad during the data collection phase of the study. Greater numbers of students undertook placements during the spring semester when compared to the autumn as there were fewer places for the EU higher exchange programme at that time of year. Anticipated recruitment numbers reflect this dynamic in table 1 as follows:

Table 1: Anticipated participant numbers

COHORT	NUMBER OF PARTICIPANTS
A (autumn)	2 – 5
B (spring)	5 – 10
C (autumn)	2 – 5

5.3.3. Reflexive adjustment to inclusion criteria and anticipated participant numbers

As will be discussed in section 5.4.1., the study was amended (with ethical approval, see appendix 4) in response to cohort *A* participant experiences (n=3). Diary and reports were withdrawn from the study therefore exclusion of EU student nurses was no longer necessary. Inclusion criteria were extended to include these students. It was anticipated that inclusion would permit the phenomenon to be revealed from an additional horizon, and the insight generated would permit further development of the study abroad programme to be reflective of the experiences of both EU and UK student nurses. In light of these changes the sample size was re-estimated and

increased to N = 15 to allow for additional horizonal perspectives, as indicated in table 2.

Table 2: Adjusted anticipated participant numbers

COHORT	NUMBER OF PARTICIPANTS
A (autumn) UK & EU students	6
B (spring) UK & EU students	8 – 10
C (autumn) UK students*	2 – 5

*NB: due to curriculum development the timing of HE-EU exchange was changing (it was moved to year 3) therefore only the one month study abroad programme ran during this final period of data collection.

5.3.4. Recruitment Methods

Following ethical approval, recruitment of the sample followed a protocol that took into consideration the nature of my position. As programme lead and co-ordinator for the study abroad programme, I could be construed as being in a position of power over the students. It was therefore necessary to acknowledge and manage this power dynamic (Costley, Elliott and Gibbs, 2010). Adherence to the principle of autonomy was therefore pertinent to consider as it was imperative to prevent students from experiencing any feelings of coercion to participate. Recruitment therefore occurred after students had been allocated to an international placement. In addition, to further reduce any perceived coercion, students were not recruited face-to-face, instead all student nurses who were to undertake study abroad were invited to participate in the research via email (appendix 5). This email

included full information about the research and it also outlined participant role, rights and responsibilities in accordance with governance procedures (The University, 2011b) (appendix 6). This process of recruitment demonstrates the principle of justice; all students taking part in the study abroad placement programme were invited, but only those who wished to, participated in the research. Students who wished to participate in the study were then required to formally confirm their informed consent via completion of a written consent form (appendix 7).

This approach to gaining informed consent is supported by Brockopp and Hastings-Tolsma (2003) who emphasise the importance of providing appropriate materials about all aspects of a study and this includes participant obligations. Polit and Beck (2008) further emphasise that the gaining of informed consent is a means of safe-guarding self-determination. This also demonstrates that gaining informed consent adheres to the principle of autonomy. Polit and Beck further suggest that due to the inductive nature of qualitative research and when contact with participants may be repeated, that process consent should also be considered. As will be discussed, participants in this study undertook a follow-up interview approximately three months after consent had originally been gained, therefore informed consent was re-confirmed with participants prior to commencement of the follow-up interview.

5.3.5. Actual Sample

A sample of N=20 participants took part in the study. This represents the point at which there was evidence of data saturation as no new insights into the phenomenon had occurred when undertaking data collection with the final participants from each of the three study abroad types (see table 3 and also table 4).

Table 3: Participant profile: numbers per type of study abroad experience

UK STUDENTS		EU STUDENTS	TOTAL NUMBER
ERASMUS: *3 month*	*NON EU:* *1 month*	*ERASMUS:* *3 Month*	
8	6	6	20

5.3.6. The ethical approach to reporting details and data

Confidentiality was maintained through the application of anonymity of participants throughout each stage of the research. This also applies to writing of this thesis and any future dissemination through any media that may be used, for example conference papers and journals. As varying numbers of students visited the different destinations, it was necessary to decide how specific to be when describing the sample and also when reporting the findings. For example, some cities in a particular country were visited by several students, however other destinations may have been visited by only one participant. Whilst I wished to maintain depth of

description about context, I was cognisant of the need to give priority to maintenance of anonymity. Therefore, the decision was taken to label destinations more generically in terms of geographical regions. In addition, as will be explained when discussing data analysis processes, the three types of study abroad periods were also assigned to groupings as shown in table 4.

Table 4: Study abroad type grouping

Grouping	Type of study abroad experiences
i	1 month: Non-EU/ Developing countries
ii	3 month: Erasmus: From UK to EU countries
iii	3 month: Erasmus: From EU to UK

On review of the findings, this labelling does not compromise trustworthiness or depth. The participant profiles provided in table 5 therefore reflect these ethical decisions.

Table 5: participant profile: detailed overview

ID	Home country/ field of nursing	Type/ grouping	Destination	Age	Gender	Experience
1	Northern (N) Europe/Generic	Erasmus/ iii	UK	24	f	Backpacking
2	UK/ Child	1 mth/ i	Developing Country (DC)	20	f	1st travel
3	UK/ Adult	Erasmus/ ii	N Europe	20	f	1st travel
4	UK/ Adult	Erasmus/ ii	N Europe	20	f	1st travel
5	Southern(S) Europe/ Adult	Erasmus/ iii	UK	23	f	1st travel
6	S Europe/ Adult	Erasmus/ iii	UK	25	f	1st travel
7	N Europe/ generic	Erasmus/ iii	UK	22	f	1st travel
8	S Europe/ Adult	Erasmus/ iii	UK	23	f	1st travel
9	S Europe/ Adult	Erasmus/ iii	UK	23	f	1st travel
10	UK/ Adult	1 mth/ i	DC	23	f	1st travel
11	UK/ Adult	Erasmus/ ii	S Europe	23	f	Previous gap travel
12	UK/ Adult	Erasmus/ ii	S Europe	32	f	1st travel
13	UK/ MH*	Erasmus/ ii	N Europe	23	f	Previous study abroad
14	UK/ Adult	Erasmus/ ii	S Europe	20	f	1st travel
15	UK/ Adult	Erasmus/ ii	N Europe	32	f	Lived abroad & travelled
16	UK/ Adult	Erasmus/ ii	S Europe	20	f	1st travel
17	UK/ Adult	1 mth/ i	DC	31	f	1st travel
18	UK/ Child	1 mth/ i	DC	30	f	1st travel
19	UK/ Child	1 mth/ i	DC	23	f	1st travel
20	UK/ MH	1 mth/ i	DC	21	f	1st travel

NB: all participants who undertook the 1 month non-EU placement went to a developing country. This is defined as a country with a low income and an economy based predominantly on agriculture (Park and Allaby, 2013), in this study these countries were not in the continent of Europe. * MH = mental health.

5.4. DATA COLLECTION

5.4.1. Reflexive development of data collection

The research was originally designed to utilise a combination of data collection methods. Specifically, the methods selected were diary, weekly report and a return interview (RI). However, despite contact during the study abroad period via email, participants from the first cohort (n=3) identified that they had found it impossible to keep diaries or reports during their international experience. Participants found the pressures of the experience to be so overwhelming that they did not have time to complete this documentation. I did not wish the research to impose unnecessary pressure or negatively alter the learning experience of study abroad, therefore a decision was taken to amend the data collection methods and remove the diary and report requirement. This was therefore primarily an ethical decision, the principles of nonmaleficence and also beneficence were employed. This provides an example of research praxis in action (Rallis and Rossman, 2012).

The removal of diary and report changed the data collection methods from a combination of contemporaneous and retrospective, to a purely retrospective design. However, rather than weakening the study, it may be suggested that retrospective data collection can be preferable as it may not be possible for participants to reflect upon an experience whilst having it, as this changes the nature of the experience (van Manen, 1997). This, as discussed, was the experience of cohort A students. The research design was therefore modified

to reflect these changes and additional ethical approval was obtained (see appendix 4). The discussion below will therefore focus upon the modified data collection methods employed, as it is these methods which generated the data and facilitated phenomenon uncovering and understanding. Accordingly, the data collection methods that will be discussed are the return interview (RI) and a subsequent follow-up interview (FUI).

5.4.2. Interviews

Data collection comprised a return interview and an additional follow-up interview. The interview is one of the most commonly used research methods in interpretivist research. It is often simply described as one person asking another questions (Polit and Beck, 2006). However, Josselson (2013) identifies that interviews produce a rich image of reality as experienced subjectively. Interviews were therefore identified as being suitable to attain the desired elicitation of student experiences from within a hermeneutic phenomenological methodological perspective.

Interviews were designed to be conducted in a conversational manner (Parahoo, 2006). However, as emphasis was placed on eliciting participant experiences, the aim was to facilitate participants to be the more vocal party in this conversion. This is supported by Josselson (2013) who suggests that interviewers should aim to ask minimal questions. Josselson therefore proposes the use of an interview guide. This interview or 'pocket guide' is an aide memoire that enables the topics to be covered without overt attention to formal questions that could disrupt the flow of dialogue. An interview guide

was therefore developed which comprised some broad areas to cover during the interview (see appendix 8). Whilst framed in question format, these were not a set of rigid questions, rather they served as prompts to ensure that the interview discussed the core requirements to answer the research question whilst permitting the interviewer to follow the movement of the participant (Josselson, 2013). Interviews therefore followed a semi–structured approach, this approach was flexible to invite and enable the interviewee to share their experiences (Ryan, Coughlan and Cronin, 2009). The flexibility of this approach also ensured that participants were given the opportunity to digress into areas that they felt were particularly important and relevant to their understanding of their 'lived experiences' of the research topic (Speziale and Carpenter, 2007).

An individual return interview was timed to occur as soon as possible following student return from their study abroad experience. This was achievable as students returned from study abroad directly to university classes, so interviews were undertaken within the first four weeks following return from the study abroad experience. Return interviews with EU students were undertaken immediately prior to return to their own country at the end of their completed study abroad experience.

It was evident from return interview with the first cohort that the learning process was still in progress. These participants were re-adjusting to being back in their home environment and they indicated that they required a subsequent clinical placement in order to be able to confirm what they had learnt during study abroad. Therefore the reflexive decision was taken, with

agreement of participants and with approval of the ethics panel, to include a subsequent individual follow-up interview. This interview was scheduled to be undertaken following completion of participants' next clinical placement. This equated to a follow-up three months after return from study abroad. As the EU student nurses had returned to their home country, individual follow-up interviews were conducted via Skype. Hanna (2014) supports the use of Skype as a media suited to interviews that are conducted remotely, as it permits face-to-face interviews. These follow-up interviews were also conducted at three months post return home. However two EU students had not had a subsequent placement following return home as their nursing programme differed in format from the UK programme.

Follow-up interviews followed the same process as return interview. They were semi-structured to explore impact and experiences during the subsequent clinical placement (see appendix 9). They sought to focus upon learning and also explored whether participants had changed as learners due to the experience. Follow-up interview also offered an opportunity to confirm and explore understandings that were emerging from the return interview data. This also permitted further co-creation of knowledge through this dialogue (Gadamer, 2006).

5.4.3. Reflexivity during data collection

Flood (2010) identifies that the phenomenological interview should be a reflective event as it involves researcher and participant in the co-creation of meaning. This proposal is underpinned by Gadamer (2006) who identifies

that during conversation a shared interpretation of experience is generated. This implies that the data generated from interview is a result of the interactions between interviewer and interviewee, within the inter-subjective context of that specific interview (Josselson, 2013). Whilst acknowledging this co-constructional perspective, I wished to ensure that interview dialogue was primarily guided by participant experiences to avoid being limited by researcher presuppositions, which could have constrained the experience and emergence of the phenomenon. Reflexivity was therefore employed throughout the data collection process (Parahoo, 2006). For example, I self-policed perceptions during the interview by reflecting-in-action in relation to being self-aware of my responses and rationales for questioning and dialogue (Josselson, 2013). Schensul (2012) also advocates such monitoring of self-perceptions. Further, it is suggested that this may also be facilitated by the keeping of notes or a researcher journal throughout the study (Topping, 2010; Josselson, 2013). In relation to data collection, a researcher journal was used to capture the context, observations and thought processes that had occurred during this stage of the research. I completed these reflections immediately after the interview concluded. These notes were then further reflected upon during data analysis to ensure that aspects of the interview were not lost. Journal entries were also discussed at supervision to enhance the reflective process. These reflections also provided confidence that the progress of the interview had followed, and had been guided, by participant experience, and was not led or forced by researcher presuppositions (Josselson, 2013).

Acknowledging the co-constructional nature of the research interview and designing the interview to be conversational in order to attain meaning (Gadamer, 2006) also reduced the potential for misinterpretation of questions or responses. This was possible as the structure of the interview permitted clarification of understandings at the time (Parahoo, 2006). This therefore also constitutes a reflexive aspect of member checking (Mertens, 2012).

5.4.4. Recording, processing and storage of interviews

So that a full and accurate record of the interview existed, all interviews (including Skype) were digitally recorded. They were then subsequently fully transcribed verbatim. This recording and transcription process ensured that the data captured during interview was maintained in its entirety and ensured a true capturing of participants' given 'lived experiences'. This therefore provided the data required for interpretation during the process of data analysis (Polit and Beck, 2008).

To ensure nonmaleficence in relation to safeguarding confidentiality, all data obtained was managed using DATUM principles (The University, 2011a). This involved the secure storage of data in line with the Data Protection Act (DPA) (1998) and University Research Governance procedures (The University, 2011b). All electronic and digital data were password protected and stored on the University secure server in a secure area. All hardcopy materials generated during the study were stored securely in locked storage within a locked room that only the researcher had access to.

5.4.5. Interviews conducted

Twenty students agreed to take part in the study, and return interviews were conducted with all these participants. However, four participants did not participate in a follow-up interview. Although one of these participants did respond with a written account of her experiences following a period at home and this included her thoughts in relation to how she had changed. A total of thirty six interviews were therefore conducted (+1 written follow-up response). Return interviews were longer in duration than follow-up interviews and there was variation in duration of interview between participants. For example, the articulation of experience by students from Southern Europe is perhaps less verbose when compared to other participants. Despite such variations, all interviews produced rich data. Data saturation was felt to have been obtained as the final interviews for each grouping ceased to reveal any new insights into the phenomenon. Details of interviews conducted are provided in table 6 and table 7.

Table 6: Interview record: number of interviews by grouping

COHORT	INTERVIEW	UK STUDENTS 3 MONTH ERASMUS	UK STUDENTS 1 MONTH NON-EU	EU STUDENTS 3 MONTH ERASMUS	TOTALS
A	RI	2	1	3	6
	FUI	2	1	2	5
B	RI	6	1	3	10
	FUI	5	1	2	8
C	RI	-	4	-	4
	FUI	-	3	-	3
TOTALS		15	11	10	36

Table 7: Interview record: per participant

PARTICIPANT ID	COHORT / GROUPING	RETURN INTERVIEW	FOLLOW-UP INTERVIEW	NOTES
1	A/iii	38mins	39mins	Skype FUI
2	A/i	82mins	69mins	
3	A/ii	73mins	34mins	
4	A/ii	65mins	39mins	
5	A/iii	33mins	20mins	Skype FUI
6	A/iii	33mins	*	* FUI written
7	B/iii	56mins	X	
8	B/iii	40mins	30mins	Skype FUI
9	B/iii	30mins	25mins	Skype FUI
10	B/i	49mins	20mins	
11	B/ii	50mins	20mins	
12	B/ii	54mins	20mins	
13	B/ii	60mins	20mins	
14	B/ii	68mins	43mins	
15	B/ii	62mins	X	
16	B/ii	69mins	41mins	
17	C/i	80mins	36mins	
18	C/i	30mins	17mins	
19	C/i	35mins	X	
20	C/i	40mins	28mins	

X = not conducted.

5.4.6. Further reflections on data collection

Employing a semi-structured approach during phenomenological interviews proved to be successful as it permitted focus to be kept upon experiences in which the phenomenon of learning resided. It also permitted exploration into relevant areas of learning which may not have been recognised by participants, or alternatively by the researcher. For example, interviews with participants revealed that they had presuppositions about what they interpreted to be learning. If asked directly about what they had learnt, participants initially focused upon clinical learning outcomes and how they had learnt during clinical placement. There was perhaps an assumption by students that learning about nursing may only occur in a formal way, which may be a reflection of their usual frame of reference. During the interview I therefore needed to also explore with students their experiences outside of the formal context of a clinical placement in order to reveal the phenomenon of learning as it emerged within informal settings. Further, whilst participants identified that they had achieved learning outcomes by 'being there' some were unable to directly articulate how they had learnt. This may be a further sign that the phenomenon of learning was hidden from the view of the student.

These examples emphasise the need to avoid over reliance upon asking about phenomenon in a purely direct manner. And this also supports the assertion that phenomenon do not simply appear (Heidegger, 1962). The researcher was therefore required to recognise and interpret cues of the phenomenon of learning that emerged during participant discussions at

interview and during subsequent analysis (Mackey, 2005). This is also supported by Ricoeur (1976) who proposes that the interpreter makes it possible to move beyond the context of the subject's horizon, so permitting identification, interpretation and meaning-making of phenomenon cues not initially recognised by the student. This further confirms that bracketing was not appropriate. However, having an awareness of presuppositions was also important. I needed to remain open to the possibility that learning may emerge from a wide range of perspectives and contexts. I therefore feel that not having a pre-determined theoretical framework about the nature of learning, for example whether it is individual or social, was therefore beneficial and necessary to permit an understanding of the phenomenon of learning to be developed.

Further, as indicated, presuppositions of either students or researcher could have prevented the phenomenon shining forth. However, the co-creational nature of the interview enabled the learning contained within the study abroad journey to be interpreted and assigned meaning. Further support for the co-creation of meaning is provided when considering that some participants also described how the interview had facilitated further reflection and had made them think or understand differently. This is supported by Gadamer (2006) who identifies that in conversation the engaged parties experience a transformation of viewpoint. It can therefore be suggested that involvement in the research also supported students in consolidation of their learning following return from study abroad. This is also in line with phenomenological conceptions of being and time (Heidegger, 1962). Interviews emerged to be reflective events, they were a discussion in the

present, that explored the past and which also anticipated what was to come. The semi-structured phenomenological interview method, that comprised return interview and follow-up interview, therefore generated a wealth of rich data from multiple realities, or horizons. This provides insight into participant experiences of learning and which, following subsequent interpretation and appropriation, permits an understanding of the phenomenon to be attained.

5.5. CHAPTER SUMMARY

This chapter has considered the methods employed to gather the data required to generate an understanding of the phenomenon of learning during study abroad. It has described the purposive sampling approach employed to recruit participants. It has also considered the semi-structured interview approach employed to access 'lived experiences' in order to explore the phenomenon. An ethical approach has also been integral to the methods of sampling and data collection throughout.

Having considered how data was obtained, chapter six will discuss the data analysis approach employed that permitted a trustworthy interpretation of participant experiences.

CHAPTER SIX: DATA ANALYSIS PROCESS

6.1. CHAPTER INTRODUCTION

Qualitative data analysis has been criticised for a lack of credibility over recent years due to vagueness frequently afforded to the reporting of how findings are attained. For example, Bazeley (2009) argues that 'thick description' alone is not sufficient to constitute full analysis. To counter these arguments there has been a growing body of literature emphasising a need to detail, more comprehensively, methods of qualitative analysis (e.g. Bazeley, 2009; Flood, 2010; Smith and Firth, 2011). This chapter therefore comprehensively articulates the chosen data analysis process. It includes a reflexive review of the evolution of the process that further adds to transparency and applicability to this study.

6.2. METHOD OF ANALYSIS

6.2.1. Application of the Phenomenological Hermeneutical Method

A data analysis approach that most closely matched the ontological and epistemological origins of the study was chosen. Accordingly, Lindseth and Norberg's (2004) 'Phenomenological Hermeneutical Method' of data analysis for transcribed interview text was selected. This method is specifically matched to the analysis of data that has been gathered from phenomenological interviews and transcribed into written format. Further, the

key principles of phenomenology are evident throughout this data analysis process. The overall aim of the analysis is to enable understanding of the 'lived experience' of participants in a way that ensures understanding emerges from the data. In addition, it acknowledges and proposes steps to follow that attempt to ensure researcher presuppositions do not limit the extent of the analysis. Adherence to this method also provides a clear audit trail to support the emergent findings.

Lindseth and Norberg's (2004) method of analysis evolved from Ricoeur's (1971; 1976) philosophy which proposes that interpretation of the text moves through a process from guess to validation. This process comprises three key elements; naïve reading, structural analysis and comprehensive understanding as follows:

Stage one. Naïve Reading. Lindseth and Norberg (2004) describe that the text must be read many times in an open-minded manner so that a first 'naïve understanding' is arrived at. At this stage the researcher will neither consider the research question nor their prior understanding to reduce influences of presupposition. Whilst Lindseth and Norberg suggest bracketing in order to achieve this, as discussed, reflexivity was alternatively employed which is more in-keeping with hermeneutic phenomenology. Stage one constitutes the guess stage and a subjective and surface understanding of the whole experience is attained (Ricoeur, 1971; 1976).

Stage two. Structural Analysis. This is the explanation stage, it is the mid-stage between surface and depth understanding and applies the principle of

distanciation (Ricoeur, 1976). Distanciation is a process that places the text distant from its temporal origins. It escapes the original intentions of the author (current study participants) (Ricoeur, 1973b) and in so doing permits horizons to be enlarged. Distanciation is considered to be productive when it enables meaning to be generated beyond that which the originators of the text may have seen from their horizon (Ricoeur, 1976). Distanciation, applied by Lindseth and Norberg (2004) during structural analysis, commences with the identification of 'meaning units' from the text. A meaning unit captures a single meaning and it may vary in length from a few words to a paragraph. Meaning units therefore isolate and remove text from context. The researcher then condenses these meaning units into shorter items that retain the original meaning, and these are then reflected upon and compared and contrasted with one another. Themes and sub themes are assembled from these condensed units. These themes and sub themes are then reflected upon to identify whether they validate the original naïve understanding. If the themes do not validate this understanding then the cycle of analysis commences again, re-commencing at stage one. Lindseth and Norberg (2004) suggest that several rounds of analysis may be required to uncover various meanings that may exist about the phenomenon. Therefore, this process continues until no new meanings emerge and the naïve understanding has been validated. It is important to note that the term structural analysis is interpreted here to mean analysis of the structures of the phenomenon (van Manen, 1997) rather than its application in pure hermeneutics when it may imply that it is the structure of the text itself that is the subject of analysis.

Stage three. Comprehensive understanding. Lindseth and Norberg (2004) outline that, at this stage, themes are further considered in relation to study context and research question. The text is re-read, and to prevent presuppositions from limiting the findings, wider literature is also considered. This assists to generate a deep understanding of the text and the phenomenon. Lindseth and Norberg caution however, that it is vital not to permit literature to be forced upon data, therefore it is necessary at this stage to consider and ensure that the literature is congruent with the text, in this way literature is used to,

> *"illuminate the interview text and interview text illuminate the chosen literature" (Lindseth and Norberg, 2004, p151).*

It may be suggested that this stage of analysis therefore represents an appropriation, or a 'making of ones own' the text in order that possible ways of being-in-the-world and meanings may emerge (Ricoeur, 1976). In addition, Ricoeur suggests that appropriation is therefore close to Gadamer's Fusion of Horizons in which the horizon of the reader merges with that of the author. In the current study the reader is the researcher, whose horizon has also been expanded by review of literature to maximise interpretation, and the authors of the transcripts are primarily study participants, although as discussed, the researcher has also influenced generation of these texts. This form of appropriation is considered by Klemm (1983, p143) to reflect *"the world projected by the text"* and represents,

> *"distanciation linked to the full objectification of the text" (Ricoeur, 1976, p74).*

The final stage of comprehensive understanding therefore provides a more in-depth and deep understanding of the phenomenon.

Application of the Phenomenological Hermeneutical Method (Lindseth and Norberg, 2004) therefore enables an interpretation that permits understanding to develop from surface to deep understanding. As identified by Ricoeur (1976) this enables understanding to progress beyond what the transcript says to what it actually speaks about, or more precisely what it says about the world. However, as is evident above, movement from sense to reference is not linear. The movement between the parts and the whole, to develop and then validate interpretations, occurs throughout the data analysis process and this is frequently referred to as the hermeneutic circle (Gadamer, 2004). However, Ricoeur (1976) suggests that explanation provides the intermediate stage, or a bridge, between surface and depth semantics, and therefore considers this process to comprise a hermeneutic arc. Consideration in this manner eliminates what Ricoeur refers to as the 'vicious circle' when considering movement from guess to validation. Klemm (1983) therefore suggests rather than being a circle it is more accurate to consider a spiral process whereby there is an ever deepening comprehension when striving to attain authenticity through appropriation.

To conclude the process of data analysis which, it may be suggested incorporates this hermeneutic spiral, Lindseth and Norberg (2004) therefore recommend that the results of analysis should be conveyed to the audience in an everyday language. This ensures that the interpretation offered remains true to the phenomenological principle of gaining an insight into the world as

it is lived by the participants. This reporting also permits opportunities for appropriation by future readers (Ricoeur, 1976), which is suggested by Lindseth and Norberg (2004) as the point at which interpretation may be most productively applied to life.

6.2.2. Reflexive development of the data analysis method

Lindseth and Norberg (2004) offer insight into how to analyse an individual text, based on Ricoeur's (1971; 1976) theory of interpretation. However, it is not clear at which point the researcher begins to compare and contrast each individual interview text analysis with one another to form a comprehensive understanding of the phenomenon based on these multiple subjective realities. As the current study comprises three different contexts, in relation to study abroad types, I was concerned to ensure that each individual 'lived experience', within each of the different study abroad contexts were explored. Equally important, I wished to ensure that these individual experiences and contexts were not 'lost' when the comprehensive understanding of the phenomenon was arrived at. Lindseth and Norberg suggest reflecting on the emergent themes in relation to the context of study at the comprehensive understanding stage. However, I felt that as multiple contexts (the study abroad types) existed, it was important to ensure these contexts were preserved. To capture such contextual elements, Bazeley (2009) also recommends describing, comparing and relating the characteristics or situation of the participants during analysis. These aspects were therefore incorporated into Lindseth and Norberg's approach so that the varied contexts of learning during study abroad could be explored individually before

then combining. In order to achieve this, I further differentiated at the stage of structural analysis. Accordingly, two sub-stages were introduced, these are individual structural analysis and combined structural analysis (table 8 below further explains these stages). This development therefore facilitates refinement in relation to moving from the individual participant experience (the individual horizonal perspective) to combined experiences of the phenomenon (the combined horizonal perspective).

Table 8: Modified data analysis method

STAGE 1	STAGE 2		STAGE 3
Naïve reading and naïve understanding	**Structural analysis**		**Comprehensive understanding**
	Individual structural analysis	**Combined structural analysis**	
Each interview transcript is naïvely read and a naïve understanding arrived at. The individual participant study abroad context is recorded.	Structural analysis of each individual transcript is undertaken. A set of sub themes and themes emerges for each participant. These are reflected upon and structural analysis continues until understandings are confirmed.	Each participant is allocated to a context grouping. _(tables 4&5)._ Individual confirmed understandings are combined to provide a grouping naïve understanding. Themes and sub themes from each individual participant are compared and contrasted to generate a set of sub themes and themes per context grouping. Grouping naïve understanding is reflected upon. Structural analysis continues until grouping understanding is confirmed. This process is repeated for each study abroad context grouping. Sub themes and themes for each context are combined together through the same process of comparing and contrasting. A set of phenomenon sub themes and themes emerges.	Phenomenon sub themes and themes are further described, compared and reflected upon in relation to the research question and study abroad contexts. Literature is explored to permit a deeper and comprehensive understanding of the phenomenon. Phenomenon themes and sub themes are reflected upon, refined and developed to reflect this understanding. The text is re-read and all confirmed grouping understandings are returned to and reflected on. The phenomenon (sub themes and themes) and the comprehensive understanding of the phenomenon are confirmed.

At an epistemological level this modification has also enabled a symbiosis of the potentially conflicting philosophical elements of Heidegger and Ricoeur. Specifically, this approach preserves Heidegger's emphasis on subjectivity and temporality (Heidegger, 1962) as it captures and reflects upon the individual experience of the student, in context, whilst also adhering to Ricoeur's consideration of distanciation and appropriation (Ricoeur, 1976). This is further explained when considering that distanciation and appropriation, in this study, permits the researcher, as reader of the transcript, to interpret the experience presented across contexts and from a widened horizon. This permits understanding to progress beyond the individual context of the horizon in which the experience was situated. This enables the structures, or themes, that comprise the phenomenon, irrespective of contextual specifics, to emerge. However, paradoxically, validating this appropriation against grouping confirmed understandings, which in-turn are validated against previous understandings, and so forth, returns the interpretation of the text back to its subjective origins. In this way the process of data analysis addresses concerns that objectification of the text, via distanciation and appropriation, may lose sight of the subjective reality being studied (Ricoeur, 1973b).

To further illuminate the data analysis process employed in this study, I have developed a visual model (figure 4). This model represents my interpretation of Lindseth and Norberg's (2004) approach and includes the modifications made to preserve experiences in context (discussed earlier in table 8). It also demonstrates application of the iterative approach provided by the hermeneutic circle (Gadamer, 2004). This comprises, within its overall

framework, the hermeneutic arc of Ricoeur (1976) and, when each stage is considered together, it represents a hermeneutic spiral (Klemm, 1983). As highlighted, this process therefore permits movement from guess to validation of understanding.

Figure 4: Visual model of modified data analysis process

Stage 1: Developing a naïve understanding

- Naïve reading
- Naïve understanding developed
- New meaning?
  - NO
  - YES

Naïve understandings confirmed.

Move on to combined structural analysis

Stage 2: structural analysis

Individual

5.Reflect
4.Group into themes/ sub themes
3.Reflect & compare
2.Condensed units
1.Meaning units

Combined

4.Combine x3 groupings into combined themes/ sub themes
  - NO
  - YES
3.Reflects understanding?
2.Combine into grouping themes/ sub themes
1.Reflect, compare & contrast themes/ sub themes (per participant per group)

Combined Naïve understandings developed x3 types/x 2 interviews

Stage 3: Comprehensive understanding

1. Reflect on themes/ sub themes in relation to question
2.Explore literature & develop comprehensive understanding & refine themes and sub themes
3.Reflect on previous confirmed understandings and text
4.Confirm understanding?
  - YES
  - NO

Phenomenon uncovered & understanding attained

Question answered

Individual Horizons → Combined Horizons

Researcher's Interpretation

| Understanding (surface) | Explanation (the bridge: hermeneutic arc) | Comprehension (depth understanding) |

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6.2.3. Combining return interview and follow-up interview analyses

As indicated in the data analysis model (figure 4), analysis of individual transcripts occurred during stage 1: naïve understanding, and stage 2a: individual structural analysis. However, to permit further clarity, the tables below demonstrate how return interview and follow-up interviews were combined. Table 9 explains how each participant's return interview and follow-up interview were combined to capture the meaning of being a learner throughout the study abroad journey for each individual.

Table 9: Example of combining individual return interview and follow-up interview understandings and combining individuals into groupings.

Participant	Return Interview	Follow-up Interview	RI & FUI Combined Confirmed understandings
E.g. participant a *(individual horizonal perspective)*	Individual confirmed understanding	Individual confirmed understanding	Meaning of being a learner for participant
E.g. participant b *(individual horizonal perspective)*	Individual confirmed understanding	Individual confirmed understanding	Meaning of being a learner for participant
E.g. grouping X *(combined horizonal perspective)*	Group confirmed understanding	Group confirmed understanding	Meaning of being a learner for grouping

NB: analysis stage colour coding	Stage1 & 2a: naïve understanding & individual structural analysis
	Stage 2b: Combined structural analysis

Table 10 further explains how grouping confirmed understandings were then combined. This occurred at stage 2b: combined structural analysis and concluded in stage 3: comprehensive understanding.

Table 10: Combining interview groupings understandings

Context groupings	Return Interview	Follow-up Interview	Confirmed understandings
Grouping i: Non-EU/ DC	Group confirmed understanding	Group confirmed understanding	Meaning of being a learner for grouping
Grouping ii: UK to EU	Group confirmed understanding	Group confirmed understanding	Meaning of being a learner for grouping
Grouping iii: EU to UK	Group confirmed understanding	Group confirmed understanding	Meaning of being a learner for grouping
Combined groupings: i+ii+iii	All participants confirmed understanding	All participants confirmed understanding	The phenomenon of learning and the meaning of being a learner during study abroad

NB: analysis stage colour coding	Stage 2b: Combined structural analysis
	Stage 3: Comprehensive understanding

6.2.4. Artefacts of analysis

Microsoft Word was utilised to facilitate the practical completion of data analysis. To support an audit trail, the documents generated are highlighted in table 11 (below) and extracts of these are provided, as indicated, in the appendices to offer further clarity.

Table 11: Documents produced during the data analysis process

STAGE	WORD DOCUMENTS	EXAMPLES IN APPENDICES
Individual Naïve understandings & Structural analysis	Transcripts: • RI • FUI Per individual	See extracts in thesis findings section
	Naïve Understandings: • RI • FUI • RI&FUI Per individual	See appendix 10
	Individual Structural analysis: • RI • FUI Meaning units are highlighted in colour; Word review tool is used to identify condensed units and sub themes/ themes. Per individual	See appendix 11
	Emerging sub themes/ themes: • RI • FUI Per individual	See appendix 12
Combined naïve understandings & Structural analysis	Naïve Understanding of grouping: • RI • FUI • RI&FUI Per grouping = x 3	See appendix 13
	Emerging grouping sub themes/ themes: • UK to EU • EU TO UK • UK TO DC	See appendix 14
	Combined sub themes/ themes generated to reflect full experience in all contexts	See thesis findings section
Comprehensive understanding	Themes are considered in relation to question and wider literature and deepened understanding of phenomenon is disclosed	See thesis discussion section

6.3. REFLECTIONS ON APPLICATION OF THE DATA ANALYSIS PROCESS

Application of the process of data analysis proved to be successful. In particular, application of the hermeneutic circle, or spiral, enhanced trustworthiness, transparency, and in particular confirmability. This iterative approach made it possible to validate understandings at each stage of the data analysis process. Discrepancies that occurred, whilst minimal, were reviewed and corrections were made to ensure the analysis was reflective of the student experience.

For example, when reviewing participant 4 I became aware that I had not discussed motivation for exchange in the naïve understanding for this student. However it emerged when undertaking individual structural analysis of the transcript. This provides an example of how my horizon had been limited when first undertaking the naïve reading. These reflexive considerations revealed that I was overly focused upon the research aim to disclose the processes of learning and had not recognised this sign of the phenomenon. Reflection on this discrepancy enabled the naïve understanding to be corrected to include the element of motivation that had been missed originally from this participant's interpretation, and validation was then attained.

As indicated, all individual and combined understandings were reflected upon. In this way, whilst the data analysis process included distanciation and appropriation, the subjective origins of the interpretations continued to be

identifiable, and the individual voice and context of each participant was preserved. The data analysis process has therefore been demonstrated to be trustworthy and offers confidence that the emergent analysis is reflective of student 'lived experiences' of learning.

6.4. CHAPTER SUMMARY

The approach employed to permit analysis of data obtained during phenomenological interview has been discussed. Lindseth and Norberg's (2004) method of phenomenological hermeneutical data analysis has been applied and Ricoeur (1971; 1976) has been identified as providing the underpinnings to this method. Modifications made to the data analysis process, that permit transparency of movement from individual to combined analysis, and that consider the varied contexts of study abroad, have also been discussed. A visual model of the data analysis process employed has been offered to permit clarity. Further explanation of how return interviews and follow-up interviews were combined has also been discussed. The artefacts of analysis have also been identified and this further permits an audit trial to be maintained. Finally, reflections on the application of the data analysis process offer a demonstration of confirmability.

Chapter seven will consider how research quality assurance mechanisms were applied at each stage of the research process.

CHAPTER SEVEN: A REFLEXIVE APPROACH TO RESEARCH QUALITY ASSURANCE

7.1. CHAPTER INTRODUCTION

As discussed earlier, hermeneutic phenomenological research rejects the notion of value-free knowledge, suggesting that as we are all in the world and of the world, there is an acknowledgement that the researcher has the potential to influence the study (e.g. Heidegger, 1962; Habermas and Shapiro, 1972; Flood, 2010). However, it is important that interpretivist research can demonstrate that it is trustworthy so that the research consumer may have confidence that findings are a fair and honest representation of reality at the time in which the study was conducted (Lincoln and Guba, 1985; Polit and Beck, 2008). Accordingly, the approaches employed to assure research quality will be presented. Application of reflexivity is integrated throughout.

7.2. REFLEXIVITY

Reflexivity in research is defined as,

> *"…the continuous process of reflection by researchers of how their own values, perceptions, behaviour or presence and those of the respondents can affect the data they collect"* (Parahoo, 1997, p292).

Pel (2000) further suggests that reflexivity can provide a rigorous approach to research as it includes rather than excludes the situatedness of the researcher. This therefore enables the perspective of the researched and the researcher to be transparent and not lost or subsumed. Reflexivity has therefore been identified as a suitable approach to ensuring that the influence the interpretivist researcher exerts upon a research study is identified and managed (Speziale and Carpenter, 2007).

Whilst Lynch (2000) and Pel (2000) agree that reflexivity is frequently purported to offer methodological rigour to research studies, both authors offer criticism in relation to the reflexive approach. Lynch (2000) for example, argues against the exclusivity of reflexivity as a uniquely epistemological conception and suggests that it is a natural process of sense-making, hence it is not possible to be unreflexive. Lynch therefore identifies that reflexivity has multiple meanings and presentations as it is enacted differently depending on context, and cautions that clarity of approach is required. Pel (2000) also suggests that a reverence to reflexivity and the resultant requirement for the development of researcher self-awareness is of concern. There is a risk it may be employed tokenistically, especially as such self-awareness may not be fully attainable by all researchers. Pel also cautions that reflexivity can be used as a device to expose weakness in others which could lead to adoption of a defensive approach to reflexivity reporting. It is identified therefore that reflexivity is not a guaranteed method of ensuring trustworthiness.

Having reflected on the concerns and the benefits of reflexivity, adoption of a reflexive approach embedded in an identified quality assurance framework has been employed in this study. This incorporation addresses the concerns discussed and demonstrates the integrity of the researcher and the research. Further, as judgement of the trustworthiness of research ultimately lies with the reader of the research report, it is the responsibility of the researcher to provide the reader with sufficient information about the reflexive approach employed in order to make such a judgement. Accordingly, the reflexive strategies employed throughout the study will be presented in the following discussion as they are an integral part of ensuring and assessing research rigour.

7.3. SELECTION AND APPLICATION OF LINCOLN AND GUBA'S QUALITY ASSURANCE FRAMEWORK

Polit and Beck (2008) propose that,

> *"good qualitative work is both descriptively sound and explicit, and interpretively rich and innovative" (p539).*

However, the means to assess whether qualitative research is of good quality is complex. Guba and Lincoln (1994) suggest that issues of judgement about quality in interpretivist research requires ongoing consideration and discussion. This debate has been continuing (Speziale and Carpenter, 2007) and Polit and Beck (2008) identify that there continues to be a lack of consensus in relation to accepted terminology, identifying diverging views relating to quality assurance assessment criteria.

In light of a lack of consensus, to ensure consistency of language and clarity of meaning in this study, a quality assurance framework was selected that could incorporate a reflexive approach and that could be applied throughout the study as a guide to ensure and confirm research rigour. Rigour in qualitative research refers to the quality and strictness of the research process (Macnee and McCabe, 2008) with the aim being to demonstrate that an accurate representation of participant experiences has been attained (Speziale and Carpenter, 2007).

Review of literature identified that Lincoln and Guba's (1985) terminology and framework was frequently applied either in whole or in parts (e.g. Denscombe, 2002; Brockopp and Hastings-Tolsma, 2003; Speziale and Carpenter, 2007; Macnee and McCabe, 2008; Mertens, 2012). Speziale and Carpenter (2007) also suggest that the framework of Lincoln and Guba demonstrates continuing utility to qualitative researchers and Polit and Beck (2008) further reflect that this framework is considered to represent the 'gold standard' in relation to qualitative research quality assurance. I had also applied this framework in a reflexive manner in previous research, therefore it was selected for application in this study. I have applied the framework that was developed in 1994 as this includes additional criteria from that originally developed.

Guba and Lincoln (1994) reject positivist measures that rely on realist ontological assumptions to judge the quality of constructivist research. They

propose an alternative set of criteria to assess the quality of inquiry which comprise the two broad criteria of *trustworthiness* and *authenticity*.

7.3.1. Trustworthiness

Trustworthiness refers to the honesty of the collected data during a study (Lincoln and Guba, 1985) and it influences the confidence one may have in the data (Polit and Beck, 2008). Trustworthiness is assessed using the criteria of credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985; Guba and Lincoln, 1994).

7.3.1.1. Credibility

Credibility is akin to internal validity in positivist research (Denzin and Lincoln, 1994). In interpretivist research it refers to the truth one may have in the findings (Macnee and McCabe, 2008). It involves consideration of the method in which the study is conducted and also the way it is demonstrated to an external audience (Polit and Beck, 2008). Mertens (2012) further considers the work of Guba and Lincoln and suggests a range of ways in which credibility can be attained. These suggestions have been applied to the current study as follows:

Sustained involvement of the researcher: Mertens (2012) suggests this relates to involvement in the research setting. Whilst this appears to apply most directly to observational studies, Speziale and Carpenter (2007)

emphasise a more general need for sustained engagement with the subject matter. Sustainability was employed and demonstrated through sustained engagement in the data during the data collection and analysis process. Sustained contact was maintained with participants through the process of return interview and follow-up interview. Further, the process of phenomenological hermeneutic analysis required sustained reflecting and reflexivity at each stage of the analysis process;

Peer-debriefing in order to explore possible bias or omissions: Peer-debriefing was employed through the process of monthly academic supervision discussions. Although it is perhaps more appropriate to re-label this as *expert-debriefing* to acknowledge the experience of the supervisors. These supervisions support the reflexive approach and address concerns discussed by Pel (2000) that researchers may not be completely self-aware. Supervision involved ongoing reflections and justifications of both my approach to the study and also interpretations of the data, thereby giving confidence that any blind spots or bias would be revealed;

Member checking: Member checking was employed during interviews to check understandings of experiences with participants as they were revealed. Further, follow-up interview also permitted clarification of understandings that had emerged from return interview. This also addresses concerns in relation to reflexivity limitations as it provides a cross-reference for interpretations.

The research was originally designed to include a focus group as an adjunct at the end of the study, to communicate and verify the findings. However, as my understanding of the chosen methodology and data analysis method deepened, I felt that the concept of retrospective member checking for this study via a focus group was incongruous with the methodology and was not therefore a process that would demonstrate credibility. As identified the hermeneutic phenomenological researcher captures the experiences of the entity and then through a process of exploration and interpretation, reveals an uncovering of the phenomenon under investigation (Heidegger, 1962). The interpretation of experience is therefore an appropriation by the researcher of the multiple 'lived experience' accounts gathered from research participants (Ricoeur, 1976). It is therefore possible that multiple interpretations of a phenomenon could emerge from consideration of the combined research participant experiences. In addition, the horizonal perspective of each participant may have subsequently changed and they may no longer associate interpretations with their previous self. Given these multiple potential interpretations and realities, it can be argued when considering hermeneutic phenomenological research that it is not possible to demonstrate credibility via member checking. Polit and Beck (2008) reviewed literature that has debated the value of member checking. This review identifies that member checking is a contested strategy. The findings of Polit and Beck's review also support concerns about the utility of undertaking retrospective member checking in this study.

As an alternative to member checking via focus group, credibility is demonstrated to the reader by provision of participant quotes to demonstrate

the origins of the interpretation. This provides the reader with the means to judge whether the interpretation is a true representation of the voice of the participant experience as captured in their recorded quotes.

Monitoring self-perceptions: Mertens (2012) considers keeping a research journal to record researcher beliefs, perceptions and changes in thought. This is also supported by various authors. For example, McGhee, Marland and Atkinson (2007) recommend memo taking to ensure that the themes that are generated do arise from participant experiences and Polit and Beck (2008) also support the use of reflective journals by researchers to enhance study rigour. Topping (2010) further considers that all such field notes and memos are valuable to the process of reflexivity and these recommendations therefore also support my decision to keep a researcher reflexive journal to record my decision making and thought processes during the research. This journal recorded thoughts and decision making, starting with development of the research question. It progressed through the design stage of the research and it captured the context, observations and thought processes that occurred during data collection and data analysis. This facilitated movement toward the final comprehensive understanding. It also captured my thoughts and feelings as I journeyed through the experience of being a PhD student.

Multiple data sources: As identified, the study was originally designed to employ the triangulation methods of diary and interview. However, as indicated earlier, this method was not appropriate and data collection was changed reflexively to a return interview and a follow-up interview. It was

anticipated that this process would produce a more credible study that was more representative of the totality of the study abroad journey.

7.3.1.2. Dependability

Dependability in interpretivist research relates to the stability of the data over time and over conditions (Polit and Beck, 2008) and therefore relates to the dependability of the results (Speziale and Carpenter (2007). Mertens (2012) suggests that a dependability audit can provide evidence of stability of the data. Brockopp and Hastings-Tolsma (2003) provide a practical example of this audit in practice and outline that it firstly requires thorough recording of all aspects of the data collection and analysis process as it is conducted by the researcher. Then at any point in the future the researcher, or another, when reviewing this audit trail, would also arrive at a comparable outcome based on these recorded research process elements. Completion of the reflexive research journal, described above, captured these researcher thought processes. In addition, the records and materials generated throughout each stage of the data analysis process permits transparency of the interpretation and appropriation stages of the study. Further, the peer, or expert-debrief also confirms dependability of the research. In addition, as data was collected from more than one cohort of students over a period of time, it may be identified that time triangulation was employed and this therefore also adds to the dependability of the study (Polit and Beck, 2008).

7.3.1.3. Confirmability

Confirmability involves demonstrating that data is representative of the information provided by participants and also that the interpretation of the data can be justified and evidenced (Polit and Beck, 2008). This is therefore an important aspect to consider when employing a reflexive approach. Speziale and Carpenter (2007) and Macnee and MacCabe (2008) suggest that an audit trail can also be applicable to enabling the confirmability of a qualitative study. In addition, expert-debrief supervisions facilitated an ongoing process of confirmability throughout the study. And as Polit and Beck (2008) indicate, findings are reflective of the participant voice, quotes are included in presentation of the findings of the study and this is further considered to be essential to aid reader judgements of confirmability. Further, participants were provided with a review of the findings and a summary of the discussion chapter via email, to support confirmability. Rather than member-checking, they were invited to provide comments in relation to resonance. Appendix 15 highlights participant responses and these do demonstrate that the study held resonance. Further, the data analysis process incorporated a clear method for establishing confirmability of interpretations that permitted a transparent movement from guess to validation of understandings.

