LIISA KOSKINEN

To survive, you have to adjust

Study abroad as a process of learning intercultural competence in nursing

Doctoral dissertation

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ABSTRACT

Background of the study: Existing research reports provide evidence that studying abroad can have a positive impact on the student at several levels. On the other hand, the literature also indicates that studying in a foreign cultural environment is not unproblematic but requires emotional resiliency from the student and good collaboration from the co-operating institutions. Analysis of the existing literature showed that most research has so far concentrated on the participating students’ experiences. The literature fails to describe the actual process of gaining intercultural competence in the context of a student exchange programme and also to instruct how students could be assisted by enhancing understanding of cultural diversity in this particular context.

Purposes and design of the study: The purposes of this focused ethnography were to describe the process of learning intercultural competence by Finnish and British undergraduate nursing students in the context of a study abroad programme and to develop the model of intercultural competence for the study abroad learning context in nursing. The study focused on a Finnish-British student exchange programme between one polytechnic in Finland and its six partner universities in the United Kingdom. Along with the Finnish and British exchange students, Finnish tutoring teachers and mentoring health care staff of the British students participated in the study. The data were collected by using focus group interviews, learning documents, participant observations, background questionnaires and the researcher’s reflective diaries. They were analysed in two phases: by using Spradley’s RDS method in the original article phase and narrative analysis in the report writing phase.

Results: Learning intercultural competence was a process of personal growth that was enabled by an ability to overcome the puzzles and hardships caused by intercultural immersion. The experience of coping with problematic situations was implicit in learning intercultural competence. The process was taking place simultaneously at three interdependent levels: curriculum, student’s learning process and interaction. At the curriculum level, the studies accomplished abroad were strongly influenced by the students’ home programme. The students were neither adequately prepared to face the differences of the host culture nor supported to integrate their intercultural experiences as part of their professional practice upon re-entry. The students’ learning process included five components: intercultural strive, intercultural self-consciousness, intercultural knowledge, intercultural client encounters and language skills. The students who genuinely wanted to learn about the difference and adjusted to the inconvenience of intercultural immersion showed intercultural sensitivity. The level of interaction consisted of the tutor-student relationship, the mentor-student relationship and the peer-counsellor-student relationship in the host culture. The tutor-student relationship often appeared inadequate in view of the students’ personal, experiential and scientific cultural knowledge. The mentor-student relationship facilitated social and professional incorporation into the health care unit, incorporated theory into the context of the placement, modelled good practice and promoted general coping in the host culture. If a peer-counsellor-student relationship existed, it assisted adjustment at the beginning of the period of study abroad, but failed to enhance contacts with local student or co-workers in the placements.

Conclusions and implications: Students need assistance and encouragement in learning intercultural competence during an international exchange programme in nursing. A dialogic intercultural tutor-student relationship can assist learning in a foreign country. Intercultural tutors, mentors and peer-counsellors should collaborate and create a social network around the exchange students that would help them to overcome the inevitable culture shock and provide space for learning about the diversity. The nursing curriculum should encourage the students to learn about the different ways of nursing care rather than look for experiences similar to those they would have gained if they had stayed at home.

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TIIVISTELMÄ


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Liisa Koskinen
PROLOGUE

‘The roots of culture care are deep and widespread. It requires that health personnel discover the similarities and differences in a sensitive and competent way in order to provide meaningful health care services.’

Madeleine Leininger 1995, p. 115.
LIST OF TERMS

Changing sense of self
A process whereby we increase our understanding of the reasons of our own thinking.

Collective representations
The rules of behaviour that are universal across most known cultures.

Cultural desire
Our genuine motivation to become culturally sensitive.

Cultural threat
A conflict that can occur between two cultural groups or two cultural ideologies.

Cultural relativism
The belief that no objective cultural truth or value can exist, as these truths and values are relative to the unique experience of each individual or distinctive to each society or culture.

Dialogue
A relationship between two people to share responsibility and power.

Disorienting dilemma
A situation in which a difficult choice has to be made between two equally attractive or undesirable options. In most situations, disorienting dilemmas can be reframed as problems amenable to treatment by problem-solving methods.

Ethnic
Inherited cultural characteristics that are different from our own corresponding characteristics. ‘Ethnic’ refers to cultural features that are distant, exotic and unusual.

Ethnocentrism
The belief that our own culture is central to all reality and better than other cultures.

Ethnorelativism
The belief that no objective cultural truth or value can exist, as these truths and values are relative to the unique experience of each individual or distinctive to each society or culture.

Intercultural awareness
A process whereby we become aware of our own intercultural biases and prejudices, which is a catalyst of improved cross-cultural understanding.

Intercultural competence
A human ability and skill to interact and communicate with culturally different individuals and groups. Intercultural competence is often regarded as a gradual learning process from lower to higher levels of personal maturation.

Intercultural sensitivity
Intercultural sensitivity has often been regarded as a process synonymous to intercultural competence or an integral part of it.

Intercultural strive
Our genuine motivation to become interculturally competent.

Metacognitive skills
A process whereby we consciously evaluate our own cognitive functions, i.e. thinking and learning.

Mind
The psychological component that differentiates human beings from other organic creatures. The mind defines our being in the world and the way in which we interact with other people. The mind operates at conscious and unconscious levels.

Narrative analysis
A data analysis strategy that uses actions and events as data and produces a plotted story as the result of data analysis.

Paradigmatic analysis
A data analysis strategy that uses perceptions, experiences and stories as data and produces categories as the result of data analysis.
Perspective transformation
A process whereby we transform our meaning schemes through critical reflection on the process and premises of a problematic situation at hand.

Reflection
A mental process linked with learning. Most reflection takes place within the context of problem-solving. By reflecting on the content of the problem, the premises of the problem and the process of problem-solving, we transform our meaning perspectives.

Reflexivity
A process in which we constantly formulate theories about a specific experience, test these theories in practice, modify them, re-test and re-modify them in a reflexive cycle. The process leads to increased awareness of our own impact on the situation at hand.

Self
One’s own conception of self (=myself).

Self-consciousness
A mental development process that may lead to improved understanding of the reasons for our own thinking and behaviour.

Self-perceived competence
The conception that we have about our own intercultural communication and interaction skills in cross-cultural encounters.

Sense of otherness
A feeling that is aroused by being different, i.e. representing a cultural minority within the dominant culture.

Social constructionism
The epistemology about knowledge and truth and the way in which human beings attain knowledge and construct their understanding about the world. Social constructionism regards language, culture and interaction with other people as important elements in the process of learning.

Stereotype
An inherited disposition or way of regarding or reacting to other people, groups, things or ideas. Stereotypes may become ingrained as internalised and rigid opinions about other people both inside and outside our own culture.

Study abroad
An extensive educational sojourn into another culture, which provides academic credits for the participants.
LIST OF ORIGINAL PUBLICATIONS

This thesis is based on the following original studies, referred to in the text by the Roman numerals:


II Koskinen L. & Tossavainen K. (2003) Study abroad as a process of learning intercultural competence in nursing (accepted for publication).


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1 INTRODUCTION

1.1 Focus to the study

This focused ethnography is about the process whereby Finnish and British nursing students gain intercultural competence in a study abroad learning context. The study focuses on what it means to learn intercultural competence in an international exchange programme, and how students could be supported and encouraged to understand diversity within such a programme. Intercultural competence is defined as a learning process from lower to higher levels of self-awareness and personal maturation that moves through cognitive, affective and behavioural dimensions and leads to skills of increasing sensitivity towards other people. The definition has been adapted from Bennet (1993) and Campinha-Bacote (1998, 1999) for the purposes of this study. The study falls into the category of nursing education in the context of culture. Therefore, the approach of the study is multidisciplinary.

The study was conducted in 1999-2003 within a Finnish-British student exchange programme in nursing, which involved a Finnish partner institution and six British universities. The study was designed to explore the process of nursing students’ intercultural competence from the Finnish partner’s perspective. The participants of the study consisted of Finnish and British exchange students and Finnish tutoring teachers and mentoring health care professionals.

Exchange programmes became an important method to teach and learn about culture in higher education throughout Europe in the 1990s. Erasmus is the biggest European student exchange programme; annually, about 3500 Finnish students study in another European country and the same number of European students study in Finland. The annual number of Finnish exchange students from the fields of medicine and nursing has been about 250-300. (Sokrates-tilastoja
During the academic year 2001-2002, there were Finnish Erasmus students in 27 European counties. The United Kingdom (UK) has been the most popular student exchange country, and 700-800 Finnish students have been studying in the UK during the recent years. (Cimo-tilastot 2002a.) The annual number of British exchange students in Finland has been around 300 since 1997 (Cimo-tilastot 2002b).

Studies (Kaufmann et al. 1992, Zorn 1996, Thompson et al. 2000) have recently been published both in nursing and other sciences mainly about students’ experiences of the benefits and problems of studying abroad. However, research seems to have made no headway concerning the main learning process of becoming interculturally competent or the educational strategies that should be used to assist exchange students’ intercultural sensitivity.

1.2 Background of the study

The rapid changes at many levels of society and the global community challenged the Finnish nursing education and practice in the 1990s. The membership in the European Union (EU) since 1995 and the changes in the political power structures in Eastern Europe touched on all dimensions of Finnish society. People are moving increasingly across national and linguistic boundaries because of their work, but also as immigrants and refugees. Social and health care systems are more and more likely to find that the clients, families and communities encountered are from cultures that differ from their own.

Due to this development, the health needs of the population are changing. Today, Finnish nurses and other health care professionals must be able to provide appropriate care for more and more diverse population groups and to ensure that the human rights of these clients are met. In 1990, there were about 26300 foreign citizens in Finland, but by 2001 the figure had
risen to 98600 (Siirtolaisinstituutti 2002b). During the same period, the number of immigrant refugees had increased and challenged health care and nursing in a new way. In 1990, Finland received 858 refugees, mainly from Asia or the Middle and Far East. By 2001, the number of refugees had increased to 1857, and one third of them were from Eastern Europe (Siirtolaisinstituutti 2002a). Due to the increasing average age of the population and the decrease of the younger age cohorts, the population structure will be biased throughout Europe. Therefore, it has been predicted that the annual shortage of labour in Finland will cause a need for 20000 foreign citizens in the near future. (Työministeriö 2001.)

The modern information technology and fast traffic connections have helped to make multiculturalism part of Finnish daily life. For example, in 1997 there were 41.7 mobile telephone connections per 100 persons in the country, but by 2001 the number had risen to 77.8 (Tilastokeskus 2002a). Internationalisation broadens decision-making on all societal dimensions, including politics, economy, technology and culture. A multicultural society enables learning from differences and development of understanding and acceptance towards diversity. On the other hand, the progress towards a multicultural Finnish society is not unproblematic. Negative development may lead to economic inequality and increasing criminality in society as well as oppression of ethnic and cultural minorities (Sosiaali- ja terveysministeriö 2001).

Recently, nurse educators globally have been challenged by the need to prepare nurses to work in health care systems characterised by cultural diversity (McGee 1994, Lockhart & Resick 1997, Davidhizar & Giger 2001, Drevdahl 2001). The starting point of this study was the challenge posed by the multicultural societal development to Finnish nursing education. The study explores how undergraduate nursing students could be supported to face culture and multiculturalism as part of their training because nursing must deal with health and illness
as part of the client’s culture, lifestyle and social environment (Sosiaali ja terveysministeriö 2000). Prevention of social and cultural fragmentation of the population based on ageing or cultural diversity has been established as one of the main purposes of the European health policy (World Health Organisation 1998). There is a risk for unequal distribution of health among socio-economically, regionally and ethnically diverse population groups in Finland, too (Sosiaali- ja terveysministeriö 2001). Therefore, there is an urgent need to develop cultural knowledge in nurse education programmes, so that nurses would be able to respond to the increasing requirements of intercultural competence in society and client care.

Leininger (1994b, 1995) points out that one of the biggest challenges in nursing is to discover how culture can make a difference in understanding others and in providing meaningful and satisfying nursing care to diverse clients. This highlights the need to learn from people about their cultural values, beliefs, and lifestyles. On the other hand, both Finnish and international research results (Baldonado et al. 1998, Eliason 1998, Taavela 1999, Eliason & Raheim 2000) report experiences of discomfort and prejudices among nurses and nursing students in situations where the client does not represent the ethnic, racial or sexual cultural majority. There is often a lot of negativism, prejudices, cultural generalisation and ethnocentrism towards minority cultures in nursing (Murphy & Macleod Clark 1993, Eliason 1998, Taavela 1999, Eliason & Raheim 2000). Research results underline the need to raise nurses’ awareness about their own culture (Ekblad et al. 2000) and to provide further education in intercultural client encounters (Virkki 1999). Gerrish (7000) even wants to question the appropriateness of the current interpretation and practice of individualised care in a multi-ethnic society due to the complex application of the concept and its complicated realisation in everyday care.

Nursing education throughout Europe has responded to the challenges of multicultural society by integrating intercultural programmes as part of undergraduate education since 1990s
(Williamson 1994, Ludvigsen 1997). At the same time the internationalisation of education, especially through student and teacher mobility, became a priority in the policy of higher education in Finland (Ollikainen 1996, Havén 1999). Correspondingly the opportunity to study abroad has been provided for British students as part of their education since 1995 (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1995). Today, the activity is steered and controlled by the Nursing and Midwifery Council (NMC). Bachner (2000) defines study abroad as an extensive educational sojourn into another culture, which typically lasts for an academic semester or year, and which seeks to promote intensive exposure to the other culture, its people and institutions. Study abroad can be organised programmatically or arranged by an individual, and it provides academic credits for the participants.

1.3 Benefits and challenges of studying abroad

Study abroad became a topic of greater research interest in the 1970s, mainly within education. In nursing, study abroad experiences have been investigated increasingly since the 1990s. Previous research (Appendix 1) has reported that study abroad is both a rewarding and a challenging experience for the participating students and the host institutions. However, previous research has concentrated mainly on the student perspective without widening the scope of research towards the tutoring or mentoring strategies that help exchange students to adjust to the intercultural differences and to learn from them. This research aims to fill in this gap. Figure 1 summarises the benefits and challenges of study abroad based on the following literature review.
According to the literature, the benefits of study abroad for a student can be grouped into four categories (Figure 1): personal, professional, intellectual and global development (Kauffmann et al. 1992, Zorn 1996, Thompson et al. 2000). According to Kauffmann et al. (1992), students’ maturity and the extent to which they are immersed in the host culture are the two key variables that determine the degree to which the students are affected by their intercultural experience. Personal maturation is inherent in studying abroad as the students struggle to live in another culture. This increases their self-awareness and interpersonal skills and causes changes in their values and life direction (Kauffmann et al. 1997). Taajamo (1999) notes that, by encountering the psychological strain of intercultural immersion and the sense of one’s own otherness in the host culture, the student develops identities befitting today’s uncertain society. For Taajamo, the process of adjusting to a new culture during study abroad is the student’s developmental task.

Professional growth means the student’s improved linguistic skills and increased proficiency in intercultural communication (Hopkins 1999, Ollikainen & Pajala 2000). International exchange that includes practical training may also improve the student’s employability. In this respect, however, the outcomes are divergent and depend on the organisation of the placement, the quality and content of the work tasks assigned by the host organisations and the interaction between the student and the co-ordinating persons in the host organisations. (Ollikainen & Pajala 2000.) In nursing, professional growth is most likely to lead to development of verbal and non-verbal communication as well as other clinical skills (Lehtinen 1997). Studies abroad may also help the student to understand the wider implications of the concept of health and the importance of the environment in maintaining health (Lehtinen 1997, Thompson et al. 2000).
Intellectual development results in an increase in the student’s general knowledge and foreign language skills (Kauffmann et al. 1992). Frisch (1990) and Zorn et al. (1995) found that the nursing students who participated in an international student exchange programme demonstrated significantly more cognitive growth than those who did not.

Global growth makes the student more widely aware of both the home and the host cultures after the experience (Kauffmann et al. 1992). In the study of Thompson et al. (2000), Northern Irish nursing students said that studying abroad had influenced their evaluation of world issues and facilitated an international or intercultural dimension in their work activities in client care. The experience also shaped their understanding of cultural issues in Northern Ireland, i.e. their interaction with the other cultures in their own country.

The current intercultural nursing literature on this topic is based on two approaches. The first portion of descriptive non-research reports on Canadian, English, Finnish and US nursing students’ study abroad programmes discuss positive experiences and learning outcomes and recommend international visits as a way to teach about cultural diversity. The authors describe the development and implementation of 1- to 12-week study abroad programmes in developed and undeveloped countries, sometimes accompanied by home teachers. The reports indicate that students’ understanding, acceptance and respect for foreign cultures and foreign health care provision have developed, their commitment to health care has increased, and personal maturation has taken place. (Cotroneo et al 1986, Lachat & Zerbe 1992, Smith 1995, Story et al. 1996, Duffy et al. 1997, Lee 1997, Chrisman 1998, Colling & Wilson 1998, Cummings 1998, Stevens 1998.)

The second portion of intercultural nursing literature consists of research reports that describe the outcomes of international experiences. American studies report positive outcomes after
only a 2-week study period in a foreign country. In Haloburdo’s and Thompson’s (1998) study, a 2-week international experience led to students’ personal and professional growth. The authors concluded that the length of the stay may be less critical to the learning outcomes than the specific design and type of the experience. According to St. Clair and McKenny (1999), a 2-week intercultural clinical immersion increased students’ ethnorelativism and self-efficacy. Kollar and Ailinger (2002) reported long-term outcomes following a 2-week international experience that had taken place six years earlier.

On the other hand, the length of the international experience seems to be significantly associated with its long-term impact on intercultural competence. Longer visits allow longer immersion into the host culture, resulting in a more lasting influence (Zorn 1996, Ollikainen & Pajala 2000). Kauffmann et al. concluded (1992) that when students stay abroad for only a short period, they experience few personal changes and a minimal impact. According to Bennet (1993), the minimum period that should be spent in the host culture to develop even rudimentary pluralism is around two years, but this apparently depends heavily on the intensity of the living experience.

Studying in a foreign culture is not easy for the student but requires a variety of coping mechanisms (Abu-Saad et al. 1982, Morales-Mann & Smith Higuchi 1995, Myburgh, et al. 2002) in order for the student to adjust to the intercultural difference. Paige (1993) speaks about personal and situational intensity factors, which influence positively or negatively the psychological intensity of the intercultural experience. In this respect, students’ experiences of being a stranger during the exchange are probably similar to the experiences of persons who have immigrated into a foreign country. Students often suffer from language problems, loneliness, isolation and home sickness in the host culture (Colling & Chou Liu 1995, Morales-Mann & Smith Higuchi 1995, Noponen 1997). They seem to communicate with their
support systems in their own countries (Myburgh et al. 2002), struggle with cultural differences concerning friendship formation (Gareis 2000) and gather together when faced with unexpected problems (Morgan 1975, Wilkinson 1998). Abu-Saad et al. (1982) found that the difficulties experienced by Asian students in adjusting to university nursing programmes in the United States came from four sources: the students themselves, the host faculty’s unrealistic expectations, the competitiveness and sense of superiority of the American peers and the different lifestyles of the host culture.

According to Finnish nursing students, some of the biggest obstacles in achieving the learning objectives during study abroad have been inadequate language skills, inadequate self-regulation skills, inadequate knowledge about one’s own culture, inadequate preparation and inadequate debriefing upon re-entry (Sirkka 1996). The circumstances within study abroad, such as the strategies and actions of the home institution, the collaboration between the partner institutions and the practical arrangements in the host culture seem to be significant for either positive or negative experiences (Noponen 1997, Ollikainen & Pajala 2000). Finnish students also seem to suffer from inadequate preparatory information. They want more information in advance about the exchange programme and its operation, the host culture, the host health care services, the major health problems in the host culture and the host nursing culture. (Suleniemi et al. 2001.) The student’s own attitudes may involve long lasting prejudices, stereotypes and ethnocentrism in a foreign cultural environment. In Koistinen’s (2002) study, Finnish health care students started to gain membership in the working community when they had completed several study periods in the same foreign placement.

The challenges of study abroad can be grouped into seven categories (Figure 1): the challenges related to the exchange student’s characteristics as a person (personal challenges)
and the challenges related to the operational functioning (operational challenges) of the programme. Mature, self-regulated students with language skills benefit more than those without these personal characteristics (Morgan 1975, Kauffmann et al. 1992, Sirkka 1996). The operational functions of the programme that may affect negatively the study abroad experiences or outcomes include inadequate collaboration between the home and host institutions (Sirkka 1996, Noponen 1997), inadequate orientation and re-entry debriefing in the home institution (Sirkka 1996), inadequate support in the host institution (Ollikainen & Pajala 2000), inadequate intercultural immersion in the host culture and inadequate duration of the intercultural stay (Kauffmann et al. 1992).
Figure 1. Benefits and challenges of study abroad as reported in the literature.
2 PURPOSES OF THE STUDY AND STUDY QUESTIONS

The purposes of this study were to

- describe Finnish and British undergraduate nursing students’ process of learning intercultural competence in the context of a study abroad programme
- develop the model of intercultural competence for the study abroad learning context in nursing.

The specific study questions of this study were:

1. Is the focus group interview method suitable to intercultural learning research in nursing and the ethnographical methodology? (Paper I)

2. What is the process of learning intercultural competence of Finnish undergraduate nursing students like during their study abroad in the UK? (Paper II)

3. What are the situational components that support or inhibit the process of learning intercultural competence by Finnish undergraduate nursing students who study in the UK? (Paper II)

4. What is the process of intercultural competence of British undergraduate nursing students like during their clinical and community experiences in Finland? (Paper III)

5. What strategies are used by Finnish tutors to encourage British undergraduate nursing students’ intercultural competence? (Paper IV)

6. What strategies are used by Finnish mentors to encourage British undergraduate nursing students’ intercultural competence? (Paper V)
3 THEORETICAL PREMISES OF THE STUDY

3.1 Roots of cognitive-constructive and humanistic-experiential learning

Intercultural competence is defined as a learning process from lower to higher levels of self-awareness and personal maturation that moves through cognitive, affective and behavioural dimensions and leads to skills of increasing sensitivity towards other people (Bennet 1993, Campinha-Bacote 1998, 1999). Becoming interculturally competent can be seen as a cognitive-constructive and humanistic-experiential learning process. These learning theories date back to the early 1900s and the ideas of, for instance, George Herbert Mead and John Dewey. The general acceptance and wider application of the theories into learning practice only began in the 1970s and 1980s. They all share the view that the human mind and consciousness are socially constructed in relation to the dominant culture and language. Such concepts as ‘mind’, ‘self’ and ‘significant others’ became important for understanding the way in which human beings learn. Learning was viewed as a cognitive and psychological process rather than behavioural. (Strauss 1977.)

Personal maturation and the development of self-consciousness as a goal of learning and the role of the teacher as a significant other and a learning facilitator have been later emphasised by especially Carl Rogers. His views of the teacher as a partner and a learning facilitator are very modern. He says: ‘When the facilitator is a real person, being what he is, entering into a relationship with the learner without presenting a front or a facade, he is much more likely to be effective’ (Rogers 1969, p. 106).

The basis of cognitive-constructive and humanistic-experiential learning was published as early as 1916 by John Dewey (Dewey 1955). His learning conception emphasised thinking,
problem solving, reflection and experience. His concept of learning was situational and contextual, since he thought that the core of learning was the learner’s previous experiences and understanding of situations. Basically, Dewey viewed learning as a reconstruction of knowing. Dewey’s conception of learning as a process of thinking and problem-solving can be transferred to today’s intercultural learning situations, where the learner is struggling with the stress of intercultural immersion. Actually, the challenges of learning in the host culture should be transformed into resources, as Dewey (1935, p. 184) writes:

‘...to think effectively one must have had, or now have, experiences which will furnish him resources for coping with the difficulty at hand. A difficulty is an indispensable stimulus to thinking, but not all difficulties call out thinking. Sometimes they overwhelm and submerge and discourage. The perplexing situation must be sufficiently like situations which have already been dealt with so that pupils will have some control of the means of handling it.’

Dewey based his theory on the three principles that can still be regarded as the key elements in learning and teaching. Firstly, learning must be anchored in the learner’s everyday situations of such nature as to arouse thinking. In other words, learning takes place within thinking and testing ideas and information in everyday situations from the learner’s own experiences and interests. Secondly, thinking and learning are best stimulated by genuine problematic situations, which are sufficiently similar to situations already dealt with. Too overwhelming a situation does not stimulate thinking. Thirdly, the learner’s own activity, especially active information retrieval, is of vital importance in learning. Activity, however, has no pedagogical value if it is not part of a planned learning process. (Dewey 1955, Raust- von Wright & von Wright 1994.)

The interrelationship between thinking, consciousness, language and socio-cultural environment has later been stressed within the approach called social constructionism. Mezirow (1994) regards learning as a process of transformation of meaning structures, which takes place through reflection. He regards learning as discourse, a dialogue, in which the
learner justifies beliefs by giving and defending reasons and by examining the evidence for and against competitive viewpoints. Bruner (1996) points out that no mental activity can be understood without taking into account the cultural setting and its resources; learning, remembering, talking and imagining are all made possible by participating in a culture. Therefore, culture is the prerequisite for cognitive development. For Bruner, there do not exist any complete worlds or realities but different worlds and realities to which different people give different meanings. Bruner (1986, 1996) argues that the human mind and thinking are the tools for constructing different worlds and realities in social interaction with other people. These worlds and realities change in relation to the person’s increasing experience and his/her reflection with others.

Bruner’s view of the functioning of the human mind emerged from two striking conceptions: the computational nature and the culturalistic nature of the human mind (Bruner 1996). The former ‘takes information as its given, as something already settled in relation to some pre-existing, rule bound code that maps into states of the world’ (p. 1-2). The latter takes information ‘as a way of life, where reality is represented by symbolism shared, conserved, elaborated and passed on to succeeding generations by a cultural community’ (p. 3). These two ways of shaping the world refer to the logical-rational scientific mode of thinking and the narrative mode of thinking (Heikkinen 2002b, Toljka 2002).

3.2 Social constructionism in learning intercultural competence

The conception of learning in this study rests in the tradition of social constructionism, which is an epistemology about knowledge and truth and the way human beings attain knowledge to construct their realities (Berger & Luckmann 1967, Tyunjälli 1999). Learning theories based on social constructionism were developed mainly from the criticism toward the dominance of the
functionalist approach of education in the 1960s. The micro-interpretative or new sociology of education adopted the view that man makes society. Its concern was to elicit the actor’s definition of the situations. The main arguments of social constructionism were that knowledge, the criteria of truth and validity and the concepts of ability and intelligence were socially and culturally constructed. (Blackledge & Hunt 1991.)

Learning in a foreign cultural environment is a complex social psychological phenomenon that is influenced by several contextual, situational and personal attributes (Paige 1993). The social constructive philosophy serves as a broad framework in exploring and understanding the aspects of learning intercultural competence in the context of nursing students’ study abroad in this focused ethnography. The premises of situated, contextual and collaborative learning, the student’s role as an active learner, and the meaning of metacognition in learning are central features in learning theories based on social constructionism (e.g. Bereiter & Scardamalia 1989, Bransford & Vye 1989, Resnick 1989, Schoenfeld 1989, Tossavainen et al. 1998, Tossavainen 1999).

Learning is always situational and contextual, and nursing students’ previous knowledge, beliefs and values should therefore be considered as the foundation for their experiences in the host culture. Self-regulation is essential in learning, and the students must therefore be regarded as active constructors of their intercultural reality. On the other hand, learning in a foreign cultural environment can be overwhelming and stressful. The construction of students’ internal motivation can be enabled by a highly intellectual and meaningful learning atmosphere, a safe and reflective collaborative group, topics of current interest and links to personal experience (Tossavainen 1999). Mezirow (1994) states that educators can facilitate reflective learning by helping their students to overcome situational, cognitive or emotional constraints. He also notes that educators may or may not assist students to broaden their
critical reflection towards developing a more inclusive world view. Pastoral, clinical and academic aspects of tutoring, as described by Gidman (2001), are therefore most likely to be vital in supporting students throughout their intercultural experience. Learning is enabled by human interaction, and nursing students’ social contacts in the host culture are therefore important in helping them to externalise their own thinking and to reflect on their experiences. Metacognitive skills are the basis of all learning, and nursing students should therefore be encouraged to engage in conscious exploration and evaluation of their own cognitive processes throughout the study abroad experience.

Within this theoretical frame, learning intercultural competence can be broadly defined as a process of (inter)cultural reality construction that is enabled by extensive exposure to another culture, and that manifests as a change in the students’ knowledge, attitudes and behaviour. Thus, intercultural learning is a gradual cognitive, psychological and socio-cultural process of maturation and perspective transformation (Metzrow 1990, 1994, Taylor 1994), with a disorienting dilemma or a culture shock as a precondition and increased understanding of diversity or cultural competence as an outcome. Ultimately, learning intercultural competence can be viewed as a process of development of one’s self through increasing self-consciousness, as adapted from Rogers (1969), and a process of change of the sense of self that is enabled and verified in relation to ethnically and culturally different others. In this study, the concept ‘intercultural’ is used as adopted from Bennet (1993) and Taylor (1994), who use the concepts of ‘over’, ‘cross’ or ‘trans’ cultures.

3.3 Models of intercultural competence

Intercultural competence is an evolving concept defined within a variety of disciplines. Many believe that the skills required for intercultural competence are learned rather than innate, and
that they require commitment and nurturing (Bennet 1993, Paige 1993, Taylor 1994, Drew 1996, Campinha-Bacote 1998, 1999, 2002). The definitions of intercultural competence have here been divided into models of three types, namely cultural anthropological models, process models and continuum models, which are interrelated, as shown in figure 2.

Cultural anthropological models of cultural competence are based on human sensitivity, will and ability to understand and consider lifeways that are different from ours. Within this approach, cultural competence emphasises, primarily, the culture of the other. This is the dominant approach in nursing. The models aim to assess clients as individuals, families or communities within their cultural contexts, in order to provide them culturally competent care (e.g. Leininger 1995, Giger & Davidhizar 1995, Andreson & McFarlane 2000, Purnell 2000, 2002). Culturally competent individuals are able to recognise differences, do not find the difference threatening, avoid stereotyping and have embodied valuation of diversity at all levels and in all areas of life. Culturally competent care is about acknowledgement of differences, advocacy for marginalized people and intolerance of inequality and stereotyping. (Meleis 1999.) Duffy (2001) critiques the traditional approach of emphasising the other, because it concentrates on gaining knowledge of and understanding the unusual, exotic, distant and different rather than understanding the universal commonalities between the cultures and the individual distinctiveness of each human being.

The process models of intercultural competence are based on learning and change of the nurse and, consequent to this change, enhanced nurse-client interrelationships. Within the process framework, cultural competence emphasises the culture of both the other and the self. The process is defined either as a construct of interdependent elements (Campinha-Bacote 1994, 1998, 1999, 2002, Papadopoulos et al. 1998) or as a construct of three shared dimensions of intercultural competence (Taylor 1994). According to Taylor (1994), becoming interculturally
competent is one’s own meaning perspective to a re-interpretation process through three dimensions: precondition to change, process and outcome. During the process, the stranger must critically reflect on his/her earlier cultural and personal ideologies, seek new knowledge, be in dialogue with culturally different others and experiment with new roles in the host culture (see Figure 2).

Continuum models define intercultural competence in terms of stages of personal growth from ethnocentrism to ethnorelativism (Bennet 1993) as shown in Figure 2 or stress the fostering of self-perceived cultural competence (Matinheikki-Kokko 1999 a,b). Continuum models emphasise the meaning of the cultural self in intercultural competence. Matinheikki-Kokko (1999a) applies a general conceptual model where cultural competence is organised into three dimensions of the person’s knowledge, attitudes and skills required in intercultural interactions. This focuses the learning process to the cognitive and metacognitive components of cultural competence as well as its non-cognitive components as cultural values and self-perceived competence, but also the development of skills in intercultural practices and encounters. The model is based on the theory of self-efficacy, i.e. the assumption that learners’ positive or negative perceptions of their own cultural competence will affect their performance in intercultural encounters. Therefore, fostering the learner’s self-perceived competence is essential in becoming interculturally competent.

According to Bennet’s (1993) continuum model (Figure 2), there are three ethnocentric stages: minimisation, defence and denial, and three ethnorelativist stages: acceptance, adaptation and integration, that characterise the learner’s growing recognition of and adjustment to the intercultural differences. The core of ethnocentrism is ‘the assumption that one’s own worldview is central to all reality’ (p. 30), whereas ethnorelativism implies that
‘cultures can only be understood relative to one another and that a particular behaviour can only be understood within a cultural context . . . cultural difference is neither good nor bad, it is just different . . .’ (p. 46). Personal growth moves through cognitive, affective and behavioural dimensions, but the separation of these dimensions is not clear at each stage, since development is multidimensional. Bennet notes that initial development is cognitive, including the generation of relevant categories for cultural difference. The reaction to this development is affective, a feeling of threat to the stability of one’s own worldview. The developmental response to the feeling of threat is behavioural: joint activity to maintain the stability of one’s own worldview. The reaction to this development is cognitive, including consolidation of differences into universal categories. The developmental continuum moves on, and finally, the three dimensions are integrated and verified as increased intercultural self-awareness, appreciation of intercultural difference and enhanced intercultural communication skills.

![Diagram](image)

**Figure 2.** Model of intercultural competence as presented in the literature.
3.4 Campinha-Bacote’s model of cultural competence

Since the mid-1990, the American transcultural nurse researcher Josepha Campinha-Bacote has developed the model titled ‘The Process of Cultural Competence in the Delivery of Healthcare Services’, to address the health needs of ethnically and culturally diverse client groups. The model had an important intellectual impact on this research and, as a nursing model, contributed to defining the process of intercultural competence in the context of a study abroad programme. The model regards increasing understanding of cultural diversity rather as a learning process than as a final state. Campinha-Bacote’s (1994, 1998, 1999, 2002, 2003) model of cultural competence requires that nurses see themselves as becoming culturally competent rather than being culturally competent. This requirement implies that intercultural competence is a comprehensive developmental process of a nurse that leads to improved client care.

Campinha-Bacote (2002) emphasises the process character of the model by noting that cultural competence is an ongoing process, in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community). The model consists of five interdependent constructs that are addressed to develop cultural competence. These include cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire (see Figure 2). Each construct is explicated in Paper III by quoting Campinha-Bacote (1998, 1999, 2002) and applied to nursing education. Cultural desire, a genuine motivation to want to become culturally competent, is the foundation of the entire process. The author (2003) notes that nursing education must be driven by cultural desire, if we are to make achievements in the area of cultural competence in nursing care.
4 CULTURAL CONTEXT OF THE STUDY

4.1 Socrates and Erasmus programmes in intercultural learning

The participating students of this study were involved in the Socrates/Erasmus exchange programme. Socrates is the educational programme of EU that covers all levels of education from the pre-school to higher education, including adult education. The present, second, phase of the programme takes place in 2000-2006 and is a continuation to the programme’s first phase implemented in 1995-1999. All the 15 EU member states and ETA states (Iceland, Norway, Liechtenstein) take part into the programme. In addition, Latvia, Lithuania, Poland, Bulgaria, Romania, Slovakia, Slovenia, Czech Republic, Hungary, Cyprus and Malta are Socrates participants. The main goals of the programme are to advance European educational co-operation and to improve the quality of education in Europe. The Socrates programme consists of eight sub-programmes. Erasmus (European Community Action Scheme for the Mobility of University Students) is the sub-programme for higher education. (Sokrates 2000.)

Erasmus is the biggest European student exchange programme. The number of students coming to Finland is gradually increasing, whereas the number of students going from Finland is slightly decreasing. Altogether 3863 foreign Erasmus students studied in Finland during the academic year 2001-2002 (3132 in 1999-2000) and 3290 Finnish students studied in another European country (3486 in 1999-2000). In 2001-2002, altogether 609 Finnish students studied in the United Kingdom, and 248 of them were from the health care field. Within the same period, 262 British students studied in Finland. (Cimo-tilastot 2002a,b, Sokrates-tilastoja 2001-2002.)
The Erasmus programme aims to strengthen the European dimension of higher education by encouraging student and teacher mobility and improving credit transfer and accountability between European educational institutions. The programme is based on institutional contracts (IC) between the higher education institutions and the European Commission. The contract contains both the Erasmus activities and the strategy of European co-operation of the particular institution. (Decision No 253/2000/EC.)

Both undergraduate and postgraduate students with one year of study experience can participate in the Erasmus exchange programme. The study abroad period is 3-12 months. Exchange students do not pay tuition fees in the host institution. The monetary value of the Erasmus scholarship depends on the location of the host institution and the length of the study abroad. Student exchange programmes are bilateral. The programme presumes that both the home and the host institutions assist students in practical and educational issues during the exchange. The basic principle of the Erasmus programme is that the studies accomplished abroad are completely transferable. The European Credit Transfer System (ECTS) aims to assure that exchange students are able to plan a reasonable study abroad content, and that the credits gained from the host institution are acknowledged as part of the degree awarded by the home institution. (Sokrates 2000.)

4.2 Historical development of the concept of culture

Culture is an essential core concept of ethnographic research, because ethnography is always holistic and aims to understand and interpret people’s thinking and behaviours within the broader historical and socio-cultural context of society. Definitions of culture have changed and developed in the course of time, because cultures and people have changed. The historical multidisciplinary development of the concept of culture is summarised in table 1. The table
presents the development of culture within the different disciplines by defining their concepts of culture, concepts of human being and ways of representing the human being-culture relationship. The table also summarises the society’s ideals or the meanings attributed to the desirable culture. A threat of unfavourable societal development has always been inherent in defining the meaning of culture for individuals or societies. The last column of the table demonstrates how the cultural threat has varied in different disciplines and changed in the course of time.

According to traditional functional sociology, cultures were part of society’s social order. Cultures unified the structures and dynamics of societies at ideological, behavioural, social, material and personal levels. Cultures were constructions of systems that maintained the functions and social order of human existence. This approach is called ‘norm theory’, and it rests on the conception that human behaviour is based on internalised social norms and that society is a control system. (Parsons 1967, Blackledge & Hunt 1991.) Sorokin’s (1969, p. 707) systems of maintaining social order were: language, religion, philosophy, ethics, jurisprudence, science, technology, economy and politics.

Cultural research emerged into sociology in the 1970s and 1980s as a criticism of the hierarchic concept of culture. The cultural research tradition is based on social constructionism, symbolic interactionism, phenomenological sociology and cognitive and psychological anthropology. Within this world of ideas, cultures are socially constructed and consist of meanings that individuals give to their experiences when shaping and interpreting the world around them. According to this tradition, the human being-culture relationship is reciprocal. Individuals are active in constructing the surrounding society, and society, in turn, respects the individual interpretation of the internalised norms. (Alasuutari 1994.) Conflicts between the social norms and individual ideologies are cultural threats.
In cultural anthropology, cultures have been defined as historically developed ways of living that are transmitted through communication of symbols (Benedict 1951, Kneller 1965). Therefore, social and cultural values, beliefs and behaviours are learned, shared and transmitted from generation to generation. Benedict (1951) and Kneller (1965) caution against generalisations and prejudices in assessing cultural manifestations, defend multicultural and pluralist societies and propose acceptance of cultural differences. The concepts of ethnocentrism and cultural relativism, which are central to current societal conversation, date back to the 1950s and 1960s. Within this tradition, a sound society was flexible and multileveled and accepted the inevitable negative cultural manifestations. The following definition by Kneller (1965, p. 4) highlights the conception of culture as something that is created, shared, transmitted and defined by people and, further, that the biologically inherited physical, ethnic and racial characteristics are not automatically cultural:

"By culture as such we mean all the ways of life that have been evolved by men in society... From another perspective we may regard a culture as the learned and shared behaviour (thoughts, acts, and feelings) of a certain people together with their artefacts – learned in the sense that this behaviour is transmitted socially rather than genetically, shared in that is practised either by the whole population or by some part of it."

Psychoanalytic theory has provided a significant addition to cultural definitions. Melford E. Spiro, a psychoanalytic anthropologist, pointed out the fundamental emphasis on psychological factors and personality as necessary parts of any theory of culture and human action. In his assembled theoretical papers, Spiro (1987) points out that children acquire culture from their significant others but, on the other hand, the culture of any social group can also be adapted and learned by non-natives. This is possible because all cultures consist of propositions that are encoded in collective representations, public signs and symbols. People are inherently plastic and mature human beings, who learn from and adjust to the difference. Cultures were seen as human constitutions. The acquisition of culture from significant others, however, could be threatened by emotional conflicts between them and the child.
Medical anthropology has contributed to the development of the definition of culture by emphasising the diversity and flexibility of the concept. Helman (2000) argues that all cultures divide their members into different social categories, such as normal/abnormal, healthy/ill, able/disabled, kinsfolk/strangers. In the same way, all cultures elaborate ways of moving people from one category to another, such as from ill to healthy. Cultures also confine people, sometimes against their will, to the categories into which they have been put, such as mad, disabled and elderly. Helman points out that because cultures and societies are multileveled, they consist of several subcultures. Cultural manifestations can be visible or hidden. The first subcultural aspect is social stratification, where each stratum is marked by its own inherited culture, including dietary and housing patterns and styles of dress. Another subcultural aspect is that of men and women, and, to some extent, men and women have their own cultures within the same society. The third subcultural aspect is that of religious and ethnic minorities with their own distinctive cultures. The fourth subcultural aspect is that of professional subcultures, e.g. nursing.

In nursing, the concept of culture has been approached mainly from two different perspectives. The traditional approach to nursing has emphasised the difference implicit in the process of othering (Duffy 2001). Most of the cultural nursing models are based on this approach. They have been developed to be used as cross-cultural assessment tools that assist nurses to encounter culturally and ethnically different clients. (e.g. Giger & Davidhizar 1995, Leininger 1995, Anderson & McFarlane 2000, Purnell 2000, 2007). Cultural assessment tools have been critiqued for being usually used separately from health assessment tools (DeSantis 1994, Duffy 2001). Yet, culture cannot be separated from human life and other health needs, nor should it be assessed as though it were a separate entity. The cultural anthropological view has predominated in nursing because of the influence of Madeleine Leininger. The more recent process approaches to culture have heavily been influenced by her work and based on
the idea of a gradual increase of health care practitioners’ cultural awareness as a starting point of improved client care (e.g. Campinha-Bacote 1994, 1998, 1999, 2002, Papadopoulos et al. 1998). The process approach emphasises the cultural knowledge of both one’s self and the other in defining the concept of culture.

Culture is an inevitable part of client-nurse interaction. McGee (2000) states that culture defines not only the physical environment in which services are delivered, but also the emotional and psychological dimensions of care. Culture directs the client’s conception of health and illness, his/her health behaviour, compliance and reliance on health care services. But culture is also vital aspects in assessing the interrelationships of today’s multicultural working communities. Nurses are cultural beings, and the cultural self-awareness of nurses has been increasingly highlighted as the foundation of improved client care.
Table 1. Historical and multidisciplinary development of the concept of culture.

<table>
<thead>
<tr>
<th>Author</th>
<th>Culture</th>
<th>Human being</th>
<th>Human being-cultural relationship</th>
<th>Society ideal</th>
<th>Cultural threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociology: Sorokin 1969 USA</td>
<td>Ideological, behavioural and material totality</td>
<td>Passive product of the culture</td>
<td>Hierarchic</td>
<td>Functional society where collective norms direct individual behaviour</td>
<td>Conflicts between ideological, behavioural and material cultures</td>
</tr>
<tr>
<td>Parsons 1967 USA</td>
<td>Combination of systems maintaining the social function</td>
<td></td>
<td></td>
<td></td>
<td>Conflicts between cultural, social and personal systems</td>
</tr>
<tr>
<td>Alasuutari 1994 Finland</td>
<td>Socially and linguistically constructed reality</td>
<td>Active</td>
<td>Reciprocal</td>
<td>Individual interpretation of meanings</td>
<td>Conflict between social norms and individual ideologies</td>
</tr>
<tr>
<td>Cultural anthropology: Benedict 1951 USA Kneller 1965 USA</td>
<td>Shared and transmitted ways of living</td>
<td>Active</td>
<td>Reciprocal</td>
<td>Multicultural and pluralist society</td>
<td>Ethnocentrism, intolerance, absolute values, cultural generalisation</td>
</tr>
<tr>
<td>Psychoanalytic theory: Spiro 1987 USA</td>
<td>Constitution of collective propositions that can be easily adapted by non-natives</td>
<td>Plastic, maturing, thinking and feeling transcultural human</td>
<td>Acquisition from significant others</td>
<td>Society that is a human constitution</td>
<td>Emotional conflict between a child and the significant others</td>
</tr>
<tr>
<td>Medical anthropology: Helman 2000 Great Britain</td>
<td>Flexible and diverse, manifest and hidden, combination of subcultures</td>
<td>Object of categorisation and member of cultural groups</td>
<td>Diverse and complex</td>
<td>Multicultural and pluralist society</td>
<td>Categorisation of people against their own will Cultural over-generalisation</td>
</tr>
<tr>
<td>Nursing: Giger &amp; Davidhizar 1995 USA Campinha-Bacote 1994, 1998, 1999, 2002 USA</td>
<td>Cultural, ethnic or racial background of clients and cultural competence of nurses</td>
<td>Cultural informant</td>
<td>Culture of the other</td>
<td>Culture of the self and the other</td>
<td>Society with health and well-being of individuals, families and communities Ethnocentrism and cultural incompetence of nurses</td>
</tr>
</tbody>
</table>
4.3 Concept of culture in the present study

The conception of culture in this focused ethnography integrates the cultural-anthropological and sociological perspectives. Culture is defined as shared and transmitted ways of living and/or ways of shaping the world that has been adopted and found feasible by a group of people or a community (Benedict 1951, Kneller 1965, Alasuutari 1994). The cultural-anthropological view was chosen because of its ideology of respecting multicultural and pluralist societies and resisting cultural intolerance. The sociological view broadens this conception by integrating it with the tradition of social constructionism and linking it with the learning process. The social constructionist tradition maintains that cultures are socially and linguistically shared and learned, and that the truth about the world must be viewed through the individual interpretation given to the truth. This study also agrees with Spradley (1980) in that culture exists at two levels of human consciousness. The explicit level of culture is knowledge that the informants of the study can communicate with relative ease. The tacit level of culture largely consists of knowledge outside their awareness. In this study the interest is in both explicit and tacit cultures that are present in the particular context where nursing students are learning intercultural competence through Finnish-British exchange cooperation. Similarly to Helman (2000), nursing education is understood as a subculture of the dominant culture of each society.

4.4 Characteristics of Finnish and British societies

The horizons and expectations of both Finnish and British nursing are shifting, as societies evolve and scientific and technological innovations open up new opportunities and challenges. According to the European and national health strategies, the main challenges for health care and nursing profession both in Finland and in Britain seem to be very similar in
the 21st century. These challenges include the fact that the number of old people, especially very old people, is increasing in society. Socio-economic fragmentation within society is also deepening. The threats to families with small children are increasing. Alcohol problems and drug abuse are increasing rapidly, and these interrelated health and social hazards are expanding. The shift away from institutions is continuing. There is a growing interest in improving the accountability and quality of those who provide services to the public. (Department of Health 1993, World Health Organisation 1998, Sosiaali- ja terveysministeriö 2001.)

Both countries also share the challenge of integrating their increasing ethnic and cultural minority populations into society and preventing fragmentation between the dominant and minority cultures. Finland is the fifth biggest EU member state in terms of area, but has the third smallest population with only 5.2 million inhabitants (Havén 1999). Until recently, the Finnish population has included numerically small cultural and ethnic minority groups. Currently, however, the population is becoming culturally and ethnically more diverse, which is a new challenge for the Finnish health care and nursing. In 1990, the number of foreign citizens in the country was 26255 (Siirtolaisinstituutti 2002b). In the same year, 858 refugees immigrated to Finland, mainly from Asia and the Middle and Far East (Siirtolaisinstituutti 2002a). In 2001, the Finnish population already included 98577 foreign citizens (Siirtolaisinstituutti 2002b), and the number of immigrant refugees had increased to 1857 (Siirtolaisinstituutti 2002a). Now, they arrive mainly from Asia, the Middle and Far East, Africa and Eastern Europe (Siirtolaisinstituutti 2002a). There are two official languages in Finland: Finnish and Swedish. Finnish is spoken by 92.6% and Swedish by 5.7%. The two national churches in Finland are the Evangelic-Lutheran church (87.7% of the population) and the Greek Orthodox church (1.1% of the population). (Havén 1999.) Less than 2% of the population speak other than the two official languages and represent other than the two
official churches. In 2001, Russian was spoken by 28.5%, Estonian by 10.2%, English by 6.8%, Somali by 6.3% and Arabic by 4.9% of the foreign population in Finland (Siirtolaisinstituutti 2002c).

British society has been a multicultural society for centuries, and cultural diversity is continually increasing. People from overseas have settled in the UK, either to escape political or religious persecution or in search of better economic opportunities (National Statistics 2000). The UK has a population of about 59 million spread over four separate countries, England, Wales, Scotland and Northern Ireland, each of which has its own distinct cultural heritage. The largest immigrant minority ethnic groups are those originating from India, Pakistan and Caribbean. The population also includes members of many other ethnic groups that include refugees from countries such as Afghanistan and eastern Europe. (Census 2001.) Historically, Christianity has been the most influential and important religion in Britain, and it remains the religious affiliation of the majority of people (42 million). In addition to Christians, there are large communities of Muslims (1.6 million), Hindus (0.6 million), Sikhs (0.4 million), Jews (0.3 million), Buddhists (0.2 million) and smaller communities of practising Baha’is, Jains and Zoroastrians. (National Statistics 2000, Census 2001.)