7.3.1.4. Transferability

Transferability refers to whether study findings can be applied to other similar contexts (Macnee and McCabe, 2008). Lincoln and Guba (1985) identify that it is the role of the researcher to provide the reader with the details necessary

to make their own judgement about the transferability value of a study. To ensure this transferability assessment was possible in the current study, all aspects of the study are described in depth in the thesis and this richness of reporting will also be applied to any subsequent dissemination materials.

7.3.2. Authenticity

Authenticity was added to the framework in 1994. Guba and Lincoln (1994) explain that this set of criteria were developed to address critics who had suggested that the original set of criteria linked to trustworthiness remained too akin and placatory to positivist research. Polit and Beck (2008) clarify that authenticity relates to,

> *"the extent to which the researchers fairly and faithfully show a range of different realities" (p540).*

This also includes reporting in a manner which shows the reader the feelings, language, experiences and contexts of the lives being described. Whittemore, Chase and Mandle (2001) also consider the importance of gaining insight into the multiple realities that may exist in relation to a phenomenon. Mertens (2012) further emphasises the need for authenticity when suggesting that it is necessary to demonstrate a balanced and fair representation of the multiple perspectives that may exist, so supporting a reflexive approach. Guba and Lincoln (1994) suggest that authenticity may be assessed utilising the criteria of fairness, ontological authenticity (enhances personal understandings), educative authenticity (enhances

understanding of others), catalytic authenticity (stimulates action) and tactical authenticity (empowers action).

Fairness representation is ensured as the current study includes participants who went to a range of destinations both within Europe and UK and also in developing countries, and the duration and in-country support processes varied between type of study abroad experience. Multiple realities were therefore explored and revealed. The method of data analysis was developed to ensure that these different realities were represented throughout the process. Further, presentation of the findings was also designed to ensure that the type and context of study abroad experience remained evident throughout this reporting. In addition, inclusion of quotes enhances the richness and depth of the experiences being described so that the reader may generate a sense of the 'lived experience' of study participants. *Ontological authenticity* is demonstrated in the presentation of the comprehensive understanding. This stage of analysis requires the researcher to expand their horizon in order to maximise the uncovering potential of the study and it invites the reader to also expand their horizon. It is further envisioned that presentation of the thesis facilitates *educative authenticity*, and presentation of recommendations and study dissemination provides the power for *catalytic* and *tactical authenticity*.

7.4. CHAPTER SUMMARY

This chapter has demonstrated how principles of trustworthiness and authenticity were employed in the study to assure research quality. It has

also outlined the integral role of reflexivity in the quality assurance process. This chapter completes discussion of research design. When considered together, the research design chapters (chapters four to seven) provide assurance that the data gathered, analysed and subsequently presented in the following chapters, provides a fair and true representation of the experiences of student nurse participants during a study abroad journey.

CHAPTER EIGHT: INTRODUCING ADDITIONAL LITERATURE REVIEWED

8.1. CHAPTER INTRODUCTION

In addition to the literature and theories introduced in chapters one and two, the process of data analysis also revealed that additional, pertinent, theoretical concepts emerged from participant accounts. These additional theories are transformative learning theory, liminality and threshold concepts. Apart from limited associations to transformative learning, these theories had not been connected with pre-registration student nurse study abroad placements in the literature at the time of the initial field-specific review. In line with Lindseth and Norberg (2004), to permit a comprehensive understanding of the phenomenon, these theories are extensively considered in the discussion chapter. However, they are introduced prior to the findings so that the narrative supporting interpretation of student experiences, and the connections made, are clear and visible. Appendix 16 provides detail of the literature search employed to facilitate this review.

8.2. TRANSFORMATIVE LEARNING THEORY

Transformative learning has been defined by Mezirow (2009) as,

> *"the process by which we transform problematic frames of reference (mindsets, habits of mind, meaning perspectives) – sets of assumption and expectation – to make them more inclusive, discriminating, open, reflective and emotionally able to change." (p92).*

Such transformations may be epochal (sudden) or cumulative (gradual) (Mezirow, 2009). Sudden transformations may arise following a critical or disturbing event in one's life, such as the death of a loved one, or a change of city. Critical or disturbing events, that have been thrust upon the person, have been defined by Mezirow (1978, p12) as *"disorienting dilemmas"* as they call into question one's usual way of being. However, transformation could also be more gradual or progressive in nature, arising from repeated exposure to new or different experiences. Mezirow (1978) states that when exposed to such dilemmas or experiences that critical analysis enables self-development as,

> *"we undergo significant phases of reassessment and growth in which familiar assumptions are challenged and new directions and commitments are charted" (p101).*

In addition to exposure to a divergent experience, the key requirements for transformative learning to occur are critical reflection or critical self-reflection and dialogue with others in order to reach a best judgement decision (Mezirow, 2009). The processes are reflective of Mezirow's rational approach to transformative learning which was developed as a result of empirical research (Mezirow, 1978).

However, transformative learning may not automatically occur when exposed to new experiences. The individual can reject any evidence that diverges from their frame of reference, and so remain unchanged. However, if they choose to accept the divergent evidence the person then modifies or expands their frame of reference to integrate this evidence into their biography. Further, an experience that cannot be integrated into an existing frame of reference may then cause the person to develop a completely new frame of reference (Cranton and Taylor, 2012). Such transformative change has been identified by Mezirow (1978; 2000; 2009) as 'perspective transformation', which is a,

"praxis, a dialectic in which understanding and action interact to produce an altered state of being" (Mezirow, 1978, p15).

Hoggan (2016) however, undertook a systematic review that suggests that the term 'transformation' is now being applied to changes that may not possess the characteristics as conceptualised by Mezirow. This prompted Hoggan to develop a meta-theory of transformative learning which outlines three conditions that must be met in order for a change to be classed as transformative. These are demonstration of depth, breadth and stability of the change. Therefore, a transformative change has to be significant, it must be applicable across a range of contexts, and it must be permanent.

In addition to the conceptualisation of transformative learning discussed, alternative approaches also exist. These approaches seek to address suggested criticisms and limitations of the rational approach. For example, in response to the emphasis placed upon the rational, analytical and cognitive dimensions of learning, the importance of the affective and creative

dimensions of learning are alternatively emphasised in the extrarational approach. The extrarational approach is most frequently attributed to educational theorists such as Dirkx, Scott and Clark (Grabove, 1997). Dirkx (2006) suggests that in the process of transformation we become aware of self and our way of relating to others and therefore more authentic relationships occur. Awareness-raising requires the bringing to consciousness of unconscious, emotional aspects of experience that illuminate perceptions. Dirkx asserts that rational approaches such as critical reflection alone may not permit such emotions to be surfaced and additional imaginative approaches are required to create a conscious connection between these emotional elements of experience (Dirkx, 2006; Dirkx *in* Dirkx, Mezirow and Cranton, 2006). Rather than disregarding Mezirow, Dirkx (2006) therefore considers that the extrarational, or creative approach supplements the rational approach in order to achieve transformation.

Mezirow (2009) highlights that the rational approach to transformative learning also encountered criticism from those who suggested it de-emphasised a need for social action. Whilst Mezirow does not cite specific critics in this text, he had previously responded (Mezirow, 1998) to such criticism when articulated by Inglis (1997). More specifically, Inglis (1997) suggested that the rational approach's focus upon individual transformation did not facilitate social emancipation. Further, Hoggan (2016) cites a range of informal articles and conference proceedings that also offer criticism in relation to the focus upon individual transformation as opposed to social transformation. Those cited include Newman (2014; 2015) who reinforces the viewpoint that focusing upon the individual is a limiting aspect of Mezirow's

consideration of transformative learning theory. However, Mezirow (1978; 1998; 2009) defends the rational approach, arguing that focus upon the individual and individual transformation is legitimate as it facilitates development of insight, understanding and self-determination, which enable informed decision making, and this may include decisions about engagement in social action.

Conversely, proponents of the social change, or social emancipatory approach to transformative learning, place emphasis on the requirement for social action and social transformation as a signifier of transformative learning (Hoggan; 2016). Freire (1974), a renowned advocate of social transformation, contends that whilst people are conditioned due to their social histories they do not have to be determined by them. Therefore, central to the process of transformation in this model is the development of critical reflection and critical consciousness, or *conscientization* (Freire, 1973). Freire (1973) articulates that *conscientization* enables people to realise their conditioning so giving them the freedom to change or transform. This transformation will also include the transformation of society to address the issues of privilege versus oppression and inequality. Hoggan (2016) concurs that scholars who adopt a social emancipatory perspective contend that critical consciousness is central and learners are active in the world as they strive to overcome inequality through reflection and then subsequent action to achieve social transformation.

Despite the suggested criticisms of Mezirow's rational approach to transformative learning theory, it has been identified as seminal in the field

and it is acknowledged as forming the basis for subsequent and on-going study by several adult educationalists (Grabove, 1997; Dirkx, 2006; Cranton and Taylor, 2012; Hoggan, 2016). Consideration of the developments in thinking and alternative approaches have also led Mezirow (2000) to identify that transformative learning theory continues to be a theory in progress. Further, Cranton and Taylor (2012) demonstrate such theory in progress when proposing a synthesis of perspectives, arguing that whilst theorists may appear to follow dissimilar paths it is possible for these varied approaches to coexist as they share common features. These features are the centrality of the experience; authentic and supportive relationships between teacher and student; a holistic orientation to teaching; and an appreciation of the context of learning. Based on this synthesis the following definition is offered,

> *"Transformative learning is a deep shift in perspective during which habits of mind become more open, more permeable, and better justified. This shift occurs through reflection, imagination, intuition, emotion, and engaging with symbols and myths. It can be an individual process, a group process, and a social change process." (Cranton and Taylor, 2012, p201).*

Literature in the field of study abroad that may discuss transformative learning theory has also been explored. Literature presented in chapter two identifies that whilst several authors suggest outcomes that could indicate transformative learning had occurred, for example development of cultural sensitivity (e.g. Scholes and Moore, 2000), few explicitly consider or apply transformative learning theory. The exceptions are St Clair and McKenry (1999) who applied Mezirow's perspective transformation theory and identified that students had demonstrated transformative learning outcomes that included development of ethnorelativism and perspective transformation.

Levine (2009) also touched upon Mezirow's approach to transformative learning and identified that due to exposure to new and different ways of thinking and doing, both professionally and socially during study abroad, students questioned and reflected with a subsequent development of new views.

Subsequent literature search found that literature published since the development of chapter two, on the whole also concur with previously published research. The following review therefore considers this literature and it also includes wider study abroad experiences due to the limited field-specific literature found.

When considering field-specific literature, Murray (2015) undertook qualitative research that investigated personal and professional growth of US student nurses (N=6) who undertook a Faculty accompanied clinical placement to Swaziland. Thematic analysis of interviews identified that students demonstrated transformative learning outcomes and personal and professional growth. In addition to consideration of learning outcomes, Asenso, Reimer-Kirkham and Astle (2013) undertook an ethnographic study to investigate the factors that influenced transformative learning during an accompanied three week study abroad visit to Zambia by a group of Canadian nursing students (N=8). This research identified that pre-conceptions from the media influenced initial expectations, however this mismatch between expectation and reality upon arrival created an experience of dissonance which triggered the transformative learning process.

Maltby, de Vries-Erich and Lund (2016) further suggest experiences of difference trigger transformation. These researchers conducted phenomenological research that compared Faculty accompanied, US student nurse placements in low and high income countries. It found, irrespective of destination, participants developed a changed world view and a changed cultural consciousness. Whilst Maltby, de Vries-Erich and Lund propose these experiences to be transformative, they do not refer to transformative learning theory. However, Walters, Charles and Bingham (2017) applied Mezirow's theory to investigate the presence of critical reflection as an indicator of transformative learning during US study abroad (N=20). Whilst not formally stated, it may be assumed the programme was Faculty accompanied (based on activity cues provided in the article). This research utilised survey methodology and compared six different subject areas (vocational and traditional degrees). Findings indicate mature (30yrs+) student nurses who visited a significantly different culture and undertook clinical placements, demonstrated a higher level of critical reflection when compared to other programmes. The researchers acknowledge limitations due to low response rate (26%) and sample size. It is also necessary to caution that this study appears to assume that critical reflection alone may lead to transformative learning.

When considering broader literature, Smith, Mcauliffe and Rippard (2014) also apply transformative learning theory to analysis of a two week study abroad programme. This grounded theory study (although theoretical sampling was not applied) analysed a Faculty accompanied cultural

immersion programme to Ireland that comprised U.S. Masters and Doctoral level counselling students and suggested that perspective transformation occurred. Most recently, Anderson Sathe and Geisler (2017) also conducted a phenomenological study that investigated the experiences of a group of graduate holistic health students (N=14) who undertook a short Faculty accompanied two week cultural immersion visit to India. Participants in this study followed an integrated holistic and transformative learning curriculum and it was identified that the immersion programme had enabled the students to become transformed as they had developed new perspectives which persisted post return to the US.

Only two studies were identified during this subsequent review that had considered transformative learning but had found it to be absent. Foronda and Belknap (2012) considered whether transformative learning occurred within US Associate Degree Nursing students who had undertaken a study abroad experience in a low-income country. The qualitative study concluded that as there was no intent for personal or social action, transformative learning had not occurred and cited Mezirow's perspective transformation work as supporting evidence for this conclusion. However, it is important to note these conclusions with caution, as it can be argued that Mezirow did not set social action as a required parameter for the assessment of perspective transformation. Hovland and Johannessen (2015) also reported an absence of transformation. These researchers undertook a large qualitative study that involved text analysis of reflective journals (N=197) of Norwegian nursing students who had undertaken an exchange visit to Africa. These visits were unaccompanied by Faculty. Results of this analysis identified that rather than

moving toward cultural competence, participants demonstrated an ethnocentric perspective and there was little evidence of reflection relating to development of cultural understanding.

Re-analysis of the literature, and review of studies published post original literature review, identified that a small number focused upon transformative learning and study abroad. The studies that have considered this theory are predominantly focused upon North American students undertaking Faculty accompanied study abroad visits. Whilst the majority of these studies suggest transformative learning may occur, they are dissimilar to the current study context. The study by Hovland and Johannessen (2015) is an exception, it is unaccompanied and focuses upon European students. However, this study did not find evidence of transformative learning when framed from the perspective of cultural competence development.

Whilst the study abroad literature does not presume transformative learning will be attained during unaccompanied experiences, transformative learning theory is felt to have emerged from participants accounts in this current PhD study. These connections will be signposted as relevant in the findings chapters. This theory will then be applied, to permit a comprehensive understanding of the phenomenon, in the discussion chapter (chapter twelve).

8.3. LIMINALITY AND THRESHOLD CONCEPTS

As discussed the theories of liminality and threshold concepts are also relevant to introduce prior to the findings chapters. van Gennep (1960) proposed the concept of liminality when discussing the structure of rites of passage rituals within tribal cultures. Identifying preliminal, liminal and postliminal rites that may be observed when people transition from one situation, which may be from one position in a culture, to another. van Gennep discussed three sub categories that comprise rites of passage and notes that these rites may not be considered equally important to all communities or in all ceremonial patterns. These are the *rites of separation* or preliminal rites, in which the person is separated from their previous world and role; *transition rites*, the liminal or threshold rites which occur during the transition stage; and *rites of incorporation*, or the postliminal rites that signify entry of the person into their new world or role in a culture.

Turner, who also investigated rituals within cultures, focused upon the liminal state during a two year study which involved ethnographic fieldwork researching the Ndembu of north-western Zambia (Turner, 1969). He has been credited with expanding van Gennep's work by developing discussion to include further consideration of liminal states of being in wider contexts beyond the original cultures investigated, for example to explain western societal trends in the 1960's (Abrahams, 2008). Turner describes a 'liminal state' as a state in which a person is between cultural position or state, as they are,

"betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial" (Turner, 1969, p95).

Turner (1969) suggests liminal entities, having relinquished their preliminal state of stability in a role within a culture, are in an ambiguous position without status. This liminal stage, and related transition rites, permit the entity to become reduced to a blank canvas that may then be impressed with the knowledge and wisdom for their new role. This permits development of the liminal entity ontologically so that they may cope with, and take on a new way of being, and their new position, when they re-enter society and stable postliminal state.

The theory of rites of passage and liminality were therefore generated to explain rituals and transitioning between cultural positions or states, such as moving from adolescence into adulthood, and they have also found wider application to aid understanding of society. Mälksoo (2012) is also supportive of consideration of the concept of liminality as applicable to a broader range of disciplinary contexts. For example, Mälksoo focuses upon application of the theory of liminality to the field of international relations. Further examples include Johnson (2011) who applies liminality to the field of sporting communities, Billay, Myrick and Yonge (2015) discuss its application to nursing preceptorship and Land, Rattray and Vivian (2014) apply the theory to education.

Liminality is considered in relation to study abroad less frequently. Erichsen (2011) undertook a qualitative, phenomenological study of international graduate students (N=7) who had studied in the USA, to identify the

processes by which they had made sense of their experiences and to uncover how they felt they had changed during their time abroad. Erichsen suggested that participants experienced a period of liminality when adjusting to being in the USA and the discussion suggested students experienced liminality as learners. However, quotes provided to support the findings are suggestive of a liminal experience whilst living in the USA in general, rather than whilst being a learner. In addition, participants in Erichsen's study ranged from those who had been living in the USA from between two to thirteen years and they were described as mature females who were aged 30+. Therefore this study is dissimilar to the current investigation. Perhaps more applicably, Parker et al (2012) investigated student social workers undertaking short term study abroad placements in Malaysia. Analysis of critical incidents and reflective diaries suggested that students experienced study abroad as being betwixt and between the social work cultures of home and Malaysia, with study participants describing social work practice in the international placement as being 'foreign' to them. This paper did not however specify sample size or provide details of the research methods and analysis techniques applied in any depth so it is not possible to critique this work further.

Whilst literature in relation to liminality and learning during study abroad is sparse, as indicated above there has been a growing interest over recent years in the concept of liminality when applied to learning theory, and in particular, threshold concepts (for example the texts drawn together by Land, Meyer and Smith, 2008; Meyer, Land and Baillie, 2010). Building on the body

of work of Meyer and Land, (e.g. Meyer and Land, 2003; 2005; 2006), Land, Rattray and Vivian (2014) define threshold concepts as,

> *"concepts, practices or forms of learning experience [that] act in the manner of a portal, or learning threshold, through which a new perspective opens up for the learner. The learner enters new conceptual terrain in which things formerly not perceived come into view. This permits new and previously inaccessible ways of thinking and practising." (p200).*

Threshold concepts are therefore concepts that once grasped possess the ability to open up a new realm of thinking or understanding and ultimately offer the potential for transformative learning and perspective transformation.

Land, Meyer and Smith (2008) also build on the work of Meyer and Land (2003; 2005; 2006) to provide information about the characteristics of threshold concepts. The characteristics described are that they are *transformative* (demonstrating perspective transformation); *integrative* (they reveal the inter-relatedness of something, such as previously hidden phenomenon); they are often *bounded* (as they comprise borders which may demarcate disciplinary conceptual spaces or they may border thresholds into new areas); they are frequently *troublesome* (Perkins (2006) proposed that troublesome knowledge is alien, counter-intuitive or difficult to grasp in some way); to varying degrees, *irreversible* (once learnt they are retained and are difficult to unlearn); finally, they are also *discursive* (a change in language usage occurs as a result of transformation).

Clear parallels can be drawn between threshold concepts and transformative learning theory which also advocates similar characteristics when identifying

transformative change. Indeed, Meyer and Land (2003) recognise this linkage and Meyer, Land and Baillie (2010) further expand upon it. In addition, similarly to the 'disorienting dilemmas' of transformative learning theory (Mezirow, 1978) and conceptualisation of disjuncture (Jarvis, 2010), Meyer and Land (2003) also propose that threshold concepts are unsettling as they are conceptual gateways to understanding. As such, Meyer, Land and Baillie (2010, preface x) also suggest that threshold concepts generate a state of liminality. In this state learners are described as being in a suspended state, or a *"stuck place"*. They may also have a partial understanding which leads to a lack of authenticity and 'mimicry'. Learners remain in this state until they are able to grasp the concept and move beyond the threshold into a transformed state. Again, it is possible to see the parallel with the liminality theory of Turner (1969, p94) who also described people in the liminal state as being *"threshold people".*

Barradell (2013) cautions that identification of threshold concepts may prove challenging as the concept is still evolving. Barradell therefore advocates standardisation of attribute definitions to permit rigour of process during concept identification. Despite methodological reservations, a wide-ranging discourse is evident in the literature. Published works include primary research, and discussion of application into curricula (Barradell, 2013; Meyer, 2016). However, despite this emergent interest in threshold concepts, the current review has failed to find any studies which have considered threshold concepts and student nurse study abroad. Apart from the exceptions below, there also appears to be a dearth of publications about threshold concepts and study abroad in general.

Killick (2012; 2013) conducted phenomenological research focused upon development of global citizenship during mobility. Fourteen undergraduate students participated. International experiences included studying, volunteering or work placements. Killick proposes that being in a community with fellow international students facilitated participants to cross thresholds of understanding about self and cultural others. Participants became aware and critical of their previously taken-for-granted-ways of being-in-the-world when viewed from the perspective of their international peers. Killick offers useful insight into study abroad experiences that may demonstrate transformation of perspective. However, as he does not support findings with reference to the attributes assigned to threshold concepts framework, it is not felt possible to fully validate that these transformations represent threshold concepts.

Nahavandi (2016) suggests culture, when considered as *culture-as-a-meta-context* may also be considered a threshold concept. Nahvandi applies threshold concepts framework to support this assertion. Whilst anecdotal, Nahavandi refers to student experiences of study abroad and suggests study abroad resulted in a mimicry of cultural awareness, rather than authentic transformation. Nahavandi therefore advocates, in order for authentic learning to be attained the teaching of *culture-as-meta-context* should be incorporated into all culture education models. Nahavandhi proposes this approach encourages a higher, more abstract, conceptualisation of culture leading to concept integration into everyday life.

As indicated, the relevance of the theories of liminality and threshold concepts emerged from participant accounts. These connections will be illuminated in the findings chapters as appropriate. The discussion chapter will then apply these theories in order to facilitate development of the comprehensive understanding of the phenomenon.

8.4. CHAPTER SUMMARY

This chapter has provided an introductory review of additional, pertinent, theory that emerged during data analysis but which had not been discussed when developing the conceptual framework. The theories introduced are transformative learning, liminality and threshold concepts. In line with the data analysis process, these theories are reviewed and reflected upon during the comprehensive understanding stage of analysis (presented in chapter twelve). However, they have been introduced in this chapter to permit transparency when reviewing the findings.

Findings will now be presented. They will be presented in three chapters to reflect each stage of the study abroad journey, as interpreted from participant accounts. In line with the data analysis process (outlined in chapter six), to ensure the student voice is heard, selected quotes will be presented to illuminate themes and sub themes throughout each of the findings chapters. These quotes are denoted in italics and are identified by participant code, interview type (RI or FUI), transcript line numbers and the study abroad context grouping assigned in chapter five (e.g. *P3.RI.25-28.ii).* Following

consideration of each stage separately, an emerging understanding to represent the full journey will also be presented.

Accordingly, chapter nine considers *'the preliminal stage–prior to being in a different reality'*, chapter ten discusses *'the liminal stage–being in a different reality'* and chapter eleven explores *'the postliminal stage–being back and presentation of the full journey'.* The theories introduced in the current chapter, together with those introduced previously, will be signposted in these findings chapters to illuminate student experiences accordingly. However, full discussion of the findings in relation to the emergent theoretical framework will be reserved for discussion in chapter twelve.

CHAPTER NINE: FINDINGS. THE PRELIMINAL STAGE - PRIOR TO BEING IN A DIFFERENT REALITY

9.1. CHAPTER INTRODUCTION

This chapter considers participants' thoughts and feelings prior to study abroad. This stage of the study abroad journey is identified as the 'preliminal stage' as it precedes entry into, what will be revealed to be, the liminal space of a different reality. The theme that emerged at this stage, and that is discussed in this chapter, is 'anticipation and motivation to journey into difference'. It is acknowledged that this stage is perhaps rather succinct and this will be further reflected upon in the discussion chapter.

Table 12 displays the theme and its sub themes that emerged at the preliminal stage of the journey.

Table 12: Preliminal stage theme and sub themes

THE PRELIMINAL STAGE: PRIOR TO BEING IN A DIFFERENT REALITY	
Theme	**Sub Theme**
Anticipation and motivation to journey into difference	• Preparing for difference • Anticipating, and having a desire for, difference

9.2. THEME: 'ANTICIPATION AND MOTIVATION TO JOURNEY INTO DIFFERENCE'

Before undertaking the study abroad experience participants undertook thorough preparations. However, they were uncertain what to expect, although they anticipated they would be exposed to difference. Participants were motivated by a desire to experience such difference and they also anticipated becoming different as a result. This reveals that participants anticipated study abroad would be a journey into, and of, difference. This theme therefore comprises the sub themes of 'preparing for difference' and 'anticipating, and having a desire for, difference'.

9.2.1. Sub theme: 'Preparing for difference'

Participants undertook preparations that ranged from the practical aspects of completing a lengthy application process, to language skills development, and it also included mentally preparing for the experience,

> *"It was quite stressful getting everything together, making sure you have enough money and the application process is quite extensive and getting all the stuff together and wondering if "have I got it right, have I got somewhere to live", that was a big thing going to a different country…"* (P3.RI.25-28.ii);

> *"I improved my [language], which was fundamental to going through my placement and to obviously try to build relationships with the staff and with the other people there."* (P12.RI.21-22.ii);

"I had kind of prepared although nothing can every fully prepare you, you do see similar things on the telly, but to be honest that is a completely different thing to what you experience when you watch it on the telly or anything like that. And I knew that I wasn't going to be naïve, as I obviously didn't know what it was going to be like, but I did try to visually prepare myself." (P2.RI.464-468.i).

These preparations provide evidence of both anticipation of journeying into difference and demonstration of participants' commitment and motivation to undertake study abroad. The thread of anticipation and motivation also continues in the next sub theme.

9.2.2. Sub theme: 'Anticipating, and having a desire for, difference'

Prior to study abroad, participants were unsure what the experience would be like,

"it was quite overwhelming actually, because of the language difference. I wasn't sure like how people would communicate … and I wasn't sure kind of how the ward would be." (P13.RI.54-56.ii).

Participants were expressing feelings of anxiety that were generated due to uncertainty. Despite this uncertainty, and irrespective of international destination, all participants anticipated they would be going somewhere different and this desire to experience difference provided motivation to take part,

"I've always been interested in studying abroad and I thought it would be a really good opportunity to kind of see how the health services work in another country and meet new people and learn about a new culture and things like that. ….

I've heard there's quite a lot of emphasis on psychological therapies in [N Europe] and things like that, so I wanted to see what their focus was in mental health." (P13.RI.7-13.ii);

"… sort of experience extremes of healthcare and what it's like in sort of… an underdeveloped country and kind of compare, so I'm on like, from one end of the scale to the other. To, like, experience something completely different; something totally radical and completely different to what we've got at home." (P10.RI.4-7.i);

"… to see other kinds of people and work, and how the nursing here works in a different place, because I've been only in [city], and I've seen only [city] nurses, and I want to see England as well and the university." (P5.RI.2-5.iii);

"I actually wanted to see the different system…NHS…" (P6.RI.7.iii).

Participants therefore anticipated this experience of difference would provide an opportunity to see, experience and compare something new and different in terms of both culture and healthcare systems. In addition to experiencing difference, participants also wished to become different. For example, they wished to develop independence, they anticipated learning from the experience, widening their horizons and developing their language skills,

"I've never like done anything like this on my own, like. I've always had my mam and dad there, 'cos I live at home. So I just thought it would be something a bit different; something that I could like gain independence from." (P14.RI.12-14.ii);

"… so it's a broadening of your horizons as well." (P12.RI.9.ii);

"… thought it would be a really great experience for my language." (P5.RI 2-5.iii).

Although not articulated in the same terms, these motivations, to an extent, match the university aims of development of cultural competence and personal growth. Also irrespective of destination, participants also wished to try out living and test themselves in another culture, or reality, and they also felt the experience would make them stand out from others,

> *"I think more than anything just in terms of personal development and life skills and life experience, going to somewhere that is completely out of the comfort zone and still try to function, and provide the same principles of care that we have to a place that just doesn't have the same principles at all, or don't appear to anyway." (P2.RI.15-19.i);*

> *"…for personal reasons, I wanted to see if I can live alone, can I learn from my mistakes and I'm a little bit spoiled, I'm living with my parents… So I want to see, I have a little money, and I can do this and I can do that, so I have to pay attention to my money." (P9.RI.4-8.iii);*

> *"for career progression, because I thought: at some point, I'm going to be in an interview and I want to be able to set myself apart from somebody else." (P12.RI.5-6.ii).*

Whilst motivations also reflect the university desire for students to develop as global graduates, they additionally go beyond university aims. For example, motivations to attain personal benefit, such as gaining an advantage over others when applying for graduate jobs, or seeing if moving to another country for work would be amenable. These desires reflect individualistic motivations that may be supported by an individualised, rational approach to transformative learning. Only one participant who had chosen to undertake a placement in a developing country expressed a socially motivated desire to apply her knowledge to care,

"I felt whilst over there I would really like to take the opportunity to be there and have a positive impact, even if it is only on one person, using the skills that I have gained already" (P2.RI.491-493.i).

This participant appears motivated by a desire to make a personal impact in the different reality. She wished to apply her skills and knowledge to benefit the local community. This was not an aim articulated by the university and is more reflective of a social change approach to transformative learning.

Overall, whether motivated by individual or socially orientated desires, it can be suggested that all participants anticipated that the experience of study abroad would comprise a journey into a different reality. They were motivated to experience this journey. Further, it may be suggested that it was anticipated that this journey would provide a transformative learning opportunity as participants anticipated becoming different as a result. Figure 5 provides a conceptual map of this preliminary stage of the journey.

Figure 5: The preliminal stage: Prior to being in a different reality

consideration from usual horizon

anticipation
- uncertainty
- anticipation of difference

anticipating, & having desire for, difference

having a desire for difference
- to see & experience something new, different
- to become different
- to make a diffference
- to test self

anticipation and motivation to journey into difference

Prior to being in a different reality

indicates

preparing for difference

emerges as

prior to entering the liminal space: the preliminal stage

anticipation of transformation

9.3. CHAPTER SUMMARY

This chapter has presented the findings of the first stage of the study abroad journey which may be considered as the preliminal stage. The theme that emerged at the preliminal stage is 'anticipation and motivation to journey into difference'. Findings reveal that prior to study abroad, participants undertook practical and emotional preparations in anticipation of entering a different reality. Despite anticipating that they would be going to a different reality, participants were not sure what to expect. However, participants were motivated and had a desire to experience difference. They wished to see and experience something different; they wished to compare their usual reality with the different reality and they wished to see if they could live in a different reality. Finally, it is suggested that participants anticipated that the study abroad experience would permit them to become different to their current self. An anticipation that transformative learning would occur is suggested.

Chapter ten will consider experiences within the liminal stage of study abroad.

CHAPTER TEN: FINDINGS. THE LIMINAL STAGE - BEING IN A DIFFERENT REALITY

10.1. CHAPTER INTRODUCTION

This chapter considers the second stage of the journey that emerged from participant accounts as 'Being in a different reality'. During this stage, participants had left their usual reality behind and they had entered, what reveals to be, the liminal space of a different reality. In this space their usual ways of being as learners did not apply and they were required to develop strategies in order to live, learn and attain the desired transformations. This stage can therefore be described as the liminal stage of the study abroad journey.

The research sought to consider learning throughout the totality of the study abroad journey. Therefore, experiences participants discussed in both formal and informal learning contexts during study abroad have been explored. For clarity in this thesis, the formal context of learning during student nurse study abroad is the formal clinical placement. This labelling is in line with Froerer's (2012) description that the formal context comprises settings in which learning is intentional and is planned to occur. In contrast, the informal context during study abroad is identified as all settings outside of clinical placement in which learning is not formally planned. Jarvis (2010) offers support for this when describing informal contexts as everyday settings.

Further, Froerer (2012) characterises informal contexts as settings in which learning may occur incidentally and be unplanned. Therefore, in this study, the formal context comprises 'having a placement in a different reality' and the informal context comprises two settings: 'living in a different reality' and 'going out in a different reality'.

The themes and sub themes which emerged during the liminal stage of the study abroad journey will be presented within the contexts in which they are located. However, it is important to note that the themes ('experiencing and making sense of a different reality' and 'being with others') are threaded throughout each of the contexts. Table 13 provides an overview of liminal stage themes and sub themes to highlight these links.

Table 13: Liminal stage themes and sub themes

THE LIMINAL STAGE: BEING IN A DIFFERENT REALITY	
Informal context: Living in a different reality	
Theme	**Sub theme**
Experiencing and making sense of the different reality	• Arrival shock and disjuncture
Being with others	• Forming and being in a community with other international students • International community support • Living in, and actively making sense of local family life • Living, and forming a community, with local students • Enablers
Informal context: Going out in a different reality	
Theme	**Sub theme**
Experiencing and making sense of the different reality	• Observing and reflectively comparing local life • Confirming understandings
Being with others	• Being different • Learning to live and fitting in to the different reality
Formal context: Having a placement in a different reality	
Theme	**Sub theme**
Experiencing and making sense of the different reality	• Arrival shock and disjuncture • Observing and comparing in the different practice reality • Feelings of disjuncture • Active sense-making activities • Taking responsibility for learning in practice • Struggling to make sense • Getting used to the different practice reality
Being with others	• Being outside of the local community of practitioners • Being included in the local community of practitioners • Being a friendly stranger, fitting in and taking steps to be accepted • Support to learn

10.2. LIVING IN A DIFFERENT REALITY

Participants who went to developing countries arranged their study abroad experience via private (gap year) companies. These participants were met at the airport and escorted to their accommodation by company employees. In contrast, participants who went to European destinations, on the whole, made their own transfer arrangements.

Following airport transfer, with the exception of one participant, participants who went to developing countries lived in communal houses with other international healthcare students. They were geographically remote from the local community as they were located in gated housing complexes, outside of the local village. Conversely, one participant lived with a local family and was located in the community. All participants who undertook European study abroad, lived in university accommodation which also comprised communal living with international students who were studying a range of different subjects. These participants were also located outside of the local community, although some of these participants did describe living with students from the host country.

Liminal stage themes of 'experiencing and making sense of the different reality' and 'being with others' emerged from the experiences of living in a different reality. As per table 14 these themes and their respective sub themes will now be discussed.

Table 14: Liminal stage: living in a different reality themes and sub themes

Informal context: Living in a different reality	
Theme	**Sub theme**
Experiencing and making sense of the different reality	• Arrival shock and disjuncture
Being with others	• Forming and being in a community with other international students • International community support • Living in, and actively making sense of local family life • Living, and forming a community, with local students • Enablers

10.2.1. Theme: 'Experiencing and making sense of the different reality'

The theme of 'experiencing and making sense of the different reality' begins to emerge when participants first arrived to live in the study abroad destination. This theme continues to be present throughout all contexts of the liminal stage of being in a different reality. As may be noted, the theme is titled to reflect that it has emerged to comprise two interwoven aspects: 'experiencing a different reality' and 'active sense-making'. As will be discussed throughout this stage of the journey both these aspects are mutually illuminating of the other and they have therefore been combined.

The theme of 'experiencing and making sense of the different reality' is indicated upon first arrival when it is announced in participant accounts, and is interpreted, as 'arrival shock and disjuncture'.

10.2.1.1. Sub theme: 'Arrival shock and disjuncture'

Participants who went to developing countries clearly described arriving in a different reality and despite their earlier preparations and support on arrival, these participants described feelings of profound shock when first seeing and experiencing the different country and culture,

> *"It was the heat that got us first and you know, I didn't really know where to go … there was no sort of like, conveyer belt for your baggage … Everything was just so basic ... everything was just so different. The bugs really got us. There was just moths and like…Yeah, they were all in the airport, … I was like jumping around and stuff… the company met us at the airport with a signpost and stuff, … Oh my God! I got in the car and I was sweating, but it wasn't because of the heat; it was the driving. They've just got no sort of Highway Code or anything …" (P10.RI.18-37.i);*

> *"It was surreal, we had a drive from the airport to the house, me and [name] didn't really speak to each other we just looked out of the window and were gob-smacked … it was what I was expecting but it wasn't at the same time." (P19.RI.18-20.i);*

> *"You saw all the children working and houses on the way from the airport, and it was "Oh my God!"." (P18.RI.14-15.i).*

Whilst arrival shock was not as pronounced for participants who undertook European study abroad, these participants did describe their new reality as being different and found the arrival experience to be stressful. A lack of support on arrival appears to have also been a factor,

> *"Erm, it was Hell on Earth…we had no idea how we were getting [there] … So we got there; we were like… We couldn't even keep our eyes open and like, they were talking to each other in [local language] … It was all very confusing." (P14.RI.20-39.ii);*

"I remember [fellow student] crying." (P5.RI.127.iii);

"There was no one to even meet us, we were "are we even in the right place?"" (P4.RI.16-17.ii).

Arriving in the study abroad destination therefore appears to have been experienced within the context of disjuncture. All participants experienced the reality as being different. This generated emotions ranging from stress to confusion and shock.

10.2.2. Theme: 'Being with others'

The theme of 'being with others' was evident throughout participant experiences. When considering living in a different reality, being with others influenced participant experiences of living and also learning. This theme comprises the sub themes of 'forming and being in a community with other international students', 'international community support', 'living in, and actively making sense of local family life', 'living, and forming a community, with local students' and 'enablers'.

10.2.2.1. Sub theme: 'Forming and being in a community with other international students'

Living in communal accommodation with other students enabled participants to develop a community of international students. Participants described this community as being like a family with whom they lived, socialised and explored,

"… I think 'cos everyone was kind of away from home and like kind of in the same boat, everyone got on really well and was really friendly." (P13.RI.341-343.ii);

"… we all had that commonality that we all wanted to be in the health profession …. I think that commonality brought us together, we all had the same personality in terms of wanting to care. Socially people from all different countries … I don't know, the kind of social side of things as well it was a really good experience… just literally like one big family."(P2.RI.310-322.i);

"We did things if we had a couple of days off at once, we tried to do things … and a really nice thing was going to [city] for the weekend with two of the lads we met there." (P4.RI.31-33.ii).

Whilst none of the participants who went to developing countries formed a community with other students with whom they did not live, two participants who went to Europe and all of the participants who came from Europe to the UK also described forming a community with other international students from outside of their accommodation,

"…we made friends with three [UK] girls who were studying [local language]… and that helped teach us a wee bit of [language]. But it was nice to talk about things at home as well." (P16.RI.304-311.ii);

"We were a group of Erasmus students, 10-12 who hang out all the time and we went … on a road trip… it was really nice." (P1.RI.63-65.iii);

"In our flat we were with a German exchange student and we went out with her and her friends and all of them were exchange students … Czech, America, Australia, Germany." (P8.RI.77-84.iii).

Membership of a community of international students also meant that students who undertook the experience with another student from home had a wider network of friends to spend time with,

> *"It gave you other people to talk to rather than if it was just me and [name] … and there were times when we were glad we could go and see other people." (P4.RI.47-50.ii).*

In addition, one participant also found it beneficial to live with a student from her home country (whom she met upon arrival),

> *"… there was a [home country] guy, it was nice having him there, it was easier at least at some points to speak in your own language and express yourself differently" (P1.RI.40-42.iii).*

A sense of sameness appears to have been a feature of this experience. Findings suggest that participants actively sort out those who possessed characteristics of sameness when seeking to form a community from within the international students encountered. The quote below, for example, describes a participant who looked for physical characteristics that she perceived signified students who may be from England. Whilst it transpired that these students were not from the UK, as they could speak English, the participant was content to form a small community with these students due to this sameness feature,

> *"There was like these two blonde girls walked in and we were like "Oh my God, they're English; they've got to be. They're blonde". … and then they sat down and we just started chatting and they were like "Oh, we're from Norway" … Since then, we just got on really, really well with them … they could speak your language, you know?" (P14.RI.436-440;472.ii).*

In addition to forming a community with international students who spoke a common language, some participants also identified that they also developed community with students with whom they also shared a common culture,

"I got to know a Danish fellow and then we got to know some Germans, some Swedish, …. but the others I mostly hang out with are Germans, Danish and Swedish people. And all those three cultures are very alike …" (P7.RI.212-220.iii).

It is important to also note that not all participants formed a community with their fellow housemates,

"We had 5 flatmates but only mixed with 2 as others weren't sociable, they don't speak the language, English, very well… so it is difficult to communicate, so don't go out." (P5.RI.96-98.iii).

The importance of having a shared language is again revealed as a key condition for community formation. As the quote above highlights, an absence of this common feature created a barrier to community development. In addition, cultural differences also had a restricting effect on participants' ability to fully integrate into the community,

"We found it really hard at first, just stupid stuff, we were cooking food and they were our friends but they would just come and try it and I was like I hadn't sat down or tried it, they are used to sharing. … but here I wouldn't just go and do that. We found it really hard to say something and not upset them." (P4.RI.59-63.ii).

Further, differences in study culture were also noted,

"It's been really hard actually, hard to find the motivation because everyone has been out partying, but I've not been partying during the week because I've been studying." (P1.RI.208-209.iii).

Being a nursing student could therefore also create a barrier to community involvement with non-nursing students. However, only one participant who went to a developing country noted any differences between students,

"At first there was a bit of a divide between doctors and nurses. …I think it was just a personality clash…. I think they kind of bunched together, 'cos they had things more in common and had more things to talk about … but we still like all mixed in together" (P10.RI.100-106.i).

With the exception of this initial tension, these participants did not describe differences between students nor did they discuss seeking out sameness. It can be identified that they were already assigned to live with students who spoke English and shared the sameness characteristic of studying healthcare. These participants did not have a choice in selection of their community and they did not encounter other students outside of their accommodation.

10.2.2.2. Sub theme: 'International community support'

Being in a community of international students provided support to learn. For example, it afforded participants an opportunity to informally learn about the cultures of the students with whom they lived,

"There was a lot of talk about, over meals … what people do at home, what they do different, even how they go through school … a lot about traditions, … they always cooked food as well, everyone would make things from home and try things." (P4.RI.287-290.ii);

"It was fun because you learn about other countries cultures, like when we eat at tea time we start at 6 - 6.30, well everyone else is at least an hour after and the French eat at at least 9pm. So it's been fun to see how different everyone is and we speak a lot about "this is the way we do it back home"….you compare your cultures." (P1.RI.42-49.iii).

In addition, being in a community enabled learning about self,

> *"Living in a dorm you learn so much about yourself living with others, how you cope when you are living on top of each other."* (P1.RI.21-22.iii).

Participants also identified that students in their community supported each other by sharing information,

> *"A notice board in the house had recommendations up and people who had been there longer said "we did this and booked it like this""* (P19.RI.206-208.i).

Additional benefits were noted when the community also comprised other healthcare students who were able to offer each other support to cope, make sense of practice and learn. In Europe, informal learning opportunities arose when participants compared their placement experiences with other nursing students from across the world, they learnt about other healthcare systems and nursing as well as their nurse education systems. These participants also noted that other student nurses were able to offer the additional benefit of support, whilst non-nursing peers did not understand their placement experiences or feelings,

> *"There were some other nursing students there, and even some of the ones who were friends they would ask "oh how's your day been" and we would, like not say anything about patients, but we would say "no didn't have a great day something happened that we didn't like or was upsetting" and they would say "hope it's alright" but they didn't really fully understand unless they were the nursing ones."* (P4.RI.73-77.ii);

"I'd have more in-depth conversations with people that were doing nursing… … and that was interesting because … her course is completely different to how ours is structured … because I have got an interest in health care so I tried to, erm, you sort of directed automatically I think towards those people." (P15.RI.212-227.ii).

In these instances, where community membership traits comprised sameness in relation to study, a community of practice was formed as opposed to being restricted to a purely social community. Participants who went to developing countries also reflected the above. Further, as the students with whom they lived were undertaking healthcare placement experiences in the same environment, they were also able to support one another by sharing factual information about placements. In addition, they supported each other emotionally when sharing and reflecting on experiences from practice,

"I stayed in a house with other students. Definitely a good idea, I learnt a lot from them….In the house if we had a question we could ask what was this or that if we didn't have a chance to in the hospital. It was really nice and so helpful to support each other as well…. we would sit on a night time and say "ah I saw this, and it was a bit", and people would say "ah I've had a bit of this", and, "if you are with that Dr you have to be..". You know it helped to support and someone to talk to and you knew that everyone was having the same experience and issues and it feels a bit strange 'cause you are in a completely different place" (P19.RI 1-15.i);

"On the day that we resuscitated the baby, both me and [name] were emotional for the rest of the day and it was a really hard thing to deal with and like just everyone just gathers round. And we all had different experiences, and really harrowing experiences of different kinds, and everyone piles round each other and it was really nice and through that we grew closer…" (P2.RI.325-329.i);

"I think you got used to it [experiences on placement] and from the other peoples stories, you would still be shocked but not as bad as your first week. …. when we went to lunch

with them, after placement you would all meet up. Yes you would share experiences and it would be "yes, but they do this because they don't have this equipment."" (P18.RI.113-119.i).

This community of practice membership and support helped participants to cope with the different practice reality. Further, engaging in reflective dialogue also helped participants to make sense of the different, and often troublesome, experiences in practice they had witnessed, so enabling participants to widen their horizon of understanding.

The structure of the community of students in developing countries is important when considering student peer support. Membership of this community was an ever changing one; as new students arrived, some remained, whilst others left,

> *"It was really helpful having other students there. A lot of them were medical students, and it was really nice you would pass on experiences. You overlapped your time so you would make good friends with them, then other people would come and you would mentor them about what type of things to expect. So it was really lovely you made some good friends." (P18.RI.15-19.i);*

> *"It was strange cause we were "we don't know anything" but actually we picked it up, we'd been there a month. It was strange how we changed. People would come every weekend, our first weekend no-one else came so we had 2 weeks of being the newbies, then these 2 guys came from Aus and we were "how do we know all this? it feels like we have just arrived."" (P19.RI.229-232.i).*

Participants benefited from being in this dynamic community as rolling membership enabled new arrivals to gain information and guidance from those who had been there for longer. In addition, those who had been there longer also benefited from this sharing of experience and supporting others

as it enabled them to reflect and realise what they had been learning. Overall this proved to be an effective support and informal learning mechanism for all members of the community.