Socio economically, British society and Finnish society are very different, although both countries are EU members and western welfare states. In 2002, the unemployment rate was 9.1 in Finland and 3.1 in the UK (Tilastokeskus 2003c). Historically, Britain can be characterised as a class society. UK’s global cultural, political, economic and linguistic importance grew throughout the Victorian period in the 1800s. The British Empire reached its territorial zenith at the end of the century; Britain had possessions all over the globe and authority over a quarter of the world’s population. (Randle 1981.) Randle states that the Industrial Revolution in the nineteenth century enabled people of all classes to improve their
social position, but the distribution of wealth was notably uneven. Finnish society has always been characterised by small differences between the rich and the poor. Until the recent years, the Finnish national welfare policy has been based on the principle of compensating for differences in income and distributing social services equally between the population groups. Still, the British government seems to invest slightly more in social services, calculated as a percentage of public expenditure, than the Finnish government. In 1997, the investment in social services out of all public expenditure was 35.7% in Finland. In 1998, the same investment in the UK was 57.5%. (Tilastokeskus 2002b.)

Life expectancy at birth and infant mortality are generally used to describe health at the population level. Females live longer and males die younger in Finland than in Britain, whereas new-borns stay alive more often in Finland than in Britain. In 2002, life expectancy at birth was 74.1 years for Finnish and 75.3 years for British males and 81.5 years for Finnish and 80.8 years for British females (Tilastokeskus 2003a). In 2002, the infant mortality rate per 1000 live births was 3.8 in Finland and 5.5 in Britain (Tilastokeskus 2003b). In 2000 the total health expenditure of gross domestic products (GDP) was 6.6% (out of which 75.1% was public) in Finland and 7.3% (out of which 81% was public) in Britain (Tilastokeskus 2003a). This shows that the British government investments more in health services than the Finnish government.

4.5 Cultural features of nursing education in Finland

The development of the social and health service system, the changing health behaviour of the population and the increasing professional requirements applied to the health care staff led to a need to develop Finnish nursing education in the late 1980s (Sosiaali- ja terveysministeriö
The need to raise the standard of undergraduate nursing education as part of higher education had become obvious, and during the 1990s, nursing colleges throughout the country were integrated as part of the polytechnic educational programmes through the polytechnic experiment project.

Simultaneously to the polytechnic reform, the steering system of education was re-assessed as part of the national administrative re-assessment project. The goal was, firstly, to increase and strengthen local (municipal) administration and to decrease central (national) supervisory control and, secondly, to rationalise the national public administration. Today, national decision-making and co-ordination of nursing education are done by the Ministry of Education. This takes place in the form of goal and result agreements between the ministry and the polytechnics. The Ministry of Education confirms the titles of qualifications, the educational lines and the student intake quota. National Research and Development Centre for Social and Health Care (STAKES) maintains a register of qualified nurses. (Sosiaali- ja terveysministeriö 2000.)

According to the legislation (Laki 255/1995, Asetus 256/1995), each polytechnic has a right to ratify its own curricula. In Finland, there is no external validation of nursing programmes, as in the UK. Undergraduate nursing education in Finland is a three and a half year (140 credits) degree programme, including a six-month (20 credits) line-specific component. Community nursing education takes four years (160 credits) and midwifery education four and a half years (180 credits). Both include nursing registration.

Due to the decrease of central supervision, the need to develop self-evaluation and quality assurance systems became evident in the 1990s. In 1998, the Finnish Higher Education Evaluation Council of the Ministry of Education carried out the first external evaluation of the
health care degree programmes at nine of the 25 polytechnics. The main goal of the procedure was to evaluate how education corresponds to the demands set by society, health care and the development of education. The most central needs for development were recognised in the curricula, tutoring, study schedules and practical training. The report pointed out that the curricula were not yet developed enough to reach the standards of polytechnic education. One of the major recognised problems was that all polytechnics had their own curricula, which made it difficult to compare them with each other. The evaluation report also noted that there was no national educational strategy in Finland that would define the quantitative and qualitative standards of nursing education. (Perälä & Ponkala 1999.)

Since the publication of the report by Perälä and Ponkala (1999), the Ministry of Social and Welfare has also been concerned about the need to develop a national co-operative system between working life and education, which would evaluate the qualifications of nursing graduates and make the education more comparable at the national level (Sosiaali- ja terveysministeriö 2000). The recent attempt to make Finnish health care education more homogeneous and the concern for its standard at the national level was discussed in a document that defines the central content and the minimal credits of the education and qualifications of health professionals (Opetusministeriö 2001). This report requires culture to be integrated in the nursing curricula throughout the country. Intercultural competence is viewed as one of the eight defined professional nursing competencies.

In the EU, human resources, including the health care workforce, can move freely to wherever they are most needed. EU membership means that European nurses have obligations and rights beyond the confines of the national boundaries, and that their opportunities are hence no longer restricted by these boundaries. (Ludvigsen 1997.) Therefore, undergraduate nursing education in Finland has been developed in line with the EU directives and to be comparable
with the educational standards of the other EU member states (Sosiaali- ja terveysministeriö 2000, Opetusministeriö 2001, Hildén 2002).

Internationalisation and the increasing multiculturalism of the population have been identified as one of the central challenges for education at both the national (Sosiaali- ja terveysministeriö 2000, Opetusministeriö 2001, Sosiaali- ja terveysministeriö 2001) and the local levels (Ammattikorkeakoulujen tavoite- ja tulossopimuksset vuosille 2001–2003). Study abroad programmes, and particularly student and teacher mobility, have been regarded as the major possibility to respond to this educational challenge since the 1990s (Ollikainen 1996, Havén 1999). The numbers of exchange students are defined in the goal and result agreements of the polytechnics and are annually evaluated in the discussions conducted between them and the Ministry of Education. Thus, Finnish polytechnics are responsible for keeping up the exchange rates that they have outlined in their agreements. The evaluation of exchange is hence carried out quantitatively rather than qualitatively.

4.6 Cultural features of nursing education in Britain

Compared to the Finnish nursing literature, the British literature seems to emphasise the history of nursing education as striving for autonomy in relation to medicine. In the historical analysis (e.g. Jolley 1987, Kershaw 1993, O’Brien & Watson 1993, Rassett 1998), the status of nursing has often been described as an adjunct to medicine and nurses themselves as servitors to the medical profession. O’Brien and Watson (1993, p. 5) write as follows:

*The influence of the Nightingale Model of nurse education was extremely powerful and was supported by the prevailing social fabric. Within this culture the educational needs of women were given a low priority and women were generally subservient to men, thus the notion of a scantily educated nurse acting as the handmaiden to the doctor was easily sustainable... In essence the past still held a powerful and pervasive influence over nurse education; tradition, ritual and unquestioning obedience tied nurse
British nursing education, including the study abroad programmes, can be characterised as being centrally managed. United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) and the four National Boards of Education were founded in 1979 to set standards and guidelines for education. In 2002, UKCC was converted into Nursing & Midwifery Council (NMC) and the National Boards of Education into education bodies in Northern Ireland, Scotland and Wales. At the same time, NMC became responsible for the quality assurance of education programmes leading to registration and recordable qualifications. In Northern Ireland, Scotland and Wales, the requirements will be met through service level agreements with the new education bodies in each country. The quality assurance process in England involves approved visitors validating, monitoring and approving programmes on behalf of NMC. (Nursing and Midwifery Council 2002a.)

NMC establishes and improves the standards of nursing and midwifery care in order to serve the public. The key tasks of the NMC (Nursing and Midwifery Council 2002b) are to:

- maintain a register of qualified nurses and midwives
- set standards and guidelines for education, practice and conduct
- provide advice on professional standards
- consider allegations of misconduct or unfitness to practice due to ill health.

British nursing education was integrated into the system of higher education during the 1990s. Simultaneously, the dual higher education system was demolished and the polytechnics were converted into universities. The introduction of Project 2000 had the most far-reaching impact in the transition of nursing education from monotechnic schools or colleges to professional
and academic higher education (Kershaw 1993, O’Brien & Watson 1993, Peate 1998). The first working papers for Project 2000 were produced by the English National Board of Nursing, Midwifery and Health Visiting (ENB) with the final report in 1986. The major recommendations of the report were the need to restructure the education, the need for supernumerary status of students and the need for joint professional and academic validation with institutes of higher education (HE). (O’Brien & Watson 1993.) Education was expected to consider the future health care needs of the population beyond the year 2000 and take into account the continuous change in rapidly developing contemporary health care settings as well as the role of the nurse tomorrow (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1986).

In the UK students can enrol on either diploma or degree courses. In both types of course they have a one-year foundation programme followed by a two-year branch programme at the end of which they gain registration. Branch programmes are available in mental illness, learning disability, nursing of adults and nursing of children. Examinations and assignments always have two internal markers. Their marks are scrutinised by external examiners who are their peers in other universities. The internal examination boards then ratify the marks.

In the UK, higher education programmes have elaborate quality assurance mechanisms and procedures. Validation is used to describe these mechanisms and procedures. Project 2000 recommended that joint professional and academic validation should be pursued from the very outset of change, in order to achieve academic recognition of professional qualifications (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1986). New courses must proceed through a number of review stages before the final validation and the commencement of the programme. After the validation, a number of monitoring procedures are required. Newly proposed courses generally pass through two or three internal stages
before the final document is approved for the last stage of validation. The course team presents the course to the validation panel, who undertake the final validation. The panel includes nurses and non-nurse members of the university, academic nurses from at least one other university, practitioners and other important stakeholders, such as a representative of the local workforce confederation that commissions and funds student nurse training in the region. The objective is to ensure academic and professional rigour in the course. (O’Brien & Watson 1993.)

4.7 Main differences in nursing education between Finland and Britain

The reforms of nursing education in the two countries have been based on the societal changes, population trends and increased professional requirements within each country. As EU member states, both countries must ensure that their nursing education programmes comply with the EU regulations. This means that the students should have a specified amount of experience in each nursing field (Council Directive 77/453/EEC). Nursing education in both countries was moved into institutes of higher education during the 1990s. The two most significant differences in undergraduate nursing education between Finland and Britain are the role of the government in steering the education and the course validation system (Table 2). The Nursing and Midwifery Council (NMC) is a governmental body that sets the standards and guidelines for nursing education and conducts quality assurance of nursing education in Britain. In Finland, the polytechnics themselves are responsible for steering their activities. The Ministry of Education plays its supervisory role in the annual goal and result agreements between the polytechnics and the ministry. The second important difference is the validation process. In Britain, courses must pass through a process of validation, in which
they are scrutinised by peers both from the university and from practical contexts. In Finland, there is no such a course validation procedure.

The European Credit Transfer System (ECTS) requires that the nursing programmes in all countries should be expressed in ECTS credits, to assure the transferability of study periods abroad. Still, at the clinical and classroom levels, there have been difficulties in the application of the ECTS system. Hence, it has been difficult to implement any theoretical components into students’ intercultural visits in the exchange programme described in this study. The study periods abroad have consisted mainly of clinical or community components that have compensated for part of the students’ practical studies in the home programme. Table 2 summarises some of the cultural differences in undergraduate nursing education between Finland and Britain.

Table 2. Cultural differences in nursing education between Finland and Britain.

<table>
<thead>
<tr>
<th>Nursing education</th>
<th>Finland</th>
<th>Britain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved into higher education</td>
<td>Through a national polytechnic experiment in 1990s</td>
<td>Through the national Project 2000 in the 1990s</td>
</tr>
<tr>
<td>Central supervision</td>
<td>Indirect, by the Ministry of Education</td>
<td>Direct, by the Nursing &amp; Midwifery Council (NMC)</td>
</tr>
<tr>
<td>• standards and guidelines for education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• quality assurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course validation</td>
<td>No</td>
<td>Validation panel</td>
</tr>
<tr>
<td>Course evaluation</td>
<td>Single evaluation</td>
<td>Dual evaluation</td>
</tr>
<tr>
<td></td>
<td>No external evaluation</td>
<td>External evaluation</td>
</tr>
</tbody>
</table>
5 METHODOLOGICAL CHOICES OF THE STUDY

5.1 Research paradigm of the study

Denzin and Lincoln (2000, p. 19) define research paradigm as the network of the researcher’s ontological, epistemological and methodological premises. In any research, methodological choices must be linked with scientifically accepted ways to seek knowledge and truth. The paradigm must also be connected with methods of data collection and analysis that produce valid and reliable knowledge about the phenomenon of interest. In this research, knowledge and truth were sought using ethnographic methodology. The primary reason for choosing ethnography was that it is inherently a methodology for studying cultures, and culture was present in this study in many ways.

On the other hand, methodological choices are always the researcher’s personal statements of the research process and reveal his/her research values and beliefs; the premises of the paradigm shape the ways in which the researcher sees the world and acts in it. The epistemology of this research was shaped by the tradition of social constructionism. The social constructionist paradigms are based on the basic belief that knowing arises from human relationships and communication. Knowledge and reality are therefore socially and culturally constructed, and the human mind is active in this construction process (Rogers 1969, Bruner 1996, Tynjälä 1999). Human beings re-construct their realities in interaction with each other by continually testing and modelling their constructions of knowledge in the light of new experiences (Schwandt 2000). For this reason, knowledge is transactional and subjectivist (Lincoln & Guba 2000). The participants of this study were reflective human beings, i.e. active constructors of their own socio-cultural reality in dialogue with the social environment in either their home culture or the host culture.
Language and thinking are the central elements of social constructionist paradigms. Human consciousness and thinking evolve in social interaction on the basis of culture and language (Bruner 1996). Language is a range of activities with which we express and realise a certain way of being in the world; we are self-interpreting beings and language constitutes this being (Schwandt 2000). Ethnography provides a way of capturing the human meanings of language (Aamodt 1991). In this research, language was an important element from at least three perspectives. Firstly, the students’ experiences were based on their stay in a foreign cultural and language environment. Secondly, the researcher used English, her first foreign language, in collecting data from the British students. Thirdly, the student-tutor and student-mentor interaction took place in English, which was a foreign language both for the tutors and the mentors. Thus, language had several dimensions in this study. It served as a means of interpreting the world, as a means of communicating and as a means of constructing and representing the self in a second language.

The ontological basic belief of social constructionism is relativism (Lincoln & Guba 2000). This means that there are multiple existing realities about the truth. The truth shapes itself in human beings’ ways of acting, thinking and experiencing and must be evaluated in the context where they are living. Therefore, multiple truths can only be created by a subjective transaction between the researcher and the participants (Jokinen 1999, Hirvonen 2000, Hassinen-Ali-Azzani 2002.) During the research process, the researcher’s ontological perception was affected and shaped by the narrative conception of human mind and cognition. According to the narrative mode of mind and cognition, human beings interpret the surrounding world through narratives and construct their identities by means of narration (Bruner 1986, 1996, Heikkinen 2002a,b, Tolska 2002).
5.2 Features of ethnographic methodology

Ethnography is a qualitative research methodology that is built on a profound concern to understand people and the aspects of their life through long-term discourse between the researcher and the participants. When ‘ethno-’ as a prefix is combined with ‘-graphic’ to form the term ‘ethnographic’, the reference is to the sub-discipline known as descriptive anthropology, which, in its broadest sense, is the science devoted to describing the ways of life of humankind (Vิดich & Lyman 2000, p. 40).

Historically, the ethnographic method has been used by both anthropologists and sociologists. Ethnography evolved in cultural anthropology, where researchers described distant societies’ ways of living. Early ethnographers wanted to understand the ‘exotic other’, a primitive, non-white person from a foreign culture, who was less civilised than the researcher (Vิดich & Lyman 2000). Ethnography entered into social sciences in the guise of symbolic interactionism in the 1920-1930s. Symbolic interactionism stressed the importance of culture as a way of human beings’ interpreting the social reality and giving meanings to their experiences. Sociologists were interested in their own societies, sub-cultures and marginal groups. (Syrjäläinen 1994, Nikkonen 1997.) Today, the theoretical and methodological contributions of ethnography have been adopted by a broad array of disciplines, including nursing. Wherever ethnography has been adopted or applied, the key assumption has been that, by entering into close and relatively prolonged interaction with people in their everyday lives, ethnographers can better understand the beliefs and motivations of their subjects than they could by using any other approach (Agar 1986, Roper & Shapira 2000, Tedlock 2000).

In the course of time, ethnography has been typified and defined in many ways. Tedlock (2000) defines ethnography as an ongoing attempt to place specific encounters, events and
understandings into a fuller, more meaningful context. Ethnography, therefore, is both the way (process) in which information and data are transformed into a written or visual form and the result (product) that combines research design, fieldwork and various methods of inquiry to produce historically, politically and personally situated accounts, descriptions, interpretations and representations of human life. The most fundamental aspect of ethnography is that it is a methodology for describing culture from the perspective of natives in their natural setting (e.g. Spradley 1980, Aamodt 1991, Roper & Shapira 2000).

Ethnography can also be characterised as a continuum from macro-ethnographies describing complex societies to micro-ethnographies describing a single social situation (Spradley 1980, Agar 1986). Focused ethnographies, in turn, share with classical ethnographies a commitment to conducting participant observation within the naturalistic setting, asking questions to learn what is happening and using other available sources of information to gain as complete an understanding as possible of the people, places and events of interests (Roper & Shapira 2000).

This research is an applied ethnography that can be more specifically defined as a focused ethnography. The research focused on the aspects of intercultural competence in the context of an exchange programme with a small group of students, tutors and mentors. The study sought answers to questions that were formulated before going into the field and expected that the results would have practical application in intercultural nursing education (see Roper & Shapira 2000). The research was focused on describing the process of intercultural competence in an exchange programme from the Finnish partner’s perspective, not on describing the exchange programme as a subculture. Therefore, a strategic choice based on a simple assessment of ethnographic priority was made. Because several subgroups were available, the ones best available were chosen, excluding, for instance, the British tutors,
British mentors, administrators and international offices, except as seen through the eyes of the recruited participants.

5.3 Researcher-participant relationship of the study

Ethnography is always holistic and contextual (Boyle 1994). During the research period 1999-2003, the researcher worked as a nurse teacher in the school where the research was conducted and where she had participated in intercultural tutoring since the beginning of the programmes in the mid-1990s. She had long, direct personal contacts with all the Finnish participants as a researcher, teacher or colleague. She learned about the culture of both student groups by participating in events connected with student exchange and in international evenings for foreign students. She also visited four of the six British host universities at the end of the 1990s and stayed for one month in Britain in 2002 with the aim to be interculturally immersed and to learn about British culture.

In ethnography, the researcher must become part of the setting and the phenomenon of interest that s/he is exploring (Agar 1986, Hammersley & Atkinson 1997, Coffey 1999). Aamodt (1991) points out that ethnography exploits rather than avoids the contribution of the researcher in the research setting. This means that the researcher is the main research instrument and that the research is carried out in natural settings from the participants’ perspectives (Agar 1986, Boyle 1994). On the other hand, Erlandson et al. (1993) maintain that the human instrument’s sensitivity and flexibility derive from its ability to interact with the data it encounters, whereas Field (1991) speaks about the danger of subjective bias. If the researcher is studying his/her own field, his/her expectations may make it difficult to maintain objective detachment from the situations at hand.
For this reason, the researcher’s reflexive process has been regarded as the central aspect of ethnography (e.g. Aamodt 1991, Boyle 1994, Hammersley & Atkinson 1997, Roper & Shapira 2000). Lipson (1994) and Coffey (1999) speak about conscious use of the self in each phase of the research process and encourage ethnographers to find their ethnographic selves by reflecting on their emotions and engagements in the course of the research. Reflexivity was also essential in this study because the researcher was doing research in her own field. She could not exclude her personal background, teaching history or educational values. However, so as not to misinterpret the world that the participants conveyed to her, she had to employ methods that allowed her to step out of her historical frames of reference. The most important tools in this reflexive process were the writing of a research diary and debriefing with a close colleague about the questions, problems, alternative choices and emotions aroused or activated by the research process.

5.4 Research context of the study

This research was conducted in one Finnish polytechnic. Along with Finnish and British Erasmus exchange students, the Finnish tutoring teachers and mentoring nurses of the British students were involved as informants. During 1995-2002, the school sent 54 Finnish students to six different universities in England, Northern Ireland and Wales and hosted 49 British student visits since 1997. These exchange periods, which lasted for 3-4 months, were conducted in accordance with the curricula of the home institutions. The British exchange visits took place mostly twice a year, beginning in March or September. The Finnish exchanges took place at any time during the academic year.
Student selection into the programme took place in the home institutions. In the Finnish school, there were no particular selection criteria. The students who had been in the nursing programme for one year and were interested in a study abroad experience in Britain could participate after having filled in an internal application. The students travelled alone, two at a time or as a group. During the experience, each student worked in two to five clinical or community placements in the host country, depending on their Finnish or British home curriculum. The nursing focus areas of the placements consisted of any clinical or community area in line with the students’ home curriculum. The Finnish students’ study abroad consisted of one to three of the following: child, adult, elderly, mental health, intensive or perioperative nursing or midwifery. The British students were placed according to their home branch programme in adult, child, learning disability or mental health nursing. Students’ objectives and assignment requirements were the same as those of their peers remaining in Finland or Britain.

Only some of the Finnish students participated in theoretical education at the British host universities. The only theoretical course of the British students in the Finnish host school was a forty-hour Finnish language course. Communication during the exchange took place in English. There were no selection criteria concerning language proficiency of the Finnish exchange students, but all of them had been studying English in both nursing education and at school. The British students could not speak Finnish, but some of them learned to use a few Finnish words and phrases during their exchange period. The host institutions arranged accommodation, designated tutors and sorted out the placements for the coming exchange students.
5.5 Participants of the study

There were four groups of participants in this study: Finnish undergraduate nursing students, British undergraduate nursing students, Finnish tutoring teachers and Finnish mentors. In this section, the participants and their selection will be described. Table 3 sums up the participants’ background information.

Finnish students
The first participant group consisted of the 12 Finnish students who had been studying in the UK for 3-5 months during January 1998 - May 2001. All the 12 students who had studied in the UK in 1999 were invited to participate either by attending a group interview or by producing a personal learning document about their study abroad. Two of the students withdrew because they had other commitments. Two students who had been in the UK in 1998 were asked to join the group because their study abroad report, which was available in the polytechnic library, contained relevant and important information. Eight of the students had been studying in Wales, two in England, one in Northern Ireland and one in both Wales in 1999 and in Northern Ireland in 2001. They studied in the UK during the 2nd or 3rd year of their nursing programme. The participants’ ages ranged from 20 to 24 years. Eight students were from the 3.5-year bachelor degree programme for nurses and four from the 4.5-year bachelor degree programme for nurse-midwives. Eleven students were female and one was male.

British students
The second participant group consisted of 15 British undergraduate nursing students who studied in Finland for 3-4 months. All the 12 students who arrived in 2000 were invited to participate in the study. Two students withdrew because they had other commitments. Five of
the seven students who arrived in the spring 2001 and were tutored by one teacher were also asked to join the study. Eight students were from Wales, four from England and three from Northern Ireland. Their ages varied within 20-37 years (mean=23.4). Twelve students were from the diploma and three from the degree nursing programme. They studied in Finland during the 2nd or 3rd year of their training. Ten students were female and five were male.

**Finnish tutors**

The third participant group consisted of the seven Finnish nurse teachers who had been designated as personal tutors for the British students since March 1997 in this programme. Each teacher was assigned two to eight British students. The participants had been teaching nursing for eight to 20 years (mean = 12.7). Six tutors had a master’s and one a PhD degree. Since 1984, nurse teacher education has been part of higher education in Finland. The entrance requirements are either a diploma or a bachelor’s degree in nursing and nursing registraion. The education consists of nursing science, nursing didactics and educational science, and the graduates receive a master’s degree in health sciences. (Asetus 628/1997, Salminen 2000.) The tutors of this study had not had any preparation for intercultural tutoring, but had volunteered out of own interest in intercultural education. The tutor–student communication had taken place in English. The tutors were all female.

**Finnish mentors**

The fourth participant group consisted of the Finnish health care staff who had been designated as mentors for the British students during their clinical or community placements from March 1997 onwards. The study was conducted among 23 of these mentors, including 17 nurses, two community nurses and four social instructors. The mentors did not have any pedagogic education. They had either a diploma or a degree in nursing or social care. Their social or health care careers were 6-21 years long (mean = 12.9). They represented the four
branch programme fields of the British students, i.e. adult, child, mental health and learning disabilities nursing. In Finland, the care of persons with learning disabilities is part of either educational or social services. Therefore, there were placements where the British students were mentored by social instructors. The main recruitment criterion was experience of intercultural mentoring. Most of the participants had mentored three to five students without any preparation for intercultural mentoring. The mentor–student communication had taken place in English. There were three male mentors in this group.