In addition to living with and forming a community with international students, some participants also lived with a student from home and they described their relationship with their peer as supportive,

> *"… if there wasn't another student from here … I would have felt like more on my own. It would have been quite hard to make friends and things like that, but because there was two of us, it was easier." (P13.RI.427-429.ii).*

Being with a student from home provided an additional level of emotional support to cope with difficult situations. In addition, it facilitated community integration.

10.2.2.3. Sub theme: 'Living in, and actively making sense of local family life'

One participant went to a developing country and lived with a local family during her study abroad experience. This accommodation was in a village community. This living arrangement enabled the participant to become accustomed to being in the different reality quickly as she not only saw local family life on a daily basis, she also lived this daily life continuously and was accepted into, and immersed in it. Living with a family proved to be an effective way for this participant to learn about family life and the lives of its members,

"So it was always toast on a morning, erm, and then we'd have lunch at the hospital and then for tea, it would usually be rice, beans, vegetables… Like [name] usually tended to do like a ragu, erm, not a lot of meat; it was very carb heavy, so lots of rice, potatoes, yams… Erm, ugali…It's like a really thick porridge…you only need like a small amount and you eat it with your hand and like they roll it round their hand and then they use it to eat with like dishes with sauce and stuff." (P17.RI.380-386.i);

"We learned a lot, sort of about the family dynamics and we spent quite a lot of time as well with [name - daughter]." (P17.RI.355-356.i).

Throughout her time living with the local family the participant described actively making sense of the family life she was observing. For example,

"It was really nice spending time with her [daughter] and erm, I was quite surprised at first, … Because when she graduated from school, she was off until January, when she would start secondary. Erm, and you know, I remember asking her like "so what are you going to be doing with all this time off? Are you going to be spending time with friends and…?" And she didn't sort of give much of a response and it was because, I realised quickly that she had to do a lot of chores around the house and so she would have to get up early in the morning, sometimes before like even we would be up, and start washing the dishes outside and then start preparing the food for the day. ... It wasn't even just sort of limited to even just seeing you know, [daughter], like have that responsibility at 13, erm, we seen it with like the other family as well, that we spend quite a lot of time with. Erm, and you know, I suppose over here, we're just used to kids just having freedom and play and you know, little responsibility. Erm, and yeah, over there it was quite different." (P17.RI.417-444.i).

The quote above highlights how the participant used critical reflection to transform an observed event into a learning event. This example demonstrates that the participant had originally formed an impression based on her usual reality and self-horizon, or frame of reference. However, when the participant received an unanticipated response it triggered disjuncture

and the participant reflected further upon her observations. In doing so, she then made sense of the situation and expanded her horizon of understanding of the life of a teenager in this different reality. The dialogue with the local girl is crucial in this example as without this interchange the participant would have formed an inaccurate impression, so missing an opportunity for fuller understanding of life in the different reality.

10.2.2.4. Sub theme: 'Living, and forming a community, with local students'

Whilst living with international students and forming a community was a central feature for participants, only a minority of participants noted interacting with students from the host country, but these interactions were limited. Further, only a small number of participants noted that they had formed a friendship with a local student,

> *"There is one English girl actually, I really enjoy that because she can tell us, you know, "ah this is the way we do it here in England" and I really enjoy that a lot." (P7.RI.214-215.iii).*

Overall, being in a community with other international students appears to have had a prohibitive effect on development of relationships with local students,

> *"In our flat we were with a German exchange student and we went out with her and her friends and all of them were exchange students. So I didn't speak with locals outside of the hospital." (P8.RI.77-84.iii).*

Further, several participants expressed that whilst they had a desire to meet local students, they had encountered difficulties,

"It was really hard to mix with them. … You would go in the kitchen and you would chat to some other people, but you could tell they didn't really want to talk to you, 'cos you were English and they didn't really want to make the effort to speak English … And then they all go home at the weekend. So literally, at the weekends, we'd have like two people or something on our floor and that would be it."(P14.RI.412-421.ii).

The quote above further highlights how differences prevented community formation with local students. Specifically, these students did not share a common language so preventing an ability to communicate. In addition, whilst the local students were also studying nursing, as these students returned home each weekend, they did not share the sameness feature of 'being in the same boat' as expressed earlier. It appears in this example that being an international student was a stronger feature for community formation than being a student nurse.

10.2.2.5. Sub theme: 'Enablers'

Meeting with local students, who participants did not live with, required additional support from the exchange university. For example, local students were appointed as 'buddies', and they, in turn, enabled participants to meet other local students,

"We got given like a student tutor and they kind of showed us round the town and like the university and they helped us get bus passes and things like that. Erm, they took us to our accommodation … And she took us shopping as well … it was really helpful as well, 'cos she was a student nurse, to kind of get someone else's experiences and stuff and she was really good, like told us loads of stuff and like, she's quite a good friend now, so that was nice… she introduced us to some of her friends." (P13.RI.18-23;474.ii).

This peer-enabling function was not confined to local students. One participant also described how fellow UK students, who spoke the local language, were enablers as they facilitated meetings with the local community of students,

> *"Everybody was [local student social group], so we walked in and the three girls [from UK] could speak perfect [language] and we couldn't … and we'd be like "What are they saying?" and then in the end, our [language], as it improved, we did start having conversations." (P16. RI.313-317.ii).*

Participants who lived in communal housing in developing countries also described the importance of having the support of the house staff as enablers. They facilitated development of a community in the house and they offered an insight into local life,

> *"It's amazing how close we all got in the four weeks. Mm, 'cause you are all in rooms together, like the company promote while you are there, there are 3 programme managers and they run the house like a family. You all come on the night for your dinner and [name], the cook person was part of the group and he was just one of them and he would sit with us as well … and it would all be very, kind of, keep everyone close, and just literally like one big family." (P2.RI.318-323.i);*

> *"We did have our cook who came in and we would sit and chat to her and she would tell us about her son and her family." (P19.RI.267-268.i).*

In addition, the host family were enablers for participant 17. The encounters with the daughter, discussed above, enabled the participant to gain an insight into local life. Further, being permitted to accompany the family when they interacted with the wider community enabled this participant to confirm that

her understandings of the host family were also representative of the community and this enabled insight gaining,

> *"… we went to [daughter's] graduation, 'cos the kids graduate from school at 13 and so that was really good. 'Cos they make such a big deal out of it, all the parents, you know, they make an effort to dress up really smart and stuff, to go to the graduation and all the children get, big cakes and flowers from the parents and there was loads of singing and dancing." (P17.RI.357-361.i).*

As enablers, the local family acted as gate keepers who facilitated access into, and acceptance by, the local community.

10.2.3. Summary: Living in a different reality

The themes that emerged from the experiences within the informal context of living in a different reality are 'experiencing and making sense of the different reality' and 'being with others'.

All participants described feeling overwhelmed and shocked when first encountering their new and different reality. Feelings of shock and disjuncture were magnified for participants who went to developing countries, even though they were supported by local enablers. Participants who remained in Europe also described arriving to a different reality and they too described feelings of shock. Further, for participants who did not receive the personal attention and support of a local enabler, the trauma of having to navigate through a different reality appears to have also enhanced feelings of disjuncture. The descriptions of arriving and the feelings of shock and

disjuncture experienced, also indicate that participants had entered the liminal space of study abroad.

Living in communal accommodation enabled participants to form a community with other international students. Conditions for community formation included the sharing of sameness characteristics such as a common language, culture or purpose. Participants learnt about self, the cultures of other student members and these communities also enabled participants to go out with others into the local community. In addition, when participants shared the sameness characteristic of professional background and study profile, a community of practice existed. Communities of practice provided additional emotional support and support to learn and make sense of sometimes troublesome clinical practice experiences. For example, engaging in reflective dialogue with others was particularly useful. Further, as these communities were dynamic and membership was ever changing, participants were able to support less experienced members, and this mentoring also enabled participants to realise their own learning gains.

Participants rarely formed a community with the local students as they did not share sameness characteristics and they were therefore different to them. In addition, being in a community with other international students prevented mixing with local students. Participants also identified that living in a community of other students provided a safe space outside of the liminal space of the local community. Participants who did form friendships with local students required the intervention of an enabler who facilitated a meeting.

One participant lived with a local family and so did not form a community with other students. However, living with a local family provided this participant with opportunities to be included in local community events. The local family were enablers of learning for this participant. Further, this informal learning context enabled the participant to observe local family life, interact with the local people, reflect, confirm her understandings and transform experiences into learning events. This participant therefore gained insight into family life, and the wider community, so also expanding her horizon and attaining a perspective transformation. Other examples of enablers include house staff and peers who facilitated community formation and enhanced sense-making.

Figure 6 provides a conceptual map of this context.

Figure 6: The liminal stage: living in a different reality

expanding horizons

supports gaining insight

experiencing and making sense of the different reality

arrival shock and disjuncture

live
socialise
emotional
support
sense-making — reflective dialogue
learning
realise learning
enablers

influences

types
social and living
community of practice
dynamic/ rolling

living in a different reality

Being with others — Community

language
culture
conditions — sameness — purpose
professional
study

outside
local people — enablers — inside
living with a local family

living outside of the liminal space

outside
local — enablers — inside
other students
same — inside
international
different — outside

influences

10.3. GOING OUT IN A DIFFERENT REALITY

All participants, irrespective of destination or living arrangements, experienced the local way of life by going out in the different reality. Informal learning also occurred within this context and it is influenced by being with others. The themes of 'experiencing and making sense of the different reality' and 'being with others' continued to emerge. Table 15 provides an overview of these liminal stage themes and the sub themes that emerged in the context of going out in a different reality.

Table 15: Liminal stage: Going out in a different reality themes and sub themes

Informal context: Going out in a different reality	
Theme	**Sub theme**
Experiencing and making sense of the different reality	• Observing and reflectively comparing local life • Confirming understandings
Being with others	• Being different • Learning to live and fitting in to the different reality

10.3.1. Theme: 'Experiencing and making sense of the different reality'

The sub themes of 'observing and reflectively comparing local life' and 'confirming understandings' are demonstrated when considering going out in the different reality.

10.3.1.1. Sub theme: 'Observing and reflectively comparing local life'

When out in the community, participants learnt about local life in an informal manner by observing and also by reflectively comparing realities. For example, travelling on public transport provided a useful informal learning opportunity for all the participants. In developing countries the service was noted to be very different from that which participants were used to in their usual reality,

> *"…'cos we had to like get off the dala dala in town and then walk up to the hospital site, so it was pretty much five days a week, sort of thing... I think the most they would fit on the dala dala is 30 people and two chickens….Well it's just like a 12 seater van, so… we got the chickens in, yeah. … safety is not really their top priority. They literally took as many people on to the bus as they possibly can." (P10.RI.422-450.i).*

For participants who went to European destinations (including to UK) public transport was similar to that at home, however these participants still noted differences in the way people acted,

> *"…when you got on the bus you would go down the bus and everyone would sit on the aisle so that you wouldn't sit next to them, you know what I mean, you would have to ask people to move or just stand. …They would never talk to you, where if you get on the bus in [home city] next to an old lady she would start chatting to you, so that was weird. ...if there was little old lady standing and there were young lads sat down they wouldn't get up, that was weird." (P4.RI.133-142.ii);*

> *"… just being here and observing how everyone else does, like queuing for a bus and thanking the bus driver every time you go out, you know, things like that. It just that you observe it and then you see "ah this is the way it is."" (P7.RI.133-137.iii).*

Participants also undertook a range of activities that also enabled informal learning about the environment and the life of the local people,

> *"Everybody likes to talk. … so just walking around the village, like, we had to learn the greetings really quickly … Even just people in the street would just stop us, you know, if we were saying 'hi', because everybody says hello to each other and then sometimes, you know, if we were going through the greetings and then they would like say something and we'd be like "Oh, I don't understand that one" ... so you learnt it by trying it out and then if they said something new, then they would tell you what that meant."* (P17.RI.299-323.i);

> *"… different people were sharing their food, like all around us [at the bull fight]. It was really nice, but it was so bizarre [they] are really lovely. Like laid back…"* (P12.RI.203-207.ii);

> *"You just get caught up in the whole thing … we used to play football and there was a children's choir … on an evening the children would practice their gospel singing … and one day we were there, they were practising and the atmosphere, cause me and a couple of girls were sick of football so we asked if we could go up there and listen and they were all doing their dancing and everything to it and we all joined in … just things like that are absolutely amazing … you really felt like you were being absorbed into the cultural".* (P2.RI.353 -361.i).

Participants actively arranged these activities. As indicated they included going out in the local village and engaging in local community activities. It also included activities such as volunteering and travelling to other areas of the country and beyond,

> *"Erm, so I think there was maybe about ten orphans ... So there was [name], she was the manager … that day, we seen maybe two or three other staff. But I mean, the kids were like so well behaved. They were happy, they were constantly smiling; they were really bright. You know, we went through the alphabets and the numbers and… Their English was really good."* (P17.RI.280-289.i);

> *"… when we went to [island] it's a different side of the country 'cause it's more Muslim … and we did a trek up the mountains and got to see that there were still people living up there and you spoke to them and found out about them and so you did get to see a bit more about the cultural differences… (P19. RI 199-205. i).*

In addition, undertaking these activities also triggered participants to reflect on their own way of being as it challenged their frame of reference,

> *"It kind of changes my way of thinking perhaps sometimes, and like they have nothing they, they, some of them have very limited future prospects because of their education and all the rest of it, because they are still very tribal a lot of them still live in mud huts especially when you get a little bit out of town so they have absolutely nothing but they are willing to give you all of themselves every time you see them. … so just to compare even from that aspect, just how they lived their lives in some ways erm, definitely lived 10 times better than we do with all the luxuries and money. They put no value on like commercial things or anything like that. I guess cause they've never had it, it's worthless to them and you do get the more well off who do have those things but they stick out like a sore thumb 'cause no one else has that but they are very much more like I know we are quite family orientated but I think we have lost it in some ways and they very much look after their own and function as a family and an extended family and they have a tribal village but within the tribal village each family within the village have their own area and their own cattle and it's all very kind of, together."* (P2.RI 366-430.i);

> *"Like here, if there was a long silence, it could be quite awkward, but in [Northern European country], it's fine, it's normal. …. I suppose an English person going there might think if there's a long silence "Oh God, what's going on? Why is no one talking?", but in [Country], they're all like just kind of sat relaxing, so you could interpret it differently depending on where you were from." (P13. RI 117-123. ii).*

Engaging in activities when out in the local community therefore facilitated participants to begin to gain an insight into life in the different reality. It also

permitted students to gain further insight into their own ways of being when they reflected and compared realities, as this led to questioning of frames of reference.

10.3.1.2. Sub theme: 'Confirming understandings'

Some participants who undertook European study abroad also noted that reflective dialogue with their local tutor or buddy enabled them to confirm their understanding and make sense of the observations they had made,

> *" I did kind of pick stuff up and we mentioned it to our student tutor and erm, she was like "yeah, that's [Northern European country] people. They're just shy and… It's just how it is" And erm, like I would talk a lot of the time, if there was free time, we were talking to the staff or students, we would kind of talk about culture and things like that, so that's how I picked up their things." (P13.RI.126-134.ii);*

> *" [local tutor] said they are very closed, she said once you get chatting and get them talking, they sometimes never shut them up but they all lead their own private lives, she said they are quite closed." (P4.RI.144-146.ii).*

One participant also provided a clear example of how cultural practices are identified and made sense of,

> *"Like one thing that they always say is "see you later", see everyone says that and for me I was always, I didn't want to say that in the beginning because I felt, I knew, "no, we are not going to see each other", ha, ha. And so I would, and I never say things that you know is not going to happen, it would be, in [Northern European country] it would be so rude to say "I'll see you later" if you haven't got any plans. ... you feel, oh, that's stupid, and then when you get it, I have just started saying it as well. It doesn't literally mean "see you later". No. And that's things that you learn… Like you wouldn't see it if you were just here a weekend. But because you're just here a little longer you realise things like that…To absorb it and to have the time to think about and see it being*

done and being said so many times to understand this is why…" (P7.RI.153-195.iii).

This student described how observing, reflecting and then seeing the behaviours repeated enabled confirmation of understanding. However, another participant struggled to make sense of her observations,

"All here are drunk, and drink. I think it's because you go more north you drink more, too much drink and young people have too much drink. And they go out just to get drunk what is the point of that? … I don't know, it's different, and this it's not like what we do in [Southern Europe]. Also the food, I think in [city] many people that are obese, and salads not so much, they don't cook I think. They do a lot of junk food and ready food." (P5.RI.185-195.iii).

This participant's observations of the behaviours of local people were very different from her own cultural norms. It can be identified that this participant attempted to make sense of the situation and as result formed an impression of the culture.

10.3.2. Theme: 'Being with others'

For all participants, irrespective of country visited, 'being with others' emerged as an influential part of the informal learning experience of going out in the local community. These experiences will be considered under the sub themes of 'being different' and 'learning to live and fitting in to the different reality'.

10.3.2.1. Sub theme: 'Being different'

As identified, all participants, with the exception of one participant who lived with a local family, lived geographically outside of the local community in either university complexes in Europe or in secure gated housing in developing countries. This detachment from the local community was most frequently commented upon by participants who went to developing countries and it immediately set them apart from the locals,

> *"it was like a big massive mansion, really. I was really shocked … It was our own little comfort zone. We had electric fence; we had 24 hour security guard; we had a locked keypad to get in the house…"(P10.RI.56-58.i).*

When venturing out into the local community there were several indications that participants were also identified by the local people as being different. All participants who went to developing countries discussed this but students who came to UK or went to EU also spoke about their experiences of standing out and being different,

> *"It's hard to mix with the local people when you are an Erasmus student, I don't know why, the appearance of us is different, I don't know how to explain it. Well, I've only mostly spoken to English people on placement..." (P1.RI.76-80.iii);*

> *"You would go out and you would get stared at. … like people in the street stare at you, like if you've got something nice on or something, but it was like this [expression]. It was like intense." (P14.RI 453-454.ii);*

> *"It was very hassly. You couldn't walk up the street without people talking to you, but they used to talk to you and there was always an ulterior motive why they would be speaking to you, whether they were trying to sell something; whether they were trying to get you in a nightclub; trying to get your*

number… Just hassle all the time. Constantly... We got called erm, 'Mzungu' … it's 'Mzungu' and it stands for 'wandering person' or 'travelling person', but it refers to white people….So that's what they used to call us, like "Hello, Mzungu", or… You knew somebody was talking about you if they mentioned 'Mzungu' in the sentence...." (P10.RI.426-434.i).

Some participants clearly felt uncomfortable and described feeling like 'the other' when out locally. In addition, the final quote above provides an example in which a participant may have also viewed local people as 'the other'. However, most participants did not recount negative experiences of being different. Further, participants on the whole did not consider the local people as 'the other'. The majority of encounters were described positively, especially in developing countries,

"They were quite friendly, there wasn't white people there so they would be 'oh hello' and make a fuss of you and we were getting 'Mzungu' shouted which means white traveller, it wasn't an insult, the only thing was you got pestered a bit more when people are trying to sell you things …" (P19.RI 137-147.i);

"… if you fell over, someone would come and help you up, [student name]'s shoe broke and this local woman who spoke perfect English, lovely, took us to get the shoe fixed for free and then took us to find a phone and then a top up for the phone and there was no ulterior motive; put us on the dala dala, which we couldn't find … That was a nice side of the people." (P10.RI.176-181.i).

In developing countries in particular, the local people appear to have identified participants as 'friendly strangers', whom they welcomed and supported. These interactions enabled participants to experience and gain insight into local life. However, whilst feeling accepted, these participants did not feel part of the local community,

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"I never truly felt that as such we were part of the community … but it's not to say that like when were out and about in the community that they wouldn't kind of accept us and be very accepting of us being there …" (P2.RI.390-393.i).

Participants therefore remained outside, or perhaps on the peripheries, of the community, which further supports that they were viewed as different but non-threatening 'friendly strangers'.

10.3.2.2. Sub theme: 'Learning to live and fitting in to the different reality'

Participants who undertook study abroad in Europe also discussed learning to live in the different reality,

"I suppose it's like when you grow up and see everything new for the first time and you have to learn how to work around it, I was doing that everyday and I was enjoying it." (P3 RI.503-505.ii).

This learning anew is also reflected by other participants who described how they adapted to their new reality in order to fit in and be accepted,

"… by the end, we were the first ones on the bus, but at the beginning, we were the last ones on, 'cos everyone would just nip in front." (P11.RI.665-666.ii);

"I have a friend who was taught the harsh way from an old lady because she didn't understand the queue system so she just, you know, stood waiting and she got told "go back in the queue, that's where you belong". And so you know, if you don't go with the culture and do what it tells you to, you will sooner or later feel really misplaced and stupid." (P7.RI.138-145.i).

These participants therefore were able to recognise the local cultural norms that they needed to adopt in order to integrate, and not be identified as different, when out in the local community.

10.3.3. Summary: Going out in a different reality

The themes that emerged from the experiences of going out in a different reality are 'experiencing and making sense of the different reality' and 'being with others'.

In developing countries participants were identified as being different by the local people. Whilst this was not as evident for students who went to European countries, some participants also felt they too were identified as different. However, participants who undertook European study abroad were, on the whole, able to learn anew how to adapt to local cultural practices in order to be accepted and not stand out as different. It has been identified that being in a different reality in a sustained manner, made it possible to identify and understand these local practices.

Some participants described experiences in which they felt like 'the other' and they also described viewing the local people as 'the other'. However, participants were usually accepted as 'friendly strangers'. Being accepted and supported, when out in the local community, enabled students to observe and gain insight into aspects of daily life. Also being seen as a 'friendly stranger' attracted additional opportunities to interact with the local community who were curious to find out about participants.

Participants were also active and independent learners as they took responsibility to arrange visits out into the local and wider community to learn more about the local culture. Participants also observed, compared the different reality with their usual reality, and reflected in order to make sense of their experiences out in the local community. They accessed a local enabler, where possible, to help make sense of what they had observed and to confirm their understandings, especially in situations in which participants struggled to make sense of the observations made. In this way they expanded their horizon of understanding in this informal learning context of going out in a different reality. Figure 7 below also provides a conceptual map of this context.

Figure 7: The liminal stage: going out in a different reality

expanding horizons

gaining insight

enables

interacting

observing

observing and reflectively
comparing local life

comparing realities

reflecting

active and independent learning

Experiencing & making sense of
the different reality

gaining insight

confirming understandings

stuggling to make sense

forming impressions

reflective dialogue

liminality

Going out in a different reality

influences

community

with local people

outside

enablers

inside

influences

increases interactions

friendly stranger

support

signs of being in a liminal
space & liminal state

being different

the other

being with others

adapting

learning to live

fitting in

learning anew

10.4. HAVING A PLACEMENT IN A DIFFERENT REALITY

This section focuses upon participant experiences in the formal learning context of the clinical placement setting. The settings for clinical placements varied. These included acute hospital surgical or medical wards caring for adult patients, in-patient mental health units, childrens' wards, community placements and in-patient maternity units.

Irrespective of placement type, all placements were experienced as different practice realities. The themes of 'experiencing and making sense of the different reality' and 'being with others' were also revealed as central to the experiences of having a placement in a different reality. Table 16 provides an overview.

Table 16: Liminal stage: placement themes and sub themes

Formal context: Having a placement in a different reality	
Theme	**Sub theme**
Experiencing and making sense of the different reality	- Arrival shock and disjuncture - Observing and comparing in the different practice reality - Feelings of disjuncture - Active sense-making activities - Taking responsibility for learning in practice - Struggling to make sense - Getting used to the different practice reality
Being with others	- Being outside of the local community of practitioners - Being included in the local community of practitioners - Being a friendly stranger, fitting in and taking steps to be accepted - Support to learn

10.4.1. Theme: 'Experiencing and making sense of the different reality'

Participants identified that the practice setting was experienced as a different practice reality and they also revealed how they made sense of the differences they were exposed to. These experiences are reflected in the sub themes of 'arrival shock and disjuncture', 'observing and comparing in the different practice reality', 'feelings of disjuncture due to the different practices observed', 'active sense-making activities', 'struggling to make sense', and 'getting used to the different practice reality'.

10.4.1.1. Sub theme: 'Arrival shock and disjuncture'

All participants provided descriptions of arrival to the clinical practice setting that indicated that they had entered a different practice reality. The expressed feelings of disjuncture and shock suggest that this different practice reality was also experienced as a liminal space by participants.

For example, upon arrival to the hospital setting, participants who had placements in developing countries immediately observed significant differences between their usual practice setting and the different practice reality,

> *"The first thing you notice are the chickens running in and out of the hospital and cattle on the side of the road."* (P2.RI.45-46.i);

> *"There was an armed guard at the gates, erm, so yeah, I suppose it was just a bit of a culture shock, like it was just*

completely different to anything I'd seen before." (P17.RI.74-75.i);

"On the top shelf … there was the live babies … and the second shelf was all the equipment and on the third shelf were all the still births, all the babies that had died, that was really hard, that was something that really shocked me initially when I walked on the ward." (P2.RI.139-146.i).

Disjuncture was clearly evident and manifested as feelings of shock.

Although the environmental differences were not as significant, participants who went to European destinations also expressed apprehension when entering the different practice reality,

"… it was very daunting, because I didn't know what to expect … I had no experience of the culture." (P12.RI.32-35.ii);

"We were nearly in tears when we were walking on to the ward … Because we were both so terrified." (P11.RI.466-468.ii).

Several participants, who undertook placements in Europe, also felt that their introduction to this different reality was abrupt and this also created feelings of stress,

"It was kind of just like thrown in at the deep end; it wasn't as gradual as I was expecting it to be." (P11.RI.57-58.ii);

"You were still like shoved in this environment that you didn't have a clue. … I had no idea where I even was … it was just baffling." (P14.RI.62-65.ii).

One participant noted how she overcame these initial stressors,

"So it was like: just don't think about it too much; it's an adventure; just, like, go for it, see what happens, go with the flow … And we were just kind of, like, pushed in it, so it didn't matter what you had before, it was just like…You just had to go with the flow" (P16.RI.56-63.ii).

Following initial experiences upon arrival into practice, participants continued to experience difference and disjuncture during their placement period. As feelings of disjuncture were fundamentally linked to specific experiences of difference, they will be further discussed at the relevant points in the remainder of this section to ensure that they may be considered in context.

10.4.1.2. Sub theme: 'Observing and comparing in the different practice reality'

Participants employed a process of observing and then undertaking reflective comparisons between practice realities. This resulted in the identification of a range of differences. All aspects of nursing practice and healthcare in developing countries were identified as significantly different. Participants who either came to UK or went to Europe also identified differences, although they were not as significantly different as those who went to developing countries. The differences encompassed the clinical environment, resources available, nursing practices and attitudes, patients and cultural practices. Further, as will be discussed in the subsequent sub theme, experiences of difference that were perceived negatively generated feelings of disjuncture. This sub theme is therefore restricted to providing a factual account to 'set the scene' and demonstrate the types of differences participants observed, compared and reflected upon.

All participants who went to developing countries discussed the limited resources and more fundamental clinical environment. Accounts from participants who remained in Europe were mixed when compared with their usual reality, some reported positive differences whilst others also noted limitations,

> *"… even just the area where we sat and had food was nice, rather than in a little cupboard … And you just had the time just to have that break …" (P15.RI.487-492.ii);*

> *"So the baby was just by itself and I say 'the incubator', but basically, it looks like a hutch…It's just like a wooden box, with some hot water bottles in." (P17.RI.527-530.i);*

> *"… you have so much equipment that we don't have, in the one moment you have everything you need to know about the patient, it is something I haven't seen before." (P9.RI.18-19.iii).*

All participants observed differences in nursing practice, roles, protocols and attitudes when compared to their usual practice reality,

> *"… each section, they had c-section babies, one for observations and one for poorly babies and a resus table for the really poorly babies but they were never there and we couldn't work out where they would go, over here it would be one to one. They had oxygen but if they had a power-cut that didn't work. They had suctioning. They would take bloods but they would only test for some things not all .. and they didn't seem compassionate at all. It was strange they weren't all smiley, it was like they were there 'cause they had to be. It was like out there it was a good profession so they had the money to do the training, but they weren't committed. It might have been a cultural thing." (P18.RI.87-99.i);*

> *"… the hierarchy is more there [in UK]. Like the uniforms tell you which role you have and what pay you have actually, and everything, you know. Yeah, and I think that's what makes it a little old fashioned in my eye, but the rest is, I mean, just as modern ..." (P7.RI.80-89.iii);*

"I think our nurses are a combined role of their under-nurse and nurse, so some things they do a little more, if it's a specialist area … but they would never really like change patients or take them to the toilet, where that would be the under-nurses job …" (P4.RI.382-385.ii);

"…when we first went in there [injection room], that was quite bizarre, because it just like raised loads of things around privacy and dignity … it was like a cupboard, and that was the injection room and the sister was in there, so she sat us down … We'd already had breakfast, but she was like: forced tea and bread upon us, so we were like "Okay, okay" and so we just thought "oh, she must be on a break" and so me and [name] were just sat, drinking tea and eating bread and then she brought a patient in, but left the door wide open, a young male patient, but didn't introduce him as a patient, or anything like this, and so she was talking to him … so we weren't entirely sure… then the next thing we knew, she turned him round… So we were sat here and he was here and she made him stand like this, with his hands pressed up against a cupboard and then she just dropped his trousers and erm, she used the needle that she drew off the medication with …" (P17.RI.200-218.i).

It is interesting to note that there were also examples given in which participants identified perceived positives in situations which were at odds with their usual 'best practice' frame of reference,

"In the acute ward the patients were tied to the beds and there was a seclusion room with a padlocked door, but the patients seemed happier ..." (P20.RI 40-41.i);

"This lady was about 18 and when they are in labour they are not allowed to make a noise. The midwives hit them and tell them to be quiet if they make a noise. Because they are very tribal they will do the tribal clicking and will sing tribal hymns and the midwives will sing lullabies to them to sooth them, and the atmosphere is I don't know what the word is, the atmosphere, I don't know how to describe it, it's very spiritual." (P2.RI.175-180.i).

Participants who went to developing countries also described how they felt the local staff had limitations in their knowledge and skills set,

> *"… they were going to cannulate on the arm and the kid would be screaming blue murder and in floods of tears 'cause they were scared but 'cause they [nurses] hadn't got the skills the kid was moving that much and they continued to poke and poke multiple times." (P2.RI.481-484.i).*

Whilst participants who remained in Europe did not discuss staff knowledge limitations, they did discuss other nurse education systems,

> *"... all the [local] students, they have their own patients as well. They get one patient and it was quite different 'cos all the [local] students, they have clinical supervision once a week with someone from a different ward, which I thought was interesting." (P13.RI.650-653.ii).*

Sharing the practice environment with international and local students therefore enabled comparisons between education systems to be made.

Further, whilst all participants identified differences in nursing, healthcare and education, those who undertook placements in Europe did not note any differences in patient medical conditions. They did however, observe differences in patient attitudes,

> *"…no patient was angry… if a patient came to the nurse … the nurse would say "Right, okay, go back to bed and we'll come in like 20 minutes or whatever". You know? And the patient was just like "Okay" and accepted it, like the patient wasn't like "well, for God's sake, I have to wait 20 minutes." (P14.RI.260-264.ii).*

Participants who undertook placements in developing countries did observe patients with conditions that were very different to those previously

encountered, and they described the emotional impact of seeing these patients. These emotions ranged from feelings of sadness to shock,

> *"… he was in with autism and his parents couldn't handle him and they had money. He seemed quite medicated so that was quite sad to see." (P20.RI.84-86.i);*

> *"…seen lots of HIV babies, which were just like little skeletons, really. It was a bit of a shock to see… which you knew they weren't going to survive." (P10.RI.360-362.i).*

Participants were also aware of differences in cultural approaches and practices throughout the placement experience,

> *"… they had drawn eyebrows on this baby, and they would do it cause if you looked at the baby you know it is a happy baby so the mum draws eyebrows on the baby, just strange stuff that you would see." (P18.RI.107-109.i);*

> *"I think a big thing for me, which I haven't picked up on so much on placement yet, over here, was spirituality. Because in that area most of the people were Christian and it was just like such a big part of their lives and while they were on the ward, some of the men would listen to Christian music and I think it just affected their attitude and their view on life; their view on their health or their disease, or whatever and their coping strategies." (P17.RI.124-130.i);*

> *"I am actually super lucky because I get to talk English all day ... I get to really talk to people … the old ladies of the ward and the staff … and how their life is and everything." (P7.RI.1004-1017.iii).*

The experiences participants had in the formal context of clinical practice therefore facilitated them to gain further insight into the different reality, not only in terms of nursing and healthcare but also local culture.

10.4.1.3. Sub theme: 'Feelings of disjuncture'

In addition to experiencing disjuncture when observing patients who had different conditions, participants also described disjuncture when they observed differences in practice that were perceived to be negative and outside of their good practice parameters. Feelings generated ranged from frustration to distress,

> *"The way they handle the children that is different, as if they feel that the child, you know just has no, not rights, but no kind of standing at all. So if they wanted to force you to lie down and sit on you they would, cause if you need this done we are going to do it no matter how much you cry, and I really struggled with that 'cause we talk about advocacy here and I felt really in a hard position." (P2.RI.476-480.i);*

> *"… I thought the hardest thing would be the lack of resources and what you could do for people. The hardest thing I found was their attitudes and the whole kind of "not bothered" sort of thing." (P10.RI.362-364.i);*

> *"… coming to terms with this is how they do it, for them this is how it has to be and it was quite hard to kind of know how it can be and see the UK practice and knowing how just how it has to be for them." (P2.RI.61-63.i).*

Participants who went to developing countries most frequently described such feelings, however, whilst less frequent, participants who went to European destinations also expressed similar emotions when they too were exposed to negatively perceived practice,

> *"I found the day case unit shocking, I couldn't understand how you can come in for knee surgery same day and go home same day. I couldn't understand why we couldn't keep an eye on the patient…" (P8.RI.57-59.iii);*

"I wouldn't work there, because of the fact that the patients are given numbers, not names. No real patient-centred care. We had a patient who was… he had a bit of dementia brought on by alcohol and he ended up being restrained to the bed for confusion. It was more of a hassle than anybody could be bothered sitting with him, but he ended up getting tied to the bed with bandages, not even restraints and it was actually quite upsetting to see. I'm like, "You can't do that" and they just left him, like, his sheet was all over the place and he was like hanging off the side of the bed and I just came up and propped him up a wee bit and fixed his sheet … just little things like that; they just don't seem to really care as much. … and he ended up dying I think, about four days later. I was like… It was quite undignified, the way he went and I was really… I was really upset by it…" (P16.RI.422-433.ii).

When considering participant experiences in both developing countries and Europe, the most significant feelings generated by disjuncture appear to have been linked to experiencing episodes in which care was perceived to have caused harm and which was opposed to the participant's principles of nursing, and troublesome-ness was evident. However, participants expressed that these experiences also proved to offer important insights into nursing and healthcare,

"Well you can tell people about it, but until you're there actually experiencing it, I don't think it actually sinks in, like what you're actually physically seeing in front of you … to appreciate the care that we've got in this hospital and how you should, treat people, you have to see something like that. It's totally, totally, horrifying… And like, you just wouldn't let anyone treat, like, your patients the way that they would treat their patients." (P10.RI.682-698.i).

Therefore, exposure to emotionally challenging situations generated disjuncture and also shock. However, observing and reflectively comparing the different practice reality with one's own provided valuable learning opportunities for participants.

10.4.1.4. Sub theme: 'Active sense-making activities'

Participants adopted several strategies to enable them to actively make sense of their observations and experiences in the different practice reality. These included undertaking independent self-directed study, reflecting, questioning, discussing and completing formal assessment documentation.

For example, participants who undertook European placements described undertaking independent study to develop their theoretical understanding of the new practices that they were undertaking. It can be identified that participants had sought to address knowledge deficits in a reflective manner. (This aspect of learning was not discussed by participants who went to developing countries.),

> *"We took blood, but we hadn't had any theory behind taking blood and so I went home and looked at the theory behind it and also IV antibiotics, like how we do them here and the whole procedure and then thinking about how different it is ..." (P11.RI.539-541.ii);*

> *"…when you hear something every day you have to understand it one way or another so we also studied words when we go back home after work… It was difficult because we, it was after the job, we had to do it every day after work and we were tired, because we have to understand it for the next day so couldn't leave it for the weekend. So every day we studied those words." (P5.RI.24-42.iii).*

Participants also selected reflection as an active learning tool to assist them to make sense of the differences observed. Some participants used formal reflective tools, such as using models of reflection and keeping reflective diaries,

"I documented and wrote critical incident reports and evidence reflections." (P3.RI.555.ii);

"I used it [reflective diary] mostly at the end of each day, I would just write a wee bit, what happened and if an incident happened, or how I felt and I would really… it would be more of a comparison about my own feelings, my own thoughts and my own practice versus how they practice and the same with how they practice in England… and which one I preferred and why. … from the beginning, when it was all about ... very scared, I didn't know what I was doing, blah, blah, to being at the end, when you would stop thinking more about yourself and I was thinking more about nursing as a whole. Like at the beginning, I was very like: Me, me, me; what am I going to do? How am I going to do this? By the end of it, I was like: well, if I was nursing back in England, would I do this and am I sure that I should be following the [country] regulations? Should I check out what the English regulations are and see if I'm doing the right thing, … I was starting to look at it in the bigger picture, as opposed to just me." (P16.RI.504-521.ii).

This latter participant description is suggestive of critical reflection as this participant was comparing and critiquing practice, she was also challenging her frame of reference in relation to these critiques. Participants also undertook more informal self-reflection and they also initiated reflective discussions, or reflective dialogue, with others. These dialogues included reflecting with the community of students with whom they lived (as discussed in the 'living' section) and some participants reflected during placement with clinical nursing staff,

"… a lot of reflective, and so a lot of discussions, sort of, yes, either during or after the patient had gone we would talk about it and maybe what I would do in that situation and why they would do this and that." (P15.RI.1304-1306.ii).

Initiating questioning of practice was another learning strategy utilised by participants,

> *"… the ICU nurse, she said something like I was very knowledge thirsty … But just like you ask so many questions…" (P15.RI.646-652.ii);*

> *"I ask if there is anything I didn't know about the system." (P8.RI.10.iii).*

One participant also valued being able to ask the local student nurses questions,

> *"Because I mean all the staff was wonderful, but it was, sometimes it just feels easier to ask another student nurse … I would maybe ask the student nurse before a registered nurse just, I think it's just nice to be able to learn each other things "(P7.RI.396-399.iii).*

Not all questioning arose from the participant, it was identified that some staff wished to find out about nursing and healthcare in the participants own country. In these situations learning was more mutual,

> *"… my mentor was really keen to learn about England and why we did stuff as well…" (P3.RI.303-304.ii);*

> *"My point of view was that I had a good mentor and it was good, because I sort of taught him a bit … so at least it felt like I was giving something back, so it was like a little bit more of an equal learning experience." (P12.RI.13-19.ii).*

Engaging in communication with the local staff and students in the form of reflective dialogue and questioning in relation to practice, and in particular when it was for mutual learning, may further suggest the presence of a community of practice in the clinical setting.

However, participants who went to European destinations were also required to complete their UK practice assessment documentation (PAD) from their studies,

> *"We needed to kind of decide what we were going to do with it, so we kind of chose which proficiencies we wanted to do on which placements and kind of aimed what to do and I had like a meeting with my mentor at the beginning of each one and we figured out what we could do and things like that…"* (P13.RI.229-232.ii);

> *"It gave us something to do to collect evidence and research when we didn't have anything to do on the ward, but I don't think they really understood how important it was for us, they thought "oh you're always going to do a bit of work" but if not we would have sat and just watched them on the computer … so we used it as an opportunity to ask the mentor a few questions …"* (P4.RI.441-448.ii);

> *"It's not really appropriate … when you are working somewhere with completely different laws and procedures it's not going to fit in with the criteria of the [PAD] book…"* (P3.RI.475-480.ii).

Whilst participants took responsibility for ensuring attainment and completion of their UK practice assessment documentation, it therefore received a mixed response in relation to its utility as a learning tool during study abroad. This may indicate such a document may not be suitable to impose when attempting to work with a different community of practice, and it may reinforce 'otherness'.

10.4.1.5. Sub theme: 'Taking responsibility for learning in practice'

In addition to being active and independent learners, participants also took responsibility for their learning when making decisions about the scope of practice they chose to be involved in.

Participants who undertook placements in developing countries identified that whilst they were offered opportunities to undertake a wide range of nursing practice, on the whole they chose to undertake only limited hands on care, and this care was restricted to undertaking basic tests and basic care,

> *"We would help with cleaning and things and NG feeds, we went onto the premature baby unit so we were in charge of feeding the babies and weighing them, changing them."* (P19.RI.90-93.i).

However, participants who went to European countries described participating in more extensive nursing practice than they would in their usual reality,

> *"… 'cause you know when we went there and we learnt how to take blood and insert cannulas that was a massive learning point, it was a big part of our time there … the policies and procedures and Code of Conduct and stuff in England like the drugs side of it we are not really supposed to give it … but over there they teach you to do it, and like 'I know you have understood the theory and the process and next time you'll do it', so there is loads more I could do."* (P3.RI.328-355.ii).

Conversely, participants who came to the UK for placement felt that they were more restricted in the scope of their practice than they would be at home,

"To be honest I don't like the observation I like to be hands on, to feel like I'm part of something ... they haven't let me do anything, the mentors … I don't know if its 'cause they don't know what my level is." (P1.RI.146-153.iii).

Despite being restricted to an extent by mentors, participants who came to the UK, in common with the other participants, also identified that they had on the whole self-policed their own practice by making decisions about what practice they would or would not participate in. In addition, participants were also able to build their own menus of clinical experience and make decisions about when and where to spend their time on placement,

"On the forensic ward, I had my own patient … I spoke to my mentor, like I said, 'cos I knew he [the patient] spoke English, I kind of suggested him…" (P13.638-644.ii);

"So if I heard that there was someone doing something I would just ask, "would you like me to do it?" or "would you mind me watching?" You know, something like that just to get the experience." (P7.RI.593-598.iii);

"We looked at their [mentor] schedules and try to keep up with their shifts." (P6.RI.49-51.iii).

Further, participants also discussed taking decisions not to participate in nursing practice. Reasons for non-participation were varied, with participants choosing not to take part when they were unsupported or where they did not trust the knowledge base of the nurse,

"… the nurses did the drugs round and we did one and after we refused to do any more. They just left you and they didn't have the patients' notes to say what they had, they had all the drugs in the tray and was "this goes here and that goes here". We were like "no we aren't gonna do it".... and I know they say they have the same qualifications but there is a difference so we didn't want to try." (P18.RI.69-80.i).

Participants also self-policed participation when they felt the care did not meet their usual practice reality standards,

> "… then other ones were like, "Right, you just do this" and I'd go "Why?" and they would try to explain to you why … "But this is so wrong; this goes against all our policies. Why are you doing this? I can't do this" …. we had this man, he was about 36 stone … He could barely walk … I was like "No, no" and just stood right back and watched and just put my hands up and they just, like shifted him, like… not even the slide sheet, or even the bed sheet. Nothing. Just yanked him as far… and I was like "Why are you doing this? He's a 36 stone man;" (P16.RI.273-288.ii).

And they declined to participate when they felt their own knowledge was not sufficient to enable safe practice,

> "… sometimes it was potentially dangerous, sometimes drugs were given IM instead of IV or given into cannulas that clearly weren't working so they would go in the surrounding area. So we were thinking we don't know enough to understand 'yes this drug should be IV but it's IM' so we just stuck to the drugs that we knew." (P19.RI.102-105.i).

Additionally, participants did not undertake practice that posed a personal risk,

> "I would never use a needle and syringe back home, because I know my Trust wouldn't back us up if I got a needle stick injury for a start." (P10.RI.565-567.i).

Participants also described intervening in care when they identified practice that they perceived to be harmful to patients,

> "… the midwife had decided that without even checking the pulse or anything, no vital signs at all. She didn't check a single thing. She decided the baby's dead and I was looking at the baby and I thought "what's that moving on the baby's chest? it's got a heartbeat" so she started to bag-mask the baby again. She was there for 5 minutes and then she just

passed the bag to me and walked off, it was like, and the baby is starting to pick up colour so me and [student name] thought "what shall we do? this baby has a heartbeat, it's alive so what do we do?" … so I just started doing the breaths and compressions … then it made its first cry and me and [student name] started crying 'cause we weren't supposed to be there that day, so if we hadn't been, the midwife would have left the baby … and it was just an amazing experience to be part of that to know that we had made a difference, 'cause if we hadn't been there that baby wouldn't have survived, but it was just the shock that they would have left that baby without looking at it properly. They decided that baby's dead and walked off...." (P2.RI.201-222.i);

"…I was seeing patients tied to the bed and I was going around and untying them … I just started to lose my temper a little bit, to be honest, yeah. 'Cos they were having ligature marks on their arms and stuff … they were just suffering, really..." (P10.RI.518-527.i).

Being with another international student was noted to have influenced this participants' decision to intervene,

"I:Would you have done that at the beginning of the experience?
P: No, I was a lot more like… just watching… you know, when you're in a new area and you're not quite comfortable and you don't really know what to do or what to say and… I was with another adult nurse, as well, who kind of… we went round this kind of palliative patient and we both sat her up and gave her a drink, so I could work with her…" (P10.RI.528-534.i).

However, rather than presenting as a limitation to learning, taking responsibility and self-policing participation proved to provide a positive learning opportunity for participants,

"I think being put in those circumstances it forces you to learn... it forces you to think and forces you to kind of, as a student to take more responsibility for yourself … in the UK as a student we rely too much on your mentor, but for good reasons, because I wouldn't let myself go loose, but

personally I think I rely too much on my mentor, not to keep me safe, that's the wrong word but to kind of to usher me through, but over on an international placement, yes you have a mentor and they support and teach you, but in that environment where it's a completely different scenario, it forces you to step up really and it was good to." (P2.RI.262-276.i);

"Your knowledge is important, but to be conscious that you have to be independent and have more autonomy, I think that's probably the most important thing." (P12.RI.443-444.ii).