Table 3. Participants’ background information.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Number</th>
<th>Female/ Male</th>
<th>Age</th>
<th>Degree</th>
<th>Diploma</th>
<th>Number of tutorships/ mentorships</th>
<th>Career length/ mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finnish students</td>
<td>12</td>
<td>11/1</td>
<td>20-24</td>
<td>12</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>British students</td>
<td>15</td>
<td>10/5</td>
<td>20-37</td>
<td>3</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finnish tutors</td>
<td>7</td>
<td>7/0</td>
<td></td>
<td></td>
<td>2.8</td>
<td></td>
<td>8-20/12.7</td>
</tr>
<tr>
<td>Finnish mentors</td>
<td>23</td>
<td>20/3</td>
<td></td>
<td></td>
<td>1.5</td>
<td></td>
<td>6-21/12.9</td>
</tr>
</tbody>
</table>

5.6 Methods of data collection

The process of data collection went on for two years, starting in December 1999 and ending in December 2001, and it was realised in three phases. In the initial phase, data were collected from 12 Finnish students using focus group interviews, learning documents and background questionnaires (Papers I, II) and from 10 British students using focus group and individual interviews and background questionnaires (Papers I, III). In the second phase, an exploratory observation phase was carried out with five British students, their tutoring teacher and 13 mentoring nurses (Paper III). In the third phase, focus group interviews were conducted in the
groups of seven teachers and 15 mentors (Papers IV, V). Each phase was based on the experiences obtained in the earlier phases with more focused questions or observations. Next, the data collection methods used in this study will be introduced. The following methods were used: focus group interview, individual interview, focus group debriefing, participant observation, learning document, background questionnaire and reflection diary. Samples of the data will be given. The operational conduct of the focus group interviews is shown in table 4. Table 3 summarises the original studies in view of their aims, methods of data collection and materials.

**Focus group interview**

The focus group method can be defined as a qualitative semi-structured interview technique used to collect data through group interaction on a topic determined by the researcher. The discussion is moderated by a group leader and held in an informal setting with the aim of bringing together a number of different perspectives. (Carey 1994, Morgan 1997.) The focus group interview method was chosen to elicit the process of intercultural competence due to the unique advantage it provides for collecting experiential data by stimulating group dynamics (Krueger 1994, Morgan 1997) and for providing insight into the cultural beliefs and attitudes that underlie human behaviour (Asbury 1995, Morgan 1997, Pötsönen & Pennanen 1998). Altogether 10 focus group interviews were conducted during December 1999 – December 2001 (see Table 4).

In the focus group, the interviewer’s role is often described by the term ‘moderator’ (e.g. Carey 1994, Krueger 1994, Morgan 1997). This term highlights the role of the interviewer as a guide in the discussion. In this ethnography, the researcher had an assistant moderator in the first three interviews, but conducted the last seven alone. The researcher-moderator’s main concern was to direct the discussion, to keep the conversation flowing and to create a relaxed
group atmosphere. The assistant moderator took observation notes, operated the tape recorder, handled the environmental conditions and responded to unexpected interruptions. The researcher’s skill of asking questions and her moderating techniques developed course of the project. Her role became less directive and more ‘nurturing’ as she learned to be an active listener. The researcher also learned to summarise briefly the main points in the course of the discussion. Piloting the technique with one group of Finnish and one group of American students before the main project turned out to be of value (Koskinen & Jokinen 2001).

All the focus group interviews took place at the Finnish school. The sessions lasted for 60 to 90 minutes and were tape-recorded. All the tapes were transcribed in verbatim. A native English speaker transcribed the British students’ interviews. The sizes of the groups varied from 2 to 6 participants. The focus group interviews with Finnish students were conducted one week to 16 months (mean = 6 months) after re-entry. One student had two study periods abroad, and was interviewed one week after her second re-entry together with a peer of her first study abroad period 16 months earlier. The focus group interviews with the British students were conducted two weeks prior to the students’ re-entry to Britain.

Table 4. Focus group interviews.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Number of groups</th>
<th>Group size</th>
<th>Number of participants</th>
<th>Group point</th>
<th>Number of moderators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finnish students</td>
<td>3</td>
<td>2-4</td>
<td>9</td>
<td>December 1999 June 2001</td>
<td>1-2</td>
</tr>
<tr>
<td>British students</td>
<td>2</td>
<td>3-6</td>
<td>9</td>
<td>June 2000</td>
<td>2</td>
</tr>
<tr>
<td>Finnish tutors</td>
<td>2</td>
<td>2-5</td>
<td>7</td>
<td>August 2001</td>
<td>1</td>
</tr>
<tr>
<td>Finnish mentors</td>
<td>3</td>
<td>4-6</td>
<td>15</td>
<td>December 2001</td>
<td>1</td>
</tr>
</tbody>
</table>
An interview guide that consisted of introduction, discussion and conclusion sections was prepared to facilitate the focus group interviews (Appendix 2). The guide had a similar format for all the participant groups, and only the questions were different. During the interviews, the purpose of the researcher was to activate the group members’ perceptions, experiences and stories and to allow them to tell what they wanted about the exchange experience.

In the introduction section, the general aim of the study was described and the value of the participants’ positive and negative experiences was underlined. Then, the participants were informed of the voluntariness of consent and the confidentiality of the discussion. The introduction section was concluded by asking the participants to speak one at a time, in order to prevent simultaneous speaking and hum of voices, which would make the transcription and interpretation of tapes impossible. In the discussion section, four key questions were presented about learning, teaching and culture. At the beginning of the project, the researcher also wrote down a list of sub questions, but later on the sub questions became more spontaneous and the flow of the sessions more informal and relaxed. In the concluding section, the participants were encouraged to express their feelings about the research and the method. In the following account, the teachers describe their intercultural tutoring strategies in response to the key questions:

*Researcher: Could you now describe your tutoring strategies?*
*P1: ... to support the student in the learning process and be available. ... My tutoring is characterized by support and presence. I agree with what P2 said earlier about the importance of rules and limits. ... most importantly, I use support and motivation.*
*P2: I also wanted to be easily accessible and friendly. ... a warm relationship is important, but also the rules. I try to be firm enough ... and I have invited the students to my house, which is a nice way for cultural interaction.*
*P3: I agree with you but ... I also encourage the students to call whenever and for whatever reason they feel they need help. I want them to feel safe.*
*P4: ... I want to offer what the students want ... availability and feeling safe are also important ...*
*P5: I wrote in the background questionnaire that I want to support and encourage self-regulation skills. General orientation is important ... then I require written objectives for the placements. I explain that the placements expect them to have objectives. ... yes, they have contacted me at my home number and also at my mobile if they have had problems. P4: ...*
P3: I agree with P4 . . . I think that it is very important to teach the students about our hospital and its nursing culture. Our ways of doing things are different from theirs. I advise the students about how to behave here.

P3: I have tried to have Finnish and British nursing students in the same placements. The peer-counsellor system has sometimes worked, but often not . . . The Finnish students are reluctant. They may be afraid of the language.

Researcher: . . . is this a comprehensive account of the discussion? Were there any other aspects?

Individual interview

In the autumn 2000, there was only one British student in the Finnish school. He was interviewed individually with the same interview guide that had been used earlier in the students’ focus groups. The student compared his learning in Finland and Britain as follows:

Researcher: Tell me more about that.
Student: I was quite nervous before I came in here, wondering what it was going to be like. Whether it was going to be difficult or unpleasant. But it hasn’t, it has been nice. It has been good for my personal development I think. I don’t think you can learn in the same way as I could when I am at home. Because of the language problem and you have a different role. More of an ambassador role as an exchange student representing your college and your group. . . . I think of the experiences I am missing out on in Wales but I feel I will be able to catch up on those when I get back and it should not be a problem.

Researcher: Tell me more about the experiences of possibly missing out something
Student: Becoming more integrated into the team and the ward. Learning the protocols of basic nursing actions of admitting patients, filling in patients notes and discussing things on a detailed level. Maybe just being in the role of the nurse. In this role here I have got a slightly different role and I am not at the centre of things as I would if I was at home. There is nothing I can do about that, but if anything, what I am gaining is more than what I am missing.

Focus group debriefings

Both Krueger (1994) and Morgan (1997) recommend that the moderators should have post-meetings to analyse the focus group sessions in order to develop their moderator skills. In this research, all the three focus group interviews where the assistant moderator was present were debriefed. The debriefing sessions lasted for 20-40 minutes and were held directly after the students’ focus groups without any planned format. During the debriefings, the moderators analysed the course of the sessions and debriefed their emotions. The debriefings were tape-
recorded and analysed by methods of qualitative content analysis as part of this study (Paper I). The debriefings both developed the researcher’s interviewing skills and suggested methodological guidelines for further study. In the following quotation, the moderators discuss the language barriers, group dynamics and operational issues of the focus group interview with British students that had just ended:

Moderator: It is clear that we got a lot of information, but there will be more language problems than yesterday in transcribing this tape.
Assistant moderator: I think we covered the themes very well and also went deeper into the issues. It is not that important to catch each individual word.
... Moderator: Language problems arose as a very prevalent experience within this group.
Assistant moderator: Yes, much more than with the earlier groups.
Moderator: ... it became obvious how sad and outsiders they may feel in a foreign cultural and nursing environment. They don’t understand the language and they cannot participate in nursing as much as they have expected. I think it is also sad, in a way, that the language capability of the mentors to describe the procedures in more detail is quite limited.
Assistant moderator: Many of them can speak everyday English, but they don’t know the nursing vocabulary ...
Moderator: Dynamically ... What do you think, why did she stop speaking. Assistant moderator: Actually, he also spoke less later. They had clearly something in mind together. Something that made them laugh, but they did not want to speak about it. They have been together for such a long time ...
Moderator: What about our roles?
Assistant moderator: I just listened. You conducted the group very well.
Moderator: I allowed them to speak freely and I noticed that we covered many of the questions spontaneously without me asking them ... Assistant moderator: Therefore I dropped out from the discussion when I checked the time to turn the tape.

Participant observation

The idea of acquiring insight into the actors’ definition of the situations is central to qualitative inquiry (Schwandt 2000). Spradley (1980) notes that rather than studying people, ethnography means learning from people. Maybe, therefore, the researcher’s participatory role and the observation notes from the field have been regarded as the main technique of ethnography since the earliest published ethnographies. Marshall and Rossman (1991, p. 79) define observation as ‘the systematic description of events, behaviours, and artefacts in the social setting chosen for study’.
Erlandson et al. (1993) and Hammersley and Atkinson (1997) note that there are distinct advantages in combining observation with interview. In this research, the observation method was used after most of the student interviews had been conducted and before the tutor and mentor interviews were started. In the observations, the researcher’s purpose was to narrow down the definition of intercultural competence and to focus on the form in which it appears in the tutor-student and mentor-student relationship. The researcher’s principal purpose was to ‘test her results of what had been told during formal and informal interviews’ (Roper & Shapira 2000, p. 70).

Five British students were followed throughout their stay in Finland in February–June 2001 by participating in all the 14 tutorial sessions that the students had together with their personal tutor and mentors. The one- to two-hour tutorial sessions were held in eight different clinical or community placements. The personal tutor, 1–3 students and 1–2 practising mentors were present in each of the sessions. The dimensions of social situation introduced by Spradley (1980) served as the basic guidelines for preparing the observation guide (Appendix 3) used in this study. The observation guide included the following sections: description of the situation where the observation was conducted, description of the communication that took place between the participants, description of the elements of intercultural experience and the researcher’s questions that were aroused by the situation. During the sessions, the researcher only jotted down phrases, quotes and key words that later served as cues when she wrote up her field notes. The observation notes were transcribed within 24 hours of the observations.

According to Spradley (1980) the types of participation may range along a continuum of involvement with both people and activities from non-participation to full participation. The researcher was familiar with the persons who were present in the tutorial sessions, and the participant-observer role (Roper & Shapira 2000) was therefore deemed the most suitable for this study. The researcher’s main purpose was to observe the interaction between the
participants and especially how intercultural competence was manifested and encouraged during the sessions. But she also participated in the conversation during the sessions, sometimes because she was posed questions and sometimes because participation was the most natural way of being present in the session.

Below, an extract of the observation notes on 20th April 2001 is quoted. The notes were made during a tutorial session with three British students, their tutor and mentor in a mental health hospital:

One of the British students opens the locked door of the ward. I am shown the way to the coffee room, where the students, the mentoring nurse, the nurse manager, the ward psychiatrist and the secretary are present. I am offered a cup of coffee. . . . . The nurse manager is worried about the students’ experiences because the week has been very busy and the staff have not had enough time for them. The tutor of the students arrives, and we start the tutorial session in the senior chief psychiatrist’s office outside the ward. . . . The session begins by filling in papers, as always. . . . Now the tutor wants the students to fill in their own performance evaluation sheets. The students react by amusement and confusion. . . . This shows once again that the British students are not used to self-evaluating their clinical performance. . . . The tutor clearly directs the situation. The mentor is very silent and blushed. She must be shy because of her English language skill . . . this was obvious when I discussed with her about this observation earlier on the phone. After the performance evaluation phase, the tutor asks about the students’ best experience in Finland”. . . . his is followed by a long silence, and the tutor starts to speak about the cultural meaning of silence. . . . A fruitful conversation begins. . . . The students tell, one after the other, how . . . “this has been a totally new experience to us. In our culture, the space of silence will be immediately filled with speech. . . . here we have learned to stare in silence and to accept its meaning to Finnish people”.

Learning documents

Documents constitute an important source of evidence in ethnographic nursing research (Roper & Shapira 2000). The term ‘document’ refers to a broad range of written and symbolic records as well as any available material of data (Erlanson et al. 1993). All the Finnish participants were asked to submit the learning documents of their study in Britain for analysis. Altogether twelve documents were received. These were three study abroad reports, seven critical incidents from clinical experiences in the UK and two reflective journals about the
intercultural experiences. In the following quotation, two students describe their intercultural experience in their study abroad report as follows:

The stark reality began on our arrival to England: it was a national holiday. The English commemorated Princess Diana, who had died one year earlier. Therefore, the trains were different, the London dialect was so strange that we did not understand a word...we were totally lost. ...The accommodation was the next thing that made us laugh inwardly. The place was so untidy and messy. We also noticed that we did not have any shower, only a dirty bath with separate cold and hot taps. ...The rent for this was absolutely huge. But after all, you adjust to anything. ...And then the hospital. To our surprise, there was no orientation week at the university. I was, we trundled up the hospital hill the second day after our arrival already. ...In the beginning, it was very hard to be in the ward due to the language problems. We did not catch anything about the reporting sessions and were not able to express ourselves. Therefore, we felt quite isolated from the others. The staff also had difficulties responding to us, because they apparently did not know anything about our background. ...In particular, the willingness of the staff to preceptor us was poor, we were transferred from one nurse to another, and no one really wanted to take us along. ...After a one-week holiday, we trundled up the hospital hill again. ...Our language skills had improved, which made it easier to start in the new ward. ...We had to be self-directive, and we had to push our way into nursing situations. Without asking, you did not get a chance to do new things. ...The most important thing was personal growth. ...It was good to notice that there are many good ways to do things. Culture and language constitute the framework of nursing. In other words, nursing is tied up with culture. ...If we had spent the first week at the university we could have become familiar with local students and got to socialise. ...Now we did nothing of that.

Background questionnaires

All the 27 students completed a one-page background questionnaire that included 13 structured questions: four on demographics, four on education and five regarding their study abroad (Appendix 4). Also, the seven tutors and the 15 mentors who participated in the focus groups filled in a background questionnaire with seven open-ended questions: two on demographics, two on the intercultural tutor’s/mentor’s history with British students and three on his/her personal intercultural tutoring/mentoring principles (Appendix 5). The questionnaire yielded valuable information about the participants, but also about their experiences, as one mentor wrote about his intercultural mentoring:

My main mentoring principle has been to give key information about the hospital and the nursing practices. I want to take care of the British students as well as possible. My biggest problem has been to share the responsibility for mentoring and engage the rest of the team in guiding foreign students. They don’t dare to speak English with the
students. My biggest cause for joy has been that the students have enjoyed being in our unit despite the cultural differences and the lack of a common language.

Reflective diary

The researcher maintained two separate sets of field notes, as recommended by, for example, Werner and Schoepfli (1987) and Roper and Shapira (2000). The first set was a running description of the events and people observed, conversation with and among them and the researcher’s further questions during the five-month participant observation phase. The second set became a reflective diary that focused on the researcher’s personal reactions to people and events and consisted of her personal feelings during the study process. The reflective diary notes from 6th April 2001 onwards describe the researcher’s feelings and recorded questions concerning two British students’ homesickness in Finland that came up during one tutoring session:

Today, I was at a school for severely disabled children, where two British students are practising . . . There were two mentors, two students and the tutor present. The tutor started to conduct the session, but there was such a sense of melancholy in the atmosphere . . . The students’ homesickness became the central theme of the session, but it did not really spring up before I intervened and asked: ‘Why don’t you tell something about yourself?’ . . . After 6 weeks’ stay in Finland, these students have no contact with the Finnish culture. They are puzzled but don’t understand because they don’t have tools to find out about the Finnish lifestyle . . . the honeymoon is over and the reality is in. They are tired because everything is so different and difficult. They have to use defences to survive (superiority and envy). They seem to count the weeks to be able to leave. On the other hand, G (one of the two students) seems to have British friends and relatives visiting him here all the time. . . . How could these students’ intercultural competence be assisted? What could be done to make them better able to enter into the Finnish way of life at a deeper level than just intellectual understanding? Could the tutor analyse the Finnish way of life with them somehow? Someone should discuss with them and listen to them in a concrete situation where they have had difficulties. Could writing help these students to vent their bad feelings?
### Table 5. Summary of the original studies (aims, time of data collection, methods and materials) in the present research project.

<table>
<thead>
<tr>
<th>Aim of the original publication</th>
<th>Time of data collection, methods and materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper I</td>
<td>1999-2000 Focus group interview debriefings between the moderator and the assistant moderator after 5 focus groups with Finnish, British and US exchange students</td>
</tr>
<tr>
<td>Paper II</td>
<td>1999-2001 Three focus group interviews with Finnish exchange students, 12 learning documents, 12 background questionnaires, researcher’s reflective diary</td>
</tr>
<tr>
<td>Paper III</td>
<td>2000-2001 Two focus group interviews and one individual interview with British exchange students, observation notes of 14 tutorial sessions, 15 background questionnaires, researcher’s reflective diary</td>
</tr>
<tr>
<td>Paper IV</td>
<td>2001 Two focus group interviews with Finnish intercultural tutors, observation notes of 14 tutorial sessions, 7 background questionnaires, researcher’s reflective diary</td>
</tr>
<tr>
<td>Paper V</td>
<td>2001 Three focus group interviews with Finnish intercultural mentors, observation notes of 14 tutorial sessions, 15 background questionnaires, researcher’s reflective diary</td>
</tr>
</tbody>
</table>

### 5.7 Methods of data analysis

The researcher’s decisions concerning data analysis were encouraged by Roper’s and Shapira’s (2000) statement that, in ethnographic research, the purpose and the study justify
the use of multiple strategies of analysis, even though there are several guidelines for ethnographic data analysis. Bruner’s (1986) ideas about the two ways in which human beings know about the world, i.e. the two distinctive modes of thinking or types of human cognition, were also important in deciding about the procedure of data analysis. According to Bruner (1996), paradigmatic type of thinking operates by recognising and organising elements of data as members of a category. Narrative type of thinking or storied cognition operates by combining elements of data into an emploted story. Polkinghorne (1995) states that paradigmatic-type inquiry gathers stories for its data and uses paradigmatic analysis procedures of analysis to produce taxonomies and categories out of the common elements across the database. Narrative-type inquiry gathers actions, events and happenings as its data and uses narrative analytic procedures to produce explanatory stories.

Both types of analysis and reasoning were used in this ethnography. The paradigmatic analysis phase at the stage of article writing was inductive and assisted the researcher to discover and describe the categories that characterised the process of intercultural competence and to note the relationship between the categories. The narrative analysis phase at the stage of report writing enabled the researcher’s access to the textual interpretative world of the participants in the series of four assembled stories (Appendix 6). In the narrative analysis phase, the purpose was to pay attention to the process of intercultural competence by using the voices of the people who were sharing the context of study abroad. It was meant to indicate how insiders themselves described the process of learning in a foreign culture and to avoid the researcher’s interpretation and categorisation. Cortazzi (2001) points out that narrative analysis is a useful research tool to complement the use of other ethnographic research strategies because the story of the tellers, in some way, mediates or manages their reality. Cortazzi further suggests that narrative analyses, as part of ethnography, elucidate the meanings of experiences and represent the voices of a particular group of people. By telling
the four stories, the readers were enabled to get back to the participants’ ways of knowing and experiencing; the voices of the students, tutors and mentors were shared with the readers. The four stories (Appendix 6) condense the results reported in the papers II, III, IV and V). The way in which the stories were constructed from the data is explicated in chapter 5.7.2.

5.7.1 Paradigmatic analysis

For Boyle (1994), ethnographic data analysis is a process of assembling or reconstructing the data in a constructive and comprehensible fashion, putting it together into meaningful patterns, categories and relationships. Spradley (1980, p. 85) defines ethnographic analysis as a systematic examination of something to determine its parts, the relationships between the parts and the relationships of the parts to the whole. These two definitions refer to paradigmatic analysis as described by Polkinghorne (1995). Paradigmatic analysis is employed to discover and describe the categories that identify particular occurrences within the data and also to note relationships among categories. Häikkinen (2002a) states that exact and formal argumentation based on logical propositions is typical of paradigmatic analysis.

At this phase of data analysis, Spradley’s (1980) developmental research sequence (DRS) method for ethnographic data was applied. The Atlas-ti computer programme was used to link and locate the data in the domain analysis stage. The analysis was carried out at five levels: first-level coding, domain analysis, taxonomic analysis, componential analysis and thematic analysis (Figure 3). Data collection and analysis were parallel processes carried out during December 1999-December 2001. First the data collected from the Finnish and British students were analysed, then the data from the tutors and finally the data from the mentors. Before the analysis, all the data had been transcribed and organised into files.
At the first stage, all the raw data were read carefully after which the data were re-read while simultaneously listening to the transcribed interview tapes. At this initial stage of analysis, the segments that occurred repeatedly or could be connected with intercultural competence were first-level coded in the margin. At this level of analysis, the researcher’s purpose was to perceive the whole area of interest.

Domain analysis was the second stage of data analysis. A domain is a category of cultural meanings that is made up of three basic elements: cover term, included terms and semantic relationships (Spradley 1980). Domain analysis is a search for cultural categories from the data. At this level of computer analysis, the data were reduced by linking and locating data of the same domain. At the domain analysis level, 63 categories from the data were identified (Table 6).

Table 6. Categories describing study abroad in view of the domain analysis stage.

<table>
<thead>
<tr>
<th>Category</th>
<th>Forms</th>
<th>Non-verbal</th>
<th>School-placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic &amp; practice</td>
<td>Free time</td>
<td>communication</td>
<td>co-operation</td>
</tr>
<tr>
<td>Activities</td>
<td>Home sickness</td>
<td>Nursing culture</td>
<td>Student behaviour</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Information shortage</td>
<td>Participants</td>
<td>Study abroad</td>
</tr>
<tr>
<td>Assignment</td>
<td>Insecurity</td>
<td>Patient-student</td>
<td>programme</td>
</tr>
<tr>
<td>Atmosphere</td>
<td>Interaction</td>
<td>relationship</td>
<td>Support</td>
</tr>
<tr>
<td>Arrival</td>
<td>Intercultural</td>
<td>Placements</td>
<td>Team</td>
</tr>
<tr>
<td>British people</td>
<td>sensitivity &amp;</td>
<td>Preparation</td>
<td>Teacher-student</td>
</tr>
<tr>
<td>Communication</td>
<td>competence</td>
<td>Problems</td>
<td>relationship</td>
</tr>
<tr>
<td>Contacts</td>
<td>Language barrier</td>
<td>Process &amp; outcomes</td>
<td>Tutor’s emotions</td>
</tr>
<tr>
<td>Cultural difference</td>
<td>Language course</td>
<td>Self</td>
<td>Tutoring methods</td>
</tr>
<tr>
<td>Curriculum</td>
<td>Learning &amp; learning</td>
<td>Session structure</td>
<td>Tutor’s roles</td>
</tr>
<tr>
<td>Debriefing</td>
<td>objectives</td>
<td>Setting</td>
<td>Tutor sessions</td>
</tr>
<tr>
<td>Dialogue</td>
<td>Length of stay</td>
<td>Social life</td>
<td>University &amp;</td>
</tr>
<tr>
<td>Doctors</td>
<td>Mentors</td>
<td>Strong impact</td>
<td>academic year</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Mentoring methods</td>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td>Mentor-student</td>
<td>characteristics</td>
<td></td>
</tr>
<tr>
<td>Finnish people</td>
<td>relationship</td>
<td>Student’s learning</td>
<td></td>
</tr>
<tr>
<td>Focus group &amp;</td>
<td>Motivation</td>
<td>orientation</td>
<td></td>
</tr>
<tr>
<td>interview</td>
<td>Nursing education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
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</tbody>
</table>
Taxonomic analysis was the third stage of data analysis. Like a cultural domain, a taxonomy is a set of categories organised on the basis of a single semantic relationship. Taxonomy shows the relationships between all the included terms in a domain. (Spradley 1980.) Taxonomic analysis is a search for the way in which cultural domains are organised. Parfitt (1996) notes that taxonomic analysis is an in-depth study of the domain. At this level, the contents of the 63 categories were explored manually, and the smaller categories and their semantic relationships were searched for. Semantic relationships illustrated the links between the generic and specific concepts within and between categories. At this stage, many of the categories of the domain analysis level could be integrated. In organising the taxonomies, Spradley’s (1980) forms of semantic relationships were used to help the work. Table 7 illustrates the search for semantic relationships in British students’ activities, contacts and social life in Finland by using the formula: X is a kind of Y, where the semantic relationship is a strict inclusion. As a result of the taxonomic analysis, all the included terms of the cultural domains were identified and named. Table 8 shows a taxonomy of the methods that the Finnish tutors used in assisting British students intercultural competence during their study in Finland.
Table 7. British students’ activities, contacts and social life in Finland in view of semantic relationships.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Contact</th>
<th>Social life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study about nursing skills (e.g. cognitive therapy, injections, medication)</td>
<td>Patient</td>
<td>Native people</td>
</tr>
<tr>
<td>Discuss with patients</td>
<td>Patient’s family</td>
<td>Travels</td>
</tr>
<tr>
<td>Sit with patients</td>
<td>Mentor</td>
<td>Relatives’ visits</td>
</tr>
<tr>
<td>Observe patients</td>
<td>Mentor’s family</td>
<td>British friends’ visits</td>
</tr>
<tr>
<td>Participate with patients (e.g. see to the gym)</td>
<td>Staff</td>
<td>Visits to Finnish homes</td>
</tr>
<tr>
<td>Teach patients</td>
<td>Staff from a study visit</td>
<td>Dars</td>
</tr>
<tr>
<td>Give presentations</td>
<td>Finnish tutor</td>
<td></td>
</tr>
<tr>
<td>Discuss with staff</td>
<td>British tutor</td>
<td></td>
</tr>
<tr>
<td>Negotiate with staff</td>
<td>Finnish peer counsellor</td>
<td></td>
</tr>
<tr>
<td>Sit in the nursing station</td>
<td>Foreign student</td>
<td></td>
</tr>
<tr>
<td>Observe nursing</td>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td>Work aside</td>
<td>British friends</td>
<td></td>
</tr>
<tr>
<td>Make an Internet search</td>
<td>International office</td>
<td></td>
</tr>
<tr>
<td>Make a study visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe treatments (e.g. operation, acupuncture)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send an email</td>
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<td></td>
</tr>
<tr>
<td>Call home</td>
<td></td>
<td></td>
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<tr>
<td>Write home</td>
<td></td>
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</tr>
</tbody>
</table>

Table 8. Methods used by the Finnish personal tutors to promote British students’ intercultural competence in view of the taxonomic analysis stage.

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Linking</strong></td>
</tr>
<tr>
<td>Negotiate</td>
</tr>
<tr>
<td>Translate</td>
</tr>
<tr>
<td>For students</td>
</tr>
<tr>
<td>For placement staff</td>
</tr>
<tr>
<td>Orient</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Placement staff</td>
</tr>
<tr>
<td>Inform</td>
</tr>
<tr>
<td><em>Students</em></td>
</tr>
<tr>
<td><em>Placement staff</em></td>
</tr>
<tr>
<td><em>International office</em></td>
</tr>
<tr>
<td><strong>Caring</strong></td>
</tr>
<tr>
<td><strong>Teaching</strong></td>
</tr>
<tr>
<td>Tell</td>
</tr>
<tr>
<td>Finnish written objectives</td>
</tr>
<tr>
<td>Demand tutor sessions</td>
</tr>
<tr>
<td>Discuss</td>
</tr>
<tr>
<td>Focus of assignments</td>
</tr>
</tbody>
</table>
Componential analysis was the fourth stage of data analysis. Componential analysis is a search for attributes (components of meaning) associated with cultural categories. Componential analysis includes the process of searching for contrasts and entering this information into a paradigm worksheet (Spradley 1980). According to Parfitt (1996), componential analysis provides a means with which the researcher can clarify the relationship between terms and identify distinguishing attributes. At this stage, dimensions of terminological contrast were searched and identified within and between the categories. As a result of the componential analysis, the dimensions of contrast were identified within the cultural domains as shown in Table 9.

Table 9. Characteristics of the two types of British students’ learning processes in Finland in view of the componential analysis stage.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Student’s team membership</th>
<th>Student’s motivation</th>
<th>Student’s adjustment</th>
<th>Student’s social contacts</th>
<th>Tutoring methods</th>
<th>Tutor’s emotions</th>
<th>Mentor-student relationship</th>
<th>Intercultural sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outsider</td>
<td>Weak</td>
<td>Difficult</td>
<td>British peer students Family and friends in Britain</td>
<td>Linking Caring Teaching</td>
<td>Negative Hesitation Uncertainty</td>
<td>Anxiety</td>
<td>No increase</td>
<td></td>
</tr>
<tr>
<td>Insider</td>
<td>Strong</td>
<td>No major difficulty</td>
<td>British peer students Family and friends in Britain Finnish people</td>
<td>Linking Caring Teaching</td>
<td>Positive Hesitation Uncertainty</td>
<td>Enthusiasm</td>
<td>Increase</td>
<td></td>
</tr>
</tbody>
</table>

The final level of analysis involved the creation of a classification scheme for organising and interpreting the findings. At this stage, the researcher reflected on the special characteristics of each category by returning once again back to the original data. Spradley describes this level of analysis as the discovery of cultural themes from the data. Spradley (1980, p. 141) defines ‘a cultural theme as any principle recurrent in a number of domains, tacit or explicit, and serving as a relationship among subsystems of cultural meanings’. In this research, cultural themes were concrete cognitive principles that appeared repeatedly in the data and integrated
‘the different parts of the cultural scene (p. 144)’. Six cultural themes were named. These were: personal growth through puzzles and hardships, strive to learn, self-consciousness and knowledge, client encounters and language barriers, important others and reflection. The six themes were further condensed as issues arising from the organisation of the programme (organisational issues), issues arising from the students (adjusting to the difference, two types of intercultural learning processes) and issues arising from the intercultural relationships (intercultural relationships). In the summary, the four condensed themes and the six themes served as the headings under which the results are presented and discussed. Table 10 presents the themes in view of the thematic analysis stage. Figure 3 demonstrates the entire analysis process.

Table 10. Themes of the process of learning intercultural competence in view of the thematic analysis stage.

<table>
<thead>
<tr>
<th>Cultural themes</th>
<th>Condensed themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal growth through puzzles and hardships</td>
<td>Organisational issues</td>
</tr>
<tr>
<td>Strive to learn</td>
<td>Adjustment to the difference</td>
</tr>
<tr>
<td>Self-consciousness and knowledge</td>
<td>Two types of intercultural learning processes</td>
</tr>
<tr>
<td>Client encounters and language barriers</td>
<td>Intercultural relationships</td>
</tr>
<tr>
<td>Important others</td>
<td></td>
</tr>
<tr>
<td>Reflection</td>
<td></td>
</tr>
</tbody>
</table>
First-level coding
- Reading
- Listening
- Coding in the margin

Domain analysis
- Search for cultural categories

Taxonomic analysis
- Search for semantic relationships between terms within and between categories

Componential analysis
- Search for dimensions of contrasts between terms within and between categories

Thematic analysis
- Search for a classification scheme for organizing and interpreting the findings

Figure 3. Levels of Spradley’s (1980) DRS method of ethnographic analysis as applied in this study.
5.7.2 Narrative analysis

There is no single definition of narration or instructions for purposes of narrative analysis. Narrative research as a scientific approach was introduced as late as the 1980s and 1990s. In Latin, the noun ‘narratio’ means a ‘story’ and the verb ‘narrare’ means to ‘tell’. Etymologically, narration has been linked with the concept of knowledge and the process of knowing. Narration is a loose framework with a focus on stories in mediating the reality. A fundamental aspect of narrative truth is that it seeks to keep the past alive in the present. Still, stories may be recounted in different ways in different lives, depending on the audience. Narrative analysis can be defined as a process of producing a thematic and logically proceeding story about the events of interest. (Ellis & Bochner 2000, Heikkinen 2002a.)

The postmodern conception of knowing rejects universal and generally applicable knowledge about the world. Knowing is therefore always knowledge of a knowledgeable subject (Heikkinen 2002a,b). Usher (2000) made an important point about story as a construction of reality in the postmodern society, where worlds are socially constructed. He writes ‘. . . the very postmodern notion that different languages, different registers of the very same language, different discourses each construct the world differently; in effect, different words are ‘knowledged’ or ‘languaged’ into being’ (p. 49). In such a process of knowing, narratives can act in two ways: stories can be the basis of knowing or the result of knowing. In this research, the story had the latter task.

A story is a discourse composition that brings together diverse events, happenings and actions of human lives into a thematically unified goal-directed whole by means of a plot. Plot is the structure of the story through which the interrelations between the actions, events and happenings of the story become understandable to the readers. A plot can be characterised by
the following three features. Firstly, the plot marks off a segment of time in which the events are linked together. The plot establishes the beginning and the end of the storied segment, thereby creating the temporal boundaries for the story. Secondly, the plot contributes to the choice of elements to be included by highlighting the selection of events that figure in the story and backgrounding the less important events. Thirdly, the plot relates events by causally linking a prior choice or happening to a later effect. (Polkinghorne 1995.)

Narrative analysis can also be defined as a process of configuration or a means of making sense or showing the significance of the thoughts and actions of the protagonists in the context of the denouement (Polkinghorne 1995). Frid et al. (2000) imply that narrating is a creative process in which both the narrator and the reality are re-born, which makes every narration a new one. In this research, a story is a reconstruction of a series of events, happenings and actions in the context of nursing students’ study abroad. The purpose of narrative analysis was to synthesise or configure these events, happenings and actions into an explanation of what it was like to learn, tutor and mentor intercultural competence in this particular context.

In this research, the purpose of narrative analysis was to produce stories as the outcome of the research (e.g. Koch 1998). The narrative analysis phase of this research took the researcher back to the original data. Polkinghorne’s (1995) three steps of narrative analysis were followed. The first step towards configuring the data into a story was to define the story’s ending. During this step, the ending of the four stories was specified, i.e. the outcome of the intercultural experience from the Finnish students’, British students’, Finnish tutors’ and Finnish mentors’ perspective was defined from the data. The ending/ outcome of the stories indicates the following: An intercultural immersion is an extensive, ultimately positive
experience. Personal growth is the most significant result of study abroad. However, the experience is diffuse and difficult to integrate as part of one’s life.

The second step was to arrange the elements of the data chronologically, while keeping in mind that the participants’ stories were not always told in a chronological format. Now, the elements of the original data that contributed to the outcome were identified and selected. Then, causal connections between experiences and events were looked for and action elements were identified by providing ‘because of’ and ‘in order to’ reasons. Because the data had been analysed earlier for paradigmatic structure, the four stories as systematic units started to take shape as temporally patterned story lines. The chronological format of the stories was the beginning, middle and end of the intercultural stay.

The final step was the writing of the four stories. The storied product was a temporal formation, in which the meaning of each part was given through its reciprocal relationship with the plotted whole and the other parts. The researcher wrote the stories according to the story lines based on intense dialogue with the original data. The following plot of the four stories was discovered: Study abroad is an intense experience full of both positive and negative events. There are learning processes of two kinds: that of an insider and that of an outsider. The core of a positive learning process is the ability to overcome the culture shock and to adjust to the intercultural difference. The four stories are presented in appendix 6.

Bruner (1986) says that a good story leaves space for different interpretations. Bruner’s (1986) notion of subjunctive reality, which is uncertain and allows the reader’s interpretation, was kept in mind while writing the four stories within this research. The three features of narrative discourse reflecting subjunctive reality are the triggering of presupposition, subjectification and multiple perspective. The triggering of presupposition means that the
story implies rather than states. The purpose was to allow readers’ interpretations and implicitly to allow them to make their own meanings out of the stories. Subjectification in this study means that the reality of the participants rather than researcher was delivered. The reality of what learning intercultural competence looks like in the context of study abroad was told instead of proposing what it should look like. In narrative analysis, the voice of the participants was followed strictly and interpretation was avoided. Multiple perspective means that several views and multiple horizons of each group of participants were integrated in each individual story, to allow the reader to construct a multileveled perspective into the phenomenon of interest.

5.8 Ethical considerations of the study

Ethics and morals refer to the social customs of human behaviour regarding what is right and wrong in practice and in theory. Thompson et al. (2001, p. 5) define ethics as the study and practice that formulate the rules for defining what is right and wrong for human beings, and that seek to determine the conditions that will promote good or bad for the benefit of individuals, communities, businesses and organisations.

Three aspects had to be considered in promoting the ethical soundness of this research. Firstly, the research had to meet the international ethical standards for the human rights agenda (Charter of Fundamental Rights of the European Union 2000/C 364/01). Secondly, as international research, it had to meet both the ethical standards relevant in the institutional settings and cultural environments in which the research took place and those arising from the culture of the participants (Mill & Ogilvie 2002, Koskinen & Tossavainen 2003). Thirdly, as
ethnographic research, it had to address the ethical dilemmas implicit in the ethnographic methodology (Jokinen et al. 2002, Koskinen & Tossavainen 2003).

As the major research instrument, the ethnographer seeks answers to the research questions and tries to capture the cultural context in rich, particularising detail by observing and participating in the events of the subculture (Germain 1993). Therefore, the instrument must be ‘tuned’ to collect ‘valid’ data (Lipson 1991). In this study, the researcher’s close relationship with the research context and the phenomenon of interest was both an advantage and a disadvantage. Familiarity with the topic and the participants enabled easy access to the field, natural participation in the observed tutorial sessions and a relaxed atmosphere in the group interviews. On the other hand, familiarity with the research interest and participants was an issue of power that was an ethical concern throughout the research process. Merrel and Williams (1994) remind us that, in human research, the researchers cannot detach themselves as persons in the research setting, which may cause ethical dilemmas that do not always have definitive resolutions, but which must be solved explicitly.

The definition and location of the self are implicitly part of the ethnographic research endeavour. According to Coffey (1999), the ethnographer is affected by the cultural context and shaped by the fieldwork experience. Therefore, ethnography is always a joyful process of personal learning, fulfillment and self-development. Lipson (1991) states that psychiatric nursing skills can be excellent training for ethnography because nurse–client interaction is based on the nurses’ genuine use of their own personalities blended with disciplined use of techniques for helping their clients to heal. Similarly, in this research, the researcher utilised her mental health nursing background in establishing researcher–participant relationships where the participants trusted in her and in which she was conscious of her own influence on the interaction.
Next, the ethical concerns of this ethnography in terms of the ethical principles, including autonomy, beneficence, non-maleficence and social justice (Beauchamp & Childress 1994), are presented.

**Maintaining autonomy**

Respect for autonomy implies that individuals can freely act in accordance with a self-chosen plan. This allows the research informants to make an informed decision, e.g. to give informed consent. (Beauchamp & Childress 1994.) The participants must have enough information to fully understand the study procedures and the benefits and risks of participation (Munhall 1988, Lipson 1994). The Finnish school where the research was conducted granted the permission to conduct the study. This included recruitment of the Finnish and British student participants and the tutor participants. The school’s official research protocol was followed, by filling the research application attached to the research plan. The head of the school approved the protocol of the project. As Erasmus exchange students, the British students gained official student status in the Finnish host institution, and therefore no permission from the six British home institutions was needed. Gaining access to the five organisations where the observation phase of the study was conducted included either a formal application complemented with research proposal or an informal phone or email contact with the director of nursing. The written or oral permissions from the directors of nursing allowed both the observation phase of the study and recruitment of mentors.

Informed consent was obtained in two different phases. In the first phase, the researcher contacted each informant personally face-to-face or by email, phone or letter. The British students were contacted during their stay in Finland and were reached either from the campus or the placements where they were practising. In some cases, their Finnish tutoring teachers assisted in communicating the information written by the researcher. The information
included three main sections. Firstly, the project was presented by describing the purpose, aim, participants and methods of data collection. Secondly, the voluntariness of participation was pointed out. It was also said that the information received by the researcher would be considered confidential and anonymous. Thirdly, the value of the informant was stressed and s/he was thanked for possible participation. During the contact (face-to-face or phone) or soon afterwards, the informants decided about their participation. The consent was given verbally.

The second phase of informed consent took place at the beginning of each focus group interview and before the first observation session in each of the eight units. The researcher introduced again the purpose and aim of the study and the elements of informed consent: participation is voluntary, confidential and anonymous and avoids exploitation.

The issue of power was implicitly present in the process where the informants were making their decision about their participation. It is possible that some of the mentors or tutors may felt obliged to participate due to their familiarity with the researcher. Upon the initial contact, some responded to the invitation: ‘I can participate, if you want me to, but I just had the two British students. It was some time ago and I don’t remember much about it.’ During the group interviews, however, their hesitation decreased and they could express recognition of their importance as independent informants by stating: ‘Actually I remember more than I thought I would’ or ‘It was good to hear about other people’s experiences and notice how similar they are to mine’.

The student informants may also have expected the researcher ‘to act as a go-between on their behalf’ (Lipson 1991) and participated with this goal in mind. Particularly the Finnish students may have had unrealistic expectations that the researcher could change the exchange programme soon after the study. For instance, after one group session, the students started to
vividly tell about their negative experiences after the tape-recorder had been switched off. The researcher addressed this matter by stating that although not directly, maybe in the future, this research projects may have an impact on the implementation of student exchange programmes, and their participation was therefore important.

**Promoting beneficence**

Beneficence refers to the principle of balancing the benefits, risks and costs, and it is used to assess the potential of the research to benefit individuals, humanity and science (Beauchamp & Childress 1994). Although direct benefits for each participant were unlikely, some participants probably found the opportunity to tell about their experiences and perceptions a learning experience, even a therapeutic one. Another potential benefit of the current study is that the findings will enhance our knowledge concerning study abroad programmes and facilitate the planning of future exchange programmes in nursing education in Finland and Britain.

**Avoiding non-maleficence**

The principle of non-maleficence refers to the obligation of the researcher to avoid harming the study subjects or causing them any risk (Beauchamp & Childress 1994). Throughout the study process, the researcher felt uneasy about how to respect confidentiality and anonymity of the participants involved either directly or indirectly and how to avoid exploiting them. ‘Do I hurt someone’s feelings with my findings and reporting, even though the individuals or the institution remain unrecognisable?’ was therefore an important question that affected the ethical decision-making when writing the sub-articles and the study report. The principle of non-maleficence was also related to the cross-cultural nature of the study and the question of building trust between the researcher and the participants.
During the study, cultural differences and language problems caused concerns that required ethical decision-making (Koskinen & Tossavainen 2003) and were connected to the researchers’ faithfulness (Munhall 1988) and cultural sensitivity (Lipson 1994). The researcher and the informants shared the western worldview and the European professional nursing culture. On the other hand, nursing and nursing education as subcultures are different in Finland and Britain. The participating students’ perceptions, experiences and stories were based on their experiences in a foreign cultural environment. Also, the British students’ intercultural competence was interpreted by the Finnish researcher, tutors and mentors. During the study, the researcher was therefore constantly in a situation where she had to ask herself whether the meaning of the British students’ behaviours and attitudes were perceived correctly and interpreted fairly despite the cultural differences. There are no conclusive answers to these questions. However, it is believed that the four different participant groups cross-validated (Germain 1993) each other’s experiences, and that the voice of each participant group was heard despite the cross cultural differences.

Lipson (1991) and Hautman and Bomar (1995) regard trust as an essential ethical issue, particularly in conducting cross-cultural research. Lipson (1991) states that if trust is minimal, some of the data may be fabrication tailored to what the informant thinks the researcher expects. In this research, trust was especially important between the researcher and the British students because the researcher did not know the students in advance from the classroom, as she knew her Finnish students. Therefore, the researcher decided to contact personally all the informants before the main data collection. This contact was likely to increase trust. Trust was also increased by highlighting the confidentiality of the research at the beginning of each data collection session. On the other hand, a high level of trust and motivation may also have had a contrasting effect, particularly with the Finnish informants. The researcher occasionally had a feeling that the participants wanted to be ‘as good
informants as possible’. For instance, at the end of the focus group interviews some of them asked: ‘Was this the kind of thing you expected to gain from us?’ Trust was also needed in the participatory observation phase of the research. The researcher’s presence in the tutorial sessions as a participant observer did not seem to disturb any of the participants, with the exception of only one mentor participant. The group dynamics were good in all the sessions, and the participants said that they considered the researcher a group member rather than an outsider.

Advancing social justice

The principle of justice means fair distribution of all rights and responsibilities within a social community (Beauchamp & Childress 1994). Justice also involves a demand for universal fairness and equality of the outcomes for different groups (Thompson et al. 2001). The participants of this research did not represent vulnerable or disadvantaged groups and did not suffer from social inequality. On the contrary, they were all privileged members of their reference groups. The students were selected into the study abroad programme by their home institutions. The tutors and mentors were also exceptional in their professional community, representing intercultural interest and language skills. The only way to advance social justice of the participants, in this research, was to hear their voice and to report it.

This research, however, can possibly advance social justice at a more general cultural and educational level by stimulating the development of study abroad programmes in nursing. The report and most of the articles have been published in English in order to enable dissemination of copies of the final thesis or the published articles to individuals and institutions that were involved in this research project.
6 RESULTS

In this chapter, the results of the study are presented under four main sections. The sections describe Finnish and British undergraduate nursing students’ process of learning intercultural competence in the context of a study abroad programme. In the first section, organisational issues are presented. In the second section, students’ adjustment to the intercultural difference is discussed. The third section presents the two types of intercultural learning processes. The fourth section presents the meaning of intercultural relationships in the study abroad learning context. The chapter summarises the results presented in more detail in the papers II-V and in the four stories (Appendix 6).

6.1 Organisational issues

This research revealed poor organisation of study abroad programmes in both countries. The organisational problems were mainly communication obstacles of three kinds: lack of dialogue between the home and host schools (Papers II, III, IV), lack of dialogue between the schools and the students (Papers II, III) and lack of dialogue between the schools and the placements (Paper V). Organisational problems appeared as experiences of information shortage, ignorance, anger and even anxiety among the study participants (Appendix 6: Four stories).

Despite co-operation that had lasted for several years, there were a lot of communication obstacles between the participating schools. The co-partners did not know much of each other’s nursing programmes, their requirements and how the study abroad period should be integrated in the students’ overall learning process (Papers II, IV). The studies of both student
groups were strongly guided by the requirements of their home courses and home health care practices. The students wanted to be sure that the studies abroad were transferable and therefore searched experiences that matched with their home university’s study objectives in order to guarantee the credits (Papers II, III). The ECTS credit system was not applied.

The communication obstacles between the schools and the students caused frustration in both student groups. The students felt that they were not properly prepared by the home schools to face the intercultural immersion and to learn in a foreign cultural environment. They often experienced that they were not even told the basic things about how to survive in the host country (Appendix 6: The Finnish nursing student’s story, The British nursing student’s story). Particularly at the beginning of their study abroad, this resulted in immense misunderstandings and troubles. (Papers II, III.) The British students’ experienced that the Finnish language course after their arrival to Finland did not help them to cope with the problems they encountered. They felt that they would have needed some kind of language preparation before their departure to Finland (Appendix 6: The British nursing student’s story).

There were also many communication obstacles between the schools and the placements. The students found that the staff of their foreign placements did not now about their backgrounds, learning objectives or curricular requirements. Sometimes the staff did not even know about the arrival of a foreign exchange student in the unit. The Finnish students were able to tell the staff about themselves after having adjusted to the English language for a couple of weeks, but the British students could not speak Finnish and were totally dependent on the cooperation of their Finnish tutors and mentors. (Papers II, III, Appendix 6: The Finnish nursing student’s story, The British nursing student’s story.) The mentors also felt that the school-placement co-operation was not sufficient either in frequency or in depth. The mentors were
lacking basic information about the foreign students, the programme and intercultural education. The mentors often felt that they were left alone both by the school and by the rest of the staff and were therefore unable to support the student sufficiently. (Paper V, Appendix 6: The Finnish intercultural mentor’s story.)