In addition, it enabled critical reflection on, and application of, their knowledge base when defending their decisions,

"… but I suppose in a way it kind of cemented my knowledge if that makes sense, 'cause like my mentor would be "can you help me do this?" and I would be like "really sorry, I'm not prepared to be involved in that kind of moving" and they were like "ahh, just 'whatever'" and later on I'd say when it was just one on one, when the patient wasn't there I would say "you know I wasn't being rude" I wasn't being like, I didn't want them to think I was being a bad student so I was like "it's just the drag lift is illegal in England … 'cause of the damage you can do under the arm there is nerves and bones" …. it was actually "I do know that!" and you know stuff I'd not been confident on, I became more confident because I knew I definitely knew it." (P3.RI.261-270.ii).

Critically reflecting on these situations also revealed to the participants their own core principles of nursing,

"… there was this woman who, we were giving out medication and her breakfast came and nobody had stopped to help her … and somebody was like "Somebody will be with you in a moment" and I walked into the room and I looked back at her and she looked like she was going to cry and I … followed the nurse to give the rest of the medication and I thought: "what am I doing? What have I done? I've just walked away from this poor woman" and I turned back and went into the room and I thought: "you're scared because you can't speak [language] and you're scared of what you're going to do". … And then I was ashamed, because I nearly walked off and I was like "Oh, my God; I nearly walked

away" and then [name] was like: "But you didn't; you went back" and I was like "I know, but it was so close…" I think it was 'cos I was too scared and I'm like: "why am I letting my fear stop me from treating a patient? No patient should 'miss out'." (P16.RI.435-457.ii).

Participants' own nursing philosophies, and usual frame of reference in relation to parameters of practice, appear to have generated a powerful drive to resist the local practice norms when they were juxtaposed to their own principles and code of practice.

10.4.1.6. Sub theme: 'Struggling to make sense'

Despite taking an active role in their learning, participants were not always able to gain an understanding of the different practice they observed. For example, their questions were not always met with a positive response by staff and they were not always fully answered. This occurred where staff did not understand the participants' intentions. Participants also cited communication difficulties such as the language barrier or staff not wishing to communicate, as being a key limiter to the gaining of understanding and making sense,

> *"It was a bit iffy (speaking to nurses), … like, the full thing like wound care, they didn't do, like they didn't have a sterile technique at all and I'd say "do you know in England we do this sterile, how come you don't?" and they were like "it doesn't need to be" so I'd be "can you show me research?" like try to find out where they got that idea from and they were like "no it's just like that", so I tried to ask it again to someone else and the nurse I'd originally asked it too walked into the room and she kind of snapped "it just gets done like that". I think they thought I was being like judgmental and like saying its better in England but I was actually genuinely interested." (P3.RI.183-193.ii);*

"I didn't feel I was able to ask them. Sometimes they just ignored us." (P10.RI.195.i);

" 'cause maybe the nursing it's still a respected job there but I don't know if they have to do as much education, we were trying to establish this but it was really hard 'cause sometimes the language barrier you wouldn't really get a clear answer. We did try some [local language] and a lot of them did understand English but sometimes there were times you tried to get answers to questions and you didn't know how to word it." (P19.RI.70-75.i).

An additional limiter to understanding was evident in situations where a participant did not trust the knowledge base of the clinical staff providing explanations,

"I don't know if it was like a language barrier or what, but you just didn't believe anything that they said... well apparently, they've got degrees. Like they were saying like, "I've got a Batchelor's and stuff", but I don't know how they kind of train out there… I think it was a completely different…you could ask some questions, but…I don't know, you just didn't have any faith in what they were saying, because sometimes it really didn't make sense." (P10.RI.222-244;295-296.i).

Not being able to make sense of the different practices led to participants feeling frustrated and having only a partial understanding,

"So we wanted to ask what happens to the [amputated] leg, like "What do you mean 'the hospital don't get rid of the leg'? What do you do, like, hand it back to the patient when they're finished?" We couldn't understand and before we asked, one of our patients had a bypass and it opened while he was in the shower … So every time we actually had quite a few interesting questions, sometime massive happened." (P16.RI.412-417.ii).

When explanations from local clinical staff were absent, or had failed to provide the understanding that participants sought, participants undertook

further critical reflection and analysis of the practice context in order to try to make sense of the differences observed,

> *"All of the women that we seen breast fed and we spoke to the nurse about it, we said, "do you get women that experience problems?" And she was like: "No". And we said, so "you know, so do you have to spend quite a lot of time with the women to help them breast feed? Do you give them lots of advice?" It was quite a difficult conversation, because there was some language barriers, but what we could get from it, she was just like: "No, no…" But then, because women over there tend to have bigger families, have more babies and the communities are so close … You know, all the women … spend time in groups, like maybe they've just got that support anyway, from their friends and all their family." (P17.RI.509-517.i);*

> *"… its a lot less patient centred I think … from what I could see it was more hands off and detached to what we would be here. I could see why it would be 'cause obviously the death rate is a lot higher and difficult situations and they had a lot of sick children and they were saying you have to think of the nurses backgrounds as well … so there is a lot on their minds to worry about the patients here." (P19.RI.173-179.i);*

> *"If in the UK you saw that, I would be shocked, even more shocked, and think could not more have been done, but in those circumstances, they just don't have the supplies to begin to save half of those babies. And even if they do save them the aftercare afterwards, the mother trying to provide for that baby once it goes home, as horrible as it sounds, it is better sometimes to let some of the babies go as otherwise they would have no quality of life. So I think it did help to just culturally understand their way of thinking. By the end of my second week I came to the conclusion that I don't think life and death means the same to them in some ways because the mothers just expect their baby to die. They don't believe the baby will survive. A lot of the mothers had HIV, a lot had STIs and various other complications, had had previous still births, multiple pregnancies that didn't go full term, it's just a different complete way of thinking." (P2.RI.162-172.i).*

However, there remained situations in which participants struggled to even speculate,

"I understand how they kind of work, but I don't understand how they can be like that, to be honest. They're just so laid back. There's no urgency and, yeah." (P10.RI.486-487.i);

"… it was too different … and they didn't seem compassionate at all. It was strange they weren't all smiley, it was like they were there 'cause they had to be. It was like out there it was a good profession so they had the money to do the training but they weren't committed. It might have been a cultural thing." (P18.RI.95-99.i).

In these situations the practice observed was simply too different to enable sense-making and participants were unable to cross the threshold to attain understanding.

10.4.1.7. Sub theme: 'Getting used to the different practice reality'

Overall, despite the differences identified, participants did note that in time they became used to the different practice reality,

"I think you got used to it and from the other people's stories, you would still be shocked but not as bad as your first week." (P18.RI.113-114.i);

"It's amazing how things just become normal to you by the end, it became normal that chickens were running in and out, it was "ah well it's [country name]" … it just became normal, not normal but you kind of desensitized to it." (P2.RI.68-76.i).

Participants continued to describe experiencing disjuncture throughout the practice placement, but experiences were felt less acutely, and most participants found it easier to accept the different practice observed over time.

10.4.2. Theme: 'Being with others'

Participants described mixed acceptance into the clinical area by the local staff and students. In some areas participants felt accepted and included, whilst in others they described feeling like an outsider. In addition, this acceptance could also vary between individual nurses in the same clinical area. Further, participant position in relation to the local community of practitioners influenced support and the ability to make sense of the different practice reality. Accordingly, the sub themes are 'being outside of the local community of practitioners', 'being included in the local community of practitioners', 'being a friendly stranger, fitting in and taking steps to be accepted' and 'support to learn'.

10.4.2.1. Sub theme: 'Being outside of the local community of practitioners'

Some participants described feeling like an outsider, being unwelcome and not being wanted in the clinical area by the local community of nurses,

> *"The nurses … they didn't really seem kind of interested in you or anything like that, so they were just like "Oh, go with the doctor and go on the ward round.""(P10.RI.128-130.i);*

> *"…they would walk off and they wouldn't tell us where they were going and they would be gone for ages so we were stood for maybe half an hour and that was quite frustrating so we were like "do they not want us to be with them?""(P3.RI.213-217.ii);*

> *"At the 3rd [placement] I felt like I shouldn't be there, like I am a distraction, I spend more time with the surgeon and the*

patients and I didn't know what the nurses do in this placement." (P8.RI.110-111.iii).

Being outside of the local nursing community generated frustration and it also contributed to participants' struggles to understand the practice reality,

> *"… they worked there ten years and there was only one new one and we met her before we went there, but everyone who has been there knew who can speak, who can work, but we didn't." (P9.RI.44-46.iii);*

> *"All we could work out there was one sister and the others were nurses. The nurses role was different to here … In the morning we could go round with the doctors so I don't know what they did, they made themselves look a bit busy." (P18.RI.66-69.i);*

> *"A lot of it was like "Well, are you going to give them pain relief?" Or "What's wrong with this man? Where is he going to go? And… shall we do this? Shall we dress this wound? Shall we do something? Shall we not have a cup of tea when someone's fitting…?"" (P10.RI.551-553.i).*

Participants also described how they were identified as being different by the local nurses when they declined to participate or chose to apply their own procedures to care practice,

> *"… like they used to laugh at us putting on aprons and pinnies when going in the rooms..." (P3.RI.292-293.ii);*

> *"… 'Cos I felt they were looking at me like: "why is she not doing that?" Like "you're part of the team; you need to help". … The students were always looking at me like: "What are you doing?"" (P16.RI.292-298.ii).*

As the above quote indicates, in addition to being outside of the local community of nursing staff, some participants also felt that they were outside and different to the local student nurses,

> *"Since I was only there for three weeks on each placement and we didn't work the same days so I just saw them [local students] a couple of days a week and then I was off again to the next one so it was a bit hard." (P1.RI.255-257. iii);*

> *"If we would say "can you come and help me take this man to the toilet" [student nurses] would say "oh he can walk with one" but were a bit like " oh I think he's a bit unsteady" and sometimes some people would take the huff a bit and be like "I'll just do it"" (P4.RI.163-166.ii).*

Pressure upon the local students to achieve learning outcomes further singled students out as unwelcome strangers,

> *" 'Cos when we were together, there were two students on that ward as well, … and they were like "we should have the priority" sort of thing." (P11.RI.194-196.ii).*

When students were not accepted and remained outside of the local community of practice, they therefore appear to have been viewed by both staff and students as 'the other'.

10.4.2.2. Sub theme: 'Being included in the local community of Practitioners'

Whilst participants described experiences in which they felt outside and different from the local community of nurses, they also discussed situations in which they felt included and were accepted,

> *" I was very much welcomed and I was, everyone sort of knew who I was, and they involved me as much as possible." (P15.RI.1412-1413.ii);*

> *"But actually, every single person was welcoming. Even if they couldn't speak English." (P12.RI.45-46.ii);*

"I was very much in the nurses' group and I was very much taken under their wing and "you're one of us and we'll look after you …"" (P16.RI.255-256.ii).

For some participants, this acceptance also extended to inclusion in the community of local student nurses during placement,

"I loved them [students]; they taught me so much. That was the best experience on that ward. Every lunch, they took me down to meet with their friends ... Sometimes I got a lift home, like… so nice. Really friendly." (P16.RI.298-302.ii).

Participants also discussed their experiences of being accepted by the patients,

"One or two [patients] spoke English to me on their first day, but it kind of… As the weeks went on, more patients started to speak to me, I was on my last day and one of the patients sat next to me and was like talking to me in like fluent English; I was like "Oh, why couldn't you speak to me earlier?" … I think it is because as well, a lot of the people there had like a psychosis, so it does take a lot to trust someone, especially someone new and you can't communicate with… With the language, it's harder to kind of develop that trust and erm, as well, like trying to speak another language, you do need a lot of confidence and it is quite scary speaking another language to someone who's… That's their mother tongue; it's quite intimidating." (P13.RI.65-74.ii).

The quote above also highlights how rate of acceptance could vary. This was also reflective of participant experiences of acceptance by the clinical staff. Some participants experienced immediate acceptance,

"I: How quickly did you feel part of the team on the ward?
P: Well, pretty much straight away actually because they were really, really welcoming… . So, you know, all the cleaners and everyone was just looking after you. … Yeah, I think it's just because we are so young so they all just think "awww, I need to take care of this little one, she'll all new on the ward."" (P7.RI.829-838;850-851.iii).

However, in other situations this acceptance was a gradual process,

> *"I think by the time we were leaving, they were a bit more "Well yeah, like, you're okay. We don't mind you being here, now."" (P16.RI.157-158.ii);*

> *"… it did take a couple of weeks at least. Right towards the end there was one person we thought didn't even speak any English and she sat down one day and she started laughing at what we were saying, we were chatting with our mentor and all of a sudden she spoke fluent English and she was one of the best people, and were like "we didn't know you spoke such good English" and she was "ahh it's not good" ... I think they were thinking that we would judge them ... Once they got to know us and you got joking and stuff, people would talk to you more." (P4.RI.111-150.ii).*

Some participants described how enablers triggered wider acceptance by the community,

> *"There was one nurse … and after about a week or two she started to speak to us and once she did everyone else kind of followed, so I think she kind of got the ball rolling. People would start off small, coming up to me just like one on one, just say a couple of words and then on the staff room talk they would start doing it in English instead of in [Northern European Language]." (P3.RI.203-207.ii).*

A key sign of acceptance included nurses and patients starting to hold conversations with participants. Another key sign was that participants were invited to join the social activities of the clinical area,

> *"It's very food-orientated on the ward; the nurses, so they were all very, you know, "help yourself to coffee, strawberries…" whatever was going on, so that was good, because that kind of helped build a little bridge, you know? Being friendly." (P12.RI.54-57.ii).*

Acceptance into the local community of practice, and also acceptance by patients, therefore generated positive experiences of inclusion for participants.

10.4.2.3. Sub theme: 'Being a friendly stranger, fitting in and taking steps to be accepted'

In situations where participants were included in the nursing community, participants appear to have been identified as 'friendly strangers'. The participants were viewed as different from the usual local students or staff but they were viewed with curiosity rather than as a threat,

> *"All the staff that we met were really friendly, they made a point of finding out about us and they just wanted to know what we were up to, why we were there, where we were from…" (P17.RI.101-103.i);*

> *"They were very positive, they would ask "where are you from?" … and they would say "oh really that's nice cause I didn't recognise your accent or thought you were from the south", and all the same questions, "why did you come here?" (laughs). I don't mind as I say as it's very nice to tell everyone." (P1.RI.121-124.iii);*

> *"… everyone knows who you are, like the porters and everyone because everyone tells people. "Ah, she is from [country] have you met our international student?" you know, you are still just a student nurse so I think that's another aspect of it, you get treated specially in that way." (P7.RI.543-549.iii).*

Being identified as a 'friendly stranger' afforded participants a position of privilege and offered additional learning opportunities when compared to the

local students. However, one participant felt that this further reinforced being different from the local students,

> "Sometimes it felt, a little embarrassing really because they would…maybe it had to do with my mentor as well, because they would send me off to different operations and stuff …. but after some time I just realised that they [the local students] were not being sent off to operations and stuff like that. So it felt kind of, I felt dumb, you know, going off and they were asking "oh where are you going?" and I was just like "oh now just today I am going to Outreach" and "now I am going to see this and that". So it felt like they spoiled me a little because I was an international student. Which was really, really nice and generous of them but at the same time you wish you didn't have to, I wish they had just done the same with the other nurses." (P7.RI.501-524.iii).

As can be seen above, participants wished to be accepted by the local nursing community and they identified that they took steps to fit in and be included by demonstrating interest, attempting to communicate in the local language and by being friendly,

> "… once we introduced ourselves, and give them a smile and say "good morning" in [local language], they were quite welcoming…" (P19.RI.115-116.i).

One participant described how, by her second placement, she had learnt the local language and norms of practice and this enabled her to fit in and be accepted,

> "I really felt part of the team and I would happily sit down beside them and have a wee chat and a laugh and… I never felt uncomfortable, … I had such a good time. Like, the nurses were all… "Come on, do this, help me…" I think maybe it's because I could speak a bit more [language]. I did know what I was doing; I knew the way the system worked. I didn't have to be shadowed… everything. I could be told to go and do something and I'd know what I was doing, so I think that helped the way I was accepted a lot more quickly into the team. "(P16.RI.160-189.ii).

Other participants also identified taking active steps to fit in with the local nursing community,

> *"The social thing that I did was eat food with them at the end of the shift. Quite often I would take food, 'cos I realised that that was kind of the way they made food and everyone shared it…" (P12.RI.248-249.ii);*

> *"As we were like on our own, we had to make more of an effort to fit in with the ward and communicate with the staff…" (P13.RI.420-421.ii);*

> *"I tried to work in the system of the hospital, everything I asked or they proposed and I done it correctly and I learnt it." (P9.RI.25-26.iii).*

Acceptance by the local community of nurses was not, therefore, a passive process. Participants actively took steps to fit in so that they may be viewed as friendly and non-threatening. When viewed as 'friendly strangers' participants were then accepted by the local community of practice.

10.4.2.4. Sub theme: 'Support to learn'

Participants described mixed experiences of support to learn. When participants felt unwanted and were not included in the community they experienced support limitations which limited students learning,

> *"We didn't have like a mentor or like a named nurse who looked after us, so that felt quite difficult, 'cos it was like, every day, "who's going to be here?" and there was a few nurses who were really nice and looked after me, but then lots didn't, so then when… Like, I found it hard to find things to do." (P11.RI.619-622.ii);*

"… we had to really go and find out what was happening, they wouldn't come and say "come and see this wound, I've asked the guy he doesn't mind," they would get on and do it without you, perhaps they were scared they would have to explain it to us." (P4.RI.271-274.ii).

Conversely, participants who were included and accepted by the local nursing community were also supported to learn in practice,

"…lot of patients had had strokes but the nurses were showing us the scans and we had lectures on the anatomy." (P20.RI.62-63.i);

"My first 2 weeks on paediatrics and I had a mentor called [name], she is quite an elderly lady and she is very wise and very knowledgeable and wasn't afraid to share her knowledge at all." (P2.RI.46-48.i);

"… she [mentor] would, you know, coach me and I would have an own group of patients and stuff like that." (P7.RI.599-600.iii).

In addition, participants also identified that other members of the clinical team supported their learning, especially when they were outside of the community of nurses,

"We learnt a lot [from the doctors] about culture and malaria and HIV, stuff that you don't see over here." (P18.RI.102-103.i);

"It's kind of hard to see some of it [nursing practice]. So most of the time, we just went on ward rounds with the doctor." (P10.RI.155-156.i).

This also demonstrates that spending time with other professionals could be a means of coping in the different practice reality. Fellow international healthcare students were also a good support in developing countries,

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"… when the students [from the house] were with the doctor we would tack along and they would explain things. In the house if we had a question we could ask, what was this or that, if we didn't have a chance to in the hospital. It was really nice and so helpful to support each other as well…" (P19.RI.6-9.i).

Several participants who undertook European placements also highlighted that the local students on placement were invaluable support for their clinical learning,

"… they were the ones [local student nurses] that helped us the most, I think. We were all really glad to have them on the…They were just like "Come with me, come with me, I'll show you…" Or… They looked after us more than the nurses, 'cos obviously the nurses were busy and so they helped us loads." (P11.RI.95-99.ii).

In Europe, the local link tutor also provided support for learning. This ranged from arranging the placement experience, monitoring the experience and included the provision of learning materials and negotiation of learning outcomes,

"[name of link tutor] did a book to say we had done cannulation, bloods and catheterisation in theory with her and made the bottom half for the mentors in practice to sign and it was much easier." (P3.RI.481-483.ii);

"She [link tutor] visited us in all our placements and spoke with our mentors…" (P13.RI.237-248.ii).

Support to learn appears to be linked to whether participants were included or excluded by the local community of practitioners. Exclusion limited support whilst inclusion enhanced support to learn. However, when participants were not included and were not supported by the local nursing community they

were still able to receive support from other professionals in the clinical area, such as doctors or local tutor. Fellow international students also provided an important supporting role.

10.4.3. Summary: Having a placement in a different reality

The clinical practice setting provided participants with their formal learning experience during study abroad. These experiences revealed continuation of the themes of 'experiencing and making sense of the different reality' and 'being with others'. Participants anticipated that they would be entering a different practice reality to their own and this anticipation created some stress and anxiety for participants. Arrival to the new practice setting confirmed to participants that they had entered a different practice reality as they compared the new reality with their usual one. This different practice reality was also experienced as a liminal space by participants as disjuncture was experienced when the practice reality was different to the participants' usual reality. Emotions experienced ranged from sadness to shock, the strongest emotions were experienced when exposed to significant differences. This was evident when differences related to care provision that was perceived to fall short of their usual practice reality standards, or where the practice observed did not match the participants' philosophies of care and values. Additionally, in some circumstances of extreme disjuncture, participants chose to intervene in the care directly. Over time and with repeated exposure, the significant differences became less of a shock as participants got used to being in, and seeing, this reality.

Participants also took responsibility for learning and employed a range of active sense-making strategies to enable understanding of the different practice reality. Whilst these strategies were on the whole successful, there were occasions when participants struggled to make sense of the different practice reality. Reasons for this troublesome-ness included an absence of a perceived local expert. When there was such a lack of support, participants attempted to make sense and generate an understanding by reflecting and making comparisons between practice in the different reality with their usual reality. However, they were unable to confirm these understandings and so it can be identified that they formed impressions rather than gaining insight. Further, when differences were extreme, it was impossible for participants to even attempt to make sense of the clinical practice they had observed and troublesome-ness continued.

In addition, participants also took responsibility by deciding whether or not to participate in care based on their usual frame of reference. Participants acted reflexively, making decisions based on reflecting upon their knowledge and value base. They took into consideration levels of support, perceived competence of local staff and perceived levels of risk associated with the nursing practice. Additional factors that influenced a participant's decision to intervene in care relate to how long the participant had been in the practice reality and whether the participant felt supported by a peer at the time. This process of decision making also enabled participants to become aware of, and realise, previously taken-for-granted or even latent knowledge and values.

All participants were identified as being different by the local community of practitioners, and participants also identified themselves as being different. In some circumstances, participants' accounts indicated they were feeling like 'the other'. They felt unwelcome, excluded and unsupported in their learning. At other times, participants' accounts described being a 'friendly stranger'. Staff were interested, participants were welcomed and supported to learn, and they also noted being the 'privileged other' when compared to local students. Being accepted was often influenced by individuals who acted as local enablers. Following inclusion by these enablers other members of the local community demonstrated signs of acceptance and a change in footing was evident. Participants also took steps to be accepted, as a 'friendly stranger'.

These findings are represented in figure 8.

Figure 8: The liminal stage: having a placement in a different reality
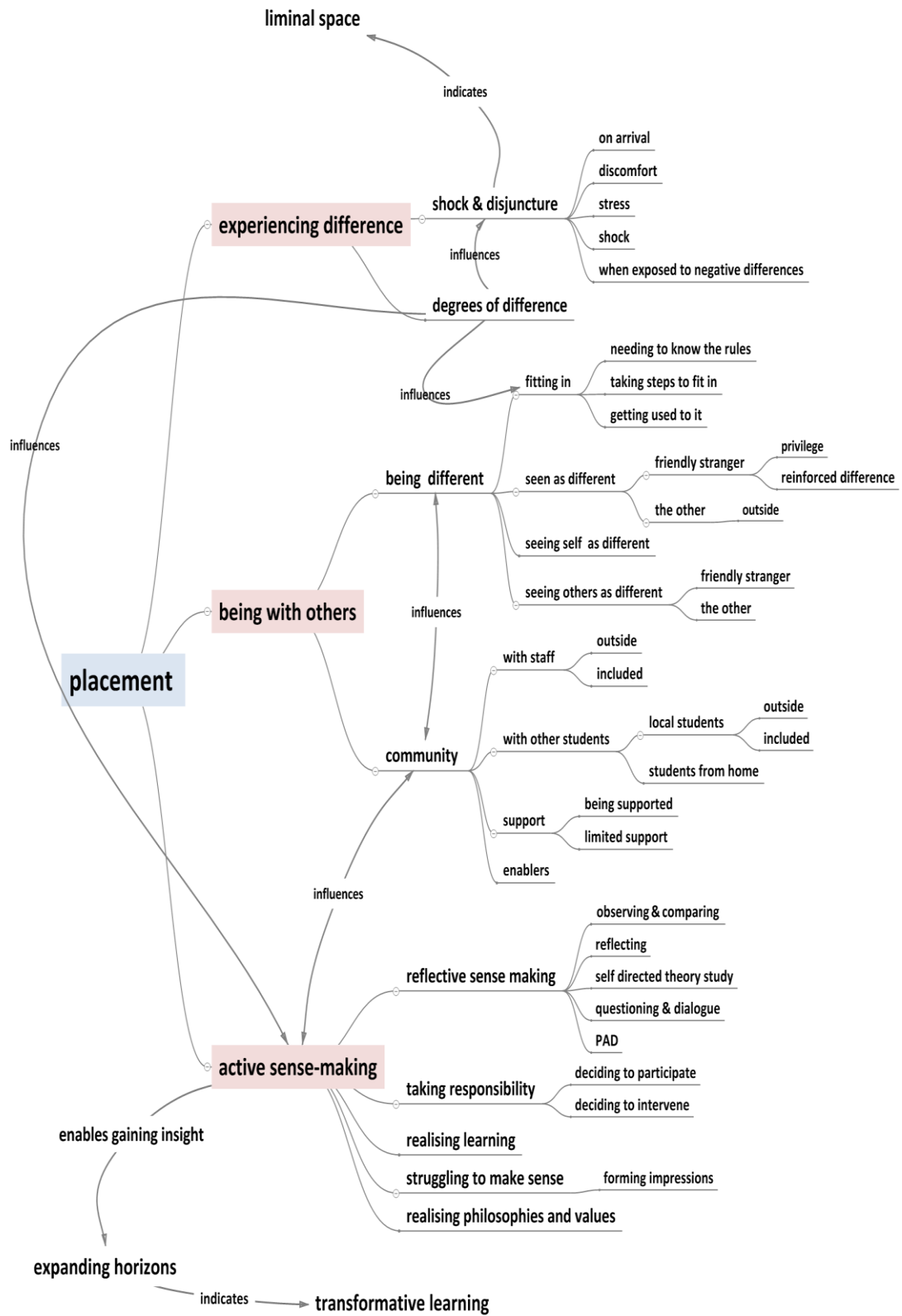
10.5. CHAPTER SUMMARY

This chapter has considered findings that emerged as a result of being in a different reality during study abroad. Being in a different reality emerged as the liminal stage of the study abroad journey and students were in a liminal state as learners during this stage. Informal learning occurred in the contexts of living and going out into the local community, and formal learning occurred in the context of clinical placement. Participants took responsibility for their learning in all contexts.

Liminality was evident when participants described feelings of disjuncture and shock when arriving to the country and also when arriving to clinical practice for the first time. These feelings continued to be experienced, and troublesome-ness was apparent, when participants were exposed to practice which they perceived to be negative when compared to their usual frame of reference. When disjuncture was experienced, participants sought to actively make sense of the divergent experience. Active sense-making activities included critical reflection, reflective dialogue, questioning and confirming understandings. As participants became familiar with the different reality, experiences of disjuncture receded. However, there were circumstances when troublesome-ness continued and students were unable to make sense of the experience.

Being with others was influential to learning in the liminal space in all contexts. Students formed a community with fellow international students, or fellow liminal entities, with whom they shared sameness features. This

community was able to offer practical and social support. When the community included fellow healthcare students additional support benefits were identified, as emotional support and support to make sense of practice experiences were discussed. Local community enablers also supported students. Further, if students were accepted by the local community of practice, they were included and supported to learn. However, students who remained outside of this community were not supported. Decisions whether to accept a student appear to have been linked to judgements in relation to 'otherness'. Students sought to reduce 'otherness' and fit in by demonstrating that they were 'a friendly stranger'.

The themes of 'experiencing and making sense of the different reality' and 'being with others' recurred throughout both the informal and the formal contexts of learning. These themes highlight the influences, processes of learning, the strategies employed by students and the active and interactional nature of learning during study abroad.

Chapter eleven will consider the findings that emerged when students returned from their study abroad experience. It will conclude by presenting an emerging understanding of the entirety of the study abroad journey generated as a result of the structural analysis process.

CHAPTER ELEVEN: FINDINGS. THE POSTLIMINAL STAGE - BEING BACK AND PRESENTATION OF THE FULL JOURNEY

11.1. CHAPTER INTRODUCTION

This chapter presents the findings from the final stage of the journey which is 'the postliminal stage: being back'. Following exploration of these findings the chapter will conclude by combining the individual stages of the journey (presented in the findings chapters) to provide a summary of the full journey of learning during study abroad.

11.2. BEING BACK

The final stage of the journey focuses upon participant experiences following immediate return home and also after a period of being back in their usual reality, which was after the participant's subsequent clinical placement (or, for participants who had not had a subsequent placement, after a period of three months). Being back can also be described as the postliminal stage of the study abroad journey, as it occurred after participants had left the liminal space of study abroad. However, it is important to note (as will be discussed), feelings of liminality continued following return, therefore the postliminal stage comprises a gradual process of re-integration toward a postliminal state.

The themes that emerged from this stage of the journey are 'returning from a different reality', 'active sense-making' and 'being changed and transformed'. Table 17 provides an overview of these themes and sub themes.

Table 17: Postliminal stage themes and sub themes

THE POSTLIMINAL STAGE: BEING BACK	
Theme	**Sub theme**
Returning from a different reality	• Return shock and disjuncture • Leaving behind community
Active sense-making	• Reflective comparisons • Resolving troublesome experiences • Anticipation of continued sense-making and learning • Sharing experiences
Being changed and transformed	• Personal and professional growth
	• Having an expanded horizon

11.2.1. Theme: 'Returning from a different reality'

Participants described an emotional time when returning home as they had to leave the community they had formed and they remained in a state of liminality upon return. The sub themes that emerged are 'return shock and disjuncture' and 'leaving behind community'.

11.2.1.1. Sub theme: 'Return shock and disjuncture'

All participants, irrespective of country visited, experienced disjuncture and culture shock on return to their usual reality. On discussion, these feelings occurred as they had become familiar with the different reality in which they had been living; participants had become accustomed to the environment, the local culture and customs of the community. The different reality became their new usual reality. Upon return home, the previously familiar was experienced as unfamiliar and disjuncture was felt,

> *"I think I got a bit of culture shock you know. I got picked up from the airport and took back to the house and they asked if I'd had a good time and I just sat and cried and I don't know why." (P3.RI.499-501.ii);*

> *"Oh God, the first few days it was they are not speaking English and it was too hot and it was ok let's go back [to UK]." (P9.FUI.48-49.iii);*

> *"It was strange, everyone was getting on with it and everyone was really busy… I don't know, eastern culture is quite relaxed but here, as well, here there is a lot more things around time and clocks everywhere but in [town] there were hardly any clocks, you didn't really know the time but it didn't really matter, apart from the hospital when you needed to meet but otherwise it was just whether it was dark or light." (P20.RI.190-198.i).*

In addition, disjuncture continued for some time and re-adjusting back into their usual reality was a slow process,

> *"The first few weeks I was absolutely shell-shocked I was really struggling. I didn't want to leave when I was there and it's only now that I've got into a routine, I've been back it must be the 4th week now so just in terms of general life, getting back into the routine, getting back into the routine of uni life, exams and the rest of it." (P2.RI.565- 568.i);*

"To adjust back to England took me ages, the first day I was back it was awful. I didn't know what was going on I couldn't function properly, it probably took a good month and a half … it was like I had been away but time had stopped cause nothing had changed but it was weird cause you expect things to change but it didn't so it was adjusting back to usual. I got home and sat down and it was like 'what's happened? Nothing', everything is the same, but everything for me had changed." (P14.FUI.22-30.ii).

Returning home with an expanded horizonal perspective also created difficulties for participants,

"I am struggling a bit just coming back with some of the lectures, in the grand scheme of things some things just don't seem relevant …" (P2.RI.555- 556.i);

"When I went for the first time in the hospital here after England, I was shocked and I was thinking "that's not right, he's nuts, he shouldn't be speaking to the patients like that"." (P8.FUI.10-11.iii);

"… having that culture shock, things felt a bit uncertain and I was questioning, like being away from everybody for that length of time, it made me think about what I wanted from life. It made me realise I do want to look at international opportunities. So when I got back everything felt uncertain as I didn't know where I was heading so I just focused on my studies... I would say I felt unsettled for a good 3 to 4 months, it was a really strange time." (P17.FUI.137-146.i).

Perspective transformations therefore presented as problematic for some participants when attempting to re-integrate into their usual reality.

11.2.1.2. Sub theme: 'Leaving behind community'

Participants expressed that they found it difficult to return home as it also entailed leaving the other international students with whom they had formed friendships,

"I was really sad to come home, especially like I made friends and I keep in contact all the time and everyone is like, I've got a place to stay in Spain, in the Czech Republic, in China." (P3.RI.419-421.ii);

"… it was so hard 'cause some of them we would never see again." (P4.RI.402-403.ii).

Some participants had also found it difficult to leave the local community of nursing in which they had been included,

"And even at the end, the people we were working with, we had just developed a really nice relationship with some of them, and some of them, one of the undernurses was really nice and specialised in wounds, it got to the point where she was "come and see this" and if we were having a bit of a bad day it was "ahh" and she was like a mam, she wasn't very good at speaking English but she would give a hug and say "its ok" and smile." (P4.RI.405-409.ii).

Returning therefore required that participants became detached from their community of students, their fellow liminal entities with whom they had shared their time abroad. They were also required to leave the communities of practice which they had been accepted into.

11.2.2. Theme: 'Active sense-making'

Following return home, participants continued to actively make sense of their experiences in the different reality in a range of ways. Accordingly, the sub themes are 'reflective comparisons', 'resolving troublesome experiences', 'anticipation of continued sense-making and learning' and 'sharing experiences'.

11.2.2.1. Sub theme: 'Reflective comparisons'

During the subsequent clinical placement, participants identified that they continued to make sense of their study abroad experiences through a process of reflecting and comparing practice realities. It was easier for participants to compare realities when the clinical placement speciality at home was similar in nature to that which they had been exposed to during study abroad. However, comparison was felt to be impossible when placements bore no resemblance to their study abroad placement,

> *"I'm a bit more able to deal with the worst kind of illnesses here 'cause they are better managed, here they have all the materials they need to treat it, because they are left to it. It was good cause it was A&E, so having A&E here was good, the link. …stuff like oxygen, over there they only had one and had to take it in turns in their intensive care. It was a shock at first. They [UK people] literally don't know how lucky they are, it's made me aware of the cost of things here, but if you need it you need it, whereas they didn't have it so couldn't use it....If I'd had just a ward it wouldn't have been, I would have noticed the differences but it was nice to have the comparison between our A&E and their A&E. …you need to have the experience to relate to it." (P18.FUI.4-18.i);*

> *"I think when I look back it was interesting the things they were doing, like the tracheostomy care. Like in ITU you can see the advancements that we have like we have a trachy box for an emergency and even, like, the way the trachy is held, like the bandaging, in [Europe] they had lots of padding and put like string around, but here they have a proper manufactured strip like velcro made to measure, so even little things, we have so much more equipment and you think, so that was interesting." (P14.FUI.14-19.ii);*

> *"I was in theatres for my next placement so it was very different, it wasn't 'til my management that I had another ward. I did compare a lot especially 'cause I was on elderly care … Even the relatives and patients were respectful, here you have to fight with families sometimes to get them out to do something with the patient. In [country] they don't have care homes they look after the family ..." (P16.FUI.89-98.ii).*

Participants also realised the aspects of care that were important to them,

"I'll appreciate doing that more [basic care provision] 'cause in my first year it was that's the student or the HCA's job, so I felt a bit fed up a bit with it, but I think I'll appreciate it a bit more on my next placement." (P11.FUI.88-90.ii);

"I'm quite passionate about delivering high standards of care, not that I wasn't before, but I'm even more passionate about it, I could never nurse someone like they did out there." (P10.FUI.46-48.i).

And they also reflected upon, and compared patients. Some participants had become critical of the local population and patients,

"I felt a bit frustrated with our patients here … [community patient who asked for care] was independent and self caring … so I found that very frustrating, 'cause they don't have the resources or the care that we do... I don't think [UK patients] appreciate it or appreciate the demands the NHS has got 'cause it's free they do put a lot on it.... Yeah, with that woman, I found I was ranting when we got into the car with my mentor…" (P10.FUI.9-17;55-60.i);

"I noticed the patients were different [back in UK]… peoples' attitudes are very different. I found even though they were really ill [patients in EU country] were still upbeat and wanting to look on the bright side … we noticed over there that nothing really phased them but here people get panicked and upset, "oh we are ill" and stay in bed whereas over they people wanted to get up and out and seemed a lot fitter as opposed to patients in the UK. … they managed their conditions very well…" (P4.FUI.67-76.ii).

Reflective comparisons facilitated participants to become aware of previously taken-for-granted frames of reference. This included nursing culture and also cultural norms in relation to attitudes to healthcare. It also facilitated participants to critically reflect on their

own nursing values and realise which aspects of care were now important to them.

11.2.2.2. Sub theme: 'Resolving troublesome experiences'

Participants also continued to attempt to make sense of troublesome experiences following return home,

> "P: Over there nothing seems fast paced, it's all relaxed and the doctors just dawdle round seeing one patient at a time, they don't go to the illest first they go to them last. I have no idea why, whether it was convenience 'cause they came in the front door and when round in a loop.
> I: Were you aware they were doing that when you were there?
> P: No, It's only reflecting back that I was aware of that." (P18.FUI.27-32.i);

> "P: I understand now that it is the culture, the way nurses and doctors treat people out there it is a totally different culture and we don't understand it.... (P10. 23-24) … It was one of the sisters on placement, her daughter went to an orphanage and we had a chat about that and she kind of said it's not, it's their way of dealing with it, and that made me think maybe it is their way of dealing with the disease and things they come against, they are not cruel, evil people.
> I: So that was helpful talking to the Sister whose daughter had an experience?
> P: Yeh, her daughter went to an orphanage not a hospital, but the way the orphans got treat, dirty nappies, never seeing daylight, no playing, in cots, but when she explained it is just their way of dealing with it.
> I: It's interesting to see how you reflected on what the Sister in the UK said?
> P: Yeh totally, it was a little moment that made me think differently." (P10.FUI.64 -82.i).

Participant sense-making therefore entailed continued critical reflection on experiences that had not been understandable during the study abroad experience. Further, a key factor that appears to have enabled resolution of

troublesome-ness was having an opportunity to engage in reflective dialogue about such experiences with another person who had insight.

11.2.2.3. Sub theme: 'Anticipation of continued sense-making and learning'

Participants also identified that their learning was still continuing as a result of their experience,

> *"I: Do you think your learning from the experience has finished now?*
> *P: No, when I do something I look back and think "I learnt that from there". I think I appreciate things I've picked up more now but when I was there I didn't fully appreciate what I was learning but now I've brought it back into a different practice area or just even my own life, I think yeh I really did…little things that I didn't even realise I had picked up and changes when you come back you think "Oh God you learnt so much when you were there" but you didn't realise when you were there what you were learning." (P4.FUI.208-216.ii).*

This quote demonstrates an ongoing process of critical reflection that continued following return home. Such anticipation was especially evident for participants who had not yet had a subsequent placement or whose subsequent placement was dissimilar in speciality type,

> *"I think it'll fall even more into place on the next placement as we are going back to a ward where there is routine, there is a lot more things similar to there, personal hygiene, wound care. … especially with the wound care … I'll be thinking "oh yeh that is something that was very different". We found the way they chose to do aseptic technique or clean technique, when we were first there we thought it was an inappropriate choice, but they don't get infections. My next placement is dermatology so I want to pick things apart. … hopefully in the next one I'll have a strong knowledge of why they do it. 'Cause I think I would have been overly aseptic which isn't always a bad thing but if you are looking in the future as far*

> *as cost and stuff, sometimes, do you need all that equipment for that dressing?" (P4.FUI.281-290.ii);*

> *"I can't really compare my practical placement … because they'd be so different. … like next time I will be in a similar situation I will be able to say "Oh I actually know this question now, I know the answer to this one and I know how to do it, because, well I learned this in England"" (P1.FUI.32-33;135-138.iii).*

Participants identified that their learning journey would therefore continue and anticipated that future, similar practice environments would offer opportunities for comparison and critical reflection which would enable consolidation of learning.

11.2.2.4. Sub theme: 'Sharing experiences'

Participants also discussed sharing their learning experiences with fellow students. Whilst they shared their experiences with others in their university seminars, outside of this setting they described varying experiences of sharing,

> *"We did a presentation the other day, showing photos and explaining it and they were really enthusiastic and they want to do it and some of the stories they were a bit shocked but mostly they were impressed." (P19.RI.251-253.i);*

> *" I don't want to talk about it too much, because I'm really excited about talking about it, because I loved it, but everyone, well, I guess, will get bored of me haha, in a while." (P1.FUI.34-36.iii).*

Further, as the study abroad experience was very different to that encountered in their usual reality, they did not know which experiences to share or how to articulate these,

> *"People ask you in general but you don't know what bit to explain but it's so hard to explain 'cause it's a completely different thing."* (P18.RI.142-143.i);

> *"I can talk to family and friends but they don't have a medical background and they don't quite understand what it means, means to resuscitate a baby and save a baby's life and hand a baby back to the mother that you have just saved."* (P2.RI.579-582.i);

> *"No one back home here knows what I was going through so it was hard to, hard to speak about it ..."* (P1.FUI.27-28.iii).

Participants also reported mixed experiences of sharing with clinical nurses back in their usual reality,

> *"I had something to tell people, something that I was proud of, and I had some experiences that I could share with people, coz everyone's in, loads of the nurses are really interested in how the culture is, how the nursing is, so then stuff like that, I felt quite proud of myself, sharing all this information, teaching others,"* (P3.FUI.3-7.ii);

> *"The Sister of the first department was interested in my experience here and she asked me to bring in the papers we used in the hospital for the medicines … and when the other nurse heard us she asked "why? Are we not doing our job well?" and I was "yes, but you don't know every day if somebody check the medicine or if it's not right, so we need that."… In this department most of the nurses are working for 25 years and they don't like changes but the staff nurse said "bring them, translate them, and I will make them use them.""* (P8.FUI.12-23.iii);

> *"They [the nurses] never asked you to compare it, it was a shame. So after a while I didn't really tell people."* (P16.FUI.166-167.ii).

These mixed responses suggest that the value assigned to the study abroad experience may also vary. Participants clearly felt the study abroad experience was an important learning experience, however the lack of

interest by some clinical nurses suggests they may not have perceived it to hold relevance to practice.

11.2.3. Theme: 'Being changed and transformed'

Follow-up interviews identified that participants felt that they were different from prior to their study abroad journey, and they provided examples of how the experience had transformed them in some way, as a person, a learner and a nurse. They demonstrated that they had experienced personal and professional growth and had expanded their horizons. These are discussed in the respective sub themes below.

11.2.3.1. Sub theme: 'Personal and professional growth'

Participants discussed experiences that suggest they had developed as a result of the study abroad experience. For example, some participants described significant transformations,

> *"I feel like I've been through a life changing event."*
> *(P10.FUI.6.i);*

> *"I am a totally different person … I realised I can do more than I thought, I knew I was a strong person but I didn't realise how strong, and I can do anything. I take a lot more pride in my achievements, now it's 'I went to [country] and I did that and how amazing is that'". (P16.FUI.116-119.ii);*

> *"It is a good closure to graduate. It's the best experience I've ever had in my life. I've learnt a lot for myself and for my work and for everything. I think it will really help me for another experience." (P5.FUI.70-72.iii).*

They also gave specific examples of transformative change, including growth, development of confidence and realising learning,

> *"I've grown as a person I've realised who I am and I've grown and I've definitely got that independence." (P16.FUI.137-138.ii);*

> *"I feel independent and confident to work as a nurse and to have opportunities to go first to do something, I did it in English so I can do it in [language] too, so for that I am confident to do a lot of things."(P9.FUI.50-52.iii).*

Examples also include relating to people differently and being more questioning,

> *"I don't think I'd ever normally have done this, when I introduced myself to my mentor, I shook her hand. Like I made the gesture to shake her hand, and that's from over there, coz you just shook everyone's hand, … like I instigated it, and I don't know, I think that was a very confident thing for me to do. She shook it back, I think she was a bit shocked. I don't think she expected it, but, from then though, we made like a really good relationship." (P3.FUI.36-44.ii);*

> *"So I think I've learnt a lot more on my last placement being able to question in an appropriate way and not just the nurses, and that was something from [country], you know asking Doctors 'cause over there it was the one level and they loved to help us out 'cause we were the English students … I definitely asked a few of the doctors things as well and they were pleased I'd asked." (P4.FUI.38-43.ii).*

Some participants also reported that they had developed coping strategies,

> *"We're told in uni, …. you've got to have that certain kind of distance in some ways to kind of almost protect yourself … and not to get too emotionally attached. … I previously have found that very hard … being at the orphanage … it kind of gave me that perspective to be able to say, like, I can't do everything and anything for them but what I can do is make that time as special and as good for them as possible and I*

feel like going into this next placement at [name] that I'll be able to use that again." (P2.FUI.25-55.i).

The range of examples provided identify that participants had developed both personally and professionally as nurses and as learners. Participants' experiences therefore suggest that they had experienced change and transformation.

11.2.3.2. Sub theme: 'Having an expanded horizon'

Participants also identified that the experience had expanded their horizon in terms of gaining an understanding and cultural awareness of different realities, and these expanded horizons had enabled participants to consider how they could apply elements of their learning back in their usual practice reality. Which suggests the potential for application of cultural skill,

> *"…aware that everyone has different values and I suppose to be aware of that when I am practising with people from different cultures." (P20.FUI.34-35.i);*

> *"… looking at spirituality it was mainly religion, … it was a massive aspect for the communities there … maybe I'd been ignorant to it, … 'cause it was a massive part of their lives, it was nice and positive just to see how it brought everyone together and I took that away with me. … I'm more open and I'm more accepting of it and can see it has a positive role in society." (P17.FUI.8-53.i);*

> *"The patient was [Southern European] in critical care and initially they were there without a family member but when their family came in I spent time with them, with me going to [country] I understood the expectations they had from health so I felt I could relate to them better and have an awareness of expectations of us. It was good to have that idea that they want to spend as much time as they can with family and look*

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after them, bathing or whatever which we don't expect as English people. So even though this family couldn't speak English I had a better relationship, it enhanced the experience for that family..." (P12.FUI.5-11.ii).