6.2 Adjustment to the difference

As soon as the students entered into the host country and the placements, they faced the full impact of the intercultural differences and the language barrier. This was a culture shock to them. (Papers II, III, Appendix 6: The Finnish nursing student’s story, The British nursing student’s story.) The students reacted mainly in two ways, depending on their maturity, coping mechanisms, learning motivation and motives for intercultural study. There were students who adjusted to the intercultural differences and became insiders in their working communities, but also students who did not adjust but remained outsiders both in the working teams and in the host culture. (Papers IV, V, Appendix 6: The Finnish intercultural tutor’s story, The Finnish intercultural mentor’s story.) An ability to overcome the problems and hardships and a sense of survival despite the problems that sometimes seemed insurmountable were essential in learning intercultural competence. The students gained self-confidence and grew as persons. They felt that, due to their own experience of being different, they would understand their clients from different ethnic groups and cultures. The subjective sense of otherness would help them to understand the difficulties of their clients as representatives of a cultural minority within the mainstream culture. (Papers II, III.)
6.3 Two types of intercultural learning processes

The students who did not have major problems in adjusting to the host culture turned out to have a genuine motivation to understand the differences. A kind of strive to want to learn about the differences and to overcome the obstacles was the foundation of a positive learning process. (Paper III, IV, V, Appendix 6: Four stories.) The students became insiders who searched knowledge of the host culture, its people and health care. They also interacted with local people and made friends. The insiders became team members of their working communities and practised their nursing skills in many ways. Despite the language barrier, they managed to establish verbal and non-verbal face-to-face contacts with clients in the host culture. The insiders were able to increase their own intercultural awareness and demonstrated intercultural sensitivity. (Papers IV, V.)

The students who were not able to bridge the language and other intercultural barriers dropped into a negative learning process. (Paper III, IV, V.) They found the intercultural encounters too overwhelming and isolated from local people. They often experienced that the key to improving the circumstances was outside themselves. The outsiders did not adjust to the working communities and practised by their own schedule. Some of them dropped out from the placements (Appendix 6: The Finnish intercultural tutor’s story, The Finnish intercultural mentor’s story). The outsiders did not find opportunities to practise their nursing skills in the foreign cultural environment. Verbal or non-verbal contacts with clients were too threatening to them. Due to a lack of intercultural encounters and isolation from the local culture, the outsiders hardly increased their intercultural awareness or sensitivity. (Papers IV, V.)
6.4 Intercultural relationships

It was vital that the students had an intercultural tutor, a named nurse mentor and a peer counsellor during their study abroad. The students who were supported by these people had more positive study abroad experiences than the students who were not. But there were problems in each of the three types of relationship (Papers II, III, IV).

The tutor-student relationship consisted of caring, linking and teaching strategies of many kinds, but the tutors were often hesitant or did not have tools to handle individual student’s negative emotions, such as loneliness and homesickness, or inappropriate behaviour, including uninformed absences from placements (Appendix 6: The Finnish intercultural tutor’s story). The main strategy to encourage intercultural competence used by the tutors was discussion about the differences between the two cultures, but the tutoring included hardly any evidence of reflection. The tutor-student relationship mostly failed to highlight the connections of society, history and culture with health and illness. Nor was there reflection on scientific knowledge, and the tutors did not read or comment on the students’ academic work. (Paper IV.)

The mentor-student relationship promoted students’ general coping in the foreign country and placement, mediated between the students and the surrounding culture, elucidated client care, negotiated school-placement co-operation and supported students’ self-esteem. But the mentors were unable to help the outsiders and were often worried about the students’ learning outcomes. (Paper V. Appendix 6: The Finnish intercultural mentor’s story.) The British students found that the Finnish mentors were sometimes unable to support them because of the language barrier, which was even present in the mentor-student relationship (Paper III).
The Finnish students did not have peer counsellors in Britain and considered this a problem (Paper II, Appendix 6: The Finnish nursing student’s story). The British students experienced that the help and assistance of their peer counsellors were invaluable at the beginning of their stay. But they also felt that the peer counsellors’ support was mostly available upon their arrival and during the first few days, but not all the way through the exchange period (Appendix 6: The British nursing student’s story).
7 DISCUSSION

The purposes of this study were to describe Finnish and British undergraduate nursing students’ process of learning intercultural competence in a study abroad learning context and to develop a model of intercultural competence for the purposes of studying abroad in nursing. In the first paragraph, the findings will be discussed in a storied form by using extracts from the four stories (Appendix 6) as the core of the examination. The headings that give structure to the sections are the central themes of the four stories and the cognitive principles that appeared repeatedly (Spradley 1980) throughout both data analysis phases. In the second paragraph, the developed model of intercultural competence will be introduced and discussed. In the third paragraph, the reliability of the research process will be presented.

7.1 Examination of the findings

7.1.1 Personal growth through puzzles and hardships

The arrival in Britain was a shock to me. I could not understand a word about what people were saying because of the dialect and the fast speech. A taxi driver took me to the place of accommodation. I was about to burst into tears because it was night, I did not know how to get in and the taxi had gone. Then I started to shout: ‘Hello, anybody there?’ A man looked out of the window and certainly thought that the idiot doesn’t even know how to get in. ‘You just log in and come up’, he shouted back. My sense of humour was nearly depleted that night and the next morning. . . . I was very frustrated when I went to the hospital. For the first three weeks I just stood aside and listened to the others talk and observed their work. I was a flower on the wall who was not interesting to anyone.

The above extract from the Finnish exchange student’s story shows that the arrival in the host culture and the first days in the placement were challenging. Both student groups found the stay in the host culture to be stressful due to the differences in language, daily life, people, tutoring system and health care practices (Papers II, III). The frustration and stress of
intercultural immersion has not been clearly reported by the earlier nursing research on study abroad. Previous research has mainly concentrated on the positive aspects of international experience in students’ personal, professional, intellectual and global development (e.g. Zorn 1996, Noponen 1997, Thompson et al. 2000). The culture shock seems to be important for the process of becoming interculturally competent and, ideally, a starting point for intercultural reflection and dialogue with local people. According to Taylor (1994), culture shock is a precondition for a change in the learner’s meaning structures that should optimally be regarded as a catalyst of intercultural competence. On the other hand, it can also be questioned whether all the culture shock experienced in this study was necessary. The experienced stress and inconvenience were often caused by the organisational and administrative problems and could have been alleviated by improved dialogue between the institutions.

My first day in the hospital was so hard, everybody was speaking Finnish and I just sat there and did not know what was going on until I thought I just had to approach people and ask what they were talking about and ask questions. I thought that I must be initial rather than sit there all day doing nothing. The next two days I went into the ward with a positive attitude. Sometimes the Finnish nurses are embarrassed that their English is not perfect, as they would like to speak correct English all the time. If my preceptor was not there and someone else was supposed to be in charge of me that day, they would not speak to me very much, but then I soon started chatting to them.

As the above extract from the British student’s story shows, adjustment required the student to show emotional resiliency and initiative. It seems that study abroad is a kind of developmental task (Taajamo 1999), where frustration and stress are inherent. The student’s own attitudes and maturity were essential in crossing the language barriers and integrating into the host culture and placements. This study was consistent with previous research in that adjustment to the host culture was a long and problematic process (Koistinen 2002), but one that ultimately enhanced the student’s personal growth and maturation (Kauffmann et al. 1992, Noponen 1997, Ollikainen & Pajala 2000, Koistinen 2002). As the story of the tutor says:
Personal growth seems to be the most valuable component of intercultural competence. Most likely, the experience of overcoming difficulties, a kind of personal identity crisis, is implicit in the process of intercultural competence (Papers II, III). This process should be encouraged and supported by intercultural tutors.

7.1.2 Strive to learn intercultural competence

*Britain has a long cultural heritage as a world power, which is reflected in students’ courage and self-reliance. They come to Finland as individuals with a variety of expectations. Some have hardly any learning motivation, but for most of them, studying is the first priority, and they even learn some Finnish words. My experiences of tutoring them are mainly very positive, but there have also been students who have had difficulties and dropped off the placements without giving any reason. British students have a very high professional identity, but this is not always a positive thing. I mean that they don’t necessarily have the motivation and interest to learn the Finnish way of doing things. They are often selective and say that they don’t need the experience that has been offered to them. They are not necessarily open to new experiences, and I believe that they come to Finland to study a particular nursing area rather than Finnish culture or Finnish nursing.*

The above excerpt from the tutor’s story highlights the two main motivational problems revealed by this study (Papers III, IV, V). The first problem was that there were students who were not able to bridge the language and other cultural barriers between them and the Finnish environment. These students did not stick to the scheduled practice as agreed. Some of them dropped out of the programme altogether (Paper IV, V). Another problem was that the students ethnocentrically seemed to look for experiences that matched with the ones they had had in the home placements if they had stayed there. These students were not open to intercultural reflection on the differences in practices, but preferred to concentrate on similarities. Most likely, the students wanted assurance that their study abroad experiences
would be accepted as part of their degree, which is the spirit of the Socrates programme (Decision No 253/2000/EC).

Cultural desire is a genuine motivation of a nurse ‘to want to’, rather than ‘have to’, work with culturally different clients, and in case their feelings are negative, they must seek for immediate assistance in resolving the feelings (Campinha-Bacote 1998, 1999, 2002). Koistinen (2002) followed up Finnish health care students’ long-term practising in Estonian nursing homes and recognised long-lasting prejudices, stereotypes and ethnocentrism in their attitudes before they integrated in the care teams and the host culture. She regarded reflective tutoring as the key element in assisting students’ adjustment. In this research, however, both tutors and mentors were incapable of assisting some students’ adjustment and strive towards intercultural competence (Papers IV, V), as shown by the mentor’s story:

. . . There have been students who have severe motivational problems and drop off the placement. My mentor’s role is very hard and lonely in such cases. I think that it is my task to inform the school if the student has motivational problems and isn’t present, but the role of the school and the tutoring teachers is to look after the situation. Their responsibility is to save the student from drowning. The tutors should visit the placements more often and participate in guiding the students more actively than they do.

Most likely, the student’s prejudices, stereotypes and ethnocentrism could be negotiated in a dialogic tutor-student relationship. Therefore, such tutoring strategies should be sought that would support exchange students’ coping mechanisms and adjustment to the intercultural difference.

7.1.3 Self-consciousness and knowledge in learning intercultural competence

A student exchange programme is a multileveled context to learn intercultural competence. It is a comprehensive two-way programme, where there are several operational functions that
should be fitted together and many involved persons whose communicative contacts ought to be regular and fast both inside and between the cultures. The co-operative partners in a student exchange programme, as described here, are exchange students, tutors, mentors, international offices and international co-ordinators in the home and host institutions. This study revealed organisational problems of three types. The shortcomings occurred in the dialogue between the students and the schools, between the schools in the two countries and between the schools and the placements.

. . . I was totally driven by the wind when I left for Britain. I only knew that I would depart, but nothing more. For several months before the departure, I went around asking questions about the placements, accommodation and what things were like over there, but got no answers. The map that I received was not enough because I did not have any context where to locate things. The preparation and information that I received before the departure did not help much in facing the problems. The shortage of information continued in Britain, where the staff in the placements where I practised did not know anything about me and my educational background.

The above extract from the Finnish student’s story tells about annoyance. This study was consistent with the previous findings (Sirkka 1996, Noponen 1997, Ollikainen & Pajala 2000, Sälenie et al. 2001) in that it illustrated exchange students’ disappointment with the preparatory orientation and information and also the information gap that existed between the home and host schools. The students experienced that they were not properly prepared to face the intercultural frustration, and also that the host schools or placements did not know enough about their personal and educational backgrounds.

. . . I believe that they should have prepared me more, about what to expect in Finland. I did not even know where I was living and that I would not have cooking utensils. I did not even have a tin opener with me. All I knew was that it was a medical ward.

The British student’s argument about the shortcomings of information and knowledge is in contradiction to today’s information society, where information is easily available and where virtual information transfer is quick and takes place in real time. The students tended to think that the problems, ignorance and confusion related to the cultural immersion could have been resolved by providing more detailed information before departure into the host culture (Papers
II, III). Most likely, therefore, the orientation phase of the programme involves challenges of three kinds. Firstly, the organisational problems should be resolved that prevent students to receive the basic information about the living conditions and their practising context in the host culture. Therefore, the collaboration between the sending and receiving institutions should be improved. Secondly, the orientation phase should involve the students consciously into the preparation process by sharing the responsibility for seeking and obtaining information both before and during the study abroad. Thirdly, it should prepare them to face the frustration of intercultural immersion by encouraging them to reflect on their own stereotypes and the development of intercultural self-consciousness. Matinheikki-Kokko (1999a) uses the concept of self-perceived competence and argues that students’ positive or negative perceptions of their own intercultural competence will impact their performance in intercultural encounters.

In nursing, the most natural exercises to enhance intercultural self-consciousness before the departure would be students’ encounters with ethnic minority groups in their home culture and reflection on these experiences during the orientation. There are also experiential games available for the examination of one’s intercultural awareness. Brislin (1993) introduced the ‘culture general assimilator’ material, which is based on the critical incident method and the cultural features that are universal in any intercultural encounter. The material aims to train students to capture and handle experiences, feelings and emotions which virtually all sojourners encounter. Bafa, Bafa is a cultural simulation game designed to train the sense of ‘otherness’ in a foreign culture and to arouse exploration of one’s own cultural presuppositions and biases. Lockhart and Resick (1997, p. 29) state that Bafa, Bafa is ‘a mechanism for students to experience culture shock in a realistic yet safe classroom environment’.
La Brack (1993) recommends integration of the re-entry debriefing and orientation courses at the curriculum level and underlines the need to invite foreign exchange students’ to participate in the course. In the integrated orientation – re-entry debriefing course, the students who are leaving could reflect upon their presuppositions and attitudes with advanced students who are returning. International students would introduce a cross-cultural aspect into the course by reflecting on their experiences of being a foreigner and preparing, in this way, the leaving students.

...I would need in advance a shortened version of their home curriculum, course content, course objectives, assignments, personal objectives, personal desires, evaluation plan, required forms and previous clinical experiences. For me, it is even unclear how many hours or days in a week they should practise. Another problem has been that British students are not acquainted with setting objectives for placements or conducting self-evaluation of their clinical performance.

The above extract from the tutor's story highlights the second aspect of the existing organisational problems in this study. The exchange co-operation between the institutions had lasted for several years. Still, there was a lot of ignorance about the basic elements and requirements concerning the students’ programme during their study abroad. Laesvirta (1998) reported similar difficulties in implementing internationalisation in higher education in her study on the co-operation between Finnish and US universities. In her research, the biggest co-operative problems were the lack of human resources, negative staff attitudes and poor engagement of the school community.

The same ignorance prevailed in the placements and caused anxiety among both the Finnish and the British students and the Finnish mentors. The following quotation from the mentor’s story tells about the information gap between the host school and the host placement, which was the third problematic aspect of information processing in this study and impaired the mentors’ capability to encourage British students’ intercultural competence:

...The school should keep me informed better than this about the arriving students’ backgrounds and learning objectives and the role of the school during their stay. They
should arrange a meeting to the mentors before the students start in the placements. A meeting where the mentors could meet with each other, the students could introduce themselves, and the rules and responsibilities could be discussed.

This study showed that the cross-cultural co-operation between the schools should be improved in many ways. Teacher exchange would increase mutual understanding of educational systems and curricular requirements. But there is also a need for regular and more spontaneous cross-cultural dialogue between the teachers of the two cultures in order to alleviate the organisational problems.

7.1.4 Client encounters and language barriers in learning intercultural competence

Some students suffer more than the others about the language problems, but most of them develop quite a lot their non-verbal and observational skills. They participate in basic care, give injections, care for wounds, work in medication, assist in infusions and train to fill in care plans assisted by the mentors. But they cannot fill in patient notes or teach or counsel patients because of the language.

The quotation from the Finnish tutor’s story shows that the British students participated in a variety of nursing activities in their Finnish placements despite the language barrier between them, the clients and the staff. In particular, they trained their observation and non-verbal communication, which are essential nursing skills and imperative ingredients of interculturally competent care.

Similarly to previous Finnish study abroad research reports (Sirkka 1996, Noponen 1997), the Finnish students of this study suffered from language problems in the host culture, even though all of them had been studying English both in nursing education and at school. Nevertheless, the language problems of the two student groups were not comparable in extent. The Finnish students adjusted to the language and communicated in English relatively well during the latter part of their study in Britain, whereas the British student did not
communicate in Finnish. They were dependent on other people’s ability to speak English with them.

British students should be encouraged to have language classes before coming out to Finland. The Finnish lessons begin after I had stared on the ward, but it would have been nice to learn a few words before I went on the wards. It breaks the ice if you know a little the language. And also she was teaching mainly verb endings and grammar instead of nursing related phrases like: ‘Do you want help with breakfast?’ Another problem has been that I have to work when the mentors are working in the hospital and have to attend the Finnish lessons as well. I cannot do both at the same time and there is always someone who is unhappy.

Despite of the problems with the Finnish language course mentioned in the above story by a British student, some of the British students learned to use Finnish words in interacting with the clients and staff. However, language was the most important obstacle for the British students in learning about Finnish culture both in and outside the placements (Paper III). This study agrees with the previous reports about the importance of language skills in the context of study abroad (Williamson 1994, Ludvigsen 1997). However, any demand for proficiency in Finnish would be both unrealistic and unnecessary. The British students should only, for instance, listen to language tapes to learn the most common daily Finnish words and phrases or at least learn to listen to the intonation of the Finnish language before their arrival.

... They cannot respond to doctors' orders. They are not able make entry assessments or discharge patients. At the beginning of their stay, they are not able to give reports. But depending on the language skills of the nursing staff, we have found a common language in six to eight weeks and the students have given reports in English. My mentoring strategies are discussion and working by their side, ... But it would be so important to practise patient - nurse communication, and it is limited. It comes in a roundabout way through me and not in the right way. I regret that they cannot listen to clients' feelings and learn in that way.

The account from the Finnish mentor’s story shows how efficiently the British students could practise in their Finnish placements because the staff spoke English with them, but also pointed out the most annoying obstacle: the rare client contacts. The students’ direct verbal or non-verbal communication with the clients was limited in both student groups (Papers II, III, V). The only exceptions were the placements with learning disabled clients, where language did not play such an important role as in the other placements.
The nurse-client interaction, however, is the core of reflective practice in nursing (Rolfe 2002) as well as the key element of the process of gaining intercultural competence (Campinha-Bacote 1998, 1999, 2002) and the most valuable intercultural learning experience in a study abroad learning context (Haloburdo & Thompson 1998). Therefore, it would be important to develop such mentoring and tutoring strategies that encourage both verbal and non-verbal face-to-face client contacts during the intercultural placements (Papers II, IV).

7.1.5 Important others in learning intercultural competence

... There were also placements where I felt myself welcome and where there was real co-operation. In these placements I had regular meetings with the teacher. There were lovely preceptors and teachers. These persons were real mother figures, who took care, explained, arranged visits and helped. Good nurses paid special attention to me and worked by my side because I was a foreigner... Local people were friendly and helpful, but I did not feel any need for local company. During my time off, it was comfortable and safe to be in the group of Finnish students. When I returned to the accommodation from the placement, tired of speaking English all day long, I was relieved to speak Finnish... At the end of the stay, I got to know two local nursing students, with whom we decided to go out, but the time just ended before we went. The Finnish group was so close that we went everywhere together.

The above extract from the Finnish student’s story highlights the meaning of important others in the study abroad learning context, but also indicates the student’s tendency to go without local contacts and thereby to isolate from the host culture. It was exhausting both for the Finnish and the British students to understand what was going on around them and also frustrating to send messages that were constantly misunderstood by local people. Therefore, they spent much time together with their native peers.

The importance of a good teacher–student relationship has been considered the most highly valued characteristic of a nurse teacher by Finnish teachers, students, mentors and administrators (Leino-Kilpi et al. 1995) and later by Finnish and British students (Salminen
A good teacher–student relationship enables the use of pastoral aspects of tutoring that have been found important in both British and Finnish literature (e.g. Gidman 2001, Koskinen & Silén-Lipponen 2001). This research showed the significance of a large supportive social network in assisting students’ adjustment to the stress of intercultural immersion and in making space for the process of gaining intercultural competence (Papers VI, V). Caring and linking strategies used by the personal tutors (Paper IV) as well as the mentors’ concern about the students’ adjustment (Paper V) were of crucial importance in supporting the students to learn in the host culture.

The tutor’s reflection skills (Scanlan & Chernomas 1997) or reflexivity (Ahern 1999), which goes beyond reflection, includes the tutor’s self-awareness and willingness to reciprocate with the exchange student. Such a tutor–student relationship would most likely be a dialogue that shares the responsibility and tolerates uncertainty as well as ignorance (Mönkkönen 2002). It would be as important for intercultural tutors to learn to ask about and listen to the exchange student’s emotions of frustration and loneliness as it would be for an interculturally competent nurse to do the same with their clients.

*At home I have never been visited by tutors during my placement. Here my tutor has visited me regularly and if I had had any problems she would have helped me. It is good to have student tutors as well. The first week I arrived I don’t think that I had managed without their help. We arrived in a freezing cold, were tired and would not have a clue where to go. They picked us up from the train station. They took us to get bus pass, showed us the shops, loaned saucepans – simple things we would not have thought of.*

The above quotation from the British student’s story confirms the importance of tutors in the placements. The frequencies of teacher–student meetings were higher in Finland than Britain (also Saarikoski et al. 2002), which was a positive surprise to the British students. The significance of peer counsellors was also evident for the exchange students during their stay in the host culture. In this study, especially the students who arrived in a group did not make any effort to contact local people. They rather established a small foreign community in the
host town (Papers II, III). Particularly the British students suffered from home sickness, which wore out their mental resources. They also had close connections with their families and friends in Britain throughout their stay. These facts diminished their need for intercultural contacts. The British host universities did not have peer counsellors at all. In Finland, peer counsellors helped the British students especially at the beginning of their exchange visit, but did not succeed to encourage broader contacts with Finnish students.

... They have told me how difficult it is to sort out simple things like bus routes or even to manage in a grocery because everything is in Finnish. They can call me at any time and ask for help. One of my students told me that home sickness prevented her from learning in Finland. She was one of the students who did not want to use a single Finnish word, not even to say ‘terve’ or ‘hei’ in patient rooms. It was freezing cold outside and she reminisced about the harbours and warm waters of her home town every time we worked together. I believe that she would have gained much more from her stay if her parents had been closer to her or if there had been a kind of support person available.

The above extract from the nurse mentor’s story indicates the broad scope of the task of mentoring for intercultural competence. In the European nursing literature, mentorship has been regarded as an approach to enhance learning in the clinical setting (Donovan 1990, Armitage & Burnard 1991) by supporting, guiding, supervising and assessing students’ personal and professional development in the placement (Gray & Smith 2000, Koskinen & Silén-Lipponen 2001). Darling (1984) identifies three ‘absolute requirements for a significant mentoring relationship’. These are attraction, action and affect. The student must be attracted by the mentor, who invests time and energy in and has positive feelings towards the student.

In Saarikoski’s (2002) research, the supervisory relationship with the personal mentor was the most meaningful single element of a positive clinical learning environment as evaluated by both Finnish and British students. In this research (Paper V), the mentorship between Finnish mentors and British students had an interpersonal emphasis. The results were partly consistent with the mentoring strategies of Cope et al. (2000), but the intercultural mentorship had a broader emphasis and incorporated supportive and co-operative strategies that extended
outside the placements. In a good intercultural mentoring practice, the mentors would most likely need strategies that support students’ coping in a foreign country, facilitate their incorporation into the placements and support their self-esteem.

7.1.6 Reflection in learning intercultural competence

...I noticed that the Finnish and British cultures are very similar to a certain extent, for instance, as regards health and illness. On the other hand, during the home visits in the community, I found many differences in peoples’ ways of living that affected the nursing practices. And I learned to respect the different ways of doing things.

The above quotation from the Finnish student’s story demonstrates that difference is a very fundamental aspect of learning intercultural competence in a foreign country. The difference is a challenge that is constantly present. Duffy (2001) states that study abroad is an educational strategy that challenges students professionally and personally as they struggle to live in the host culture. She concludes that negotiating a foreign culture occurs naturally, and that the teachers need to create an environment where the students reach beyond superficial differences to study culture in depth.

Reflection has been regarded as an essential learning tool for more than 20 years (e.g. Schön 1987) and an imperative element in the process of becoming interculturally competent (Taylor 1994). In nursing, reflection has been viewed as an educational method of integrating theory and practice (Phillips 1994, Mallik 1998, Richardson 1998) and an opportunity to become reflective practitioners who are more aware of the evidence underpinning their nursing practice (Page & Meerabeau 2000, Suhre & Harskamp 2001). Rolfe’s (2002) ideas go beyond reflective practice to reflexive practice, in which nurses constantly formulate theories about the specific clinical situation in which they find themselves, test those theories in their practice, modify them, re-test them, and re-modify them in a reflexive cycle. The way towards
intercultural competence most likely requires reflexive nursing skills. However, to become reflexive, students first need to become reflective in intercultural encounters.

_Living in Finland is very different to living in Britain. Everything starts much earlier and in the house people don’t wear shoes. Finnish people walk a lot and have yoghurt for breakfast. Finns are definitely a more shy race than British and it has taken me several weeks before patients have spoken to me in the placements. Nurses leave tranquillisers on the bedside table and will go next morning and they will still be there because the patient has not been taken them. Contaminated material, like blood bags for transfusions, I have seen them just left on the side. In Britain they are very obsessive about such things. It is the difference that actually makes you realise what your own practice is all about._

The quote from the British student’s story shows that the students themselves thought that intercultural learning is based on a comparison of cultural differences. They were very perceptive in observing and naming the cultural characteristics of the host culture. Both Finnish and British students believed that it was the comparison that assisted them to understand better their own culture, which they often regarded ethnocentrically as better than the host culture (Papers II, III). Research reports provide evidence of the same phenomenon in intercultural nurse-client relationships, nurses and nursing students express non-confidence in their ability to care for culturally diverse clients (Baldonado et al. 1998), but the more experience they have with people from diverse cultural groups, the more likely they are to overcome prejudiced thinking (Eliason 1998).

In this study, the tutor-student relationship was based on a comparison of the cultural differences and not much on reflection on the meaning of culture in health and illness (Paper IV). Intercultural tutoring is a new role for nurse teachers throughout Europe. Maybe therefore, the tutors in this study were uncertain about their role and found that the meaning of culture as a learning content was unclear to them. This study suggests (Paper IV) that intercultural tutors should stimulate exchange students’ reflection on all the three aspects of knowledge presented by Rolfe (2002), in order for the students to learn intercultural competence during their study abroad. Firstly, students should be assisted in reflecting on the
personal knowledge gained from therapeutic relationships with individual clients. Secondly, they should be supported in reflecting on the experiential knowledge gained from past cases of their own practice. Thirdly, they should be assisted in reflecting on the scientific knowledge acquired mainly from research.

...I am very attracted to the style of the students’ assignments because they require reflection, reasoning and evidence and train observation skills. I always find out the instructions of their assignment and assist in finding the patient studies, but I don’t supervise their theoretical work by reading or assessing them. I rather instruct and support the student’s entire learning process and self-regulation by formulating objectives, explaining, telling and orienting.

The above extract from the tutor’s story shows that the tutors were not really involved in the British students’ assignments or academic tutoring. Both student groups contacted their home teachers about academic questions or did their assignments without supervision. This study argues that learning intercultural competence would require scientific reflection during the stay in the host culture (Paper V). As Gidman (2001) points out, the tutor’s role consists of pastoral, clinical and academic aspects. Therefore, intercultural tutors should be involved in exchange students’ academic work in order to assist the students to integrate theory and practice in the context of culture, health and illness. However, this would require significant improvement in organisation and communication between the institutions concerned.

7.2 Model of intercultural competence in the context of study abroad in nursing

This research produced a model of intercultural competence in the context of study abroad in nursing (Figure 4). In this section, the model and its links with the research process will be described and discussed it in relation to the literature. The model consists of three interdependent levels that connect and direct the process of intercultural competence in the context of study abroad. These levels were named as the curriculum level, the student’s
learning process level and the interaction level based on the task that each level had in the process intercultural competence. The arrows indicate the interdependency of the parts and the direction of impact between the parts of the model. The core of the model is intercultural competence, which is neither a state nor an outcome of study abroad, but a continuous process towards personal growth and dialogic client care, which, in the study abroad learning context, depends on one’s ability to overcome the problems and hardships (Papers II, III).

*The curriculum level* is the frame of the entire process. It views study abroad as a continuum that consists of three interdependent phases: orientation, study abroad and re-entry debriefing. This level was developed mainly based on the results of paper II. The orientation course prepares and supports the student to seek for culture-specific knowledge of the host culture, but also provides him/her with the basic information about the local living conditions. Orientation further prepares the student for the inconvenience that is inherent in long-term intercultural immersion by exercises that encourage the student to face the feeling of otherness. Preparatory training that increases intercultural self-consciousness should be carried out during the orientation course. Such training contains experiential learning activities both in the classroom and in culturally diverse environments (Lockhart & Resick 1997). In the main study abroad phase, the curriculum ought to leave space for the student to look for experiences arising from the host culture’s nursing care and education. It should locate the exchange student closer to the position of local students rather than encourage him or her to seek similar experiences and write the same assignments as the peers who remained at home. The re-entry debriefing course should concentrate on reflecting on the returning students’ experiences together with the students who are leaving. Ideally, and at least to some extent, the re-entry debriefing course could be integrated with the orientation course, as recommended by La Brack (1993). The task of the re-entry phase is to integrate the
intercultural experience as part of the students’ professional practice, but also help them integrate their learning at home (Paper II).

The student’s learning process level was developed from the results of paper III. Josepha Campinha-Bacote’s (1998) model: The Process of Cultural Competence in The Delivery of Healthcare Services was applied when organising and representing the results in the paper. The intellectual influence of the model contributed to the results that will be discussed concerning the student’s learning process level.

In the model that was developed during this research, the student’s learning process is the foundation of becoming interculturally competent and consists of five interdependent components. These components are: intercultural strive, intercultural self-consciousness, intercultural knowledge, intercultural client encounters and language skills. At this level, the model concentrates on the student as a cognitive, affective and behavioural stranger, who faces the differences of the host culture and adjusts to the culture shock.

Intercultural strive consists of the student’s ability and desire to become interculturally competent and is related to the student’s personal characteristics, maturity, motivation, motives for study abroad and ethnocentrism vs. ethnorelativism. Campinha-Bacote (1998, 1999, 2002, 2003) speaks about cultural desire as the genuine motivation to ‘want to’ work with culturally different clients. Intercultural self-consciousness means the student’s ability to reflect on his or her own intercultural prejudices and biases in an interactive process throughout the intercultural experience consisting of orientation, main study abroad and re-entry. During such a process, the student becomes aware of his or her own cultural orientation (Lynam 1992) and starts to view situations from the host culture’s perspective. Intercultural knowledge means the student’s ability to seek and reflect on knowledge about the host culture.
and to understand health issues in their broader context. Campinha-Bacote (1998, 1999, 2002) states that cultural knowledge assists a nurse to understand the various world views of their clients. Lynam (1992) goes beyond one-to-one client encounters and argues that, in obtaining cultural knowledge, students learn to understand life conditions, societal structures and the problems of health care services. **Intercultural client encounters** mean the student’s ability to engage in direct verbal or non-verbal contacts with clients in the host culture. This is important because the patient is the most vital cultural informant (DeSantis 1994), and in their cultural encounters, students refine or modify their existing beliefs about cultural groups (Campinha-Bacote 1998, 1999, 2002) and learn intercultural sensitivity (Haloburdo & Thompson 1998). **Language skills** mean the student’s ability to learn some words and phrases of the host culture’s language to bridge the language barrier.

The **interaction level** includes the persons that support the student’s increasing intercultural competence in the host culture. The level involves three relationship dimensions that emerged as important in this study: the tutor–student relationship, the mentor–student relationship and the peer counsellor–student relationship. This level was developed based on the results of the papers IV and V. At this level, the model emphasises interrelationships and reflection in the context of study abroad. Constructionist learning paradigms are based on the assumption that learning is an interactive process and always related to the socio cultural environment (Berger & Luckmann 1967, Bruner 1986, 1996, Tyjälä 1999). Taylor (1994) stresses the significance of a dialogic relationship between the stranger and the members of the host culture for reflection and feedback in the process of intercultural competence.

Most likely, therefore, each host institution should assign a tutor to reflect upon personal, experiential and scientific knowledge (Rolfe 2002) with the exchange student. Reflection on personal knowledge assists the student to handle the negative emotions caused by the culture
shock, home sickness and loneliness. Reflection on experiential knowledge assists the student to handle their subjective experiences (e.g. student–client interactions) in the host culture. Reflection on scientific knowledge assists the student to integrate culture into their assignments and to understand health care issues in their broader cultural, historical and social context. Research has indicated the significance of teacher-student relationships in nursing (Leino-Kilpi et al. 1995, Salminen 2000), and in particular, in learning about culture in nursing (Koistinen 2002). Therefore, the intercultural personal tutors should be contact persons between the mentors and peer counsellors.

In the intercultural clinical and community placements, the student should have a nurse mentor to promote their professional and personal development. According to this research, the intercultural mentor–student relationship has similar aspects as any mentorship in nursing (e.g. Cope et al 2000, Koskinen-Silén-Lipponen 2001). The mentor–student relationship supports the student’s social and professional incorporation into the unit, incorporates theory into the context of the placement, models the good practice, and promotes general coping in the host culture.

This model regards the local peer counsellor as an important person in the exchange student’s life, but the establishment of a peer counsellor system that would last throughout the intercultural stay was problematic. The peer counsellor–student relationship could enhance contacts with local students, assist adjustment and provide peer assistance in placements.
Figure 4. Model of intercultural competence in the context of study abroad in nursing.
7.3 Reliability of the study

The basic belief of the constructionist epistemology is that there are multiple existing realities about the world and the truth. For this reason, knowledge about the worlds and truths is always subjective in nature. Lincoln and Guba (1985) remind us that a qualitative researcher has the responsibility to show how s/he has represented those multiple constructions adequately, and that these are credible relative to the constructions of the original multiple realities. Therefore, the researcher must use qualitative evaluation criteria for assessing the research process, his/her own role in the study and the findings obtained (Burns 1989, Tyñjalä 1991, Perttula 1995). Leininger (1992, 1994a) states that, in qualitative research, the assessment criteria must be compatible with the philosophical assumptions, purposes and goals of the qualitative paradigm.

The assessment criteria for naturalistic inquiry by Lincoln and Guba (1985) and the techniques for establishing the reliability of a qualitative research process have often been regarded as a factor motivating the development of validity and reliability of qualitative human research. These assessment criteria are credibility, transferability, dependability and confirmability, and they have later been further developed by, for instance, Erlandsen et al. (1993), Leininger (1990, 1992, 1994a) and Perttula (1995). Ethnographic research is characterised by a long-term and close relationship between the researcher and the informants. The nature of ethnography therefore implies that the researcher must locate his or her self and increase his or her own self-awareness and reflexivity throughout the research process (e.g. Lipson 1991, Coffey 1999). This particular methodological feature was the most fundamental guiding principle in the process of conducting the assessment of this study.
Leininger’s (1992, 1994a) six criteria for establishing the reliability of this research were chosen because they have been developed within the ethnographic paradigm. This decision was made despite Cohen and Knafl’s (1993) critique that most of the assessment criteria for qualitative research, including Leininger’s criteria, fail to take into account the important differences between specific qualitative approaches. Leininger (1994a) herself states that her six criteria can be used with all qualitative methods, even though the linguistic terms or phrases for each qualitative method may vary. These criteria are credibility, confirmability, meaning-in-context, recurrent patterning, saturation and transferability.

Lincoln and Guba (1985) define the task of establishing of credibility as being twofold. First, the researcher must carry out the inquiry in such a way that the probability that the findings will be credible is enhanced, and second, s/he must demonstrate the credibility of the findings by having them approved by the constructions of the multiple realities being studied. In this study, the credibility of the findings may have been increased by the researcher’s prolonged engagement in the data collection and the investment of time to learn about the methodology and the cultural phenomenon under study. The data collection of the study was a two-year process that started in December 1999 and ended in December 2001. The main data collection phase was preceded by a six-month period of exploratory orientation. During this phase, the researcher elaborated her group interview techniques and formulated the research problem.

On the other hand, the methodology of this study and the process of data collection can be criticised for at least three reasons. Firstly, traditional ethnographers describe the ways of living of one cultural group by participating and observing the life of this particular culture (Spradley 1980, Boyle 1994, Hammersley & Atkinson 1997). Applied ethnographers focus on cultural aspects of a culture and use increasingly research methods other than participant observation (Roper & Shapira 2000). This research was defined as an applied, focused
ethnography, and the ethnographic methodology provided a comprehensive framework of study despite the fact that this was not cultural research in the traditional sense. Secondly, intercultural learning is as much about cognitive, mental and emotional aspects as it is about social and behavioural aspects. It can be questioned whether ethnography, which is primarily a methodology of exploring social behaviour, was the best possible method to reach the cognitive and psychological dimensions of the phenomenon. Therefore, the focus group interviews and learning documents were used as research materials along with the participant observations (Paper I). Thus, this research was not primarily based on the profound ethnographic requirements of prolonged fieldwork and participant observation (e.g. Spradley 1980, Agar 1986, Boyle 1994, Hammersley & Atkinson 1997, Coffey 1999). Thirdly, the imbalance between the sizes of the focus groups (2-6 participants) may provoke criticism. One tutor group and one Finnish student group included only two participants. In the literature, the recommendations for an ideal focus group size vary between four and 12 participants (Carey 1994, Krueger 1994, Koskinen & Jokinen 2001). In this research, the compromise on group size was necessary to guarantee the attendance of all participants. Most likely, however, group size did not affect the quality of data, because discussion was vivid and the group dynamics were good even in the small groups.

Ethnographic methodology encourages the researcher to exploit rather than to ignore his/her background, personality and previous knowledge. But the researcher must become aware of his/her own impact on the research process. (Aamoët 1991, Lipson 1991, Hammersley & Atkinson 1997.) Erlandson et al. (1993) state that peer debriefing helps to build credibility by allowing a peer to analyse materials, test working hypotheses and emerging designs and listen to the researcher’s ideas and concerns. In this research, this was enabled by a debriefer who knew a great deal about both the topic of research and the ethnographic methodology.
Methodological triangulation may have increased the credibility of the findings in this research. Methodological triangulation can be achieved by using three data collection strategies - participant observation, interviewing and review of existing documents - and checking their findings against each other (Roper & Shapira 2000). The major data collection strategies of this research were the focus group interview, participant observation, learning documents and the reflective diary of the researcher. It was also evident that the four different participant groups cross-validated (Germain 1993) each other’s perceptions, experiences and stories and thus confirmed the findings. The data were analysed twice, first by using Spradley’s (1980) method in the paradigmatic analysis phase and then by using Polkinghorne’s (1995) story configuration in the narrative analysis phase. The dual analysis apparently increased the credibility of the findings, because the stories seemed to describe the same reality, though in a less structured and categorised manner, that had been found in the earlier analysis.

As a result of this study, a model of intercultural competence for the study abroad learning context in nursing was developed. Although model development has been regarded as one objective of ethnographic research (Nikkonen 1997), the process of meeting this objective was not unproblematic in this study. There remained unresolved concerns about the coverage and applicability of the model. The first concern was whether the model covers sufficiently the extensiveness of the phenomenon of interest. In its present form, the model does not explicate the co-operative and organisational aspects, but implicates them in other dimensions. Organisational problems, however, occurred and turned out to be significant obstacles of learning in a foreign culture. The applicability of the model, therefore, must be evaluated against these problems before the final credibility judgements can be made. The second concern was whether the model should have described the reality of learning intercultural competence as it appeared in this research or the ideal as it should appear. Now
the model describes both the reality (how intercultural competence was developed in this study) and the ideal (how intercultural competence should have been developed). The coverage and applicability, i.e. the final credibility, of the model therefore remain unresolved until the model has been tested in practice and research.

Confirmability refers to establishing verifiable direct evidence with people and from primary documents or experiences. Confirmability includes mutual agreement by the researcher and the subjects. (Leininger 1990.) The data collection and analysis were conducted parallel to each other, which may have increased the confirmability of the research process and interpretation of the findings. The researcher collected and analysed first the data from the Finnish and British students, then the data from the tutors and finally the data from the mentors. In this way, the knowledge that had been acquired from one participant group was ‘tested and re-tested’ against that acquired from another participant group. Member checking (Lincoln & Guba 1985, Erlandson et al. 1993) has often been regarded as a technique of establishing the confirmability of research by allowing the informants who provided the original to test the interpretations of the study. Member checks were used in two ways in this research. Firstly, some of the researcher’s colleagues both in the research school and in the British host universities read and commented on the article manuscripts. Secondly, in the final stage of analysis, one member of each participant group was asked to assess the story of this particular group, in order to correct errors or misinterpretations and to add information. The participants’ member check reports established the confirmability of the findings, as one Finnish student wrote in her member check report about the Finnish exchange student’s story:

... Maybe I was too polite or tired to reflect with the English people on the cultural differences of the two countries. On the other hand, we reflected on the differences even more within the Finnish group. Now I feel that the exchange experience really is a kind of isolated unit in me because I returned to the old ways of doing things very quickly. I have written down my thoughts simultaneously when reading the story... First I thought that you had included only my personal experiences in the story, but then the slight differences in the text showed that you had written the story by combining several students’ experiences.
Polkinghorne (1995) states that the evaluation of a story has a pragmatic dimension in the sense that its value depends on its capacity to provide the reader with insight and understanding. At least the participants accepted the stories as their own. Only small changes were made in the stories based on the member check reports of the participants.

Leininger (1990) defines meaning-in-context as data that are understandable and relevant within certain situations, settings, life experiences or specific or total frames of reference. Human activities always take on relevance or meaning within a particular context. In this research the meaning-in-context was increased by conscious effort to describe carefully the cultural context of the study as well as the environments and situations where the study took place. The use of multiple methods in data collection and particularly the notes in researcher’s reflective diary were important tools in connecting the research events and findings to their context.

Recurrent patterning refers to repeated instances, sequence of events, experiences or lifestyles over time (Leininger 1994a). Recurrent patterning, i.e. repetition over time, was reached rather across than within the participant groups. The Finnish students were met first, then the British students, then the Finnish tutors and finally the Finnish mentors. Most of the 57 participants were met face to face only once. However, the findings across the participant groups started to show redundancy at the end of the study process, which is a sign of recurrent patterning.

The same participants were returned to only during the observation phase of the study for five months. Still, repeated sequences of events started to occur within this period. For instance, the filling in of forms took a lot of time in each tutorial session when the Finnish tutor, the mentors and the British students met. This ritual pushed aside reflection and dialogue on the
students’ emotions, which may have been equally important. Both the tutor and the mentors repeatedly tried to teach the British students to conduct self-assessment during the placements, but the students were not used to carrying out self-assessments and were even reluctant to try. This demonstrated the difference of the educational culture in nursing in the two countries. Such repeated sequences of events over time increased towards the end of the observation phase and confirmed the recurrent patterning.

*Saturation* means that the ethnographer has covered the phenomenon under study as completely and fully as possible (Leininger 1994a). Redundancy is a term related to saturation, and it refers to the tendency to obtain similar, repeated or duplicated data (Leininger 1990). The process of intercultural competence is a multileveled phenomenon. The research context included two dominant cultures (Finland and Britain) and two subcultures (Finnish and British nursing education). It can be questioned whether it is possible to fully reach saturation in such a design, even though the group of participants was small and the research was conducted in one school environment. Decision to stop data collection was made in December 2001, because redundancy seemed to have been reached in several areas of the phenomenon. Saturation or redundancy of information occurred when the data began to repeat themselves.

*Transferability* refers to whether particular qualitative research findings can be transferred to another similar context or situation by still preserving their particularised meaning (Leininger 1994a). The foundation of transferability is a detailed and adequate description, e.g. a thick description (Lincoln & Guba 1985, Erlandson et al. 1993), of the research context and the entire study process, which allows the readers to make decisions about the transferability of the findings. Burns (1989) speaks about methodological congruence, which includes rigor in documentation, procedural rigor, ethical rigor and auditability. Burns’ (1989) concept of
descriptive vividness, which is also related to transferability, implies that the researcher must present his/her own thinking during the process so clearly that that the reader has the sense of personally experiencing the event. In this research, thick description, methodological congruence or descriptive vividness meant that the study process and the findings were reported in detail and precision, and the researcher’s own experiences and thinking during the process were explicated in order to allow the readers to make decisions about the transferability of the findings.

8 CONCLUSIONS

Based on the results of this study, the following conclusions and recommendations are made. Topics of further research will also be suggested in this chapter. Future research will need to continue the development of study abroad programmes and intercultural tutoring and mentoring in order for an international exchange experience in nursing to increase the participating students’ intercultural competence. The main process of intercultural competence also requires further investigation, particularly as regards the long-term impact of study abroad on intercultural competence.

1. The ‘positive intercultural learning process’ of the exchange students should be supported. Intercultural tutoring and mentoring should be based on the profound insight that personal growth is the most important aspect of learning intercultural competence. Maturation takes place when the student gradually wins the hardships caused by the intercultural immersion. Tutoring and mentoring strategies should be found that encourage exchange students to become part of their intercultural working communities, and that allow them to practise nursing skills. Intercultural tutors and
mentors should find tools to increase students’ intercultural face to face client contacts and use of cultural assessment tools. Evidence of reflection should be integrated into intercultural tutoring. Reflection on the problematic intercultural situations is likely to increase students’ intercultural competence.

Clinical and community placements as intercultural learning environments need to be researched. Particularly British teachers’ and mentors’ experiences about intercultural tutoring and mentoring should be explored. In this research, the intercultural mentors were left alone both by the rest of the staff and the school, and they often felt exhausted by their lonely task of intercultural mentoring. Further research will be needed to identify the obstacles of collaboration between the placements and the schools, but also the problems inside the health care working communities that inhibit sharing of the preceptorship of foreign students.

Further research will be required to explore the opportunities to increase both verbal and non-verbal direct client contacts during study abroad. Face-to-face client encounters were often difficult to carry out because of the language and cultural barriers, and new tutoring and mentoring strategies must therefore be developed. The ‘interaction level’ of the developed model could be used as a framework in exploring new intercultural tutor and mentor strategies and also to increase reflection in the tutor-student relationship.

The long-term effects of study abroad on intercultural competence have not been properly explored. Therefore, quantitative research on the long-term impacts of intercultural experience should be studied. The ‘student’s learning process level’ of the
developed model could be used as a framework in exploring the long-term effects of study abroad.

2. The division of exchange students into insiders and outsiders should be prevented. Intercultural tutors should be encouraged to intervene if an exchange student has difficulties in adjusting to the intercultural difference and the language barrier. The tutors should have dialogic skills to approach the students if they have difficulties in overcoming the culture shock and/or if they are likely to drop into the ‘negative learning process’. The home institutions should develop methods to select and prepare exchange students for study abroad. Language education and cultural preparation should be provided for them before the intercultural exchange.

Language instruction and other cultural preparation for study abroad require investigation. In particular, the ‘orientation phase’ of the developed model could be used to improve cultural preparation and also as a framework to investigate cultural preparation. There should also be evidence of the effects and value of different types (before departure/after arrival) of language preparation, and these options should be assessed against each other by research.

3. The spirit of the Socrates programme in transferring the host institutions’ study components should be developed, and the European Credit Transfer System (ECTS) should be used in student exchange programmes in nursing. There is a need for curricular reforms. Such a curriculum would be needed that leaves space for the students to learn about differences in culture, nursing and nursing education during their study abroad rather than encourage search for the kind of experiences that the student
has had at home. ECTS credits should be applied in an intercultural exchange programme in nursing.

International research will be needed to identify the curricular obstacles that prevent the application of the ECTS system in nursing education. The following research questions could be addressed, for instance: Why is ECTS not used in student exchange programmes in nursing? Why do exchange students in nursing travel abroad to study courses of their home curriculum rather than courses of the host curriculum? What are the obstacles for theoretical studies to be implemented in a study abroad in nursing?

4. The organisational problems that resulted in communication obstacles between the schools in the two countries, between the schools and the students and between the schools and the placements should be alleviated in the future. Teacher exchange periods that are long enough to enable learning about foreign educational systems and classroom practices are needed between the intercultural partner schools in nursing. Nurse teachers should also learn to be in constant cross-cultural dialogue with each other. The more the teachers know about each other’s practices cross-culturally, the better they will be able prepare their students to face the intercultural difference. In an intercultural nursing exchange programme, the co-operation between the schools and the placements must be improved. The exchange schools have the responsibility to educate the staff of the placements and to maintain constant dialogue with the intercultural mentors.

More research will be needed to identify the aspects of administrative and operational problems of student exchange programmes in nursing. For instance, an action research approach could be used to define and alleviate the existing multi-level communication
barriers in such a programme. The ‘curriculum level’ of the developed model could be used as a framework to develop the dialogue between the schools and the students.

It can be concluded that the process of learning intercultural competence is a complex and multileveled phenomenon. In order for an international exchange experience in nursing to increase the participating students’ intercultural competence, requirements of at least three kinds are posed to the co-operating institutions and the participating students. Firstly, a nursing curriculum is needed that encourages the students’ learning about intercultural diversity. Secondly, the students’ own maturity, effort and motivation to learn about the difference are required. Thirdly, the students must not be left alone with the stress of intercultural immersion, but supportive and reflective interpersonal relationships are required throughout the process.
EPILOGUE

‘Remember that cultural competence is a journey - not a destination; a process - not an event; and a state of becoming - not of being.’