This final quote also provides an example of how application of new found cultural skill may enhance patient care. One participant however, described how application of a different approach to care was not favourably met by her usual community of nurses,

> *"It was time to clean my hands between each patient and the nurse I was helping was "why are you so slow? Why are you wanting to wash your hands? He doesn't have anything"… Some [nurses] say "if you want to do it that way go back there" and "you are here you need to do it our way" and it doesn't matter if it is right or wrong they didn't want it."* (P8.FUI.101-117.iii).

This participant appears to have become 'the other' in her usual reality. Participants also described how they were in different communities from that which they had been prior to study abroad. For example, friendships were formed and deepened between students who had undertaken study abroad. The bonding feature that enabled this community formation was that of having a shared understanding and an expanded horizon due to a study abroad experience,

> *"Now I talk to [students names] more and different people more 'cause they went away and I went away and we can all connect and we got to know each other better."* (P14.FUI.83-85.ii);

> *"There was a girl who I got friendlier with who went away and we had an understanding of going away … I get on better with people who have gone away, … There were a number of people in my group who went away so we kept in touch and it was good to hear what they did and compare it with their experiences."* (P12.FUI.69-75.ii).

In addition, participants also reported that they had also continued to remain in contact with members of their now global community of international students, therefore demonstrating expanded horizons were not transient. This further supports that participants may have been developing toward global graduateness. However, only one participant, from Europe, identified that she had maintained contact with the community of nurses from the study abroad clinical placement,

> *"We kept in touch with the student tutor and students from Germany and Holland, the UK." (P13.FUI.83-84.ii);*

> *"In 2 days my friend from Turkey will come to [home city] to see me and I want to try to go over to Germany or Czech Republic. I speak with a girl from Australia, some friends that stay in UK and all the mentors and the nurses from the hospital." (P9.FUI.33-35.iii).*

The expanded horizon of participants also enabled participants to become aware of the possibilities for their future. Participants talked about wanting to do more in terms of adventuring, which suggests ongoing cultural desire, and also in terms of wanting to do more in nursing or society,

> *"I want to go back and do something else but be in UK and I think if I hadn't came with Erasmus programme I wouldn't be sure." (P5.FUI.17-18.iii);*

> *"It was such a big experience and it opened me up to a world of possibility and I have a wonder lust." (P17.FUI.59-60.i);*

> *"In terms of thinking about, like, how I can help influence practice, hopefully, when I qualify and how I can help, not change the world at all, but just help change even the smallest things. Which is what I really drew from the orphanage was that it didn't have to be, like, giving money or giving and it's just time and how important time can be erm,*

but I think that's definitely then spurred me on to want to, this sounds kind of, to want to be more." (P2.FUI.783-788.i).

When considered together these horizonal expansions also suggest that participants may have developed toward both global graduateness and cultural competence. Expansion of horizons therefore provides further evidence that participants experienced transformation as a result of the study abroad journey, which they had now completed but which held the potential to continue to influence their postliminal future.

11.3. SUMMARY: BEING BACK

Participant experiences of returning and being back in their usual realities enabled the themes of 'returning from a different reality', 'active sense-making' and 'being changed and transformed' to emerge.

Participants developed personally and professionally and they returned home with an expanded horizon. Horizonal expansion had occurred in many dimensions of living. This included becoming familiar with a different environment and the local people and their experiences of living and culture and customs. It also included becoming familiar with a different practice reality which included procedures, approaches to care and also the different experiences of patients. Participants had adjusted to living and undertaking a clinical placement in this different reality, so when they re-entered their usual reality, they experienced shock as the previous familiar had now become unfamiliar to participants.

Re-adjustment took a period of time as participants had undergone a transformation and they returned home different in many ways due to the horizonal expansion. Participants therefore re-engaged with their home reality in a different manner; as discussed, they were more confident, they had altered coping mechanisms and they were more questioning. They interacted with people differently and they maintained contact with the new communities of practice they had established during their study abroad experience and they also developed a new community on return with other students who had also undertaken an experience abroad.

In addition, participants continued to make sense of practice that they had been unable to comprehend in the different reality. This was especially successful when participants had another person, an enabler, who, by engaging with in reflective dialogue, could offer further insight into the experience. This permitted participants to further critically reflect and understand the practice that had proven troublesome and unresolved during study abroad. When troublesome-ness was resolved postliminality was attained.

A key perspective transformation was that the previously taken-for-granted way of being (living and clinical practice) was now revealed as only one way of being, representing only one possible reality. Participants consequently compared and reflected upon these different realities. These reflective comparisons enabled participants to consider whether their previous

unquestioned ways of living and practising were in fact *the* pinnacle ways of

being.

Finally, participants also envisioned continuing to learn and venture over new

horizons, suggesting that their transformation was one of permanent change.

However, this change was not fixed, rather, it was suggestive of an ever

developing and dynamic way of being. Figure 9 provides a conceptual map of

these findings.
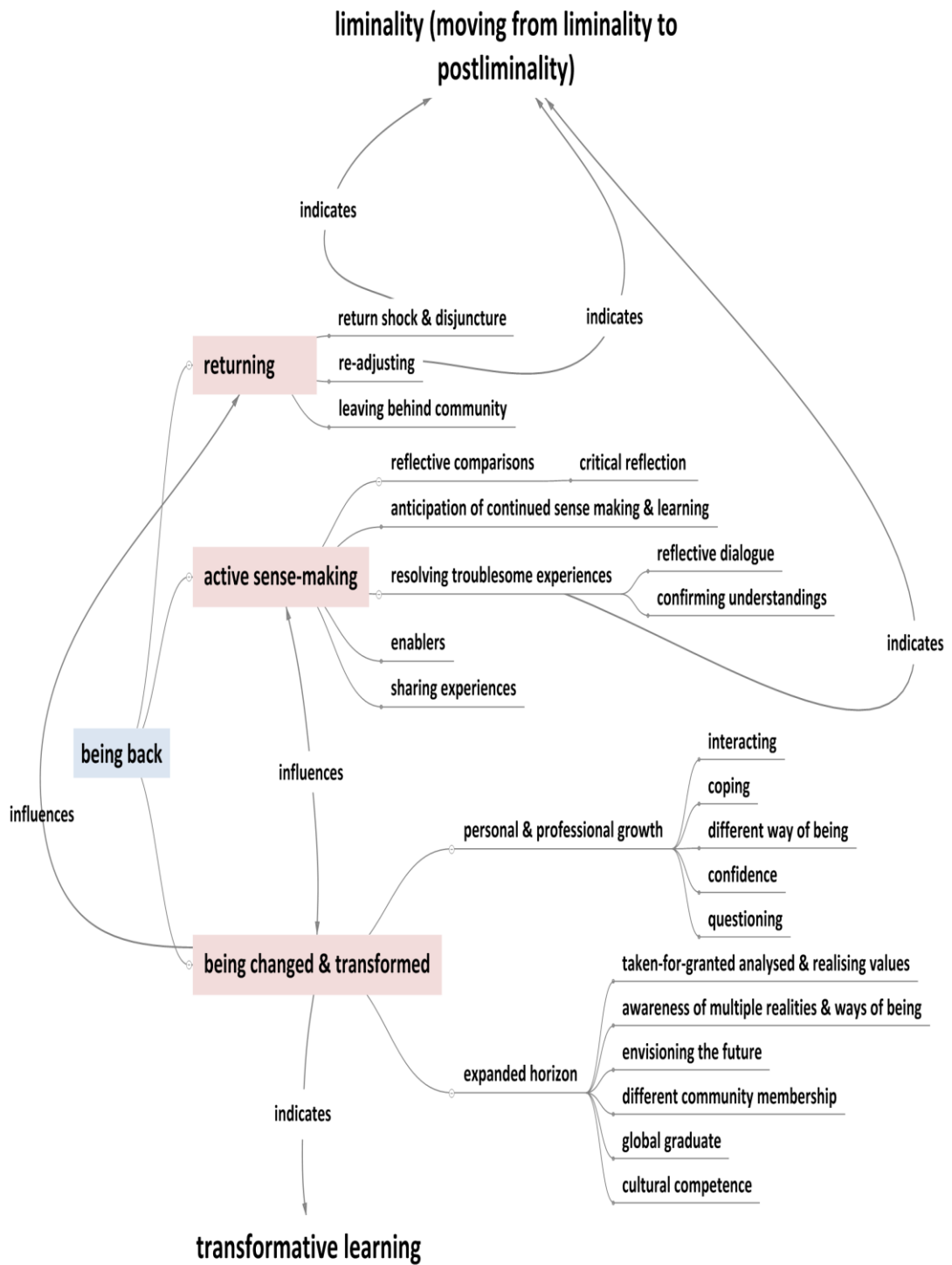
11.4. AN EMERGING UNDERSTANDING OF THE FULL STUDY ABROAD JOURNEY

To conclude the findings chapters, each stage of the study abroad journey has been further reflected upon and considered to offer a summary emerging understanding that represents the entirety of the experience of learning during a study abroad journey. Findings demonstrate that the experience presents as a three staged journey. These stages have been identified as:

- The preliminal stage: Prior to being in a different reality
- The liminal stage: Being in a different reality
- The postliminal stage: Being back

The themes that emerged at each stage are presented in figure 10.

Figure 10: Themes that emerged at each stage of the study abroad journey

STAGE	THEMES AT EACH STAGE
preliminal	• **Anticipation and motivation to journey and learn in a different reality**
liminal	• **Experiencing and making sense of the different reality** *(comprises 2 interwoven aspects: experiencing a different reality & active sense-making)* • **Being with others**
postliminal	• **Returning from a different reality** • **Active sense-making** • **Being changed and transformed**
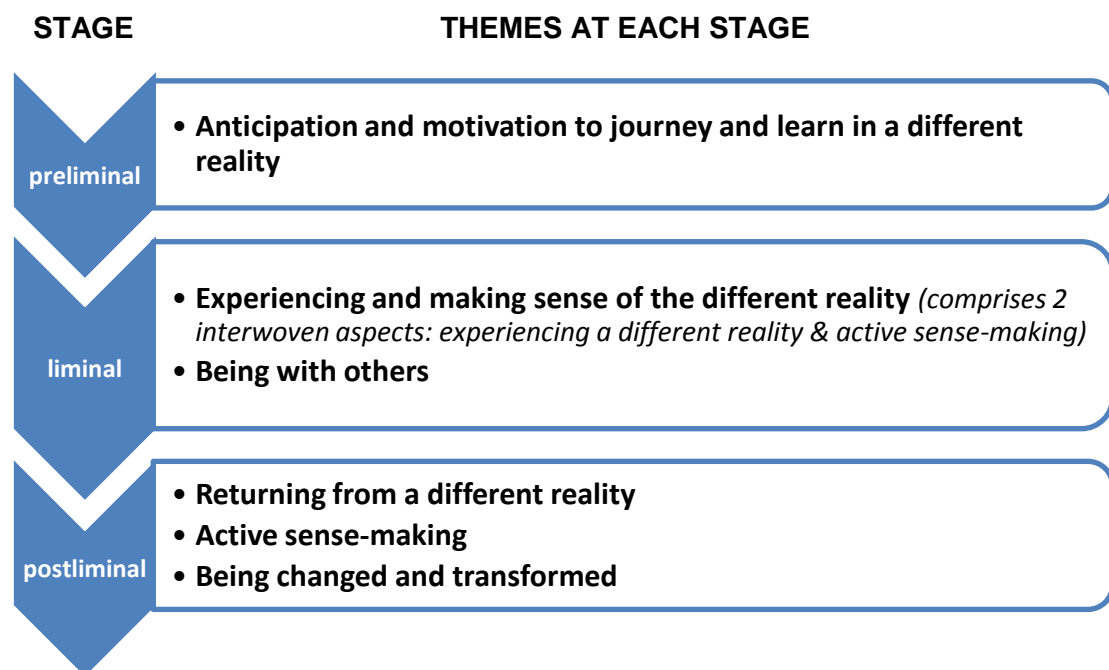
When each stage is considered together the journey may be summarised as follows:

Learning during study abroad is experienced within the context of difference and liminality. Students anticipate and are motivated to undertake a journey into, through and return from a different reality. Students experience shock and disjuncture when they are exposed to, and experience, the different reality, and consequentially the different reality of study abroad has emerged as a liminal space.

Students are also in a liminal state as learners during their study abroad journey as they have left behind their usual role and responsibilities as learners. They are therefore required to learn anew how to learn in the liminal space.

The disjuncture experienced in the liminal space triggers students to learn. Students actively strive to make sense of what they see and experience in the informal and formal learning contexts of the liminal space of study abroad. They undertake a range of active sense-making activities which include taking responsibility for learning (which commences prior to study abroad) and they engage in reflective activities. These activities include critical reflection, reflective dialogue, questioning and confirming understandings. In circumstances of unresolved troublesome-ness, sense-making activities continue after the student has returned to their usual reality following the study abroad period.

Being with others plays an influential role in learning and sense-making during study abroad. Students form a community with other international students, and these communities provide students with practical and emotional support. Some communities also support students to make sense of the different practice reality. Being accepted or excluded by the local community also influences learning and this acceptance is influenced by perceptions of 'otherness'. When students are perceived, or perceive other people, to be 'the other' they are excluded, they are outside of the community and receive limited support to learn and make sense. They also lack an enabler. Conversely, when students are identified as a 'friendly stranger' they are included in the community, they are provided with support by enablers to learn and make sense of their experiences of difference.

As a result of the study abroad journey, students have become different to how they were prior to the experience, they have developed personally, professional and as a learner. They are therefore changed and transformed. As a result of transformation, upon return to their usual reality students remain in a liminal state. Their usual reality has now also become unfamiliar, and, as a consequence, students experience disjuncture and shock.

Conclusion to this particular journey occurs when the student has re-adjusted and their usual reality has again become familiar. This journey is also concluded when learning has been realised and when any outstanding troublesome experiences have been resolved and insight has been gained. At this point the student has therefore attained a postliminal state as a

learner. Whilst the study abroad journey may have concluded for students, the end point holds continued potential as students envision future journeys into difference as a result of the transformation incurred.

11.5. CHAPTER SUMMARY

Chapter eleven has considered the final stage of the learner's journey during study abroad. It has also combined each stage of the journey presented in the findings chapters to provide an emerging understanding of the full journey. This chapter concludes presentation of the findings and explanation stage of the data analysis process as outlined in chapter six.

The discussion chapter (chapter twelve) will now present the outcome of the final stage of phenomenological hermeneutical data analysis, which is presentation of a comprehensive understanding of the phenomenon of learning and of being a learner during study abroad. Further, through appropriation, the research question, aim and objectives may be finally addressed.

CHAPTER TWELVE: DISCUSSION. PRESENTING A COMPREHENSIVE UNDERSTANDING OF THE PHENOMENON

12.1. CHAPTER INTRODUCTION

This discussion chapter will present and discuss the outcome of the final stage of the data analysis process which is the comprehensive understanding stage. This stage requires that themes, sub themes and understandings that emerged from the process of structural analysis are reflected upon and considered in relation to the literature and the research question, aim and objectives. This therefore entails a further process of appropriation that permits the attainment of a more comprehensive understanding of the phenomenon of learning and of being a learner during study abroad.

Accordingly, this chapter is structured to reflect these processes. It commences by discussing re-engagement with literature and identifies the theoretical framework that has facilitated a comprehensive understanding to be attained. It moves on to present and discuss phenomenon themes and sub themes and it concludes by presenting the comprehensive understanding of the phenomenon of learning and the meaning of being a learner during study abroad. This presentation will also address the research question, aim and objectives.

12.2. RE-ENGAGEMENT WITH THE LITERATURE

Reflecting on the themes and sub themes that emerged as a result of structural analysis has permitted theories to be identified that required further review in order to facilitate generation of a comprehensive understanding of the phenomenon. Re-engagement with the literature therefore included returning to the literature presented at contextualisation (chapter one) and initial review (chapter two) stage. It also included review of literature published subsequently. Additional theoretical areas were also explored that had not been revealed prior to the study but had emerged from the findings. Re-engagement permitted movement beyond the researcher's pre-understandings. As earlier discussed, this inductive method of analysis reduces the potential for the forcing of concepts upon data, rather, concepts emerge inductively from the data generated (Lindseth and Norberg, 2004). Appendices 16, 17 and 18 provide an overview of the literature search employed at this stage. The theoretical areas that required further exploration, and that have been integrated into this discussion chapter are:

- Transformative learning theory;

- Exploration of the theories of learning from experience including the concepts of disjuncture and culture shock;

- Liminality, troublesome knowledge and threshold concepts;

- Communitas and Communities of practice;

- Zones of proximal development;

- Otherness.

When considered together these theories provide a cohesive theoretical framework as they may all be considered to be theories related to difference (experiencing, being or becoming different in some way).

12.3. CONFIRMATION OF PHENOMENON THEMES

Following re-engagement with the literature, themes that emerged during structural analysis and that represent each stage of the study abroad journey were reflected upon. Figure 10 provides a reminder of these themes.

Figure 10: Themes that emerged at each stage of the study abroad journey

STAGE   **THEMES AT EACH STAGE**

preliminal
- **Anticipation and motivation to journey into difference**

liminal
- **Experiencing and making sense of the different reality** *(comprises 2 interwoven aspects: experiencing a different reality & active sense-making)*
- **Being with others**

postliminal
- **Returning from a different reality**
- **Active sense-making**
- **Being changed and transformed**
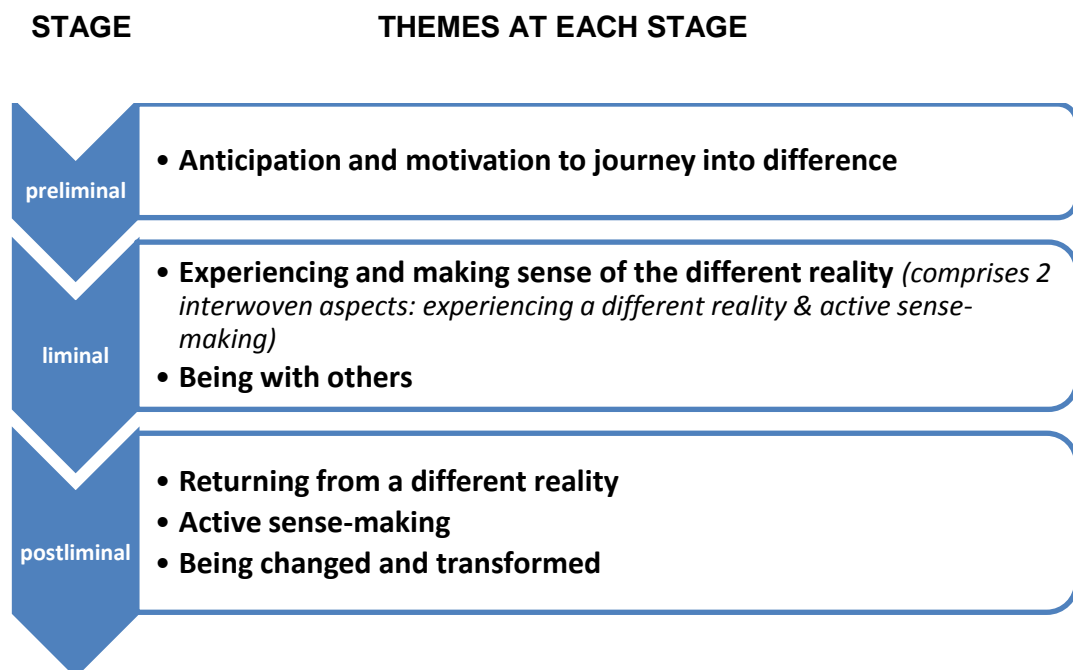
When considered together, it may be noted that these themes are not discrete, they are mutually influenced by one another and are therefore inter-connected. Accordingly, these have been further developed into phenomenon themes. These phenomenon themes represent the phenomenon of learning as experienced throughout the totality of the study abroad journey, and they provide an insight into being a learner undertaking this journey. The confirmed phenomenon themes are:

- **Experiencing a different reality**

- **Active sense-making**

- **Being with others**

- **Being changed and transformed**

To ensure a clear audit trail, tables are included at the respective points in the discussion to demonstrate how individual themes and sub themes that emerged at each stage of the journey have influenced development of the finalised phenomenon themes. In addition, participant accounts are also referred to in the discussion to further demonstrate theme origins. Figure 11 below also provides a synopsis to show how the stage themes map to the final phenomenon themes.

PHENOMENON
THEME

INFLUENCED BY, AND DEVELOPED FROM, STAGE THEME

Experiencing a different reality

• **Anticipation and motivation to journey into difference**
• **Experiencing and making sense of the different reality**
• **Being with others**
• **Returning from a different reality**
• **Active sense-making**

Active sense-making

• **Anticipation and motivation to journey into difference**
• **Experiencing and making sense of the different reality**
• **Being with others**
• **Active sense-making**

Being with others

• **Being with others**
• **Returning from a different reality**
• **Active sense-making**

Being changed and transformed

• **Anticipation and motivation to journey into difference**
• **Experiencing and making sense of the different reality**
• **Being with others**
• **Being changed and transformed**

The Phenomenon of learning during study abroad

These final phenomenon themes will now be discussed. To stay true to Lindseth and Norberg's (2004) phenomenological hermeneutical method (in which literature is used to illuminate findings and findings illuminate literature), each theme will be fully discussed and explained utilising the emergent theoretical framework, combined with illuminations from the findings (nb: examples will be referenced by thesis page number, and also by line number if participant quotes appear more than once on the same page).

The sequence of discussion of the themes will commence with the theme of 'being changed and transformed'. Whilst it may initially appear unusual to present the outcome before considering the process of learning, this is a vital element to discuss first as this research could not have been an investigation into the phenomenon of learning if the students had not demonstrated that learning had occurred.

12.4. BEING CHANGED AND TRANSFORMED

As discussed above, the first point of discussion is to confirm the presence of learning during the study abroad experience. The first theme to be presented is therefore that of 'being changed and transformed'. The process of structural analysis suggested that participants became changed and transformed as a result of study abroad. Table 18 demonstrates how the themes that emerged at each stage of the journey influenced development of the final phenomenon theme of 'being changed and transformed' and its sub

themes 'having an expanded horizon' and 'personal and professional growth'.

The discussion will fully explain these influences.

Table 18: Being changed and transformed: theme origins

Journey stage	Structural analysis (Stage)		Influences	Comprehensive understanding (Phenomenon)	
	Theme	**Sub theme**		**Sub theme**	**Theme**
Preliminal	Anticipation and motivation to journey into difference	Anticipating, and having a desire for, difference		Having an expanded horizon	Being changed & transformed
Liminal	Experiencing and making sense of the different reality	Observing and reflectively comparing local life			
		Observing and comparing in the different practice reality			
		Taking responsibility for learning in practice			
		Struggling to make sense			
	Being with others	Learning to live and fitting in		Personal and professional growth	
		Being different			
		Being a friendly stranger, fitting in and taking steps to be accepted			
Postliminal	Active sense-making	Reflective comparisons			
	Being changed and transformed	Personal and professional growth			
		Having an expanded horizon			

In order to attain a comprehensive understanding of this theme, findings have been reflected upon with a change-transformative learning theory lens. This has permitted a deep understanding of the nature and extent of learning. Therefore, when the outcome of learning was a 'changed or more experienced person', learning as 'change' was confirmed. This consideration is supported by Jarvis' definition of learning as,

> *"the combination of processes throughout a lifetime whereby the whole person - body (genetic, physical and biological) and mind (knowledge, skills, attitudes, values, emotions, meaning, beliefs and senses) - experiences social situations, the content of which is then transformed cognitively, emotively or practically (or through any combination) and integrated into the individual person's biography resulting in a continually changing (or more experienced) person." (Jarvis 2010, p81).*

Jarvis' definition suggests that learners may change and become experienced as a result of the transformation of experience, but transformation of a problematic frame of reference is not a required indicator to demonstrate that learning has occurred.

Transformative learning, as introduced in chapter eight, was considered to have occurred when there was evidence of a frame of reference transformation. For example, when a problematic frame of reference was modified or extended (Mezirow, 2009; Cranton and Taylor, 2012). In addition, perspective transformation was confirmed when learners developed a new frame of reference and they demonstrated an *"altered state of being"* (Mezirow, 1978, p15). Further, Hoggan's (2016) attributes of transformation were also applied. Specifically, for a change to be considered transformative it needed to demonstrate significance (depth, breadth, stability).

Consideration of the findings utilising this change-transformative learning theory lens identifies that all participants described being changed or different in some way compared to how they were prior to their study abroad experience. For example, participants described that they had experienced personal and professional growth and had expanded their horizons. These findings concur with existing knowledge in the field that has more generally considered the learning outcomes of study abroad (chapter two literature review) and they concur with the additionally reviewed literature (chapter eight) that specifically considered transformative learning theory. However, it is important to note that participants discussed varying experiences of change and transformation, therefore these findings have been further reviewed to consider the extent of learning in relation to change and transformation. To further facilitate this review of learning outcomes, the study abroad programme objectives identified in chapter one, which were articulated as developing as a global graduate, developing toward cultural competence and experiencing personal and professional growth, will be reflected upon in relation to the change-transformative learning theory lens. These outcomes may also be seen to have emerged from participant accounts and they are located within the sub themes of 'having an expanded horizon' and 'personal and professional growth'.

12.4.1. Having an expanded horizon

When considering the sub theme of 'having an expanded horizon' it may be suggested that participants developed as global graduates and they also developed toward cultural competence. However, in order to attain a

comprehensive understanding, findings have been further analysed utilising the chosen change-transformative theory lens.

12.4.1.1. Development as a global graduate

When considering developing as a global graduate, and when focusing on the attributes of a global graduate (Diamond, Walkley and Scott-Davies, 2011), participants offered varying demonstrations of the cognitive, emotive and practical ability to work across international boundaries, with people from a different reality to their own and who had different ways of being (living and clinical practice). Participants demonstrated an ability to 'fit in' *(e.g. sub theme (ST): 'learning to live and fitting in to the different reality', p187-188)* and they demonstrated a professional ability to participate and interact in an intercultural context with people from the different reality *(e.g. ST: 'being a friendly stranger, fitting in and taking steps to be accepted', p219-221)*. In addition, participants had achieved the agreed professional and study abroad competencies required of the nursing programme. These indicators suggest that participants had demonstrated the first attribute of being a global graduate. However, as participants may have already possessed the ability to work with others, they may have simply transferred this into an international context. Therefore, it is not possible to conclude from this alone that learning as change or transformation had occurred.

Further, during their experiences of study abroad some participants *(e.g. Participant (P) 10, p211)* appear to have remained non-trusting of the local people, and few formed social friendships with them. Further, some

participants declined to participate in care giving and, in extreme examples, they intervened in care and changed its course. These included experiences in both developing countries and in Europe *(e.g. ST: 'taking responsibility for learning in practice', p205-210)*. Based on these experiences, it can be argued that at these times, participants were not working across boundaries. This could provide evidence of application and re-enforcement of ethnocentric values rather than representing a move toward ethnorelativism. Again, this is not indicative of learning. However, as students declined to participate or chose to intervene in care, based on a desire to provide what they perceived to be good practice, it exposes tensions when seeking to work and learn across boundaries when there are differences in perspective. This therefore suggests complexity when attempting to develop as a global graduate. These findings will also be further expanded upon and explained in subsequent themes.

When continuing to consider Diamond, Walkley and Scott-Davies' (2011) global graduate attribute of developing an understanding of global aspects of the world of work and the university's desire for graduates to be globally aware, it has been demonstrated that all participants achieved these learning outcomes. Specifically, all participants expanded their horizons cognitively as they developed an awareness of global variations in the provision of healthcare based on economic and cultural differences *(e.g. theme: 'experiencing and making sense of the different reality', p192-213)*. This understanding, whilst directly relevant to the international context in which they were based, was also recognised as being pertinent to care in their usual reality *(e.g. ST: 'having an expanded horizon', p243-246)*.

In developing countries, participants had become cognisant of the importance of culture and custom when caring for patients from different realities to their own *(e.g. P20, p243)*. Additionally, they had witnessed the impact poverty of resources had upon healthcare provision *(e.g. P2, Line (L) 61-63, p199)*. As a result of exposure to both the local economic factors and local culture of the people, participants had consequently also gained insight into the potential power of the non-financially bounded aspects of care such as spirituality. This awareness also generated a desire to continue to consider such aspects of care and cultural variations when in UK practice *(e.g. P17, p198 & p243)*.

Participants who visited EU countries also identified economic and cultural variations in approaches to nursing care. For example, participants who had visited European countries had developed an awareness of the importance other cultures may give to the creation of a conducive working environment for staff, which included both the aesthetics in a place of work and the development of positive relationships with colleagues *(e.g. P15, p195)*. Following return home, participants sought to incorporate the perceived positive variations into their own practice, for example a student who visited Northern Europe had interacted with a new UK mentor differently when greeting them for the first time *(P3, p242)*. In addition, some participants had actively sought to maintain contact with their new global community so demonstrating an ongoing desire to maintain their expanded horizon *(e.g. ST: 'having an expanded horizon', p243-246)*.

These participant descriptions of experience therefore indicate transformative learning had occurred. Participants had become aware of different influences and perspectives on care and they had then integrated these perspectives into their own, so modifying and extending their frame of reference. In addition, some participants developed new frames of reference and perspective transformation was demonstrated.

However, not all students demonstrated transformation in relation to development as a global graduate. For example, participant 14 demonstrated that she had experienced change and had become a more experienced person as she attained an awareness of another healthcare system. The results of this awareness facilitated the student to become more appreciative of care provision in the UK. Rather than experiencing transformation, the expanded horizon sought to reinforce her existing frame of reference. In this example a problematic frame of reference had not been identified by the student and therefore a transformative change was not required *(P14, p235).*

When further considering participants who had demonstrated transformative learning, specifically those who expressed desire to incorporate their new globally aware understandings into subsequent practice, it can be identified that participants also demonstrated an ability to *"think globally but act locally"*, which is also an attribute of the global health graduate (McKimm and McLean, 2011, p.626). For example, as discussed, participants demonstrated a new understanding of the need to provide culturally sensitive care in their usual nursing practice, and participants had developed an awareness of the stark differences that exist across the world in relation to healthcare

resources. However, when envisioning the future, only participant 2 *(P2, p245-246)* expressed a desire to continue to address the challenges identified in the village in which she had been based. This is more reflective of the social change approach to transformative learning (e.g. Freire, 1973). It is therefore questionable whether the remainder of the participants at the time of follow-up interview were thinking globally or acting locally in relation to meeting the challenges and needs of the population in the different reality they had visited. However, as indicated by Mezirow (2009), transformation may be gradual, therefore having an awareness of inequality may be the first stage in participants' journeys toward future action.

12.4.1.2. Development toward cultural competence

Findings also indicate that participants may have developed toward the attainment of cultural competence. Indeed, participants demonstrated varying degrees of learning as change and transformation when applying Andrews and Boyle's (2008) definition that cultural competence is,

> *"a complex integration of knowledge, attitudes, beliefs, skills, and encounters with those from cultures different to one's own that enhances cross-cultural communication and appropriate and effective interactions with others" (p16).*

Campinha-Bacote's (2002) constructs of cultural competence, discussed in chapter one, also provide a useful framework by which to further support this assertion. As identified by Campinha-Bacote, the first required condition for the development of cultural competence is having a cultural desire. In the preliminal stage, all participants demonstrated a cultural desire to experience culture encounters and engage with people from a different culture to their

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own. In addition, participants identified that as a result of the experience, they continued to wish to travel, thereby reinforcing their ongoing cultural desire *(e.g. ST: 'having an expanded horizon', p243-246).*

A further element suggestive of development toward cultural competence is evidence of an expanded horizon. Participants demonstrated expansion of horizon in relation to gaining cultural awareness and cultural knowledge of the different cultures which they had visited. In addition, participants identified that they had become conscious of their previously taken-for-granted ways of being in their own culture *(e.g. P17, p243; P18, p235; P2, p182).* This coming to awareness may be considered an aspect of transformative learning. However, whilst participants had become aware of potential different ways of being-in-the-world, this did not necessarily also mean that all participants' frames of reference had changed. As discussed, some participants described situations in which exposure to different care practices resulted in a reinforcement of the student's existing frame of reference *(e.g. P10, L46-48, p236)* and this could also be suggestive of a reinforcement of ethnocentrism rather than a move toward ethnorelativism.

As a result of expanded horizons in relation to the gaining of cultural awareness, some participants experienced difficulties when returning home to their usual culture. For example, participants developed an awareness that there were cultural differences in patient behaviour. These include the demonstration of respect for nursing staff and taking responsibility for one's health. Participants identified these as positive cultural values therefore, on return home, some participants were critical of local people who did not

demonstrate these attributes *(e.g. ST: 'reflective comparisons', p235-237).* As identified by Kegan (2000), the unconscious or previously invisible taken-for-granted ways of life (such as nursing culture and public responses) had therefore become visible and this generated difficulty for participants when returning to their usual reality. Whilst these examples suggest perspective transformation had occurred, it also demonstrates the potentially problematic nature of such transformations when participants' altered states of being do not align to their previously familiar realities. This tension will be further explored when considering sub theme 'disjuncture, liminality and troublesome experiences'.

Finally, when considering the development of cultural skill (Campinha-Bacote, 2002), only one participant discussed this attribute, which comprises an ability to undertake culturally sensitive holistic assessments. Participant 12 described how she had become cognisant of the importance of family in different cultures. This new cultural awareness was then transferred and applied to assessing and caring for a Southern European patient and their family with good effect *(P12, p234-244).* This example demonstrates transformative learning and this is further supported by Hoggan (2016), as transferability of learning meets the depth, breadth and stability requirement for a change to be considered as transformative.

12.4.2. Personal and professional growth

'Personal and professional growth' is also confirmed as a sub theme. All participants identified that they were different from the way they had been prior to the study abroad journey. Some participants articulated that they felt like a completely different person and many cited the experience as life changing, and all demonstrated personal and professional growth *(see ST: 'personal and professional growth' for reference to examples below, p241-243)*. Participants described that they had changed as learners, and transformative learning and perspective transformations were evident. For example, students had transformed their frames of reference as learners; they had developed as active learners, they had become more questioning of practice and practitioners, some had become more vocally confident, and some participants identified that they had become reflective practitioners. Some students identified development of interpersonal skills and they felt these were important factors in enabling development of their relationships, and this included relationships with clinical mentors, other members of the multidisciplinary team and patients.

Some participants also expressed a desire to apply into their own practice, aspects of care from their study abroad placement. For example, applying hand hygiene protocols learnt in the UK following return to Southern Europe *(P8, p244)*. This learning is also identified as transformative when applying Hoggan's (2016) approach. Such changes for students were significant: they demonstrated a deep change to their previous knowledge base; they were seeking to apply this knowledge across a breadth of contexts; and they were

committed to incorporating the change into their practice, therefore stability was also demonstrated.

As discussed, some participants provided examples of reinforcement of existing frames of reference. Whilst this may suggest reinforcement of ethnocentricity, an alternative suggestion may be offered in some circumstances. For example, it may be suggested that this coming to awareness of previously taken-for-granted, or even previously unrecognised nursing care values, may indicate transformation in relation to personal and professional growth. This is further supported when considering that transformative learning may lead to a more balanced and inclusive view of the world that enables more accurate best judgements to be made (e.g. Mezirow, 2009; Cranton and Taylor, 2012). Therefore, it is suggested that decisions in relation to best practice following return home may have been based on this more inclusive view.

Furthermore, all participants envisioned a future that had become possible due to the study abroad experience (*see ST: 'having an expanded horizon', p243-246)*. For some participants this envisioning arose following significant questioning of their priorities in life due to the experience, whilst for others the envisioning was not as grand. However, due to their expanded horizons, all participants became aware of the possibilities for their future as a person, learner and nurse. Participants identified that study abroad had transformed their perspectives; they had a new desire to travel and to learn more about the world and nursing.

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Consideration of the sub theme of 'personal and professional growth', therefore, clearly supports that transformative learning had occurred for these participants. There was an awareness that their way of being had been transformed in some way. Participants demonstrated perspective transformations about self and about nursing practice. They also demonstrated transformation when applying new perspectives to their practice and to being a learner.

12.4.3. Summary: Being changed and transformed

Findings demonstrate that the study abroad journey positively impacts upon students. This impact, when considered in terms of attainment of programme learning outcomes, provides evidence that students may develop as global graduates, they may progress toward the attainment of cultural competence and they may grow both personally and professionally.

However, findings also suggest complexity. Variations between participants were identified in relation to the nature and extent of learning. As suggested, all participants experienced personal and professional growth, and they experienced transformation in relation to self as a person, learner and nurse. However, variations appear to exist when considering the attributes of global graduateness and cultural competence development. Although, some participants may have experienced transformation, it was not as evident in others. For example, whilst participants may have changed and become more experienced in relation to global and cultural awareness, some

participants also appear to have concurrently experienced a reinforcement of their existing frame of reference. Consequently, whilst learning as change may have been demonstrated, transformation of these participants in relation to these aspects of learning was less apparent. Overall, consideration of these variations (revealed through utilisation of the change-transformative learning theory lens) therefore indicates that students demonstrate learning in both domains and, as evidenced by students, the study abroad experience results in students who are changed and transformed.

These findings therefore offer new insight into the field of unaccompanied student nurse study abroad. This is important as the majority of empirical research that has considered transformative learning is focused upon accompanied study abroad visits and is predominantly North American. Whilst Hovland and Johannessen (2015) offer an exception (it is unaccompanied and European), they differ from the current research as they did not find evidence of transformation when investigating unaccompanied study abroad visits.

'Being changed and transformed' is therefore confirmed as a theme of the phenomenon of learning during study abroad. Given this new insight, the remainder of the phenomenon themes will be further considered as these will deepen understanding to reveal the processes, influences and strategies by which learning as change and learning as transformation occurred.

12.5. EXPERIENCING A DIFFERENT REALITY

The next theme to be discussed is 'experiencing a different reality'. Students experienced study abroad as a journey into a different reality and this journey comprised three stages:

- The preliminal stage: Prior to being in a different reality

- The liminal stage: Being in a different reality

- The postliminal stage: Being back

Throughout each stage of the journey, experiencing a different reality was revealed as essential in order for learning to occur during study abroad. This theme comprises the sub themes 'anticipation and motivation to journey and learn in a different reality' and 'disjuncture, liminality and troublesome experiences'. The structural analysis stage themes and sub themes that influenced this phenomenon theme are highlighted in table 19 below.

Table 19: Experiencing a different reality: theme origins

Journey Stage		Structural analysis (stage)		Influences	Comprehensive understanding (Phenomenon)	
		Theme	**Sub theme**		**Sub theme**	**Theme**
Preliminal		Anticipation and motivation to journey into difference	Preparing for difference		Anticipation and motivation to journey and learn in a different reality	Experiencing a different reality
			Anticipation, and having a desire for, difference			
Liminal	Living	Experiencing and making sense of the different reality	Arrival shock and disjuncture		Disjuncture, liminality & troublesome experiences	Experiencing a different reality
	Going out	Experiencing and making sense of the different reality	Observing and reflectively comparing local life			
		Being with others	Being different			
	Place-ment	Experiencing and making sense of the different reality	Arrival shock and disjuncture			
			Observing and comparing in the different practice reality			
			Feelings of disjuncture			
			Struggling to make sense			
			Getting used to the different practice reality			
Postliminal		Returning from a different reality	Return shock and disjuncture			
			Leaving behind community			
			Resolving troublesome experiences			

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12.5.1. Anticipation and motivation to journey and learn in a different reality

The theme of 'Experiencing a different reality' emerges prior to study abroad when participants expressed an anticipation and motivation to journey into difference. Participants identified that prior to the study abroad experience they anticipated they would be entering a different reality to their own and they expressed a cultural desire to learn about the different reality. Participants also identified looking forward to comparing their usual reality with the different reality in terms of everyday life and healthcare as well as testing themselves in that environment and culture. As a result of the experience, participants anticipated developing personally or professionally in some way *(see chapter nine)*.

A desire to experience and learn about a different culture and also to develop self, not only demonstrates cultural desire and development toward cultural competence (Campinha-Bacote, 2002) it also clearly demonstrates that participants possessed a motivation to learn in the different reality. As articulated in chapter one, having a motivation to learn is a central feature of humanistic and adult learning theory (e.g. Maslow, 1971; Rogers 2002; Quinn, 2004). Knowles, Holton and Swanson (2015) more recently suggest that whilst external motivators are drivers for learning in adults, it is the internal motivators which provide the most potent driving forces for learning. Findings in this study concur with this assertion, internal motivators (for example a desire to develop toward self-actualisation) were evident in all participants, whilst external motivators (e.g. gaining additional employability

credits) were only identified within some of the participants. The foundations of experiencing a different reality and learning in a different reality were therefore set prior to study abroad. Thus an 'anticipation and motivation to journey and learn in a different reality' can be confirmed as a sub theme of 'experiencing a different reality'. It is also important to highlight that motivation to learn in a different reality will also be discussed later as it is also inter-connected to the theme of 'active sense-making'.

12.5.2. Disjuncture, liminality and troublesome experiences

During the study abroad journey, participants described encountering a range of experiences of difference in both the formal clinical placement setting and also in the informal settings of living and going out. These experiences were new and different to that which participants encountered in their usual reality. As a result, they can be identified as having propelled or forced the student into a state of disjuncture, which is suggested to be an indicator of liminality. In some circumstances these disjuncture-invoking experiences also generated troublesome-ness as participants struggled to generate understanding. Following return to their usual reality, disjuncture was also experienced, and for some participants, troublesome-ness was only resolved after return. When participants resolved troublesome-ness they crossed a threshold of understanding, they became transformed and a postliminal state was attained. This sub theme therefore discusses disjuncture, liminality and troublesome experiences. It also includes exploration of culture shock and threshold concepts.

12.5.2.1. Experiencing disjuncture and shock

Disjuncture was briefly touched upon when developing the conceptual framework but it was not explored in any depth at that time. As it emerged as an important aspect of participant experiences, further consideration of disjuncture is therefore now offered. Jarvis (2010) defines disjuncture as,

> *"the gap between what we expect to perceive when we have an experience of the world as a result of our previous learning (and therefore our biography) and what we are actually confronted with" (p83).*

Jarvis further identifies that a state of disjuncture exists when the world is no longer a constant and can no longer be taken-for-granted. Being in a different reality is reflective of this. Existence of this state of disjuncture was initially indicated when participants identified that whilst they had prepared for the experience of study abroad, they did not know what to expect and expressed anxiety when anticipating entering this uncertain reality. Disjuncture was experienced when exposed to difference upon arrival to both the country and placement for the first time and also when subsequently exposed to disturbing events in practice. It was evidenced by expression of feelings ranging from curiosity, uncertainty, discomfort, sadness and stress, to confusion and shock *(see ST: 'arrival shock and disjuncture', p161-162; p192-194; & ST: 'feelings of disjuncture', p199-200).*

These feelings also link to culture shock. In recent reviews of the concept, Dutton (2011) and Delaney (2011) credit Benedict in 1931 as the first to coin

the term. Delaney further suggests that Du Bois is recognised as the first to define culture shock publically as,

> *"a syndrome precipitated by the anxiety that results from losing all your familiar cues" (Du Bois, 1951, discussed in Delaney, 2011, p6).*

Oberg (1954; 1960) supported Du Bois' definition and Pedersen (1995) also furthered understanding of culture shock in relation to student travellers. Pedersen conducted qualitative research that employed critical incident analysis of students who undertook voyages around the world. Pedersen's study suggests that culture shock is a process that may be experienced at different levels of severity and it also offers support to earlier definitions. Specifically, Pederson provides a definition of culture shock as,

> *"an internalised construct or perspective developed in reaction or response to the new or unfamiliar situation" (Pedersen, 1995, preface vii).*

Pedersen et al (2011) further articulate that culture shock can be manifest when people experience feelings such as anxiety or sadness when they have difficulty adapting to a different culture to their own. Therefore, in the current research, disjuncture for students during study abroad appears to have manifested as varying levels of shock.

These feelings have also been identified in the study abroad literature presented earlier in chapter two by Koskinen and Tossavainen (2003b) and also Ruddock and Turner (2007). Hovland and Johannessen (2015), discussed in chapter eight, also recognised the presence of culture shock when analysing student journals. Most recently, Maginnis and Anderson

(2017) also suggest culture shock was evident when holding discussions with student nurses who had undertaken a Faculty accompanied study abroad experience. Whilst not primary research, this article emphasises the importance of pre-placement preparation and further suggests the role of accompanying Faculty as central to reducing culture shock.

Disjuncture and experiences of culture shock may be further explained by consideration of transformative learning theory, which proposes that the world can no longer be taken-for-granted when the person's usual frame of reference is no longer appropriate to explain and respond to the different reality to which they are faced (Cranton and Taylor, 2012). As indicated, the intensity of shock experienced by participants in the current study ranged from mild to intense. This variation appears linked to the degree by which the new reality varied from participants' usual reality. This research has therefore identified that 'degrees of difference' between realities influenced student responses during study abroad. For example, within Europe many of the features of the environment, living and clinical placement, were familiar to students. There were many familiar cues, and the gap between expectation of reality and actual reality encountered was relatively small. Having a smaller degree of difference between realities enabled the students to apply their usual frame of reference, to a large extent. Therefore, whilst these students expressed feelings of stress at having to adapt and navigate through the new reality upon arrival, these students were able to live and fit in to the different reality (*see ST: 'learning to live and fitting in to the different reality', p187-188).*

In developing countries, all aspects of the reality were described as being different and unfamiliar; the degree of difference between the students' usual reality and the study abroad reality appears to have been great. Due to these significantly greater degrees of difference, there was an absence of familiar cues and the students' usual frame of reference was therefore insufficient when attempting to make sense of the world around them *(e.g. P18, p215)*. These disjunctures were most acutely noted when encountering a new aspect of the different reality for the first time or when exposed to clinical practice that did not comprise what was perceived to be acceptable practice. At these times more significant feelings of stress were invoked in the form of confusion, disorientation and shock (*e.g. ST: 'feelings of disjuncture', p199-200).* This also reveals these experiences to be 'disorienting dilemmas'. As introduced in chapter eight, these are critical or disturbing events thrust upon a person (Mezirow, 1978; 1981). It is important to note, whilst such 'disorienting dilemmas' were described most frequently in developing countries, some students who undertook European placements also reported 'disorienting dilemmas' in clinical practice, with resultant feelings of shock *(e.g. P16, p200).*

Crabtree et al (2015) also discuss that experiences of significant difference create disorientation. It may be suggested that these experiences could also be considered as 'disorienting dilemmas'. Whilst Crabtree et al (2015) focused upon social work student placements in Malaysia, it is possible to suggest similarities with the current study, as participants in both studies undertook professional practice placements. Maltby, de Vries-Erich and Lund (2016) discussed in chapter eight, also describe study abroad experiences

that generated discomfort due to significant difference between cultures. These experiences may also alternatively be considered to be 'disorienting dilemmas' and they therefore also offer support to the current research findings.

In the current research, during the study abroad journey, with repeated exposure to these different ways of being in the world, both in the formal learning environment of practice and in the informal settings of living and going out into the local community, feelings of shock receded as participants became familiar with this reality. It can be suggested that the gap between expectations of reality and observed reality had now reduced or closed. Participants knew what to expect and the experience was no longer disorientating, therefore disjuncture receded *(e.g. ST: 'getting used to the different practice reality', p213).* For students who remained in Europe there appears to have been a rapid reduction of disjuncture and shock, whilst for those in developing countries it was more gradual. However, as identified, shock continued to be experienced when confronted with 'disorienting dilemmas' at any point during clinical placement. Whilst Crabtree et al (2015) also found that traumatic feelings receded for most participants, they do not suggest a continuation of shock and so variation in findings is noted.

Furthermore, this current study has found, upon return to their usual reality, participants again experienced a state of disjuncture as their frame of reference had adapted to meet the requirements of life in the different reality *(see ST: 'return shock and disjuncture', p232-233).* The familiar had become unfamiliar and participants were required to re-adjust to their once usual

reality. Participants again expressed feelings of sadness and disorientation indicative of culture shock, and this has also been identified as reverse culture shock or re-entry shock in anthropological and cross-cultural literature (e.g. Stewart and Leggat, 1998; Presbitero, 2016). It is interesting to note that empirical literature relating to student nurse re-entry shock is limited. However, Cunningham (2017) provides anecdotal support for the current research findings when noting that reverse culture shock was evidenced when undertaking student return evaluations.

Moving on, disjuncture is suggested to be a required condition for learning (Jarvis, 2010). Jarvis suggests that in this state one is forced to learn as there is a need to question previously taken-for-granted ways of being in order to establish understanding, and to develop new or transformed ways to ensure continued success in this new world. Experiencing disjuncture as a condition for learning can again be supported by application of transformative learning theory which suggests that exposure to 'disorienting dilemmas' provides the first element in the process of transformative learning (Mezirow, 1978; 1981; 2000; Mezirow and Taylor, 2009). As suggested in the current study, such 'disorienting dilemmas' are generators of disjuncture. Further, the resultant disjuncture brings to consciousness the various ways of being-in-the-world and, in this research, it triggers an awareness in students that they need to actively make sense of experiences that their usual frame of reference does not explain. For example, participants discussed being forced out of their comfort zone when faced with the new and different reality. Participants also identified being forced to learn and they were also forced to make manifest latent knowledge and skills that they had not previously been

aware that they possessed (*e.g. P2, p208-209; P3, p209*). They also described having to learn how to learn anew, or learn to be a learner in a new environment, as their previous way of being was not sufficient or appropriate to enable learning in the different reality *(e.g. P3, p187).* Whilst Crabtree et al (2015) do not provide detail, they also note that disorientations were the catalyst for the deep learning experienced by student social workers. The current study is therefore supported in its suggestion that disjuncture generates an initial trigger for learning, and potentially transformative learning, during student nurse study abroad.

12.5.2.2. Disjuncture and liminality

To further deepen understanding of the students' experience of disjuncture as a trigger for learning in the different reality, the theory of liminality has also emerged as pertinent (introduced in chapter eight). As identified, participants described experiences of exposure to difference throughout the study abroad journey that generated disjuncture. These disjunctures triggered a need to strive to learn and make sense of the different reality (formal and informal contexts). These experiences may also be considered to be indicators that students had entered, and were in, a liminal state as learners during study abroad. As introduced in chapter eight, a 'liminal state' is one in which an *"entity"* is *"betwixt and between the positions assigned"* by society (Turner, 1969, p95) and in the current study participants were 'betwixt' and 'between' as a student nurse learner in a number of ways.

Firstly, as learners in their usual reality, participants had known the rules, their role, their usually applicable learning strategies, and their usual learning environment. Disjuncture was experienced when they were separated from this world of known constants. Participants' frames of reference, and therefore their usual ways of being were no longer applicable to ensuring success and understanding in the different reality. They had therefore entered a liminal state as learners. In response to the resultant disjuncture experienced, and ineffective frame of reference, participants described being triggered to learn and having to learn anew. They had to learn how to be a learner in the different reality and they had to therefore develop a new way of being as a learner.

Secondly, as students were learners abroad for a limited period of time during their nursing studies, they would never become a permanent local student nurse, at some point they would return to re-enter and resume their role as a learner in their usual reality. Being a learner during study abroad is therefore a transient state. Such transience is an aspect of liminality. Beckham (2011) for example, identifies that people who are in a liminal state are neither inside a culture nor outside it, as they are moving through it, they are transitional and therefore in the betwixt and between state of liminality.

Thirdly, as identified, the study abroad journey enabled students to transform from a previous state, or way of being, into a new way of being. This transformation began and continued during study abroad and (for most students) was completed following return to their usual reality. During study abroad, students were therefore also in a transient state in their overall

journey of becoming. This is further supportive of Turner (1969) who also suggested that the transitional, liminal state is also transformative in nature.

Finally, as participants described experiences of exposure to difference throughout the study abroad journey which generated disjuncture, it can be suggested that the state of liminality was ever present. As a learner during study abroad, the liminal state can therefore be described as dynamic. At times students described aspects that may be suggestive of attaining a postliminal state such as learning to live, or getting used to being in a different reality, but in the same temporal and spatial contexts, they continued to describe liminality when encountering disjuncture-generating experiences *(e.g. STs: 'getting used to the different practice reality' p213 & 'feelings of disjuncture' p199-200).* Such dynamism echoes that of the oscillation of learners in liminality, who move forward and back between liminal and postliminal states (Meyer and Land, 2005). However, experiences of participants in the liminal space of study abroad perhaps demonstrates more a dualism in their journey through liminality, as these two states appear to have co-existed simultaneously, suggesting that overall, participants remained in a state of liminality throughout the study abroad period. It is also important to note, as disjuncture continued following return home to their usual reality, it is suggested that participants continued to remain in a liminal state as learners until they had re-adjusted and re-integrated into their usual reality.

Given the above, the entirety of the study abroad journey can be described as the liminal space in which learning occurred. Additionally, when

considering van Gennep's (1960) writing on liminality in terms of stages in rites of passage, it is also possible to link these stages to the study abroad journey. Thus reconceptualising the stages of passage through the, now revealed, liminal space of study abroad as follows:

I. Prior to being in the different reality, is identified as the preliminal stage for the learner. Students anticipate they will be going to a different reality and they prepare for it, but they have not yet entered the liminal space, nor have they entered a state of liminality.

II. Being in a different reality. Students have entered the liminal space of study abroad. In this space, students have become separated from their usual reality and role as a learner and they are in a transitional state, with the potential for disjuncture at any point throughout the experience. This stage can therefore be identified as the liminal stage of learning.

III. Being back. This stage in the journey is more complex in terms of liminality labelling and requires further differentiation as follows:

    i. Returning. Students have returned from the liminal space of the different reality of study abroad. However, being in a liminal state as a learner continues upon return, as the once usual reality is now experienced as a liminal space.

    ii. Being Back. When the student has re-adjusted and re-integrated back into their reality, the postliminal stage has been entered. As the learner is changed and transformed, the postliminal stage learner has a different way of being when compared to their preliminal self.

12.5.2.3. Disjuncture, threshold concepts and liminality

The theory of threshold concepts, introduced in chapter eight (e.g. Land, Meyer and Smith, 2008; Meyer, Land and Baillie, 2010), provides additional understanding about the nature of the experiences which generated the most significant disjuncture for students and which possessed the greatest potential for perspective transformations.

As identified, students were exposed to difference within the liminal space of study abroad. Differences that were dialectically opposed to the student's horizonal perspective, and therefore frame of reference, in clinical practice, presented as 'disorienting dilemmas' as they were thrust upon the student and they were disturbing. The parallel between 'disorienting dilemmas' and troublesome knowledge can also be made. These experiences presented as troublesome to students and, when further explored, the core of the troublesome-ness relates to, and reveals, threshold concepts of nursing. Experiences in the liminal space that appear to have generated the most significant troublesome-ness are those that relate to what may be considered as fundamental values and philosophies of nursing in the participant's own culture. For example, in the UK, care and compassion are considered by NMC (2015) to be core concepts, and attainment of these are central to pre-registration nurse education (NMC, 2010). Participants described experiencing troublesome-ness when nursing concepts did not manifest in a way that participants could recognise *(e.g. P16, p200; P2, p212; P18, p215).* It can be argued that nursing concepts such as care and compassion have therefore been revealed to be threshold concepts during study abroad. To

support this assertion, an overview is offered of the concepts of care and compassion applied to the characteristics of threshold concepts (Land, Meyer and Smith, 2008) as follows:

Troublesome – Whilst it is not possible to say if an understanding of the concepts of care and compassion were originally troublesome when attained in their own practice reality (nb: Clouder (2005) does suggest care to be a threshold concept), significant troublesome-ness was experienced as participants struggled to understand the concepts of care and compassion as manifested in the different reality. Rather than being familiar, the concepts of care and compassion presented as troublesome, foreign or alien, knowledge in practice, as their manifestation was in conflict with participants' frames of reference (Perkins, 2006). Participants were 'stuck' in a state of liminality for a period of time whilst trying to make sense of the 'alien' manifestation or perceived absence of the concept from practice. Participant 10 for example, described various examples of disjuncture when exposed to experiences that generated troublesome-ness in relation to these concepts. As a result, this participant remained in a 'stuck place' throughout her time in the different reality *(e.g. P10, L551-553, page 215).*

Bounded – Participants had an ethnocentric expectation that care and compassion are universal concepts in nursing. They expected that they should be part of nursing practice globally, and they also had an expectation that the attributes of the concepts should manifest in the same manner irrespective of the local culture. Experiences in the different reality facilitated participants to understand that these concepts are not universally understood

or applied, rather, they are culturally bounded *(e.g. P2, L61-63, p199).* To an extent this is also reflective of Leininger's culture care theory which suggests that whilst aspects of the concept of care may be universally understood, other aspects may be specific to given cultures (McFarland and Wehbe-Alamah, 2015).

Integrative – Participants described how experiencing a different manifestation or absence of the threshold concept(s) revealed their own previously unrealised core values inherent to their conceptualisation of being a nurse. It also illuminated the importance of previously undervalued aspects of nursing, for example provision of basic nursing care. Further, also linked to developing an understanding of care and compassion, participants also experienced troublesome-ness when striving to understand how local nursing staff and the population could cope with suffering and high levels of mortality. This further resulted in realising the inter-relatedness of threshold concepts, as understandings were then generated about the local culture and the cultural context of nursing and of living. For example, the meanings assigned to life and death, and the importance of spirituality in the local culture *(e.g. P17, p198).* This demonstrates a developing understanding of care diversity and culture care concepts as articulated by Leininger (McFarland and Wehbe-Alamah, 2015). This is further supported by Meyer and Land (2003) who also suggest that threshold concepts are like portals that enable access to ways of thinking that were previously inaccessible to the learner.

Transformative – Whilst it is not possible to say whether participants were originally transformed when they attained understanding of these threshold

concepts of nursing in their own culture, as a result of exposure during study abroad, perspective transformations were evident. For example, participant 10 resolved troublesome-ness following return home when she was successful in crossing through the threshold, or portal, of understanding and achieved a transformation in her frame of reference in relation to care and compassion *(e.g. P10, p237).* Participants needed to be able to understand these threshold concepts in the context of the different reality if they were to move beyond the liminal state. Entwistle (2008) is also supportive of conceptualising threshold concepts as portals to the understanding of the core essence of subjects, either through acquisition of the basic theories or by attaining the distinctive ways of practising synonymous with that discipline. Meyer and Land (2003) also identify that the transformation that occurs, and subsequent understanding of threshold concepts, may manifest as a change in personal perspective or it may be a perspective change about a subject or a worldview. As identified, participants articulated either a change in perspective about the meaning of care and compassion in the different reality, for example rationalising a link between culture and the way in which compassion was expressed, or they articulated a personal perspective transformation, for example development of personal philosophies of nursing. This may also suggest that participants' grasp of the threshold concepts of care and compassion were incomplete prior to the study abroad journey. Participants had a partial understanding, but exposure to a perceived absence of the taken-for-granted concept in practice illuminated its importance to them. These participants developed and integrated these understandings into their thinking as nurses, so transitioning beyond the level

of mimicry (Meyer and Land, 2003; Meyer, Land and Baillie, 2010) into more authentic ways of being as nurses.

Irreversible – Irreversibility is demonstrated as participants initially held rigid understandings of how these concepts should appear in practice, which is in-line with an ethnocentrically bounded understanding. Following attainment of new understandings, participant horizons expanded, they developed an ethnorelativistic perspective and were transformed. These new understandings also demonstrate irreversibility as follow-up interviews suggest they appear to have persisted over time.

As a final note, Land, Meyer and Smith (2008) also suggest that threshold concepts are *discursive*. Participants possessed discipline language prior to study abroad therefore it is not possible to assess this attribute fully, however the content and priorities of discourse appear to have changed. For example, some participants discussed and demonstrated that they now prioritised the importance of providing essential aspects of nursing care whilst previously they were focused upon the technical aspects of care when learning in clinical practice *(e.g. P11, p236)* and others engaged in discourse with a wider scope of practitioners than previously *(e.g. P4, p242).*

Additional threshold concepts in nursing were also revealed that generated disjuncture but they were not experienced as disturbing 'disorienting dilemmas'. For example, variation in the practice of infection control presented as 'alien' knowledge that was in conflict with participants' frames of reference and so generated troublesome-ness. Gaining understanding that

variations exist expanded participants' horizons, although significant perspective transformation were not as evident *(e.g. P3, p210; P4, p238-239)*. This perhaps suggests a gradual transformation was in progress as participants' epistemes were transforming (Perkins, 2006).

Having considered the above, it can be suggested that exposure to threshold concepts pose a significant challenge to sense-making in the liminal space of study abroad. However, once grasped and sense-making is achieved, an understanding of threshold concepts permits change and transformative learning, both personally and professionally. This study therefore offers additional and new empirical support for the relationship between threshold concepts, liminality and transformative learning during nursing study abroad. This goes some way to addressing criticisms by Land, Rattray and Vivian (2014) that the theory of liminality, when applied to threshold concepts, is ill-defined. The sense-making activities that participants employed to resolve troublesome-ness and attain transformation will also be considered in the next theme, so further adding to this body of knowledge.

12.5.3. Summary: Experiencing a different reality

In summary, 'experiencing a different reality' has been revealed as a theme of the phenomenon of learning during study abroad. Having an 'anticipation and motivation to journey and learn in a different reality' is revealed as a necessary pre-cursor to learning during study abroad and as a result of exposure to difference, a state of disjuncture was experienced by students. When exposed to disjuncture students experienced varying levels of shock.

They also described being forced out of their comfort zone and they experienced being triggered and forced to learn. Experiencing disjuncture also demonstrated that a student had entered, and was in, a liminal state of being and a liminal state as a learner. In addition, when the degree of difference was greater, disjuncture was also greater, and when experiences were perceived as critical or disturbing events they were experienced as 'disorienting dilemmas'. 'Disorienting dilemmas' that occurred in the different practice reality comprised threshold concepts in nursing and also revealed inter-related threshold concepts about the culture. These threshold concepts generated troublesome-ness. When a student experienced unresolved troublesome-ness, they were in a 'stuck place' as a liminal state learner. Resolution of troublesome-ness was required in order to cross through the threshold or portal of understanding. Further, generating an understanding of difference, and this included understanding of the threshold concepts revealed within the liminal space, enabled change and transformative learning to be achieved. Therefore, study abroad has consequentially also been revealed as the liminal space in which learning occurred.

The processes of learning and the strategies employed by students to enable learning in the liminal space of study abroad, and also whilst in a liminal state as learners, will now be considered within the theme of 'active sense-making'.

12.6. ACTIVE SENSE-MAKING

Once an experience initiated disjuncture and triggered a need to learn, the strategies used and the processes by which participants attempted to make sense of these experiences in the liminal space are considered within the theme of 'active sense-making' and sub themes 'taking responsibility for learning' and 'reflective activities'. The origins of this theme and its sub themes may be found in table 20 and table 21 below.

Table 20: Active sense-making: theme origins ('taking responsibility for learning')

Journey Stage		Structural analysis (stage)		Influences	Comprehensive understanding (phenomenon)	
		Theme	**Sub theme**		**Sub theme**	**Theme**
Preliminal		Anticipation and motivation to journey into difference	Preparing for difference		Taking responsibility for learning	Active sense-making
Liminal	Going out	Experiencing and making sense of the different reality	Observing and reflectively comparing local life			
	Place-ment	Experiencing and making sense of the different reality	Taking responsibility for learning in practice			

Table 21: Active sense-making: theme origins ('reflective activities')

Journey Stage		Structural analysis (stage)		Influences	Comprehensive understanding (phenomenon)	
		Theme	**Sub theme**		**Sub theme**	**Theme**
Liminal	Living	Being with others	Living in, and actively making sense of local family life		Reflective activities	Active sense-making
			International community support			
			Enablers			
	Going out	Experiencing and making sense of the different reality	Observing and reflectively comparing local life			
			Confirming understandings			
	Place-ment	Experiencing and making sense of the different reality	Observing and comparing in the different practice reality			
			Active sense-making activities			
			Struggling to make sense			
		Being with others	Support to learn			
Postliminal		Active sense-making	Reflective comparisons			
			Resolving troublesome experiences			
			Anticipation of continued sense-making and learning			
			Sharing experiences			

12.6.1. Taking responsibility for learning

Taking responsibility is an attribute of adult learning. For example, Popovic (2012) specifies self-initiation of learning, whereby the learner takes responsibility for the planning and management of their learning activities, is an important aspect of self-directed learning. Knowles, Holton and Swanson (2015) also identify independence and autonomy as important for adult learning and define learner autonomy as,

> *"taking control of the goals and purposes of learning and assuming ownership of learning" (p171).*

Whilst participants were dependent on others to an extent to arrange practical aspects of their study abroad experience, on the whole, participants demonstrated significant independence and autonomy in their learning. They adopted the strategy of being active learners throughout the study abroad journey and took responsibility for their learning in both formal and informal settings.

Taking responsibility for learning commenced prior to study abroad *(e.g. ST: 'preparing for difference', p149-150).* During this stage, participants undertook a lengthy application process for EU exchange, or they undertook a complex process of identifying a study abroad experience that would meet the university parameters for learning and safety. During the liminal stage, participants took responsibility to actively seek out and initiate learning experiences, either by going out into the community or during clinical placement *(e.g. ST: 'observing and reflectively comparing local life', p180-183 ; ST: 'taking responsibility for learning in practice', p205-210).* Initially this

may appear to be at odds with the concept of liminality, as Turner (1969) describes those in a liminal state are normally passive and they are required to follow the instructions of others implicitly. However, being an active learner in the liminal space may be explained by further consideration of liminality theory. Specifically, Turner (1969) proposes that a liminal entity is betwixt and between an assigned position in a culture and, as such, the entity does not have a set functional role, nor are they bound by a given set of rules assigned to a permanent role in that society. Junker (2013) also proposes that in liminal spaces people are free to embrace new ways of being as they are situated outside of their normal roles. Based on study findings, it can therefore be argued that being a transient, liminal state student nurse learner, affords the freedom to set own rules and roles within that culture. Therefore, rather than being non-functional in the liminal state, participants demonstrated the ability to function as learners in the different environment by setting their own ways of being. They were able to do this as they were outside of their usual student nurse role boundary parameters. They were also outside of the role parameters of the local student nurse learners and local nursing staff. Students in this study were therefore not confined by such rule or role limitations.

It is additionally demonstrated that having a motivation to learn in the liminal space provided the drive which necessitated that students be independent and active in their learning in order to achieve desired learning outcomes *(e.g. P5, p201).* Furthermore, participants also took responsibility for their learning when making decisions about role parameters when participating in clinical practice in the liminal space *(ST: 'taking responsibility for learning in*

practice' p205-210). In these instances, participants were applying their usual frame of reference to the different practice environment, and this included being guided by their usual code of nursing practice. When participants perceived care to be outside of their usual parameters of acceptable practice, they chose not to take part in that episode of care. Participants usually chose to adopt an observational role rather than a participatory role in care episodes that did not match expectations. However, participants also described taking an active role and intervening in episodes of care. Such interventions demonstrate a direct intention to change the care being delivered to make it more compatible to the participants' frame of reference. Decision making in relation to rule setting therefore appears to have also been influenced by the degree of difference between realities. A greater degree of difference, with resultant extreme disjuncture (and emotion), triggered an immediate decision to intervene in care.

As participants took an active responsibility for their learning in the liminal space in a variety of situations, 'taking responsibility for learning' has therefore been revealed as a sub theme of 'active sense-making'. It is also identified as a learning strategy employed by students and is an integral part of the process of learning during study abroad.

12.6.2. Reflective activities

Reflective activities, which emerged from participant accounts, include critical reflection, reflective dialogue, and confirming understandings. These activities have also been revealed as active sense-making activities that resulted in learning, and they will be further explored here within the sub theme of 'reflective activities'. This exploration will also uncover possible reasons that may explain why, on occasion, learning and movement toward transformation was not as evident.

12.6.2.1. Critical reflection

As students were unaccompanied by Faculty there was an absence of formal guided reflection sessions that are most commonly associated with accompanied models of study abroad and which have been suggested as central to learning and transformative learning during study abroad (e.g. Asenso, Reimer-Kirkham and Astle, 2013; Smith, Mcauliffe and Rippard, 2014; Murray, 2015; Walters, Charles and Bingham, 2017). Despite this absence, participants self-initiated reflection to assist them to make sense of their experiences. For example, participants reflected when they compared their usual reality with the different reality, they reflectively questioned differences, either with self or with others. Several participants also chose to keep a reflective diary to help with sense-making, however the remainder did not reflect in a written format, choosing to reflect purely within the verbal domain. Therefore, reflection was not formally planned, it emerged as free-

form in nature and it was not bounded by a given reflective model *(e.g. ST: 'active sense-making activities', p201-204).*

Findings therefore suggest that reflection during the study abroad journey is complex and multidimensional in nature. Specifically, the context and horizonal planes of reflection are varied as it can occur alone or with others; temporality is also variable as it can be immediate, delayed, or ongoing; the subject matter of reflection can vary from reflections on understanding self, to reflections on understanding others and situations; the media of reflection is also varied as it may be either written or verbal. This suggests that reflection in relation to study abroad is a process that comprises contextual, horizonal, temporal, subject and media variations. Additionally, reflection was something which students chose to undertake in order to facilitate sense-making in response to exposure to difference, 'disorienting dilemmas' and troublesome experiences that generated disjuncture in the liminal space.

These findings are also reflective of adult learning theory. For example, Boud, Keogh and Walker (1985) propose that reflection is a central process of adult learning and define it as,

> *"a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations" (p19).*

Boud, Keogh and Walker (1985) also offer support to the findings that reflection is multidimensional when proposing that it can occur alone or in association with others. However, in contrast to the current study, the focus for Boud, Keogh and Walker is the enhancement of reflection in the more

traditional educational contexts of classroom learning, with a consideration of how educators may enhance reflection in their students in order to turn experience into learning. Moon (2004) also suggests that reflection is involved in situations in which deep learning involving meaning-making occurs, thereby supporting findings in relation to reflection as a sense-making activity facilitating transformation. Kolb (2014) also includes reflection as an element within his well known, experiential learning model. It must be noted however that Kolb's model is not without its critics, for example it has been criticised for being overly simplistic, with an over emphasis upon the individual and a neglect of the social context of learning (e.g. Mill, Yonge and Cameron, 2005; Jarvis, 2010). However, Kolb (2014) has recently acknowledged that this process model is an idealised representation and provides a renewed emphasis to include consideration that learning is recursive and influenced by the situation in which it occurs, and reflection has a valid place in the process of learning.

The theory of transformative learning also continues to be pertinent to enabling a comprehensive understanding in this current study. Reflection, which specifically includes critical reflection or critical self-reflection, is a core element in transformative learning (Mezirow, 1990; 2000; 2009). Mezirow (1990) describes reflection as a critical assessment whereby the student attempts to understand the unfamiliar through a process of attempting to fit patterns into meaning perspectives. When these patterns do not match existing schema, new meaning schemes are devised. This process generates a meaning which fits the unfamiliar, in context, into an existing or new meaning perspective, so enabling a justifiable interpretation to be made.

This process of reflective interpretation therefore also enables, and requires, identification, and a correcting, of any distortions in reasoning or attitudes that could prevent understanding. This process was clearly evidenced when participants described comparing their usual reality with the different reality. Participants were seeking to understand difference initially from their current horizon or frame of reference, and when this reflection did not enable understanding, participants then had to critically reflect upon their own habit of mind and amend, or add to, these perspectives in order to make sense of the experience. An exemplar of such critical reflection was provided when considering the experience of participant 17 who lived with a local family, and who was required to change her frame of reference in order to gain insight in local teenage life *(P17, L417-444, p171).* It is this type of reflection and critique of one's presuppositions underpinning one's beliefs and expectations, which have been described as critical reflection or critical self-reflection by Mezirow (1990; 2009).

Mezirow (1990) also suggests the process of critically reflective interpretation is representative of the hermeneutic circle, as it is possible to move back and forth between the components of the experience and the whole understanding of it. Further, the resultant transformations are developmental over time as subsequent insights may emerge that can further develop understanding. Jarvis (2010, p81), also adopts the perspective that learning is a continual process when suggesting that a person is *"continually changing"* as a result of exposure to experiences *"throughout a lifetime"*. This further supports the development of student perspectives in relation to the threshold concepts in nursing and moving beyond mimicry into authenticity.

Consideration of these theories support the temporality of critical reflection noted in this current study *(e.g. P4, p238).* They also support the centrality of critical reflection in the transformation of meaning perspectives. As identified, such reflections enabled participants in this study to experience personal and professional growth, which also included an ethnocentric shift and development from ethnocentrism toward ethnorelativism and cultural competence.

12.6.2.2. Reflective dialogue

Reflective dialogue has also emerged as an important and powerful companion to critical reflection. The term 'reflective dialogue' is used here, rather than simply 'dialogue', in order to differentiate between general discussions that participants may have engaged in during study abroad and the more specific discussions which were engaged in for the purposes of generating meaning and to make sense of experiences encountered in the liminal space of study abroad.

The most frequently described reflective dialogue was between students who were either fellow students from home, or international students who participants lived with and who were also undertaking a study abroad experience *(e.g. ST: 'international community support', p166-170).* Reflective dialogue with local clinical staff, local tutors and local students was also discussed, although it was less frequent an event than with the other international students *(e.g. P13, p183).* Reflective dialogue with local people was infrequently mentioned.

The purpose of reflective dialogue was to assist in making sense of experience in the liminal space and it comprised exploration through questioning, reflecting and discussion. Participants were exploring possible rationales or theories that assisted them to make sense of the different reality. Once a possible understanding or explanatory theory had been generated reflective dialogue was also used to confirm the understanding, at which point sense-making occurred and in some instances a resultant perspective transformation was described.

Use of reflective dialogue was a particularly important tool to assist sense-making when the degree of difference between realities was most evident, when the level of disjuncture was greatest, and when students were attempting to make sense of the threshold concepts of nursing as they manifested in the different practice reality. For example, participants who lived in student houses in developing countries most frequently described engaging in reflective dialogue with their fellow housemates. They discussed and reflected on both the experiences they had encountered each day in placement and also the feelings that exposure to these experiences had generated. The focus of such discussions were mainly disjuncture-invoking observations of care they had witnessed during placement, and in particular those that caused distress when witnessing care practices that were very different to what the student would expect to see in their usual reality. This reflective dialogue was identified as assisting the student to generate an understanding of care in the context of the local culture. It also enabled an acceptance of the different practice, which in turn assisted the student to

cope with future exposure to these potentially distress-provoking practice experiences *(see ST: 'international community support', p166-170).*

In addition, ongoing reflective dialogue was apparent for participants who were continuing to strive to make sense of experience following return home. For example, participant 10 described engaging in reflective dialogue with her subsequent clinical mentor as she continued to try to make sense of the experiences that had generated extreme disjuncture. This student had remained in a 'stuck place' in relation to the threshold concept of compassion in nursing. For participant 10, insight was achieved due to this reflective dialogue, at which point the student was able to resolve troublesome-ness and attain a postliminal state as a learner *(P10, p237).*

Participants who remained in Europe also engaged in reflective dialogue with their local mentor or clinical staff. These discussions were however more focused upon gaining an understanding of different practical methods of care as opposed to making sense of emotion-provoking 'disorienting dilemmas'. Participants in these examples reflected upon and discussed differences in practice with staff to generate a rationale for variations observed (*e.g. P15, p202).* Following these discussions, participants then continued to reflect and undertake other activities, such as further reading, to attain an understanding *(e.g. P11, p201).* Sense-making for these students was attained but the level of transformative change was not as marked as that which was experienced by students who undertook reflective dialogue to make sense of 'disorienting dilemmas' and that revealed threshold concepts. As identified above, it can be suggested that when the gap between realities was less significant and

less distressing, it did not require such a significant change in habits of mind or points of view and therefore perspective transformation was not required.

Further consideration of transformative learning theory permits a more comprehensive understanding of the use of reflective dialogue in the process of transformation, and also supports the findings discussed. Taylor (2009) suggests that dialogue is,

> *"the medium for critical reflection to be put into action, where experience is reflected on, assumptions and beliefs are questioned, and habits of mind are ultimately transformed" (p9).*

Mezirow (1990) also emphasises the value of dialogue, and in particular identifies that dialogue with others is a means to confirm validation of understandings, and uses the term *"rational discourse"* for the application of dialogue for this means (p10). Mezirow suggests that dialogue is used most frequently in transformative learning when there is a need to,

> *"question the comprehensibility, truth, appropriateness (in relation to norms) or authenticity (in relation to feelings) of what is being asserted or to question the credibility of the person making the statement" (Mezirow 1990, p77).*

In order to make sense of experience and to arrive at a confirmation of understandings, Mezirow (1990) further proposes that the person seeking such confirmations selects people who are the most informed, most rational and least biased. Additionally, Mezirow (2000) suggests conditions to encourage dialogue, including those linked to trusting and supportive relationships. These views are supported by Taylor (2009). There is resonance with the findings of this current study. Participants predominantly chose to undertake reflective dialogue with those whom they felt they could

trust and with whom they felt safe. This also included trusting someone's knowledge base, trusting that they would not be negatively judged, and at a practical level, students also required people to be available, so they could engage in reflective dialogue.

Participants felt safe to undertake reflective dialogue with their fellow healthcare students with whom they lived *(e.g. ST: 'forming and being in a community with other international students', p162-166 & 'international community support', p166-170).* They identified their fellow students as their 'family', with whom they spent the most time and who offered a 'comfort zone' outside of the liminal space. Participants therefore formed trusting relationships with these students and they also had time to engage in dialogue. Participants also perceived their peers to be more informed than they were. For example, they engaged in reflective dialogue in communal student houses with peers who had been there for a longer period of time. These peers were perceived as possessing greater experience and understanding than the participant, and, they identified as invaluable the perceived expert guidance and insight they had gained due to this reflective dialogue. Participants also identified that they too had taken on the role of expert peer in the reflective dialogue process when new students arrived to the house. Further, some participants also undertook reflective dialogue with clinical mentors and tutors in Europe, with medical staff in developing countries and with clinical mentors from their usual reality. It appears that these participants also trusted the knowledge base of these members of staff as they valued their reflections.

The importance of having suitable people to engage with in reflective dialogue is further evidenced when considering participants who had not engaged in reflective dialogue with the local clinical staff *(see ST: 'struggling to make sense', p210-213)*. For some students a lack of trust was apparent; examples were offered that demonstrated an absence of trust in the perceived knowledge base of the local nurses, or there was a lack of trust in relation to feeling safe to share reflections. In addition, some participants reported being detached and distant from the local clinical nursing staff and students. The result of this detachment being that relationships had not developed and participants remained non-trusting. Participants were suspicious of the knowledge base and skills of the local staff and they were not with the staff or students enough to be able to undertake reflective dialogue. As identified these situations created difficulty for some students who struggled to make sense or confirm understandings.

12.6.2.3. Reflective dialogue and confirming understandings

As indicated, at times there was an absence of reflective dialogue during the sense-making process. For example, Participant 5, who visited the UK, identified that she had come to understand that English people were unhealthy, this insight was based on observations of the local people in the hospital canteen and when out socially, and comparison with her own reality and way of being. This student had struggled to make sense of the experience but had reached a conclusion about it *(e.g. P5, p184)*. Similarly, Participant 2, who went to a developing country, described how she had struggled to make sense of an aspect of life that revealed as a threshold

concept. This participant had come to the understanding that, due to the suffering she had observed, philosophies of life and death must be different for people in the different reality compared to her own. This student described how she had reached this understanding. It was apparent that she had experienced reality, reflected and compared this reality with her own and then reached a conclusion *(e.g. P2, p212).*

These two examples describe active sense-making but they do not include reflective dialogue, or confirmation of understanding with another. Without such confirmation there is a suggestion that these students may have formed impressions rather than gaining insights into the local culture. In the same vein, it is also possible to expand this reasoning to include participants who identified that they had gained insight and had confirmed understandings through reflective dialogue with peers only. They too may have also formed impressions of the local culture. Consideration of troublesome knowledge and in particular tacit knowledge (Meyer and Land, 2003) may also assist understanding. For example, it is possible that without the insight of a local person, participants were unable to uncover tacit knowledge that may explain local nursing practice and local culture.

In the examples above, participants were considering reality from their own horizonal perspectives, and this could include peers who were also outside of the local culture. Students may have expanded their frame of reference and there may have been a resultant perspective transformation as a consequence of these active sense-making activities. However, this poses a tension for this study in relation to the findings that suggest that students had

demonstrated development toward cultural competence. Rather, partial understanding or a mimicry (Meyer and Land, 2003; Meyer, Land and Baillie, 2010) of the concepts integral to cultural competence may be apparent in such examples. Nahavandi (2016), discussed earlier, whilst anecdotal, also proposed mimicry in relation to understanding of culture in students who had recently returned from a study abroad experience.

Based on Campinha-Bacote's (2002) constructs of cultural competence, it has been suggested that participants developed cultural awareness as they had developed an appreciation of the cultural values and beliefs of the local culture. And it has been suggested that participants had become knowledgeable about the local culture. This may be the case when students confirmed their understandings with local people, however further consideration is required when participants did not engage in such dialogue. In these circumstances it is difficult to propose that accurate knowledge and understanding had been attained. Although it is accepted that this research study takes a relativistic ontological stance, it is also taken to be important that when attempting to develop cultural awareness and cultural knowledge that best judgement decisions are reached, as advocated by Mezirow (1990). Without inclusion of the local people in reflective dialogue there appears to be a gap in relation to tacit knowledge understanding, and therefore the student's evidence base. Consequentially, this may limit student ability to undertake a best judgement assessment when confirming understandings about what people in the local culture think, believe and feel (Inglis and Hughson, 2003).

In relation to transformative learning and the development of cultural awareness and cultural knowledge, this study therefore makes the distinction between forming impressions and gaining insight into the local culture as a result of active sense-making. Forming impressions, which is suggestive of mimicry, can be said to have occurred in situations in which students have undertaken active sense-making which may have included reflection, it may have included reflective dialogue and it may have confirmed understandings, but crucially it has not included reflective dialogue with local people to attain a confirmed understanding. Gaining insight, and therefore development of cultural awareness and cultural knowledge, can be said to have occurred only in situations in which students have undertaken active sense-making which included critical reflection and reflective dialogue with local people, so enabling a confirmation of understanding and resultant best judgement decision.

When considering further empirical support in relation to reflective dialogue, confirmation of understandings, and transformative learning, there appears to be a limited range of literature available. Several descriptive articles have been identified that promote the application of transformative learning theory and include the use of dialogue. Subject areas range from consideration of the field of education and training in general (e.g. Nemec, 2012) to applied subject areas such as patient simulation education (e.g. Parker and Myrick, 2009). Cunningham (2017) also suggests, anecdotally, that use of group evaluation with student nurses post-return may facilitate active reflection and transformation. Based on the current study findings, it may be speculated that such tutor-guided reflection may also be a form of reflective dialogue that

may facilitate confirmation of understandings. However, Cunningham's proposal is not research based, this area therefore requires further investigation.

Primary research that has considered dialogue and transformative learning is more limited. Mälkki (2012) in a primary research study that focused upon women (N=4) who had experienced involuntary childlessness, considered the relevance of transformative learning in relation to reflection. In-depth unstructured interviews were undertaken and Mezirow's conceptualisation of reflection was applied as an analytical tool. This study identified that dialogue with supportive others enabled thought clarification for these women. However, it did not offer further detail about the specifics of the dialogue engaged in. More applicably, McDowell, Goessling and Melendez (2012) and Addelman et al (2014) undertook qualitative studies (N=8 & N=24 respectively) that explored short (two to three week) Faculty accompanied study abroad experiences. Both these studies identified that reflection and dialogue were influential to learning during study abroad. However, they are dissimilar to the current study as they were accompanied; Addelman et al (2014) for example, explored formal Faculty led debriefing circles. McDowell, Goessling and Melendez (2012) do not provide information in relation to the form of dialogue engaged in. Most recently, Power et al (2017) emphasise as significant, engaging in reflective discussions with local 'host buddy' students. Power et al researched Australian student teachers who undertook work placement in Asia. They suggest dialogue with local buddies permitted students to gain a deeper understanding of the culture as they were able to reflect, make sense and gain insight through discussion so leading to

transformation. Although not related to nursing, these were unaccompanied study abroad experiences and similarities between this and the current study may be suggested as these students also undertook a service placement.

Taylor and Snyder (2012) concur that there is limited empirical support in this area. Further, Knowles, Holton and Swanson (2015) also suggest limitations in the evidence base in relation to the role of reflection in the process of learning in general and recommend a need for additional in-depth discussion in relation to reflection during experiential learning. Based on these identified gaps in existing knowledge, it is possible to suggest that the current study has provided additional empirical insight into the role of self-initiated reflective dialogue for transformative learning. In addition, as this study has also considered critical reflection, reflective dialogue and confirming understandings, it can also be suggested that this study provides additional and new empirical understanding of the wider role of reflective activities in the process of active sense-making during student nurse unaccompanied study abroad journeys.

12.6.3. Summary: Active sense-making

The theme of 'active sense-making' has considered the strategies and the processes of learning during study abroad. Participants identified that they were active sense-makers as they described 'taking responsibility for their learning' in the liminal space of study abroad. Additionally, exploration of student experiences revealed that students engaged in 'reflective activities'

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that included critical reflection, reflective dialogue and confirming understandings. Active sense-making was revealed as an enabler of transformative learning and perspective transformation. This study has also raised concerns in relation to sense-making without the use of reflective dialogue and also in relation to an absence of local people as reflective dialogue partners. Particular concern has been raised when students confirm understanding in such circumstances. Especially when confirming understandings about the development of cultural awareness and cultural knowledge, or the threshold concepts relevant to gaining insight into a culture or nursing practice in a culture. To address these concerns, use of the terms 'gaining insight' or 'forming impressions' have been further suggested as a way of differentiating between understandings that have been gained either through inclusion or exclusion of local people respectively. Finally, consideration of active sense-making also provides an indication that the social aspect of learning during study abroad may be important. This influence on learning will be further discussed in the subsequent theme of 'being with others'.

12.7. BEING WITH OTHERS

The theme of 'being with others' emerged as centrally important to learning in, and making sense of, the liminal space of study abroad. During the study abroad journey participants interacted with, and their learning was influenced by, people from the multiple communities that they encountered throughout this journey. These communities can be identified as other international students, the local nursing and healthcare community and the local people. In addition, upon return home participants also re-entered their usual communities and these too continued to influence learning about the study abroad journey.

During study abroad, participants were initially outside communities, both in the informal and formal settings of study abroad. In the informal setting, they described forming community with their fellow international students and discussed going out into the community for the first time. In the formal setting they provided descriptions of being outside of the local community of nurses. For example, students in developing countries were unsure of the activity patterns of the nurses as they were not included, students in Europe described being excluded from conversations, and students who came to the UK discussed being outside of the team as they did not know the unspoken or tacit rules of community membership. Whilst some participants remained outside of the local communities throughout their study abroad experience, others were accepted by a community member or members.

To permit a comprehensive understanding, the influence being with others had upon learning during study abroad will be reviewed. The sub theme of 'influence of communities on student learning' will firstly be considered and secondly the sub theme 'influence on community inclusion and acceptance' will be discussed. The origins of the theme and sub themes are displayed in table 22 below.

Table 22: Being with others: theme origins

Journey stage		Structural analysis (stages)		influences	Comprehensive understanding (phenomenon)	
		Theme	**Sub theme**		**Sub theme**	**Theme**
Liminal	Living	Being with others	Forming and being in a community with other international students		The influence of communities on student learning	Being with others
			International community support			
			Living in, and actively making sense of local family life			
			Living, and forming a community, with local students			
			Enablers			
	Going out	Being with others	Learning to live and fitting in to the different reality			
	Placement	Being with others	Being outside of the local community of practitioners			
			Being included in the local community of practitioners			
			Support to learn			
Postliminal		Active sense-making	Resolving troublesome experiences			

Liminal	Going out	Being with others	Being different		Influence on community inclusion and acceptance	Being with others
			Learning to live and fitting in to the different reality			
	Placement	Being with others	Being outside of the local community of practitioners			
			Being included in the local community of practitioners			
			Being a friendly stranger, fitting in and taking steps to be accepted			

12.7.1. The influence of communities on student learning

Participants interacted with, and were influenced by several different communities during their study abroad journey. This sub theme therefore considers 'the influence of communities on student learning'. It will discuss the community of international students, which will be revealed as a 'communitas'. Additionally, the local nursing community, which can be described as the local community of practice, will also be explored. The wider local community and the community of practice of nurses in the students' usual reality will be highlighted. Discussion will also include the importance of enablers, and the influence community in one setting could exert upon sense-making in another community will also be considered.

12.7.1.1. The influence of 'communitas'

One of the key influences on learning during study abroad for students was their relationship with other international students. Participants described forming communities with these students. These communities provided practical and emotional support, as well as support to make sense of the different reality (*e.g. theme: 'being with others', p162-175*). Turner (1969) also identifies that those in the liminal space form a structured community with others experiencing the same liminal state. This specific type of community is termed 'communitas' by Turner to differentiate it from a community of people living together in general. Junker (2013) also considers the concept of 'communitas' when discussing religious education. Junker

suggests that 'communitas' is comprised of group members who are equal and who demonstrate solidarity, and identifies that 'communitas' provides a communal experience for those who are together in the liminal space.

The current study identifies that 'communitas' is also influential to student nurse learning during study abroad. Findings suggest that when 'communitas' is formed, 'communitas' members share communal experiences and they focus upon achievement of the same goal of learning in, and about, the different reality. This research also identifies that the structure of 'communitas' can maximise support and it provides opportunities for achievement of student goals. For example, in developing countries, 'communitas' was formally established, it was highly structured to provide a rolling membership. This structure was conducive to enabling learning as there was always a more experienced peer available to support and enhance sense-making for newly arrived liminal entities *(e.g. p169).* In addition, this 'communitas' was structured as a 'community outside of community', it was described by students as providing a 'family' and a safe space or a 'comfort zone' in which to relax outside of the liminal space. In common with these findings, Ruddock and Turner (2007) also support the importance of having 'time out' with peers during study abroad and they identify that this assists understanding of the new culture, this also further supports engaging in reflective dialogue with others.

Communitas for students who remained in Europe were less structured than communitas in developing countries. Rather than being pre-established, participants formed and developed their own communitas upon arrival. The

learning which occurred varied as a result of the differences in these communities. For example, some participants described how they selected members of their communitas based on an assessment of 'sameness'. This sameness feature was positive as it enabled students to create a family and comfort zone outside of the liminal space (described above). However, there is a concern that, for these students, forming communitas based on seeking out sameness had the potential to reinforce ethnocentricity rather than facilitating cultural competence development. Other participants formed communitas with international students from across the world. Therefore, in addition to communitas offering a place of comfort outside of liminality, for these students, it also provided an additional opportunity to learn about their peers' cultures and so also facilitated development toward cultural competence *(e.g. ST: 'forming and being in a community with other international students', p162-166; 'international community support', p166-170).*

Montgomery and McDowell (2009) also investigated international student social networks and influences on learning during their time studying abroad. This qualitative study comprised focus groups and shadowing of seven participants who were studying abroad as international students in a traditional higher education setting (no placements). Montgomery and McDowell suggest that students form social networks and a community of practice with their peers. Montgomery and McDowell identify that this community provided the social capital that had been lost by relocating to study in the UK. It offered academic support, social support and some emotional support. Whilst Montgomery and McDowell did not link their

findings to liminality or communitas, clear parallels are identified between their analysis of community and the findings of this study. For example, this research has also identified the role communitas plays in the provision of practical, emotional and sense-making support in the liminal space of study abroad.

Killick (2012), discussed in chapter eight, also found that voluntary membership of an international student community during mobility provided opportunities for informal learning about other cultures, and indicates transformative learning about self also occurs. Killick does link these communities with liminality and describes these as communities of social practice, however, he does not make connection to communitas.

Fairley and Tyler (2009) do consider communitas when discussing a sports tourism study abroad programme. Fairley and Tyler undertook participant observation research (N=38) during a Faculty led experience to Australia (US MBA and Masters sports students). They identify that this group offered opportunities for informal reflection. However, it is unclear whether Faculty led these sessions. Fairley and Tyler also note that communitas restricted interaction with people from the local culture. Whilst these findings appear similar, this form of suggested communitas is dissimilar to the current study as all students were from the same university in the US and as indicated they were accompanied by Faculty.

The current PhD study further differentiates between types of communitas. It proposes the existence of two types during study abroad: 'social

communitas', denoting a social community of liminal entities, and 'communitas of practice', denoting a community of practice of liminal entities. Differentiation between types of communitas is also supported by Wenger (1998), and most recently Farnsworth, Kleanthous and Wenger-Trayner (2016), who propose that not every group or community is a community of practice. As introduced in chapter one of this thesis,

> *"Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis." (Wenger, McDermott and Snyder, 2002, p4).*

Wenger (1998) also describes a community of practice as having three distinguishing elements; mutual engagement of participants, joint enterprise and a shared repertoire. However, as the term joint enterprise caused confusion in the business arena, this second element is now referred to as a *"domain"* of practice (Farnsworth, Kleanthous and Wenger-Trayner, 2016, p143). This definition of a community of practice and its distinguishing elements can be directly applied to the communitas of international healthcare students during study abroad. Specifically, when students in the liminal state formed a community with others from the same discipline, ie, student nurses or other healthcare students, it was identified, as discussed, that they were able to provide participants with opportunities for reflective dialogue and transformative learning. These students shared the same concerns and experiences about clinical practice in the liminal space. Through ongoing interactions in the form of reflective dialogue, which took place outside of the liminal space, they made sense of troublesome experiences and developed their knowledge of the different practice

observed. In addition, all three distinguishing elements of community of practice were present in these types of communitas. Communitas members were mutually engaged, they shared the same domain of practice and they shared the same repertoire, and these elements came together in the process of reflective dialogue discussed above.

Lave and Wenger (1991) also suggest that a community of practice provides members with support to make sense and understand practice. This provides additional support for the role of reflective dialogue in the communitas of international students when making sense of experiences in the liminal space. It is therefore appropriate to formulate and apply the term 'communitas of practice' to clearly denote this special type of community of practice that comprise liminal learners during study abroad.

The second type of communitas to be identified in this study is that of 'social communitas'. This term has been generated here to refer to communitas which comprise students studying abroad but who are not studying the same subject. In this type of communitas aspects of the definition of community of practice and the distinguishing elements are missing. For example, when students formed a community with others from different subject areas to the participants, there was no evidence of reflective dialogue. Peers who were studying different subjects were described as lacking insight into the discipline of nursing or healthcare and so they could not offer reflective dialogue or the same level of support as a peer who was also studying healthcare *(see ST: 'international community support', p166-170).* Therefore, in these communities, support was restricted to social aspects. As identified,

these communities offered a comfort zone outside of the liminal space and provision of the safety of companionship when entering the liminal space of the local community. Therefore, whilst there was evidence of mutual engagement of community members, the distinguishing elements of domain and shared repertoire were absent. This further explains an absence of reflective dialogue with others in these communities, as community members simply did not share the same discipline language or way of being that enabled such reflections. It can therefore be confirmed that this form of communitas should be considered a social community and more specifically a 'social communitas'.

12.7.1.2. The influence of communities of practice

In addition to the influence that communitas exerted upon student learning in the liminal space, the communities of practice of nursing and healthcare practitioners, both in the different reality and following return home also influenced student learning.

In Europe, although there was some variation in experience, it has been identified that students were on the whole permitted to move into the local community of practice that existed *(e.g. ST: 'being included in the local community of practitioners', p216-219).* In line with Lave and Wenger's (1991) theory of situated learning and peripheral participation, students provided examples of working with their clinical mentor and there was also evidence of mutual learning with examples of mentors expanding their

horizon due to interactions with the student *(e.g. P12, p203)*. However, due to language barriers and also their liminal and temporary status, whilst they were accepted by the community, they remained on the peripheries *(e.g. P3, p210)*.

In developing countries, for the most part, students remained outside of the local community of practice of nurses. Whilst, participants observed in the healthcare environment and undertook some limited clinical practice, they most frequently did so under the direction of medical staff rather than nursing staff. So they cannot be described as being in the local community of practice of nurses *(e.g. P10, p214)*. Participants who discussed working with the local nurses and having a clinical nurse as a supervisor can however be suggested as operating on the peripheries of the community *(e.g. P2, p222)*.

In the formal setting, student acceptance by the community of practice was important as it provided support to access learning activities in the clinical area. It also provided opportunities for reflective dialogue with the local staff in order to make sense of the experiences to which they were exposed, which as discussed, is identified as a valuable feature of communities of practice (Lave and Wenger, 1991). Conversely, being outside of the community of practice, meant students experienced limitations in support and they described that this created challenges to learning *(e.g. see ST: 'support to learn', p221-224)*.

However, it is important to note that a lack of support did not prevent learning. Such support limitations had the power to trigger participants to

engage in transformative learning in the liminal space as they took responsibility and self-policed their practice. In such circumstances participants described the development of self-reliance, autonomy and a resultant transformation in their way of being as a learner and as a person *(e.g. theme: 'being changed and transformed', p241-246).* Finally, as discussed earlier, some clinical mentors from their usual nursing community of practice were also identified as influential in enabling students to complete sense-making following return home to their usual reality. Such individual enablers of learning were also evident in all the communities in which the students were accepted.

12.7.1.3. Enablers

During study abroad, the presence of an enabler initially emerged as influential in facilitating students to gain access to the community of practice. Often, an enabler emerged as the first person from the community to accept the student and they then provided a means of further access into their community. For example, enablers invited participants to enter into the local nursing community's activities (e.g. sharing food during breaks, or holding a nursing report in English). Following the initial enabler's acceptance, others from the community followed and the support and learning network expanded *(e.g. see participant quotes, p217-p218).* In addition, an enabler provided support which could involve facilitating planned learning opportunities or being available for the student so that they could undertake reflective dialogue to assist them with sense-making. As discussed, Power et al (2017) researched pre-teaching work placement students in Asia and described

'host buddies', who were enablers of learning. These buddies, who were student teachers from the local community of practice, enabled students to attain transformation through reflective discussions, therefore supporting this finding in the current study.

In the informal learning setting, acceptance by a member, or members, of the wider local community also had the power to influence student learning. For example, the local family with whom participant 17 lived, enabled access into local community social activities and this enabled the student to learn about local life. House managers in developing countries also acted as enablers of learning as they arranged student placements and supported the students to enter the formal learning setting. House staff were also credited with creating a supportive and safe environment in the house which enabled students to form communitas with their peers *(e.g. ST: 'enablers', p173-175).*

The importance of enablers of learning during study abroad can be further explained by the theory of zones of proximal development. Vygotsky (1978) defined zones of proximal development as,

> *"the distance between actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers" (p86).*

Whilst this theory was designed to explain learning in children, there is relevance to adult learning during study abroad. In the liminal space, participants' usual frame of reference, which included their knowledge base and skills set for living, was not immediately sufficient to enable learning or living independently in the different reality. As identified, participants needed

to learn anew. Having an enabler from the local community of practice, the local community more widely, or a more experienced peer from their communitas, can be seen to have advanced student learning more efficiently than was possible without support. For example, when participants were gradually accepted into a community of practice it was identified that learning was easier following the emergence of an enabler. In addition, the scope of transformative learning without an enabler was more limited. As discussed above, concerns have also been raised in relation to the extent of the development of cultural awareness and knowledge when there was a lack of a local enabler with whom participants could engage with in reflective dialogue to explore and confirm their understandings. Whilst some enablers were formally appointed to support students (e.g. house managers and clinical mentors), others emerged on a more ad hoc and voluntary basis and this can account for the variations in enabling support experienced. It is therefore relevant to also consider the decisions to offer such enabling support. Factors which appear to have influenced such decision making will be discussed within the sub theme of 'influences on community inclusion and acceptance'.

12.7.2. Influences on community inclusion and acceptance

The decision by an enabler to accept a student, or of communities to permit students entry, and also the development of some communitas, can be further explained by consideration of the concepts of 'the other' and 'otherness'. The term 'otherness' has several interpretations and applications (van Pelt, 2000). It is important therefore to identify that the concept of

'otherness' applied in this thesis is identified as having its origins in geographical and anthropological conceptualisations. Staszak (2009) reviewed the concept of 'otherness' and suggests that it is a construct that,

> *"consists of applying a principle that allows individuals to be classified into two hierarchical groups: them and us" (p43).*

Following classification into one of these two groups, further differentiations are possible. For example, Staszak (2009) considers 'the other' to be,

> *"a member of a dominated out-group, whose identity is considered lacking and who may be subject to discrimination by the in-group." (Staszak, 2009, p43).*

This clearly identifies 'them' as being inferior to 'us'. Staszak's discussion echoes that of Douglas (1992) who explains that the concept of 'the other' originally arose in anthropology from consideration of 'the native' as someone who was inferior in some way to the dominant colonisers. Giddens (1994) also suggests that if a person is not part of the local culture they are 'the other'. Giddens (1994) also considers that this 'stranger', who could be considered to be a visiting other, must be assessed by the local people who then decide whether they are, or are not, a threat to the local tradition. Lupton (1999) also identifies the stranger as a liminal figure who crosses between social group boundaries and, in so doing, blurs these perimeters and presents as a threat to the social order of the group. If the stranger is deemed to be a threat it can be suggested that they are classed negatively as the *"'risky' Other"*, they are met with suspicion (Lupton, 1999, p106) and they may be excluded or discriminated against by the community. Alternatively, if the stranger is deemed to be benign and friendly, as identified by Giddens (1994), they are permitted access into the community.

As indicated above, the concept of 'otherness' which includes consideration of 'the other' and 'the stranger' is pertinent to facilitate a comprehensive understanding in this thesis. For example, in the current study, some communitas were formed with fellow liminal entities based on a seeking out of sameness assessment *(e.g. P7, p165).* In such examples, students sought out fellow students who were perceived to hold the same characteristics as themselves in some way. Such seeking out of sameness can be juxtaposed to the concept of 'the other' and therefore it can also be seen to have resulted in an avoidance of 'the other'. Morgan (2012) also identifies that study abroad students trusted fellow travellers and sought to form a group with them if they assessed some kind of kinship. Formation of such a group was felt to enhance safety and reduce the risks posed by being in a different country and culture.

Further, the concept of 'otherness' is also applicable when considering acceptance or exclusion by local communities of practice. For example, several students described how they felt they were perceived to be the 'risky other' by the local nurses. This is suggested in examples where students felt that they were unwelcome and not wanted *(e.g. ST: 'being outside of the local community of practitioners', p214-216).* It is acknowledged however, that it is not possible to confirm if local nurses did view students in this manner, as local community members were not part of this research.

Conversely, it can be suggested that local enablers, who volunteered themselves for the role, and also other members of the community, made a

judgement that the student was a 'friendly stranger' rather than a threat *(e.g. P4, p218).* Whilst acceptance was immediate for some participants, others experienced a more gradual acceptance. For example, participant 3 described her experience of acceptance by the local enabler and the local nurses. *(e.g. P3, p218).* The examples provided here (P3 & P4) also demonstrate a 'change of footing', when the community started to speak English. This sign of boundary crossing demonstrated that acceptance into the community of practice had occurred (Goffman, 1981).

Participants also identified that they were cognisant of the need to demonstrate their status as a 'friendly stranger' and they took active steps to fit in and be seen in a positive light as a learner *(e.g. ST: 'being a friendly stranger, fitting in and taking steps to be accepted', p219-221).* These findings are also reflective of Morgan (2012) who identified that students sought to fit in with the local people during study abroad in order to avoid being deemed a threat.

Some participant accounts also describe how they became a focus of interest and were seen to be a novelty by the local community of practitioners *(e.g. P1, p219).* This manifestation of the 'friendly stranger' is also supported by Lupton (1999) who identified that when not viewed as a threat, 'the other' could be a source of fascination. It was also revealed that once identified as a 'friendly stranger', participants were also considered to be a 'privileged other' as they were afforded additional benefits when compared to the local community. For example, participants described being offered additional clinical visit experiences when compared to the local students.

However, these additional privileges, for some participants, had the counter-effect of reinforcing their 'otherness' when compared to the local student nurse community *(e.g. P7, p220).* Otherness was also reinforced by imposition of practice assessment documentation from home and this created an additional barrier to inclusion in the local community of nurses. Therefore, whilst students took active steps to be accepted as a 'friendly stranger', other people and other learning activities outside their control also had the power to reinforce 'otherness'. These findings provide an enhanced understanding of how others and community can influence learning during study abroad.

Student experiences of being 'the other' or a 'friendly stranger' highlight and permit further explanation of the differences experienced by liminal learners during study abroad when compared to liminal entities who are undergoing cultural 'rites of passage' (van Gennep, 1960). Whilst they share similar journey trajectories through liminality and they emerge transformed in the postliminal state, those undertaking a cultural, and obligatory, 'rite of passage' are not 'the other'. They are part of the local community and they are in a sacred place as they transition to postliminality in which they will assume more senior roles in their community (Turner, 1969). However, as liminal entities during study abroad, students are transient in another community and so they are 'the other'. When they transition, their transformed postliminal state will not benefit that community and so they do not hold a sacred place. Further upon return to their usual reality their experience may also remain unvalued by their own nursing community as

study abroad is not an obligatory part of their development as a nurse, it is an optional experience and is one which others may not have undergone.

12.7.3. Summary: Being with others

'Being with others' has been revealed as a theme of the phenomenon of learning during study abroad. Being with other liminal entities has emerged as influential and the concept of communitas has been identified as integral to this experience. Communitas, which is a community of liminal entities, offers students support during their study abroad journey. Two types of communitas have been revealed, 'social communitas' and 'communitas of practice'. Social communitas exists when liminal students are not studying the same educational discipline; the support offered by this type of communitas is restricted to offering social support. Communitas of practice exists when liminal students also share the same discipline, which for this study is nursing or healthcare. In addition to offering social support in the liminal space, communitas of practice also offers emotional support and support to gain understanding of their discipline as it is practised in the different clinical setting. Communitas, and in particular communitas of practice, has been identified as facilitating transformative learning.

It can therefore be suggested that this study adds new insight into the current body of knowledge in relation to communitas. Prior to this study, a minority of published work discussed a specific link between liminality, communitas and education. For example, the work by Junker (2013) focuses upon religious education, whilst Fairley and Tyler (2009) discuss sports tourism. Although

Fairley and Tyler (2009) discuss communitas during a group travel abroad visit, the group comprised different characteristics (as they all travelled together from the same university).

Further, there is a lack of empirical research about student nurse study abroad that has discussed this special type of community in terms of communitas. Additionally, the terms 'social communitas' and 'communitas of practice', developed here to differentiate between the different types of communitas, were not found during literature searching. This may suggest a further unique contribution to the field of nursing study abroad and study abroad more widely. It can therefore be identified that exploring student communities during study abroad in relation to liminality and communitas offers new and deepened insight into this field. It uncovers the important role communitas plays in relation to student nurse learning and support to learn in the liminal space. It also reveals the nature of the structure by which this communitas is able to be successful in its functioning during student nurse study abroad.

In addition, this research has found that the local community and especially the local community of practice is also influential to learning during study abroad. Acceptance and inclusion in a community of practice, enables students to access learning opportunities and this includes provision of access to the local community who can assist with sense-making and confirmation of understandings. Conversely, remaining outside of the local community of practice has been identified as limiting learning due to a lack of learning support, and importantly, this includes a lack of a local person or

enabler who could facilitate confirmation of understandings. However, when faced with a lack of support, students were required to be self-reliant and they reported transformative learning outcomes as a result. Again, literature search suggests an apparent lack of empirical evidence that may support this important aspect of learning during student nurse study abroad. Hence, it may be suggested that this study also adds new insight into the complex influence local communities of practice in nursing may exert upon learning during student nurse study abroad.

Further, enablers from the various communities are proposed as influential to learning during study abroad. Enablers ranged from the local house managers and more experienced liminal students, to a member, or members of the local community of practice. It is suggested that these enablers advanced student learning in some way, so supporting Vygotsky's (1978) zones of proximal development theory.

The concept of 'otherness' emerged as relevant to facilitate understanding of variations in student positions in relation to communitas, enablers and communities of practice. For example, students sought out sameness when forming some communitas. Further, as students were liminal and transient in relation to the local community, they were a 'stranger'. The local community therefore needed to decide whether the student was a friend or foe. Enablers and some local communities can be seen to have accepted students as 'friendly strangers' and even 'the privileged other', whilst other communities identified the student as 'the risky other'. Students took steps to fit in to the

different reality so that they could be perceived by the local people to be a 'friendly stranger'.

Finally, when considering the theme of 'being with others' in relation to the original objectives of the study, it has been clearly identified that the student relationship with others, and their position in the communities they interacted with, is influential to either promoting, inhibiting or posing a challenge to learning during study abroad. It is also identified that learning during study abroad is significantly influenced by others and so the social nature of learning as advocated by Jarvis (2010) is supported.

This concludes presentation of each phenomenon theme. These themes will now be combined in order to present the comprehensive understanding of the phenomenon of learning during study abroad.

12.8. PRESENTATION OF THE COMPREHENSIVE UNDERSTANDING

12.8.1. Generating a comprehensive understanding and addressing the research question, aim and objectives

This research has revealed that the themes of the phenomenon of student nurse learning during study abroad are 'experiencing a different reality', 'active sense-making', 'being with others' and 'being changed and transformed'. When considered together, these themes combine to provide a comprehensive understanding of the phenomenon of student nurse learning during a study abroad journey. This understanding will now be presented in both narrative and visual formats.

In line with Lindseth and Norberg's (2004) recommendations, this comprehensive understanding will be presented as a description of the phenomenon in everyday language. However, this description also necessarily incorporates the emergent theoretical framework. In so doing it permits the comprehensive understanding to demonstrate that it has addressed the research question, aim and objectives which were as follows:

Research Question: 'What are student nurse experiences of learning during study abroad?'

Aim: To explore and interpret student nurse experiences of learning during the totality of study abroad in order to:

Objectives:

- gain insight into the process of learning and the strategies students used to enable learning;

- identify what experiences students had transformed into learning events and to uncover how these experiences had been transformed;

- identify the factors that were perceived to have inhibited or that promoted student learning;

- uncover whether and how the student relationship with others, and their position in the communities they interacted with were perceived to have influenced learning;

- identify whether the experiences encountered were felt to influence the student's subsequent approach to learning.

And ultimately to,

- enable an uncovering of the phenomenon of learning and gain insight into being a student nurse learner during study abroad.

Prior to presentation of the comprehensive understanding of the phenomenon, it is important to re-highlight its relativist ontological underpinnings. Specifically, this understanding has emerged from a hermeneutic phenomenological investigation of the multiple subjective realities of the 'lived experiences' of participants. Consequently, this comprehensive understanding offers '*an'* uncovering of the phenomenon of learning during study abroad. Therefore, rather than suggesting generalisability, readers are invited to further appropriate this comprehensive understanding (Ricoeur, 1971; 1976; Lindseth and Norberg, 2004) so that

they may consider its transferability to their own contexts (Lincoln and Guba, 1985; Macnee and McCabe, 2008).

12.8.2. The comprehensive understanding of the phenomenon of learning during study abroad

Student nurse learning during study abroad is experienced within the context of difference and liminality as students anticipate and then undertake a journey into, through and return from a different reality.

Anticipating, and having a motivation to experience a different reality, and a desire to experience difference, are pre-cursors to learning during study abroad. However, despite this anticipation, students experience disjuncture when exposed to difference in the study abroad reality as students' frames of reference do not explain the reality as it manifests. Greater disjuncture and also shock are experienced when the degree of difference between realities is significant. Existing frames of reference become problematic and they do not permit understanding. Clinical nursing practices that diverge significantly from students' existing frames of reference are experienced as disturbing events and they present as disorienting dilemmas. They are troublesome experiences for students as they struggle to make sense of these divergent practices, which reveal threshold concepts in nursing. Disjuncture, shock or troublesome-ness demonstrate that the different reality of study abroad is experienced as a liminal space by students and this also indicates that students have entered, and are in a liminal state as learners.

In the liminal state, students leave behind their usual role and responsibilities as learners. This provides students with the freedom to set their own rules and to develop their own roles as learners; they are required to learn anew 'how to learn' in the liminal space of study abroad. The process of learning in the liminal space is therefore complex and requires that students transform experiences of difference into learning events. Learning is triggered when disjuncture is experienced and students are forced out of their comfort zone and they are forced to learn. Students then employ active sense-making strategies in order to gain insight in the different reality, in both the informal and formal learning settings of the liminal space of study abroad. Active sense-making comprises taking responsibility for learning and undertaking reflective activities. These reflective activities include critical reflection, reflective dialogue, and confirming understandings. Active sense-making therefore involves students as individuals but it also occurs in conjunction with others, who act as enablers of learning. Enablers advance students' learning in the liminal space as they assist students to access learning experiences and they also assist students to make sense of these experiences.

When insight is gained, students' horizons are expanded and they may gain understanding about the different reality, and they may gain an understanding of self. Gaining insight and understanding of the threshold concepts of nursing, as they are manifest in the different reality, permits resolution of troublesome-ness and students cross a threshold of understanding. In circumstances of exposure to disorienting dilemmas, when

troublesome-ness remains unresolved, students remain in a stuck place and they are unable to cross this threshold. In these circumstances, sense-making activities continue after students have returned to their usual reality. In addition, when an experience is too different, it is not possible to transform the experience into a learning event. Further, an absence of reflective dialogue with others, and in particular an absence of reflective dialogue with the local people, when seeking to confirm understandings in relation to the development of cultural awareness and cultural knowledge, may result in the forming of impressions. This may present as mimicry, or inauthentic understanding.

Being with others therefore plays an influential role in learning during study abroad. Students form a community with other international students outside of the liminal space. As these communities comprise fellow liminal entities they are identified as 'social communitas' and 'communitas of practice'. Social communitas comprise students who are studying different subjects, and this type of communitas is able to provide practical and social support. Communitas of practice is composed of students who are studying the same subject. This type of communitas also provides emotional and sense-making support in the informal setting that relates to learning about the formal setting, which for nursing students is a clinical placement. Communitas formation, and the support offered by communitas, during study abroad is identified as a vital element in transformative learning.

Being accepted or excluded by the local community, and this includes the local community of practice, also influences student learning. This

acceptance or exclusion is influenced by perceptions of 'otherness'. When students are perceived, or perceive other people, to be 'the other' and in particular the 'risky other' they are excluded, and remain outside of the community. Being outside of community results in students receiving limited support to learn and make sense, students also lack an enabler. It is still possible however for students to experience transformation as a lack of support may facilitate students to develop personally and professionally. Conversely, when students are identified as 'friendly strangers' or 'privileged others' they are included in the community and they are provided with support by enablers to learn and make sense of experiences in the different reality, this facilitates students to acquire cultural awareness and knowledge.

As a result of being learners in the liminal space of study abroad, students become different to how they were prior to the experience. Students may develop as global graduates, they may progress toward cultural competence, and they may grow both personally and professionally as a person, nurse and learner. The outcome of learning therefore manifests as a changed or more experienced person, and this may include transformation.

As a result of change and transformation, upon return to their usual reality, students remain in a liminal state. Students' usual realities have now also become unfamiliar, and, as a consequence, they experience disjuncture and shock. Postliminality is attained, and the study abroad journey is concluded when students have re-adjusted and the usual reality has again become familiar. This journey is also concluded when outstanding troublesome experiences have been resolved and threshold crossing is completed. In the

postliminal state students continue to engage with their usual reality differently. In addition, whilst this particular study abroad journey may have concluded, the end point of this journey holds continued potential as postliminal students may envision future journeys into difference as a result of the transformation incurred.

Being a student nurse learner during study abroad therefore means to be a liminal entity, actively making sense of difference, disorienting dilemmas and troublesome experiences in the liminal space of the different reality. Learning is influenced by others and the outcome of the experience of learning during study abroad is change and transformation.

Figure 12 also provides a visual representation of this comprehensive understanding. This figure demonstrates the complex inter-connectivity between each of the themes of the phenomenon that when combined together form the phenomenon of learning during study abroad.

Figure 12: The phenomenon of learning during study abroad
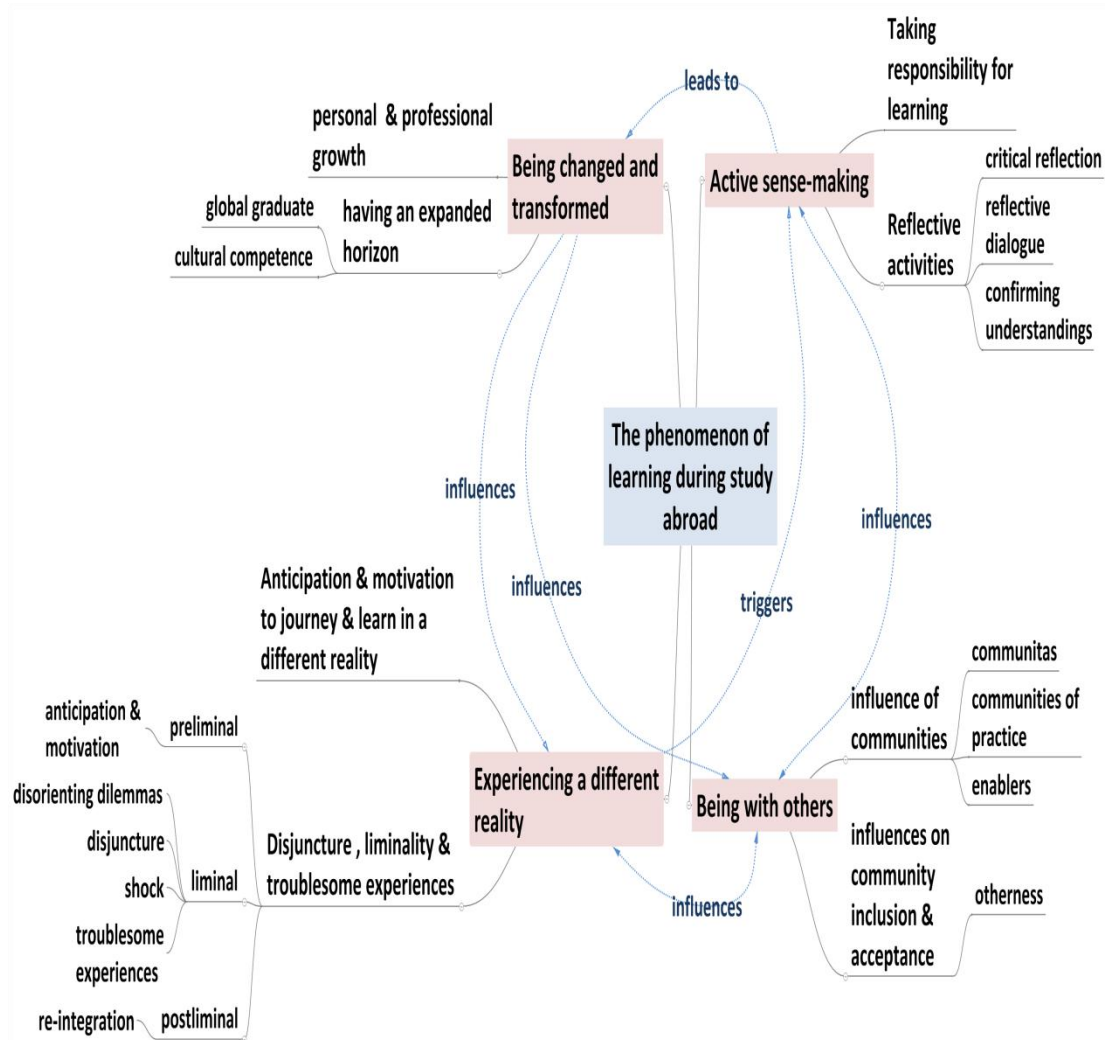
12.9. CHAPTER SUMMARY

This discussion chapter has presented the outcome of the comprehensive understanding stage of data analysis. Review of the findings in relation to relevant literature and in relation to the research question, aim and objectives have resulted in the attainment of an in depth, or comprehensive, understanding of the phenomenon.

It has been revealed that the phenomenon comprises four themes: 'experiencing a different reality', 'active sense-making', 'being with others' and 'being changed and transformed'. These phenomenon themes are mutually influential, they are inter-connected and when considered together they comprise the complex phenomenon of learning during study abroad. From consideration of these combined themes, a comprehensive understanding has been attained. This understanding has been presented as a description of the phenomenon in everyday language, and this answers the research question and realises the aim and objectives of the study. Overall, this presents an uncovering of the phenomenon of learning, and provides an insight into being a student nurse learner during study abroad.

To conclude this thesis, the final chapter will provide a reflective review of the research processes employed that enabled attainment of this comprehensive understanding of the phenomenon.

CHAPTER THIRTEEN: CONCLUSIONS AND RECOMMENDATIONS

13.1. CHAPTER INTRODUCTION

This chapter provides a reflective discussion in relation to study strengths and limitations. Following this review, the contribution this study may make to empirical understanding will be considered. Recommendations for further development in the field of study will also be proposed. A final reflection on my journey as a PhD student will be presented and a summary of the research study and journey will draw this thesis to a close.

13.2. STUDY STRENGTHS AND LIMITATIONS

A key strength of this study is the reflexive and iterative approach employed throughout each stage of the research process. For example, the reflexive decision to change data collection method and include a follow-up interview enhanced the study. As identified, the journey of learning was not concluded for participants until they had completed a post-return placement, therefore a follow-up interview permitted all stages of the learning process to be explored. In addition, the reflexive decision to include EU study abroad student nurses broadened the sample and extended the range of study abroad contexts. This permitted differences in experience to emerge that revealed aspects of the phenomenon, such as understanding of the importance of degrees of difference, that may have remained hidden had the

sample been more homogenous in nature. Furthermore, the decision not to conduct focus groups, as were identified in initial research design, ensured that the research methods employed remained congruous to a hermeneutic phenomenological methodology, and more appropriate measures to enhance credibility were included in the study. Specifically, inclusion of participant resonance responses enhanced study confirmability.

Significant and reflexive consideration was also given to the process of data analysis. For example, modifying the structural analysis stage to differentiate into individual and combined structural analysis sub-stages. This permitted transparency of movement from individual to group analyses. This addresses possible tensions between Heidegger's concerns in relation to subjectivity and temporality and Ricoeur's requirements to achieve distanciation and appropriation. Development of a visual model also provides a clear representation of this theoretically underpinned data analysis process.

The inductive and iterative nature of the research also gives confidence that an understanding of the phenomenon emerged from student experience as opposed to being imposed by the researcher. However, the inductive approach employed also presents limitations. Specifically, I had not anticipated that the period prior to study abroad would be an aspect of the journey. Whilst it emerged during interviews, I did not recognise it at that time and it was only during data analysis that I became aware of its relevance. Therefore, the preliminal stage is less extensively explored than subsequent stages of the study abroad journey. However, these findings present

opportunities for future studies to further consider the experiences and influences of the preliminal stage.

13.3. WHAT THIS STUDY ADDS

Developments made in relation to the data analysis process may offer an enhancement to Lindseth and Norberg's (2004) phenomenological hermeneutical method of data analysis. These developments, applied in this research, enrich the utility of the data analysis method and they also provide a clear audit trail. Application of this analysis process (as an integral aspect of the methodological framework employed) has permitted the study to address the research question, aim and objectives. In this way, this research may be suggested to add to the pedagogy of study abroad. Specifically, this research addresses a gap in understanding in relation to learning processes, strategies, and influences that may exist throughout the whole study abroad experience (including both formal and informal learning contexts). A new theoretical understanding of the field of study abroad is therefore offered. Of particular note, this research reveals the relevance and inter-relatedness of the concepts of liminality, threshold concepts and transformative learning when seeking to understand learning during unaccompanied student nurse study abroad journeys. It also offers new and additional insight into the role of disjuncture, culture shock and the influence of others on learning during this form of study abroad.

More specifically, the research offers new understanding of study abroad from the perspective of liminality, by revealing that unaccompanied study abroad for nursing students is experienced as a liminal journey. Further, rather than being passive in the liminal space of the different reality, this research identifies that being a liminal entity during study abroad affords the student the freedom to take responsibility for learning. Liminal learners therefore differ from traditional liminal entities experiencing cultural 'rites-of-passage' transitions.

These findings also suggest a clear link between liminality and transformative learning when proposing that in the liminal space of study abroad, when exposed to difference and 'disorienting dilemmas', disjuncture is experienced. Transformative learning may then be triggered as students attempt to make sense of the different reality. Further, it is suggested that the degree of difference between frame of reference and different reality influences level of disjuncture and shock experienced in this liminal space.

This research also suggests as important, the influence of threshold concepts for transformative learning in the liminal space of study abroad. It adds additional support to the utility of threshold concepts framework when applied to understanding nursing practice knowledge in different cultural contexts. For example, threshold concepts that underpin the discipline of nursing have been revealed in the liminal space of study abroad. They present as troublesome when not manifest in their familiar guise. Students may remain in a state of liminality, and be in a stuck place, when unable to make sense of the troublesome practice knowledge and they may be unable to cross the

threshold of understanding. However, once sense-making is achieved, perspective transformation may be attained. As suggested, these findings also go some way to addressing previous criticisms that the theory of liminality, when applied to threshold concepts, is ill-defined.

This research adds new empirical understanding about the role of reflective activities in the process of active sense-making during unaccompanied student nurse study abroad. For example, active sense-making occurred in both the formal clinical placement context and the informal contexts of living and going out. This also demonstrates the influence learning in one context may have upon learning in the other; this is a previously neglected area of consideration in study abroad literature. The importance of reflective activities to enable sense-making and permit threshold crossing to attain postliminality is also highlighted. Further, a new perspective is offered when differentiating between gaining insight and forming impressions in the absence of reflective dialogue. This enhances understanding of circumstances influencing mimicry versus authenticity and threshold crossing during study abroad. Links between transformative learning theory and threshold concepts are again emphasised.

Furthermore, unique insights in relation to the influence others may exert upon student nurse learning in the liminal space of study abroad are offered. In particular, communitas is newly demonstrated to be significantly relevant during this learning experience. Differentiation between communitas is also made, and two types have been newly identified during student nurse study abroad: 'social communitas' and 'communitas of practice'. The varying scope

of influence each type of communitas may exert upon learning is identified and the importance of communitas structure in relation to learning further advances understanding. New insights are also provided into the importance of the local community of practice, and also the influence of student situatedness within these communities. This advances understanding of the influence of others as enablers of learning and it also adds to the body of knowledge in relation to the concept of 'the other' and 'otherness' during student nurse study abroad. Differentiation is also made between the 'risky other', the 'friendly stranger' and the 'privileged other'. These are also highlighted as factors that influence, and may account for, community of practice responses to liminal students during and following return from study abroad. Furthermore, the new differentiations made between liminal learners and liminal entities during cultural 'rites of passage' when considering perceptions of 'sacredness' is also extended to further explain local community responses.

Finally, this study offers new depth of insight when considering the outcomes of learning during unaccompanied nursing study abroad. For example, considered analysis has been offered in relation to differentiation between learning as change, and learning as transformation. This adds to the field-specific body of knowledge and demonstrates that whilst students may be identified as having learnt, as evidenced by a changed or more experienced person, they may not necessarily have attained perspective transformation in relation to developmental outcomes such as cultural competence. However, this study did reveal examples of students who had attained such perspective transformation. This research also identifies, due to transformation, reverse

culture shock may be experienced and students may remain in a liminal state as they re-adjust to their previously familiar reality and resolve troublesome-ness, before finally attaining postliminality. This also adds additional empirical understanding to this area which comprises limited evidence. Study abroad is therefore suggested to offer a complex learning environment (comprising individual and social influences) and as a consequence of this complexity, varying levels of change and transformation may be experienced.

13.4. RECOMMENDATIONS AND AREAS FOR FURTHER CONSIDERATION

Several areas that warrant consideration, and that may be of interest to developers of unaccompanied student nurse study abroad programmes, are highlighted. These relate to educational policy, practice and research.

13.4.1. Recommendations for educational policy

Recommendations commence at the policy making stage. Educational policymakers need to firstly be clear about desired learning outcomes in relation to change and perspective transformation of students who are to undertake study abroad programmes. For example, when considering the specific attributes of the global graduate, this research has identified that it is possible for students to become a changed or more experienced person in relation to development of an understanding of other cultures, but perspective transformation may not be attained. Conversely, students may

develop personally and professionally and attain perspective transformation, but they may not gain insight into another culture.

Such variations in outcome are identified as being influenced by several factors. It is important therefore for educational policy makers to specify the desired changes and perspective transformations. This should also include specifying whether the focus of transformation is individual development or whether it incorporates a social transformation aim. Stating these specifications may permit study abroad programmes to be designed that offer the best opportunity for attainment of learning outcomes. For example, whilst this study identifies that EU study abroad results in change and transformation, perspective transformation in relation to cultural competence development is less frequently discussed. Cultural perspective transformations occurred most frequently in those who went to developing countries. Therefore, destinations must be considered carefully when deciding upon desired learning outcomes. To enhance opportunities for perspective transformation, it is therefore recommended that study abroad experiences to developing countries are further promoted and expanded.

Such expansion must be underpinned by educational theory, it must meet safety requirements and ensure that programmes are developed in partnership with the local community. Such a partnership approach may also raise the value of hosting study abroad students which in-turn may reduce instances of students being perceived as the 'risky other'. This recommendation also reflects the current UK Government desire to increase global trade and mobility beyond Europe (e.g. Department for International

Trade, 2017; Go International, 2017). Further, it can be suggested that the expansion of suitably developed study abroad opportunities to countries outside of Europe may also be timely given the recent UK Referendum decision to leave the EU and the resultant uncertainty generated in relation to current European study abroad agreements (Hubble, 2016). However, as indicated above, this research has demonstrated the benefits of study abroad in Europe, therefore these recommendations should not detract from the need for UK and EU negotiators to reach agreements that will protect existing European partnership agreements after the UK's withdrawal from the EU.

13.4.2. Recommendations for educational practice

When considering educational practice, curricula need to be developed that incorporate study abroad as a continuum reflecting the ongoing learning requirements of students at each stage of liminality. Accordingly, recommendations for educational practice development will be presented in relation to the stages of preliminality, liminality and postliminality.

13.4.2.1. Recommendations prior to study abroad (the preliminal stage)

Student autonomy should be valued and facilitated at each stage of the study abroad journey. It is recommended, when planning each student's placement, the specific destination is a joint decision between student and programme leader. This will confirm the student has the pre-requisite motivation and desire to journey into the different reality of the chosen

destination. Discussion regarding independent and active learning should also commence prior to the experience. Such preparatory discussions should include the need to take responsibility. Also, to reduce ambiguity about rule and role boundaries when in the liminal space, parameters should be negotiated prior to travel. Students should be made aware of the importance of including a relevant local person in reflective dialogue when seeking to confirm understandings. Linked to this recommendation, students should also be encouraged, prior to study abroad, to adopt a reflective approach so that they may challenge their thought processes and insights. This may facilitate the student to critically reflect upon their frame of reference, so enhancing the possibility of perspective transformation. However, it is important for educators to be cognisant that choice of preferred mode of reflection may vary between students, therefore student autonomy to select the most compatible method is also recommended.

As discussed, disjuncture triggers learning. However, it is acknowledged that this disjuncture can be experienced as traumatic. Disjuncture was experienced even though students had undertaken preparation prior to study abroad, therefore it is recommended that students should also be prepared to anticipate such disjuncture. This will permit the educator to explore with the student possible coping strategies. Such strategies include, as discussed, active sense-making, including critical reflection and reflective dialogue with their anticipated communitas of practice and the local community of practice. Such preparations may also reduce incidences in which the different reality is experienced as being 'too different' for it to be transformed into a learning event.

13.4.2.2. Recommendations during study abroad (the liminal stage)

It is recommended that study abroad programmes, in which students are unaccompanied by Faculty, incorporate a suitable local enabler into the programme team. Such local programme team enablers (LPTE) need to be people with whom the student has regular contact and who can offer enabling support throughout the entirety of the study abroad experience. LPTE are required, as far as possible, to be non-judgemental and they need to be cognisant of the need for confidentiality. They need to possess local cultural knowledge and insight so that the student is able to engage in reflective dialogue to attain cultural sense-making. In addition, LPTE require discipline-specific knowledge in order to support the student to make sense of the different practice reality to which they are exposed. This may facilitate resolution of troublesome-ness and permit confirmation of understandings and the gaining of insight about the local culture and discipline of nursing. In Europe, students frequently have a local nurse tutor who can provide this support, however in developing countries, whilst they may have a local enabler with cultural insight, the study revealed an absence of an enabler who also had discipline-specific knowledge.

It is not desirable for LPTE to be with the student at all times as this may affect student experiences, but it is necessary for the student to have regular meetings with LPTE. In developing countries where disjuncture creating experiences occur most frequently, daily support is recommended initially. As students become accustomed to the different reality, this may be reduced by mutual negotiation between LPTE and student, this therefore continues to

protect and acknowledge student autonomy. LPTE should also provide support to assist the student to be identified as a 'friendly stranger' by the local community of practice. LPTE can promote this status by briefing the student on appropriate ways of being that would enable the student to demonstrate their desire to be viewed as a 'friendly stranger', and LPTE should lead the initial introductions between the student and the local community of practice.

Within the local community of practice, the student should also have an identified local nurse enabler, who is willing to support the student to access learning experiences, and who is also willing to engage in reflective dialogue. Students should discuss their role and rule boundaries with this enabler. In Europe, students were allocated to nurse mentors or supervisors who were able to undertake this function, but in developing countries this model of mentorship was more limited. It is however important to resist recommending imposition of what may be an European or UK-centric model of student clinical support into a different cultural setting. Therefore, it is recommended that universities seek to work with the local community of practice to establish a suitable enabling system.

This may be a complex process as the students who undertook study abroad in developing countries, in this study, did so via external specialist study abroad 'gap' companies. Whilst the university in this study liaised with these external companies to agree a bespoke study abroad programme, the direct preparation of clinical staff to support students is outside of the university's direct scope of influence. It is therefore recommended, that in developing

countries, universities establish a mutually beneficial partnership of exchange directly with the local clinical setting and where possible, they develop exchange partnerships with local educational providers who offer student nurse education. This, however, may be a longer term aim. A more immediate and short term recommendation is for universities to establish closer working relationships with suitable external specialist 'gap' companies. The companies utilised by the university have demonstrated the required infrastructure in relation to provision of a safe experience and the ability to arrange suitable clinical placements. Discussion with such companies is therefore recommended to explore new models of working together, with the aim of supporting local communities of practice to develop their clinical enabling support of study abroad nursing students.

Local student enablers (LSE) have also been cited as being beneficial to student support and learning in some European study abroad experiences. Therefore, for study abroad that involves university exchange programmes, all students should be assigned willing and suitably prepared LSE, again it is recommended that LSE have discipline-specific knowledge. These LSE should be provided with the time required to undertake the function, and this should be negotiated to meet local requirements.

Enhancing the support that other liminal entities may provide is also recommended. More specifically, it is recommended that communitas formation is not an ad hoc development outwith the remit of the university. Universities could provide systems by which students have opportunities to meet other liminal entities to form social communitas and also communitas of

practice. In Europe, it may be relatively easy for LPTE to facilitate international students to meet one another (at welcome events for example). However, promoting the formation and continuation of communitas beyond initial introductions may prove more challenging.

In circumstances in which social communitas are identified as being based on sameness assessments of shared cultures, there is a temptation to suggest development of pre-allocated social communitas membership to promote inclusion of more culturally diverse liminal entities. However, as self-selected social communitas, in this study, provided practical and social support and in particular a comfort zone, it is unclear whether a forced communitas can provide this support if students do not wish to spend time with one another. Therefore, recommendations in relation to social communitas are restricted to the facilitation of students to meet one another with the central aim being for students to receive support from liminal peers. It is accepted that some social communitas may not provide opportunities for cultural competence development, therefore universities should not rely on these types of communitas to deliver cultural learning experiences. However, based on the successful model established in developing countries, it is possible to recommend that universities do promote the development of communitas of practice in a more structured manner. Educators could facilitate development of communitas of practice by assigning membership. Students could then be provided with subsequent and regular dedicated time and a space to meet, without the presence of educators or enablers. This may support liminal students to meet together outside of the placement setting, so providing an opportunity to engage in liminal peer support and

reflective dialogue. Therefore, students whose self-selected communitas does not comprise healthcare students, may become part of a communitas of practice that may offer sense-making and coping support within the different practice reality.

13.4.2.3. Recommendations after return from study abroad (moving from liminality to postliminality)

Following return from study abroad, it is identified that liminality does not immediately end for students. Study abroad programme leaders need to be aware of this, and curricula need to be designed to include dedicated time and support as students re-integrate into their usual reality and attain postliminality. Students should therefore continue to have contact with a member of the university study abroad team following return home. This academic can also provide support to establish a communitas of practice comprising returning liminal learners. This communitas can offer peer support as students go through the process of re-integration. This re-integration, as identified, includes the experience of return culture shock. Whilst it is recommended that students are made aware that they may experience return culture shock, this knowledge may not eliminate the experience. Therefore, support of a communitas of practice during this time, and until postliminality is achieved, may prove useful.

The nurse educator should also provide opportunities for reflective dialogue to support the student to resolve any continuing troublesome-ness. When considering troublesome threshold concepts, if may not be possible for the

student to discuss troublesome experiences with someone from the study abroad culture after return. Continued support from LPTE should therefore be facilitated (via Skype for example). It is also recommended that the university nurse educator has insight into the cultures of the study abroad destinations. This may be achieved by visiting the study abroad placement areas utilised and also meeting with the local community of practice, LPTE and LSE. Gaining insight will further permit the nurse educator to support the student to resolve any outstanding troublesome experiences following return.

Return clinical placements appear important when seeking to attain postliminality. Therefore, to consolidate learning, curricula should be designed to permit a clinical placement soon after return from study abroad. Ideally, this should be of a similar type of speciality to the study abroad clinical placement. Further, clinical mentors are ideally placed to support students as they re-integrate into their usual practice reality and attain postliminality. Mentors may encourage the sharing and exploration of experiences and, as indicated, reflective dialogue between student and mentor can assist resolution of troublesome-ness. However, as not all mentors demonstrated interest in students' experiences, it is also recommended that the profile and value of study abroad is raised in clinical settings.

13.4.3. Recommendations for future research

Further exploration of the preliminal stage is recommended to advance understanding of student experiences and perceptions prior to study abroad. During the liminal stage of study abroad, further research specifically focused upon exploration of the threshold concepts of nursing (as they are revealed in another culture) will also add to this new and emerging body of knowledge. Additionally, further follow-up studies after students have attained postliminality would be beneficial. This would permit exploration of the permanence of change and transformation, and it would also reveal any perspective transformations that may have been attained through a more gradual process.

It is recommended that any new programme developments are sensitively implemented and rigorously evaluated to ensure they are supportive of both students and local communities. As the voices of local people were not heard as part of this study, a pressing research recommendation is to further investigate unaccompanied study abroad from the perspective of the local people and communities who host these liminal students. Exploring these perspectives may reveal the influence and impact these students have upon local communities and local communities of practice. It may also reveal whether, and why, some local communities may perceive students to be a 'risky other'. Generation of understanding may permit programme leaders to work in partnership with the local people to reduce such 'otherness'. Partnership working will also permit study abroad to be a mutually beneficial

experience. Hence the starting point for this development is to ascertain the experiences of these local communities via suitable empirical methods.

13.5. REFLECTING ON THE JOURNEY TOWARD DOCTORATENESS

My own journey as a PhD student also mirrors the journey of liminality experienced by participants in this research. This experience of liminality was not anticipated as I had previously undertaken research during my career. However, throughout my PhD, several episodes of disjuncture that indicate liminality were experienced. Disjuncture was generated in circumstances in which my existing frame of reference, in relation to the research process, was challenged. For example, a key tension throughout the PhD journey has related to decisions about the management and presentation of literature. For example, I struggled to understand the concept of a 'live' literature review chapter that may be continually added to. This went against my frame of reference relating to the reporting of research. An early supervisory discussion resolved the troublesome-ness I was experiencing at that stage. I became aware that the doctoral thesis, as an artefact of the research, may not necessarily follow the same familiar reporting format. Therefore, I had the freedom and responsibility to decide the most appropriate approach to adopt. This discussion also provided a key point of realisation; PhD study was different from the research I had undertaken previously. This insight permitted me to relinquish my pre-conceptions about research. I was able to cross a threshold of understanding and I was able to recognise my novice stage as a PhD student. I have also continued to experience uncertainties and resultant disjunctures throughout the study.

These disjuncture-invoking troublesome experiences have revealed as thresholds inherent to development in my PhD student journey. Resolution of troublesome-ness and the insights attained have permitted me to move further along the transitional route toward doctorateness. My transition is marked out by the ability to break out of my previous way of being in order to generate new insights. My PhD journey therefore represents a journey of academic emancipation. Completion of the research study, and thesis submission, signifies that my journey toward doctorateness is also nearing completion. I am at the final threshold of transition from a nurse educator with some experience of research and I am now looking forward to entering a postliminal state as an emancipated post-doctoral nurse educator and researcher, hoping to continue to expand understanding in the theoretical fields revealed.

13.6. CLOSING SUMMARY

This hermeneutic phenomenological study has explored and interpreted the experiences of student nurses to uncover the phenomenon of learning during study abroad. It has revealed four themes that make up the phenomenon of learning. These themes are 'experiencing a different reality', 'active sense-making', 'being with others' and 'being changed and transformed'. The inter-connectivity of these themes highlights the complexity of study abroad as a context for learning. Further, consideration of theories of difference has permitted a comprehensive understanding to be attained. This understanding

also offers original theoretical and practical insights into learning during unaccompanied-by-Faculty student nurse study abroad journeys.

It is hoped that this research will disrupt the 'taken-for-grantedness' of study abroad as a generator of transformative learning. It is also hoped that the disjuncture this study may create, will trigger policy-makers and nurse educators responsible for unaccompanied study abroad programmes to reflect and, if necessary, develop programmes which may be informed by this newly presented evidence base. This will enhance the possibility for students, who undertake this journey of learning in liminality, to attain change and transformation. Finally, as this research represents *'an'* uncovering of the phenomenon of learning during study abroad, it is hoped appropriation by readers will result in future investigations, that may further add to the comprehensive understanding of the phenomenon offered in this interpretation.

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APPENDIX 1: Reflexive Review of Researcher's Worldview

(conceptual map and narrative)
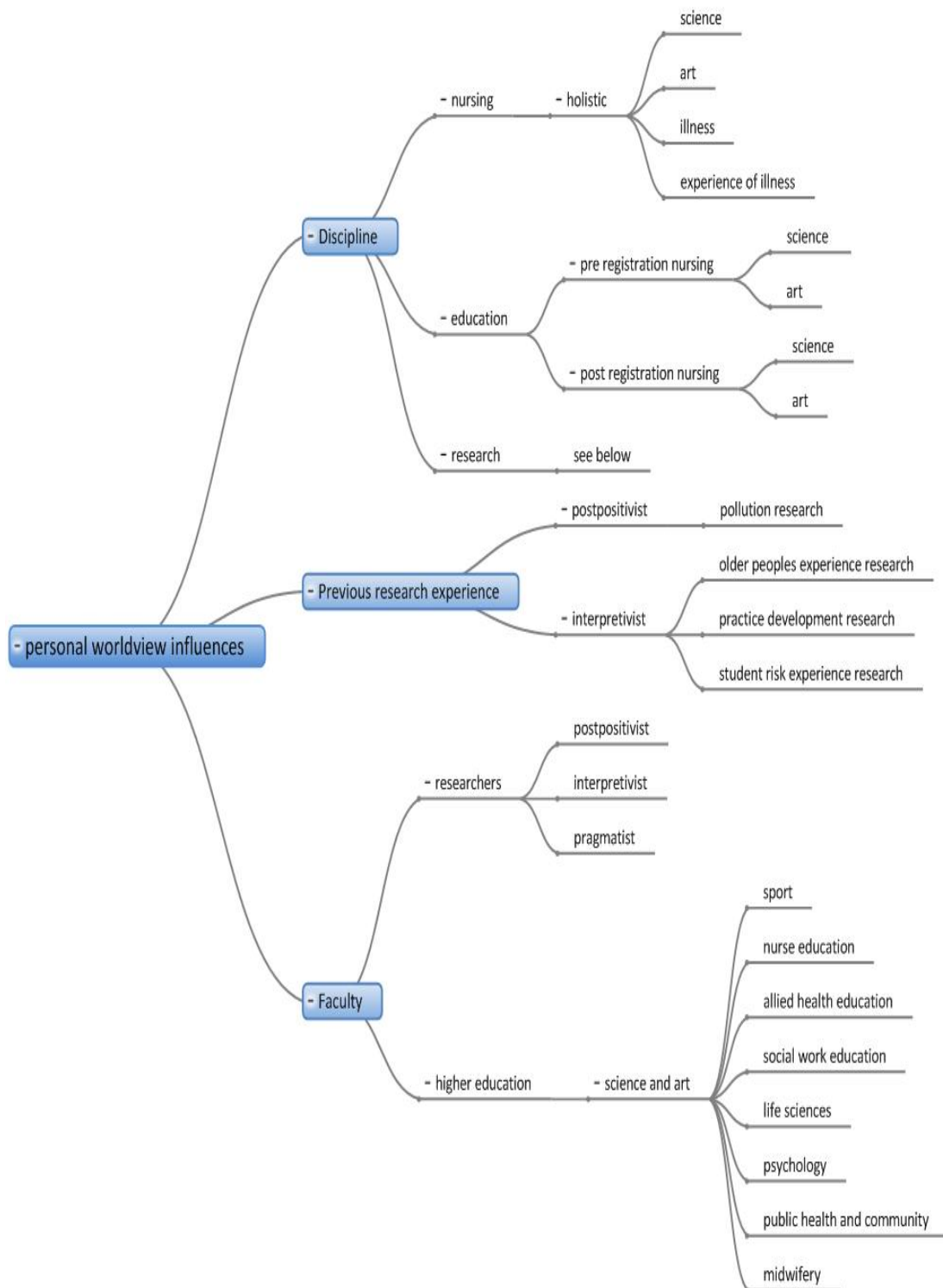
(Appendix 1 cont.) Reflexive review narrative continued: A key realisation, in my previous work as a contract researcher and also as a masters' student, I had not truly considered the influence my own ontological or epistemological beliefs may have had upon the research studies. On reflection, I selected the approach that would provide the best opportunity to answer the question, but had not fully considered that the basis for formulation of the question was influenced by my pre-existing beliefs. Upon further review of this reflexive exercise, my personal worldview could be described as 'holistically dynamic *or* flexible' and could be seen to be in-line with a pragmatic paradigm. However, my underpinning ontological belief is of an independent external reality 'out there' but also there is a reality constructed from 'within' and also a co-constructional reality. I identified a close linkage between belief systems and discipline (i.e. the natural world may comprise an external reality, however the social world may be relativist). This links to my philosophy of nursing, which is holistic and gives primacy to the subjectivist understanding of the experience of health and illness for the person, whilst also acknowledging the importance of objective reality when considering biological processes. In relation to my philosophy of education, as previously discussed, here too I acknowledge objective reality in relation to physiological subject content but I also give importance to the subjective nature of reality for students during the learning experience and also consider that student interactions with others may also influence understanding.

APPENDIX 2: Alternative Research Methodologies Considered

When selecting the research methodology most suited to address the research question, a range of potential methodologies were explored. A synopsis of the outcome of this review is provided here. For example, grounded theory, phenomenography and interpretive phenomenological analysis (IPA) were considered, but they were identified as being inappropriate for the current study. Grounded theory (e.g. Glaser, 1998; Corbin and Strauss, 2008) was rejected as it would not be possible to fully employ grounded theory methodology. Due to the nature of the programme, it would be necessary to collect data from study participants within a very short time frame and simultaneously. Therefore, it would have been extremely difficult to analyse and generate theory from one participant's data prior to undertaking another data collection event. This restriction would limit adherence to two key defining features of grounded theory as proposed by Glaser and Strauss (1967); constant comparative analysis and theoretical sampling. Phenomenography (e.g. Svensson, 1997) was not felt appropriate as the study aim was not specifically concerned with identifying variations in perceptions between learners, such differences may arise, however the study aimed to consider all emergent experiences both similar and dissimilar equally. IPA (e.g. Smith, Flowers and Larkin, 2009) was also discounted as the study did not aim to focus upon what sense students made of a major life event, rather the study sought to explore experiences of learning, which may or may not have been perceived to be major by students. As indicated in chapter four, phenomenology was however identified as suitable for this research and is reviewed in chapter four accordingly.

APPENDIX 3: Ethical Approval Confirmation

northumbria
UNIVERSITY

Professor Kathleen McCourt FRCN
Dean

This matter is being dealt with by:
Research and Enterprise Office
School of Health, Community & Education Studies
Room H007
Coach Lane Campus East
Newcastle upon Tyne
NE7 7XA
Tel: 0191 215 5701
Fax: 0191 215 6053
E-mail: julie.blackwell@northumbria.ac.uk

23rd July 2012

Dear Debra

School of HCES Research Ethics Panel
Title: An exploration of student learning during an international experience

Following independent peer review of the above proposal, I am pleased to inform you that University approval has been granted on the basis of this proposal and subject to compliance with the University policies on ethics and consent and any other policies applicable to your individual research. You should also have recent CRB and occupational health clearance if your research involves working with children and/or vulnerable adults.

The University's Policies and Procedures are available from the following web link:
http://www.northumbria.ac.uk/researchandconsultancy/sa/ethgov/policies/?view=Standard

All researchers must also notify this office of the following:

- Commencement of the study;
- Actual completion date of the study;
- Any significant changes to the study design;
- Any incidents which have an adverse effect on participants, researchers or study outcomes;
- Any suspension or abandonment of the study;
- All funding, awards and grants pertaining to this study, whether commercial or non-commercial;
- All publications and/or conference presentations of the findings of the study.

We wish you well in your research endeavours.

Yours sincerely

Professor David Stanley
Chair, School Research Ethics Review Panel

Vice-Chancellor
Professor Andrew Wathey

Northumbria University is the trading name of the University of Northumbria at Newcastle

APPENDIX 4: Modified Ethics Approval Confirmation

northumbria
UNIVERSITY

Project Amendment Form

Project Name: An exploration of student learning during an International experience	Date original ethical approval received: 24/07/12
Principal Investigator: Alison Steven (prev. Liz Mcdowell)	Project ref: RB01-05-12835

Date: 3rd January 2013

Description of Amendment/Change:

I wish to amend my data collection methods slightly.

Original approval was for diary completion by participants, followed by a post placement interview and final data collection/focus group event to confirm findings.

I wish to remove diary data collection.

Continue with post placement interview.

Add in an additional follow up interview approx. 3 months after return to home studies (after next home placement).

Continue with the final data collection/focus group event.

Reasons for Amendment/Change: Following an initial pilot I have found that participants have been unable to complete the diary due to the demands on their time during International placement however the post placement interview has provided a wealth of data so negating the requirement for the diary.

I therefore wish to remove the diary but continue with the post placement interview and final data collection event/focus group as currently approved.

I also wish to include an additional follow up interview (post-first home placement following return to usual studies approx 3 months after first interview) as it is clear from the pilot stage that participant learning in relation to International placement is still being embedded and participants are still making sense of this experience so to complete analysis of their learning I feel this follow up is required

Anticipated Implications:

These amendments will actually reduce workload commitment of the participants as they will no longer be required to complete a daily diary during international placement. They will be required to attend 1 additional interview approximately 3 months after return to usual studies but this will be arranged at a date/ time and location convenient to participants. As part of the cohort are exchange students from EU and will have returned home after the post placement interview, I will conduct the additional follow up interview via secure Skype or telephone (at no expense to the participant).

Acceptance/Rejection	Signature:
Date: 18.1.3	

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APPENDIX 5: Participant Invite Letter

Invitation Letter (email):

An exploration of student learning during an international experience

Dear Student,

I hope that you are looking forward to your forthcoming international nursing placement, I am sure you will have an enjoyable and rewarding experience.

I would now also like to invite you to participate in a research project that seeks to explore your experiences during international placement, with a particular focus on learning.

To help you decide whether you would like to take part in the project, which is voluntary, please read the attached information sheet that fully outlines the project and highlights what involvement will mean to you. Please contact me if you have any questions.

I would be delighted if you would like to take part in the project, and if you are interested please email me and I will arrange a convenient time for us to meet to discuss the project further and if you are happy to proceed I will then ask you to complete the attached consent form.

Thank you for taking the time to read this email and I look forward to hearing from you.

Best Wishes

Debbie

Mrs Debra Morgan, Senior Lecturer, Nursing.

Enclosures: information sheet and consent form.

APPENDIX 6: Study Information Sheet

An exploration of student learning during an international experience

Information Sheet

Purpose of this study

International nursing placements have been identified as a positive learning experience for participants (e.g. Grant and McKenna (2003); Callister and Cox (2006) & Button et al (2005)), however the process by which students learn during international placements is not clear. This study will therefore aim to investigate the student nurse experience of international placements, with a focus on learning, and, it is anticipated that the knowledge gained from this study will also influence the ongoing development of student preparation within the international placements programme. This study will also culminate in the production of a doctoral thesis which is a required element of the [The University] Professional Doctorate in Education, which the researcher is currently studying.

Taking Part

Participation in the project is completely voluntary. If you do decide to participate you will be asked to sign a consent form (see the attachment) that also clearly indicates that you are free to withdraw from the project at any time and that participation, or otherwise, will in no way influence your programme of study.

Once you have indicated that you would like to take part, the researcher will contact you to arrange a pre data collection discussion during which the project will be fully explained together with explanation of what your role will entail, you will also have another opportunity to ask any questions that you may still have about the project. Then after ensuring you are happy to take part, the researcher will gain your informed written consent and a post international placement individual interview will be held at [Campus] which will last around 30 minutes, this will be followed up with an additional data collection activity at a later stage during the project (most likely an individual interview either at [campus] or via secure Skype/telephone, at no cost to you) and a final individual or focus group (a group interview) will be held at the final analysis stage in order to share, confirm and discuss further the analysis of the data generated. The interview(s) and focus group will be audio recorded so that the researcher does not need to take too may notes and can focus fully on the discussion. Consent will also be re-confirmed verbally prior to interview(s) and focus group. It is up to you to decide how much you would like to share in interview or focus group and the researcher will not push you to divulge any information you are not happy to share. (*As the researcher has a professional duty of care, any*

experiences divulged that constitute unprofessional clinical practice or behaviour will be explored in line with [The University] guidelines and in certain (extreme) cases this may mean the researcher assurance of confidentiality cannot be observed.)

Using the findings from the study

It is anticipated that findings from the study will enable further development of the support mechanisms and preparation of students who undertake international nursing placements in subsequent student intakes. It is also anticipated that a final report and research article will be produced for publication in a relevant journal and may also be presented at a relevant conference. In this way professional colleagues from other universities may also share and apply this new knowledge to their own practice where relevant and as discussed above, a doctoral thesis will also be produced, this too can be shared with the academic community via the [University] Research Repository (as discussed below all documents produced will maintain participant anonymity at all times).

Ethical Issues

Confidentiality of all participants in the study will be assured at all times* and all interview and focus group material will only be available to the researcher and will be stored securely in a lockable cabinet within a lockable room, electronic material will be stored on a secure password protected computer. Identifying details will be separated from the data and participants will be allocated a code so the researcher can ensure only they can match participants with data generated. If excerpts from these activities are used in the final report, thesis or publication then identifying characteristics of the individuals involved will be excluded. Data will be held for 5 years before destruction. As discussed, informed written consent will be obtained from all study participants prior to taking part in the research and this will be re-confirmed prior to interview and focus group. The proposal to undertake this study has been approved by the School of Health, Community & Education Studies Research Ethics Panel (now known as the Faculty of Health and Life Sciences), and Dr Alison Steven will act as researcher supervisor to further ensure research standards are maintained.

Chief Investigator/ Researcher Contact Details

Mrs Debra Morgan

Email:[the university]

Tel : [tel no]

APPENDIX 7: Participant Consent Form

An exploration of student learning during an international experience:

Consent Form

Prior to giving consent to take part in this study please ensure that you have read the project information sheet and that any questions have been clearly answered.

Please complete the form by ticking in either the 'yes' or 'no' box for each statement. Also please sign and date the form in the presence of the researcher to indicate your consent.

	YES	NO
I have read the information sheet and understand the purpose of the study.	☐	☐
I have had the opportunity to ask questions about the study.	☐	☐
My questions have been answered satisfactorily.	☐	☐
I am willing to take part in an interview, follow-up interview and final data collection event (interview or focus group).	☐	☐
I am happy for interview and focus group to be audio-recorded.	☐	☐
I am happy for extracts from interview and focus group to be used in the final thesis and subsequent research article, and I know that such extracts will be anonymous.	☐	☐
I understand that I can withdraw from the study at any time, without giving a reason, and without it affecting my studies or my professional relationship with the researcher.	☐	☐
I know that my name and details will be kept confidential and will not appear in any published documents.	☐	☐

_____ signed

_____ printed _____date

In the presence of (researcher) - _____ signed

_____ printed _____ date

APPENDIX 8: Return Interview Guide

An exploration of student learning during an international experience

Interview guide: Return Interview

Introduction to interview process and settling in:

Thank you for attending

Background to study

Any questions about study

Verbal re- confirmation of consent

Main Body of Interview

- Ask participant to outline their destination and reason for choice and what they had hoped to gain from the experience.

- Ask participants to discuss their experiences during their study abroad time, with a special focus on learning events and explore: -
    o What events they learnt from;
    o How they learnt, including their strategies for learning;
    o What they feel influenced their learning (positive and negative);
    o Whether their relationship with others, and their position in the communities they interacted with, influenced learning;
    o How these experiences have affected the way that the student learns.

- Allow participant time to share anything not covered in relation to learning that they may feel relevant.

Conclusion

Any other questions from participant about the research.

Thanks

Close

APPENDIX 9: Follow-up Interview Guide

An exploration of student learning during an international experience

Interview guide: Follow-up interview

(this was a guide and flexible and also included further discussion of outcomes of post placement interview).

Introduction to interview and settling in:

Thank you for attending

Purpose of follow-up interview

Any questions

Verbal re- confirmation of consent

Main body of interview

- Explore settling back in to home, university and placement.
  - o Example question: How easy was it settling back in as a student nurse on placement?
- Explore the impact and influence of the experience.
  - o Example question: On reflection do you feel that the experience has developed or changed you in any way?
- Explore influence on learning since return if not already considered.
  - o Example question: Has the experience influenced you as a learner/ Has it changed you as a learner?
- Exploration of any clarifications from PPI.
  - o Example question: My first analysis from the first interview suggests … e.g. that you were in separate settings during your experience. The main ones were living and spending time with other international students & being on placement with health care staff. Do you feel that is a fair reflection? & explore responses.

Conclusion

Any other questions from participants.

Thanks.

Close.

APPENDIX 10: Example of Individual Naïve Understanding (participant 2)

<u>C1BFULL: Naïve Understanding (the guess)</u>

<u>The phenomena of learning</u>

Student had undertaken a gap year before but didn't get a chance to travel so used this as the opportunity to do so and was very motivated to make a difference.

The clinical mentor was very supportive and helped the student to learn and the hospital was focused on teaching the students. But the learning experience was not just formal lecturers and explanations it was the exposure to the reality of lack of resources and medical conditions of poverty that brought most insight. The student described her learning as a mindset change an understanding that things just mean different things to different cultures e.g. Life and death due to their circumstances and she also noted the spirituality of the culture which was not evident in the UK. The student learnt through reflection with self and with others through talking and support of the other students in her house. These students formed a community very quickly.

They were not absorbed into the local community as the security restrictions prevented this, the gap company identified that they could be a target for pickpockets for example, the other, but they were made to feel welcome e.g. Hair-braiding by locals. There were identified as being from the gap company as all the locals knew who they were and they wore t shirts when out – it wasn't a touristy area but the real [country].

The student felt she could make a small difference and was also planning to return and was charity fundraising as the experience impacted so much.

She describes culture shock when first arriving – chickens and cows etc but noted how this became the norm very quickly.

She notes that the experience forced her to learn and also forced her to apply her knowledge and this amazed her as she didn't realise she had learnt so much in UK studies.

She noted that the language could be a barrier to communicating but later in the interview she also noted how this was a learning facilitator as it helped her to learn to communicate without language.

She was apprehensive about returning to UK placements as she felt that this experience may make it difficult for her to work with the 'worried well'; and identified that in the grand scheme of things their worries are nothing.

The meaning of being a learner during study abroad for this student was about being supported by community - of nurses, of company, of other learners and the local community. At the same time the totality of being in the experience meant she was forced to learn, forced out of comfort zone, forced to face reality, forced to take on responsibility. The experience was about being reflexive and reflective throughout, with self and others. It is a spiritual experience and enabled understanding of culture that went beyond the basics i.e. it was a philosophical learning experience – an understanding of how cultures view things differently – an ontological difference? The student was motivated to take on these challenges as her aim was to make a difference.

Therefore the meaning of being a learner during study abroad comprises:

Being supported

Being forced

Being reflexive and reflective

Being spiritual

Being philosophical

Being motivated

Being there

The phenomenon of learning since return

The phenomenon of learning since return continues to be a reflective experience, subsequent UK placement enabled the student to embed and further highlight/ understand/ disclose the learning that occurred during the international placement.

The phenomena enabled the student to develop new coping skills for practice that were transferable and applicable to UK practice experience.

The meaning of being a learner since return

It means to be reflective and receptive to application of learning in different environments.

APPENDIX 11: Example of Individual Structural Analysis Method: identification of meaning units, condensed units and sub themes (participant 2 extract)

Individual Structural Analysis. 1. meaning units were identified (highlighted in yellow but not shown as overlapped by the review tool comments); 2. Condensed units were generated (CU comments). 3. Condensed units were reflected on and sub themes emerged (ST comments.) 4. Sub themes were then highlighted in another document and meaning units were copied across.

APPENDIX 12: Example of Individual Structural Analysis Emerging Sub Themes (participant 2 extract)

Culture shock/ Shock of reality/ hard to accept reality (extract)

Participant 2

RI L44-46. the sun has just risen and you are going down and down this dirt track to the hospital and the first thing you notice are the chickens running in and out of the hospital and cattle on the side of the road

RI L53-55. I found initially most shocking was going onto the ward and seeing cases of those things 'cause in the UK you rarely come across as severe malnutrition as you were seeing there and cases of HIV again in UK practice so far I've never come across anybody with HIV,

RI L60-61. from day 1 the first hour of being there it was a very different way of doing things

RI L464-474. I had kind of prepared although nothing can every fully prepare you, you do see similar things on the telly, but to be there is a completely different thing to what you experience when you watch it on the telly or anything like that. and I knew that I wasn't going to be naïve, as I obviously didn't know what it was going to be like, but I did try to visually prepare myself. The chickens were a shock and the cattle just waltzing past the front doors. But erm, what shocked me most was their approach to the patients and that's what I really, really struggled with especially initially. Because through it I found my ways of sneakily getting in there, because when you did you could see, even with the children as well, you learnt, not learnt to deal with it, cause I don't think any of us were able to fully deal with what we were seeing, but I think that was the hardest thing and the most shocking thing especially when I was on paediatrics as well

RI L476-480.and the way they handle the children that is different, as if they feel that the child, you know just has no, not not rights, but no kind of standing at all. So if they wanted to force you to lie down and sit on you they would, cause if you need this done we are going to do it no matter how much you cry, and I really struggled with that cause we talk about advocacy here and I felt really in a hard position, like when they are going to cannulate they don't have the skills to do it properly and they were going to cannulate on the arm and the kid would be screaming blue murder and in floods of tears cause they were scared but cause the hadn't got the skills the kid was moving that much and they continued to poke and poke multiple times and I didn't feel like I was in the position to say stop because it's not my place to say and it wasn't my ..like ... I was itching to. and there was a time when they wanted to put one in a little girls head and they had her head pressed down on the table and they were practically sitting on her and she had terror on her face and they had to it two or three times so it was times like that that I really struggled with.

RI L145-146. on the third shelf were all the still births, all the babies that had died, that was really hard, that was something that really shocked me initially when I walked on the ward

RI L151-152. in the morning you would tend to find four of five babies lined up so that was quite hard to see.

APPENDIX 13: Example of Naïve Understanding of Grouping (EU to UK)

Individual naïve understandings (confirmed) were integrated to form a combined naïve understanding, they were colour coded to demonstrate origins.

EU students coming to [the university] 1,5,6,7,8,9.

Combined Full Naïve Understanding (confirmed)

Student motivations for exchange were to learn and experience different cultures, to find out about England and the English, living and nursing and healthcare. Students hadn't been away before and wanted to see if could do it as had future plans to work abroad.

The phenomenon of learning is about being supported or not by others in practice. The support of others was the key element to the experience, **the support of mentors was felt to enhance the experience** & mentors are the key facilitators of learning as students found support of mentor/ spending time with mentor and being directed to do things by mentor key to learning on placement. Mentors supported students in areas where they were felt to have had time to do this but lack of support from mentors was evident in some placement areas. N**ot having support limited things, however the student felt she has gained experience by asking anyway** so students found coping strategies to overcome lack of support such as having to barge in and also ask questions, and when working in an area without the positive support of others student 9 still learnt as the motivation was to learn regardless of support. In some areas where the nurses were felt not to have time the student worked with other professions, e.g. HCA or consultant however the student did not feel she had learnt about nursing when working with non nurses, didn't learn from HCA or when working as HCA. 5 & 6 didn't feel like students at those times. Student 7 also felt it was easier to ask other student nurses questions, although overall the students did not mix with the local student nurses very often.

Students were different/ the other and signs of the other pervades – students initially see the UK as the other, students 1 & 6 show signs of culture shock. Also seeing different local culture from own and different nursing culture – e.g. Handover procedures and commuting system, they felt different from UK students.

Locals (staff and patients) also saw student as the other and were inquisitive/ identified otherness, **student 7 was the other and was given special treatment and learning opportunities by staff, she was seen as different/ special and introduced as the international student. This made the student embarrassed, the student wished she was just the same as the UK students.** Student 1 was also prevented from undertaking nursing activities by mentor as they didn't know her level. Not all nurses were welcoming and this caused student 1 discomfort. Sometimes students felt outside the team and student 9 discussed not knowing the rules of the team, but sometimes the student felt a part of the team in the areas in which staff were supportive as they were helpful, but in the area where staff were not the student did not feel part of the team. Student 1 felt she was forgotten about by nurses so missed learning opportunities. In one area student 8 very

much felt like the outsider of not being wanted and a distraction and in this area the student spent time with the consultant (she was directed to do this by the nurses). Student 1 felt intimidated by the different healthcare culture (hierarchy). Student 5 & student 6 however felt part of team, and follow-up identified that it was the staff who enabled this to happen/ they accepted, welcomed them, although 7 felt like the other she did feel part of the team as she was welcomed and felt looked after especially by the cleaners. She felt part of the team when she had something to do in practice (RN nursing care), when mentors gave them things to do. Student discussed strategies to fit in and be accepted but P9 also noted that it was harder to learn when focused on trying to fit in. It's about being the other but also about asking questions and being with others.

Students mixed outside with & felt comfortable with students from same country or similar culture and who spoke their language. Students did not mix with too many people when they had a student from home who they leaned on/ supported by. Student 7 had 1 UK friend who explained things. Outside of work the students did not mix with locals and spent time, and were supported by their new international friends – all exchange students. But student 1 felt different from some exchange students due to being from a different country and also being a nursing student. student 6's experience of locals was limited to seeing them in bars and nights out and in hospital canteen. Impressions of locals were of being drunk, drinking too much and eating unhealthily. So whilst the students felt part of it at times on placement they felt outside of local culture when outside of work.

Student 6 found the language barrier difficult and took steps to overcome this by self directed learning. They had to understand so had to learn one way or other. Student 7 also experienced a language barrier initially due to differences in terminology but asked questions to help understanding. She felt stupid asking basic questions but did it anyway. The student also developed her English skills by using the language every day on placement

Being a nursing student enabled student 1 to learn from work environment & 7 felt privileged to have this experience compared to friends who had just attended university. Students learnt through experience/ experiencing things by seeing things, observing, asking questions, being asked to do things ,taking part & felt it was by being there and having to fit in. Student 7 learnt about UK life by seeing it and visiting homes within UK on community placement and understood life by considering it was not representative perhaps. Students compared UK practice with home healthcare & developed an insight into UK nursing and healthcare systems. They learnt about life from staff and patients. Student 1 learnt about self and students felt more independent & 6 was anticipating finding it difficult to return home as a result.

Student 1 was unable to articulate/ didn't know what she had learnt as she felt she needed to be tested in some way so she could demonstrate/ apply learning/ consolidation is required.

The meaning of being a learner during study abroad for these students is one of;

- Being different/ being the other.
- Being with others.

- Being supported by others
- Not being supported by others.
- Coping
- Being self-reliant
- Being pushy – barging in
- Being questioning and discussing
- Comparing with home and home practice
- Not mixing with locals but mixing with other international students.
- Learning about UK life from staff and patients at work
- social in nature
- Being motivated to learn.
- Being an outsider.
- being part of the team
- Not being part of the team
- Being an observer and also a participant.
- Being welcomed not being welcomed
- Having to learn
- Seeing things as the other
- Being there
- Being independent
- Being an active learner
- Becoming

Since return to home, P1 is still not fully sure of the extent of learning and struggled to articulate this perhaps as no placement since return. P5 had also not had a placement since return and did not discuss any further reflections on what they had learnt or how they had developed, they had not yet been able to apply experience. 5 & 6 found it difficult to settle back in & 8 has not adjusted to living back in country. 7 is proud to have undertaken an Erasmus exchange and feels she has things in common with others who undertook the exchange. 1 has reflected back to experience daily but was reluctant to talk about experience with others at home as they had not shared the experience and she didn't want to be a bore. Whilst 8 noted that staff have been interested to find out about English nursing practice, some have been positive but some do not wish to change. 9 also identified that others responded positively to their experience and the student was perceived to be the expert following placement in the host country. The student felt confident to take on this role and also felt she had developed independence. Confidence (7&9) and trust in own ability were cited as outcomes of the experience and not being frightened to ask questions (as needs to know it and can ask in mother tongue). Student 7 had developed a wider perspective on healthcare and was able to understand people from other countries and has integrated new understanding into care provision. 8 has also adopted UK practice. Students compared UK practice with home, 7 could see the benefits of the home system whilst 8 noticed/ was shocked by the different practice at home. Some students 5&6&8&9 wished to return to UK.

The meaning of being a learner since return from study abroad is one of;

- Being different from those who stayed behind.
- Being the same as others who had undertaken exchange.
- Becoming the other at home.
- Being reflective / Reflecting on experience
- Having and applying their new wider perspective to healthcare.
- Having a better understanding of people from other countries.
- Being able to apply learning to practice
- Adopting UK practice
- Being confident and independent
- Being seen as an expert/ experienced
- (maybe also being supported or not being supported)
- Wishing to return (5&6&8)
- Being proud

Researcher memo: Overall then it's about being different away and then back at home, they are the other and they are supported or not supported by others – they are seen as the other and see themselves as the other. They feel they share things in common with others who have undertaken similar experiences maybe. The process is a reflective one as comparisons are constantly being made to enable understanding/ sense-making of experiences/ events/ being independent/ being motivated/ being active in learning and students are changed in some way (perceptions/ acting/ feeling) as a result of the experience of studying abroad. When considering what has been learnt further it could be that some learning is perceived as being non applicable perhaps by students/ not recognised as learning by students and perhaps clinical staff at home/ some learning about cultures appears to be based on assumptions/ perceptions so perhaps questionable – unsubstantiated learning maybe – but if reality is relative need to consider further definitions and philosophical views of what learning is – if it is what the student feels they saw and experienced is that not legitimate????....... does this lead to a theme or abstraction in relation to discussion about what is learning during study abroad???

Link to process and product – perceptions of importance by students – competency attainment in clinical skills….

APPENDIX 14: Example of combined structural analysis emerging sub themes (UK to EU extract)

TAKING RESPONSIBILITY FOR LEARNING IN PRACTICE

<u>Self-policing/ (applying UK rules & personal standards to practice/ setting boundaries)</u>

P12.RI 82-85

Because they have four years in [S.Europe], the students, as their degree and they were sort of doing the drugs and saying "Right, your turn" and I had to say, as best I could in [language] "I can't do it under your direction; It has to be a qualified member of staff".

P16.RI 276-291.

P: then other ones were like, "Right, you just do this" and I'd go "Why?" and they would try to explain to you why and you'd find that…. "But this is so wrong; this goes against all our policies. Why are you doing this? I can't do this".

I: Right. What type of things?

P: Moving and handling; there's no such thing over there. They have a hoist and they have their, erm, porter. That's who does all the moving and handling. But we had this man, he was about, erm, I think it was 36 stone and instead of getting, like, somebody to help move him from his chair to his bed… He could barely walk – he got himself sitting at the edge of the bed, but he couldn't hoist himself up – two of the student nurses, two boys came along, arms under his shoulders…

I: yeah.

P: …Another two came along, who tried to lift his feet and they were like "[name], help" and I was like "No, no" and just stood right back and watched and just put my hands up and they just, like shifted him, like… not even the slide sheet, or even the bed sheet. Nothing. Just yanked him as far… and I was like "Why are you doing this? He's a 36 stone man; it's not like he's…" Even if he was a young man, they shouldn't have been doing that, but… How much damage are you doing to yourselves?

P16.RI 293-298:

I: Did you find it difficult to say "I can't do that"?

P: Yeah. Really difficult. 'Cos I felt they were looking at me like: why is she not doing that? Like "you're part of the team; you need to help". And we were like… and I don't think any of them had worked in an English hospital, whereas on the first ward, they had, so she knew why we wouldn't' do things and why we'd do things a certain way. Erm, on the second ward, they didn't. So if I just said "No, I'm not doing it", they would just like look at me. The students were always looking at me like: "What are you doing?"

P3. RI.L261-270.

P: but I suppose in a way it (seeing different practice) kind of cemented my knowledge if that makes sense cause like my mentor would be 'can you help me do this?' and I would be like 'really sorry, I'm not prepared to be involved in that kind of moving' and they were like 'ahh' just 'whatever' and later on I'd say when it was just one on one, when the patient wasn't there I would say 'you know I wasn't being rude' I wasn't being like, I didn't want them to think I was being a bad student so I was like 'it's just the drag lift is illegal in England' and they were 'ahh right' and they didn't ask why and I went 'it's illegal cause of the damage you can do under the arm there is nerves and bones' and that's a lot of danger to one patient. So for me to be able to repeat that it was actually 'I do know that' and you know stuff I'd not been confident on, I became more confident because I knew I definitely knew it,

P3. RI. L292-295.

P: like they used to laugh at us putting on aprons and pinnies when going in the rooms, cause they were individual rooms it was easier to keep up the hygiene and safety aspect, cause we weren't going bed to bed it was really easy, the bin was next to the door on the way out so it was dead easy.

P16.RI L435-457.

P: there was this woman who, we were giving out medication and her breakfast came and nobody had stopped to help her because she had no movement left in her hands. I'm actually not too sure what was wrong with her. Erm, she needed help to eat because he hands… I think she had Parkinson's in one and something was wrong with the other; I think she might have had a stroke. Erm, and she couldn't hold the spoon properly to feed herself breakfast and somebody was like "Somebody will be with you in a moment" and I walked into the room and I looked back at her and she looked like she was going to cry and I sort of went and walked round, followed the nurse to give the rest of the medication and I thought: what am I doing? What have I done? I've just walked away from this poor woman and I turned back and went into the room and I thought: you're scared because you can't speak [language] and you're scared of what you're going to do. I said to her, I was like "Do you need a hand? Do you want help?" and she was like "Yes please" and I just sat down beside her and I must have mumbled the biggest pile of rubbish I've ever said; just any [language] word I knew, I said it, just to be able to sit with her and she was like "Aah, [language]" and it means, like, beautiful, beautiful and she was like "thank you, thank you, you're so nice" and then the auxiliary came along and she was like "Do you want me to feed her?" [Abrupt] and it was like, quite… and I was like: "No. It's fine. I will do this." 'Cos I felt like: how dare you leave her sitting there for about 20 minutes? She can't do anything herself; she's sitting there nearly about to cry and then I was like… And then I was ashamed, because I nearly walked off and I was like "Oh, my God; I nearly walked away" and then [name] was like: "But you didn't; you went back" and I was like "I know, but it was so close…" [Mock crying].

I: Yeah.

P: I think it was 'cos I was too scared and I'm like: why am I letting my fear stop me from treating a patient? No patient should [have to miss] – none of it.

P11.RI L138-142.

P: I had to remind myself: don't just not think what you're doing, because it was really easy to get muddled and sometimes they'd have… It was the room number. So they'd have… So 14 was the room number and then they'd have two beds in that room, so that was 14-1 and then 14-2 and that was confusing, 'cos sometimes you'd just go in and be like: this is 14, but then you had to think: actually, no. 14-1.

P15. RI L674-699.

P: Because my mentor was leaving me to mix some drugs and I was like 'no, (Name), please will you just watch me do it, don't leave me'.

I: Yes.

P: Because even though he said 'put, do this, mix this with this', I am like I don't actually know what they are and what they are doing because all the time in ICU it's completely different drugs, it's not like there is no consistency at all.

I: Yeah, aha.

P: And I just wasn't confident in what I was doing, I really needed to be watched the whole time.

I: Yeah.

P: And, erm…

I: And what was his response?

P: Erm, he was like fine, he was like 'yeah, yeah, that's fine, dah, dah, dah…', but, erm, I had, normally to work in ICU in [NEurope] they say you have to be a third year student.

I: Right.

P: So I think I was probably a bit of a challenge for them and that fact that I was English as well.

P14.RI L130-141.

P: Yeah, in the end, they managed to like work it out, so that I was always with an English speaking nurse, 'cos I think it was only one shift I walked in, where there was no student, no English speaking nurse and they were going to keep us on the ward and I was like "No, I can't stay on this ward if there's no one that can talk to us, like about anything". I mean even by that point, I probably could have stayed on the ward, because like, it was… I'd got to know the ward pretty quickly, 'cos it wasn't like… It was a good ward, but in a way, they had a very set routine, so as long as you had a routine, you could probably work on it quite easily. Erm… But like obviously, I would have no one to communicate any issues with, so I just said "Look, I can't work today" and the sister was fine with that, but yeah, the first four weeks, I worked quite a lot of my shifts with the students, but the second four weeks, every shift, I was with [names] and I think in a way, I think the sister realised, 'cos it was the sister that did my four weeks and then she realised I needed to work more with the nurses.

"I feel the different stages of the international study are reflected well, but didn't expect as many similarities between the EU students and outside of the EU like mine. The liminal stage shows true findings as without the support of other students and 'peer' who I travelled with, it would have been a lot harder in the transition in such a different way of nursing out there"
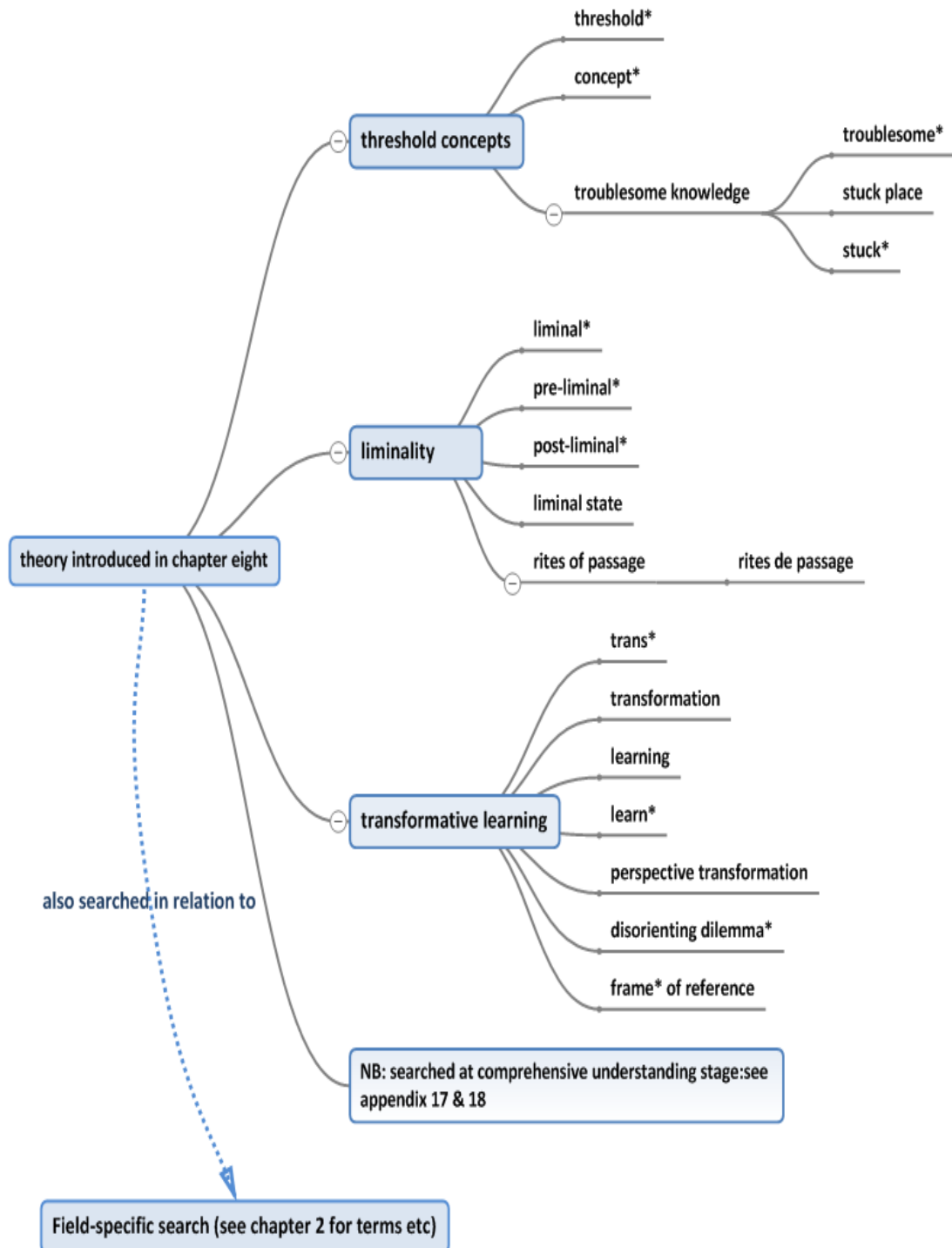
(Participant 10)

"I read your work, your findings and what the other students said is almost what I thought or felt from visiting UK. The culture, the way of working, the program in the hospital and also the way that we communicate when I was your student is totally different from the way we do all this in 'S.Europe'! I would do it again if I could, I wouldn't change anything because I learn something from bad or awkward moments as I learn from the good ones. I don't see anything that need correction. You made me remember things that I have forgotten about the trip in UK, living with other students from other countries and trying to work and understand my supervisor nurse."

(Participant 8)

"I have during my reading been trying to remember all my experiences and feelings from that time. I agree in most findings you have found. It was a once in a lifetime experience in every way. However, I couldn't find one strong and important experience I had (I might have missed it), and that was the importance of the ones I lived with, my family. In a way I felt a bit different being the only one in my dorm room doing a placement, however I came so close to them not knowing how I could have gone through it all without them. Still in contact with a few. Being and knowing what I do today however, is making me look back at my abroad time with other eyes. I'm impressed that I actually had the guts to do it, basically not knowing anything about my nursing profession to come at all. I learned a lot in 'UK', but probably more about myself and to trust myself, and less about nursing. Everything about nursing came together during my last semester/placement in 'N.Europe'. And I'm still learning more every day".

(participant 1)

APPENDIX 16: Additional Literature Search 1: showing transformative learning, liminality and threshold concepts

threshold*

concept*

threshold concepts

troublesome*

troublesome knowledge

stuck place

stuck*

liminal*

pre-liminal*

liminality

post-liminal*

liminal state

rites of passage

rites de passage

theory introduced in chapter eight

trans*

transformation

learning

transformative learning

learn*

perspective transformation

disorienting dilemma*

frame* of reference

also searched in relation to

NB: searched at comprehensive understanding stage:see appendix 17 & 18

Field-specific search (see chapter 2 for terms etc)

APPENDIX 17: Additional Literature Search 2: showing disjuncture, culture shock, otherness, community and enablers.

APPENDIX 18: Additional Literature Search 3: showing learning and change.

field specific search terms from chapter 2

transformative learning

experiential learning

taking responsibility
- control
- autonomy
- deci*

learning

reflection
- discourse
- dialogue
- critical reflection
- critically reflect
- reflect*

motivation
- expect*
- anticip*

learn*

adult learn*

self directed learning

experienc*

and also searched in relation to study abroad

literature searching

comprehensive understanding stage theory

globalisation
- global*
- global graduate*
- international
- internationalisation
- global citizen

change

cultural competence
- cultur*
- cultural sensitivity
- culturally sensitive
- cultural awareness
- culturally aware
- ethnorelativ*
- ethnocentric*
- culturally competent
- cultural competence

personal and professional growth
- grow*
- differen*
- professional growth
- personal growth
- learn*
- develop*
- chang*

free & thesaurus inc. wildcard

liminality

threshold concepts

disjuncture

culture shock

otherness

community

enablers

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