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## RESEARCH ON STUDYING ABROAD

### Study abroad research in nursing and social care

<table>
<thead>
<tr>
<th>Researcher</th>
<th>Purpose</th>
<th>Materials and method</th>
<th>Results</th>
</tr>
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<tbody>
<tr>
<td>Abu-Saad et al. 1982 USA</td>
<td>To describe Asian students' adjustment to university nursing programmes in the United States.</td>
<td>Not explained.</td>
<td>Adjustment problems came from four sources: the Asian students themselves, the faculty, the peers and the host culture. The students experienced language problems, differences in values, customs, lifestyles and communication patterns, as well as loneliness. The students were not understood by their host tutors or peers.</td>
</tr>
<tr>
<td>Frisch 1990 USA</td>
<td>To assess the development of students' cognitive growth in an international study programme.</td>
<td>A quasi-experimental cohort study. The Measure of Epistemological Reflection (MER) test was used to measure the senior class nursing students' level of cognitive development once during the second week of the semester and again 15 weeks later. Twenty-three (N=27) students completed the test, including 6 students who had earlier been to Mexico for 6 weeks accompanied by a native instructor. Statistical analysis.</td>
<td>The students who participated in an international student nurse exchange program demonstrated significantly more cognitive growth than those who did not.</td>
</tr>
<tr>
<td>Colling &amp; Chou Liu 1995 USA</td>
<td>To gather information on how foreign nurses learn in the USA and the barriers they encounter. To identify strategies that schools of nursing are using to manage the educational and cultural challenges.</td>
<td>School survey from 25 schools in 24 states (53% response rate). International student survey (N=753, 33% response rate). The students had completed their basic nursing education either in their home country, the US or a country other than their home country or the US. Statistical analysis.</td>
<td>International students studied under considerable pressure to succeed academically in the US. Learning English was identified as the area of greatest need, but only four schools provided language assistance. The students also suffered from financial barriers and needed a great deal of academic assistance.</td>
</tr>
<tr>
<td>Zorn et al. 1995 USA</td>
<td>To analyse the impact of participation in a 3-month international study program on the cognitive development of senior baccalaureate nursing students.</td>
<td>A quasi-experimental cohort study. The Measure of Epistemological Reflection (MER) test was used to measure senior class nursing students' cognitive development twice in a semester. Twenty-eight (N=32) students completed the test, including 8 students who had earlier been to England for 12 weeks accompanied and taught by a native instructor. Statistical analysis.</td>
<td>The students participating in the international program demonstrated significantly more cognitive growth than those who did not participate.</td>
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### Study abroad research in nursing and social care

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<tbody>
<tr>
<td>Sirrika 1996 Finland</td>
<td>To describe health care students’ experiences of their overseas study periods by analysing reflection journals kept during their stay in a foreign country.</td>
<td>Seventeen reflection journals of health care students participating in a study abroad programme in 1995. Grounded theory analysis.</td>
<td>The students described both the observed visible patterns and structures of their own internal adjustment processes. They were cautious in setting learning objectives for their study abroad on the plea that they did not know what to expect. The most important learning obstacles were inadequate language skills and neglect of adequate preparation.</td>
</tr>
<tr>
<td>Zorn 1996 USA</td>
<td>To describe the long-term impact of study abroad experiences on baccalaureate nursing students.</td>
<td>Non-experimental survey design. International education survey (IES). The sample consisted of 27 graduate nurses (88% response rate) who had participated in study abroad programs to England, Denmark, Scotland and Russia during their nursing education. Statistical analysis.</td>
<td>The biggest impact was reported in enhanced international perspective and increased personal development. A lesser impact was reported in professional nurse role and intellectual development. Students who participated in longer programs (17-16 weeks) reported a greater long-term impact than those participating in 3- to 4-week programs. The impact decreased over time.</td>
</tr>
</tbody>
</table>
| Lehtinen 1997 Finland | To describe nursing students’ perceptions of their own professional development and learning during a study abroad period. | Responses of six nursing students to an open-ended questionnaire. Phenomenological analysis. | The categories for perceptions of professional and personal learning and development were:  
  - personal development  
  - transcultural nursing  
  - nursing skills  
  - aspects of health. |
| Noponen 1997 Finland | To describe the experiences and meanings given by polytechnic nursing students to clinical practice in an international setting. | Interview of 10 nursing students. Colaizzi’s phenomenological analysis. | Clinical practice was both a holistic and an individual experience, which was related to life in general. The enabling characteristics of study abroad were co-operation between the home and host institutions and the operation of arrangements in the host institution. The experience promoted personal and professional development despite the experienced exhaustion and problems. |
# Study abroad research in nursing and social care

<table>
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</table>
| Haloburdo & Thompson 1998 USA | To describe the learning outcomes of an international experience for baccalaureate nursing students. To describe the similarities and differences of learning in developed and developing countries. | Interview of 14 students who had participated in a 2-week study abroad programme. Grounded theory methodology. | The outcomes were:  
|                      |                                                                         |                                                                                        | personal and professional growth                                                             |
|                      |                                                                         |                                                                                        | empirical knowledge                                                                          |
|                      |                                                                         |                                                                                        | learning experiences                                                                           |
|                      |                                                                         |                                                                                        | More similarities than differences were found between students who went to developing versus developed countries. |
| St. Clair & McKewy 1999 USA | To evaluate whether a 2-week international student nursing clinical experience could effect changes in the students’ ethnocentrism, cultural sensitivity, and cultural self-efficacy. | Exploratory study. Eighty undergraduate and graduate nursing students who had practised abroad and 120 who remained in the USA (N=200) responded to a Cultural Self-Efficacy (CSE) questionnaire. Daily journal of study abroad participants. Statistical and qualitative analysis. | Statistically significant differences were found in the achievement of cultural self-efficacy for the participants who completed the international clinical experience versus those who remained in the USA. The differences were related to the students’ ability to overcome their ethnocentrism. |
| Thompson et al. 2000 Northern Ireland | To evaluate the outcomes of a 3-month international experience for undergraduate nursing students. To assess the differences between experiences obtained in developed and developing countries. To describe the effect on their understanding of the situation in Northern Ireland. | International Education Survey (IES) was used to measure the experiences of students and graduates who had studied abroad during their education. IES measured the impact of international experience on the five different dimensions: professional career, international perspective, personal development, intellectual development, and Northern Ireland perspective. | All students gained considerably on all dimensions from their study abroad. The students who had been to developing countries gained significantly more in relation to their international perspective, personal development and intellectual development than those who visited developed countries. Students’ understanding of cultural and political issues within Northern Ireland was enhanced. |
| Silenieni et al. 2001 Finland | To describe Finnish health care students’ experiences of the intercultural abilities that they had acquired during their professional education. | Questionnaires of 115 students who had studied abroad for at least two weeks. Participants’ cognitive, behaviourial and attitudinal abilities were measured. Statistical analysis and qualitative content analysis. | The students derived least cognitive abilities from the education. They expected more information about the exchange programme, host culture, host health care system, host culture’s major health problems and host nursing culture. They found the quality and quantity of their language skills inadequate. |

Appendix 1 continued
## Study abroad research in nursing and social care

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<tbody>
<tr>
<td>Koistinen 2002</td>
<td>To examine Finnish social and health care students’ experiences and their significance during practical training in a different culture, in this case Estonian.</td>
<td>Student journals about two Estonian nursing homes in 1993-1999. Reflection and planning sessions of each semester. Tape-recorded tutor-teacher meetings. Colaizzi’s analysis method.</td>
<td>Adjustment to the host culture was long and problematic. The students’ attitudes reflected long-lasting prejudices, stereotypes and ethnocentrism. During the second or third study period in the same nursing home, the students began to gain membership in the working community. The tutor’s role and peer support were essential in adjustment.</td>
</tr>
<tr>
<td>Kollar &amp; Allinger 2002</td>
<td>To explore the long-term impact on students of a 2-week international experience in Nicaragua.</td>
<td>Personal descriptions of 12 graduates who had participated in the program during their education.</td>
<td>An experience in a developing country may leave a lasting impression on how nurses learn more about cultural competence in providing nursing care for individual from diverse cultures.</td>
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### Study abroad research in other sciences

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Morgan</td>
<td>To describe what behaviour patterns associated with the cross-cultural experience to maximise learning.</td>
<td>American students participating in a study abroad programme in Switzerland were studied over a three-year period (1969-70). Questionnaires (n=80) and in-depth interviews (n=44) were used. A multidimensional scaling procedure was used with a hierarchic clustering scheme to arrive at a typology of student adaptation.</td>
<td>Personal characteristics were important in intercultural learning. Those students ‘cultural relativists’ who were open to intercultural experiences and local contacts learned more than those students ‘cultural opponents’ who spent most of their time with the American peers during their intercultural experience.</td>
</tr>
<tr>
<td>Kauffmann et al.</td>
<td>To describe the variables that determine the degree to which a sojourn abroad affects students. To describe the benefits of study abroad.</td>
<td>Literature review regarding the effects of studying abroad on participating students. Student interviews in three universities in order to find case histories.</td>
<td>The variables that determined the degree to which a sojourn abroad affects students • extent to which the student is immersed in the host culture Study abroad has impacts on • intellectual development • expanded international perspective • personal development.</td>
</tr>
<tr>
<td>Wilkinson</td>
<td>To investigate what happens during a study abroad programme that influences the participants’ cultural and linguistic experiences and how their personal beliefs shape these experiences.</td>
<td>Seven undergraduate students before, during and after a summer study abroad immersion programme in France. Data were collected by surveys, tape-recorded conversations, interviews, observations and documents.</td>
<td>There was a strong influence of the classroom on out-of-classroom speech practices. Communication problems often stemmed from cross-cultural misunderstandings rather than language problems. There was a tendency for students to group together when faced with unexpected problems.</td>
</tr>
<tr>
<td>Hopkins</td>
<td>To report study abroad as a form of experiential education.</td>
<td>Two case studies. One student studied for a semester in Chile. His studies consisted of Spanish language and independent study on the psychological aspects of the masculinity ideology. The other student studied in Spain. He studied Spanish language and the local lifestyle in its ‘real’ context.</td>
<td>Study abroad offered to self- and other examination an entirely different sense of experiential learning of the most intimate sort that led to dramatic self-development. Financial and curricular planning should start early. Health and safety issues should be regarded.</td>
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## Study abroad research in other sciences

### Purpose

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</tr>
</thead>
<tbody>
<tr>
<td>Taajamo 1999 Finland</td>
<td>To construct a holistic view of studies abroad as a phenomenon among Finnish university students.</td>
<td>Interviews of 14 students before, during and after a one-year intercultural experience. Interviews of students’ British lecturers. Semiotic cluster analysis.</td>
<td>Study abroad was a developmental task to the students; adjustment to the host culture involved construction of different identities.</td>
</tr>
<tr>
<td>Gareis 2000 Germany</td>
<td>To study the friendship experiences of German students on a US campus.</td>
<td>Five students who had been to the USA for a year filled out a survey and were in-depth interviewed. Five case studies were constructed.</td>
<td>The students struggled with cultural differences concerning friendship information. The different category width of the word ‘friend’ and the extent of public and private personality layers in the two cultures caused confusion and misunderstandings. The students employed different standards in describing Americans in general and their friends in particular.</td>
</tr>
<tr>
<td>Ollikainen &amp; Pajula 2000 Finland</td>
<td>To explore the experiences and results of the European Leonardo programme and to give recommendation to the decision-makers.</td>
<td>Thematic interview of 30 Finnish promoters of mobility projects. A questionnaire presented to 500 former grant-holders in Leonardo mobility actions. Ten site visits, based on interviews at Finnish organisations that had employed foreign Leonardo trainees.</td>
<td>International placement was an enriching experience personally and professionally. The longer the placement, the more it influenced the trainees’ capacities to live, work and function in the host culture. The participants developed their language skills, intercultural communication skills and future employability.</td>
</tr>
<tr>
<td>Myburgh et al. 2002 South Africa</td>
<td>To describe the experiences of intercultural learners from culturally diverse backgrounds and the coping mechanisms that they use with respect to their studying and living conditions in a foreign country.</td>
<td>A purposive sample of 18 learners from 10 different countries who had enrolled as PhD students at universities in three different states of a first world country. Explorative study with a phenomenological group interviews.</td>
<td>The students’ experiences were both positive and challenging with respect to the studying and living conditions in a country other then their own. In coping with the challenges, the learners used the available technology to communicate their thoughts to their support systems in their own countries. Particular attention should be paid to supporting students’ independent learning skills.</td>
</tr>
</tbody>
</table>
FOCUS GROUP INTERVIEW GUIDE

Introduction section

- Introduction of the aim of the study
- Elements of informed consent
- Rules for the group sessions

Key questions for the students

- Tell me about your experiences since going to Britain/coming to Finland?
- Describe your experiences about the foreign placements?
- Tell me about your learning in Britain/Finland?
- What comes into your mind when you hear the words ‘culture’ and ‘intercultural competence’?

Key questions for the tutors/mentors

- What are your first thoughts about tutoring/mentoring British students?
- Describe your own role in tutoring/mentoring British students?
- What comes into your mind when you hear the words ‘culture’ and ‘intercultural competence’?
- What kind of factors are connected with intercultural sensitivity in the tutor-student/mentor/student relationship?

Conclusion

- Participants’ experiences of the group interview and the topic
- Ending of the session
Appendix 3

OBSERVATION GUIDE FOR CLINICAL AND COMMUNITY PLACEMENTS

Situation

- Participants
- Space
- Time
- Goal
- Atmosphere

Communication and interaction

- Actions
- Problems
- Feelings

Intercultural learning

- Student processes
- Tutoring strategies
- Mentoring strategies

Own questions
Appendix 4

BACKGROUND QUESTIONNAIRE FOR THE STUDENTS

1. I am  
   male  1  
   female  2

2. I am ___________ years old.

3. My nationality is ________________________.

4. I am living  
   alone  1  
   with my spouse/partner  2  
   with my parents  3

5. My nursing program is  
   degree  1  
   diploma  2

6. The total length of my nursing program is__________ years

7. I am now on my __________ study year.

8. (Inter)cultural nursing courses in my university are  
   obligatory  1  
   elective  2  
   optional  3

9. The total length of my study abroad was__________ weeks.

10. The focus of my study abroad was ____________________.

11. If I could decide now, I  
    would go abroad again  1  
    wouldn’t go abroad again  2  
    don’t know  3

12. During my study abroad, the greatest cultural dissonance/conflict was:

13. During my study abroad, the most valuable learning experience was:

Koskinen L. 1999
Appendix 5

BACKGROUND QUESTIONNAIRE FOR THE TUTORS/MENTORS

1. I am male/ female

2. I have worked ________________ years as a teacher/ nurse.

3. I have tutored/ mentored ________British exchange students.

4. The nursing speciality in which I have tutored/ mentored British students:

5. My main tutoring/ mentoring principle has been:

6. My biggest problem has been:

7. My biggest cause for joy has been:

Koskinen L. 2001
The Finnish nursing student’s story

Actually, I start to realise the value of my studies in Britain now. When I was there, I just could not take a correct stand because I was so puzzled by the hardships. Thinking back, it was an immeasurably valuable experience for both my life in general and for my work, but mainly for my life. You can’t believe how difficult situations I often faced and still managed to cope. These hardships increased my courage, self-confidence and reliance on my own capabilities. My tolerance towards differences increased: I don’t complain about small things anymore. Without this experience, I could never have imagined how uncertain one feels to be a foreigner.

I was totally driven by the wind when I left Britain. I knew I would depart, but nothing more. For several months before the departure, I went around asking questions about the placements, accommodation and what things were like over there, but got no answers. The map that I received was not enough because I did not have any context to locate things on. The preparation and information that I received before the departure did not help much in facing the problems. The shortage of information continued in Britain because, in the placements where I practised, the staff did not know anything about me and my educational background.

The arrival in Britain was a shock. I could not understand a word about what people were saying because of the dialect and fast speech. A taxi driver took me to the accommodation. I was about to burst into tears because it was night, I did not know how to get in and the taxi had gone. Then I started to shout: ‘Hello, anybody here?’ A man looked out of the window and probably though that the idiot doesn’t even know how to get in. ‘You just log in and come up’, he shouted back.

My sense of humour was almost depleted that night and the next morning. I did not know anything about the town. I did not know the location of the hospital or about the shops. I could not drink water from the tap because of the smell. The next day I found somehow my way to the town. It was a holiday, and there was no one to ask for advice. During my whole stay, there was no other student tutor to ask about the nearest library, for instance. The library with Internet and email was just across the street, but only I realised that the last week.
Appendix 6 2/10

I was very frustrated when I went to the hospital. For the first three weeks, I just stood aside, listened to the others talks and observed their work. I was a flower on the wall in whom no-one was interested. I did not have a named nurse and no-one wanted to take me along. The British teachers didn’t come to see either the local students or the exchange students in the placements. I had outlined objectives for the placements but no-one really seemed to be interested in them. I had to be very independent and make sure that I learned what I was expected to learn by the home institution. I could just have dropped out of the programme and no-one would have noticed.

As my English improved, I could better concentrate on observing the things around me, but there was still much that I did not catch at all. I believe that British health care has much to learn from Finnish health care and nursing. They believed that they were very advanced and that Finnish society and health care were very undeveloped. But you should see the level of their hygiene and aseptic. I think that no Finn would like to be treated as a patient there, it is so dirty. They wore the uniforms at home and had them on when they went to work. It was also very hierarchic over there.

Nurses wore uniforms to show their grade, and the inequality between nurses and doctors was awkward. Nurses did not have much responsibility there, either. It was the doctor’s task to do those many things that nurses do in Finland. On the other hand, both nurses and doctors were close to the patients and touched them a lot. British people often joked and laughed. They were also interested in each other’s lives. They asked me daily about how I was doing. Sometimes I thought it was not real interest all the time.

There were also placements where I felt myself welcome and where there was real co operation. In these placements I had regular meetings with the teacher. There were lovely preceptors and teachers. These persons were real mother figures, who took care, explained, arranged visits and helped. Good nurses paid special attention to me and worked by my side because I was a foreigner. I noticed that Finnish and British cultures are very similar to a certain extent, for instance, as regards health and illness. On the other hand, during the home visits in the community. I noticed many differences in people’s ways of living that affected the nursing practices. And I learned to respect the different ways of doing things. After my own language skills improved, I managed to communicate better with the patients and their families. I did not understand when they spoke fast or used a dialect. Sometimes they just did not accept that I didn’t understand them.

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Local people were friendly and helpful but I did not feel any need for local company. During my time off, it was comfortable and safe to be in the group of Finnish students. When I returned to my accommodation from the placement, tired of speaking English all day long, I was relieved to speak Finnish. I could go and knock on someone’s door if I wanted to speak. At the end of the stay, I got to know two local nursing students with whom we decided to go out, but the time just ran out before we went. The Finnish group was so close that we went everywhere together. On the other hand, I believe that I would have gained culturally more if I had been in company of the local students. Perhaps a student tutor could familiarise exchange students with the host university and the social life of local young people.

I was so far from home, but my heart was all the time in Finland. I was more than a tourist because I had links to the local daily life through the placements. But the date of return was in my mind continuously and I counted the days that were left. After my re-entry in Finland, people were asking me about the exchange experience, and recalling helped me to deepen the experience. However, I don’t see any point in further debriefings. I do not have the energy to speculate and evaluate the cultural differences. Instead, I would have valued continuous email contact with my Finnish tutor during my stay in Britain. I was too considerate and polite to debrief the peculiar cultural habits with my local tutors and mentors. Actually, thinking back to it now, it is hard to believe that I was over there for 4 months. The experience is a kind of isolated unit in me. It is a kind of capsulated part of my personality. When I returned home, I just continued from where I had left off. I was all of a sudden in the same life from where I had left.
The British nursing student’s story

Living in Finland is very different to living in Britain. Everything starts much earlier and in the house people don’t wear shoes. Finnish people walk a lot and have yoghurt for breakfast. Finns are definitely a more shy race than British and it has taken me several weeks before patients have spoken to me in the placements. Nurses leave tranquillisers on the bedside table and will go next morning and they will still be there because the patient has not been taken them. Contaminated material, like blood bags transfusions, I have seen them just left on the side. In Britain they are very obsessive about such things. It is the difference that actually makes you realise what your own practice is all about. Some things I suppose you’d do at home because it’s just the way things are done. You come over here and things are done slightly different and it makes you reflect on your own practice back home – the differences and similarities.

It is difficult to pick out lots of things because of the language barrier. British students should be encouraged to have language classes before coming out to Finland. The Finnish lessons began after I had started on the ward, but it would have been nice to learn a few words before I went on the wards. It breaks the ice if you know a little the language. And also she was teaching mainly verb endings and grammar instead of nursing related phrases like: ‘Do you want help with breakfast?’ Another problem has been that I have to work when the mentors are working in the hospital and have to attend the Finnish lessons as well. I cannot do both at the same time and there is always someone who is unhappy.

Mentors have been nice and helpful and they speak good English but their use of medical vocabulary is not very good. I would find myself asking about some procedures and would never understand it properly because they cannot explain it fully. On my last ward my mentor was very nice but wasn’t very good in English. It wasn’t till the last week I found out that there was somebody on the ward whose English was excellent. If I had spent three weeks with her I would have learned a lot more. The mentors tell about how they work, but after all it is not much that I can do independently. I learn about the theory side of things with patients, but can’t really interact with them. For instance with toddlers up to the age of nine, it has been really hard because they are scared of me. Simply they don’t understand what I am saying to them.

My first day in the hospital was so hard, everybody was speaking Finnish and I just sat there and did not know what was going on until I thought I just had to approach people and ask what they were talking about and ask questions. I thought that I must be initial rather than sit there all day doing nothing.
The next two days I went into the ward with a positive attitude. Sometimes the Finnish nurses are embarrassed that their English is not perfect, as they would like to speak correct English all the time. If my preceptor was not there and someone else was supposed to be in charge of me that day they would not speak to me very much, but then I soon started chatting to them. Once they chat to me for a while I feel fine.

I believe that they should have prepared me more, about what to expect in Finland. I did not even know where I was living and that I would not have cooking utensils. I did not even have a tin opener. All I knew was that it was a medical ward. I did not get much support from my British tutor either. International co-ordinator of the home university came to visit me one day only. If I had had problems the Finnish tutor was present as well and it is not very polite to talk about my problems in front of the Finnish tutor. I also expected handouts from our own lecturers at home to be posted or faxed but I did not receive them. I think out of the five I came with I was the only one to receive some literature on an assignment I have to do before I go home. I think they expect us to do it all ourselves to be honest. But it would have been nice, as we are so far away, that they had given us a little extra help.

My colleagues at home have been doing a lot of theory work, whereas I have been out here not doing any theoretical work, only practical, which is good as well. I hope I am not disadvantaged when I go home. I have read a few notes but it is not the same as being in a lecture where things are explained to you. Quite often the lectures are beneficial to the assignments. While I have been out here I have had assignments to complete, but I am not all that sure about the aspect they want into them. In Britain the tutor normally goes through the assignments just after getting them. Because I was so busy before I came away there was not an opportunity to do this and even so, it would have been like three months before I started doing the work. It is very difficult to find time to sit down and do the assignments as well. In the different culture thing take so much longer to do and I still don’t know the best ways. I think that could be solved quite easily a few tutors in Britain sorting out a booklet or something.

Finnish tutors are really good. At home I have never been visited by tutors during my placement. Here my tutor has visited me regularly and if I had had any problems she would have helped me. It is good to have student tutors as well. The first week I arrived I don’t think that I had managed without their help. We arrived in a freezing cold, were tired and would not have a clue where to go. They picked us up form the train station. They took us to get bus pass, showed us the shops, loaned saucepans – simple things we would not have thought of.
But then afterwards I did not actually see them so much any more. Any questions that I have had I just have emailed to international office and they have helped me. It is good that I have had access to the emails and net as well, which has helped being such a long way from home. I have not had a phone in the complex where I live and that has been awkward. I did not phone home for about two weeks. I think a phone in the complex is essential for exchange students who could be contacted by their families. Because there has been a group of us on the programme we have discussed if there has been any problems.

Thinking back to my whole stay in Finland, it is almost like I was set apart from or on the outside in a way looking in. Whereas at home I have more details because I understand what everyone is saying. A lot of the time here people have been speaking Finnish and I have just been standing back and trying to understand what has happened. The whole experience has been one of gaining impressions and gauging feelings about the differences between Finland and the UK. It takes a long time for these things to sink in. When I go home I will look back and maybe things will look different or clearer.

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**The Finnish intercultural tutor’s story**

Britain has a long cultural heritage as a world power, and it shows in students’ courage and self-reliance. They come to Finland as individuals with a variety of expectations. Some have hardly any learning motivation, but for most of them, studying is the first priority and they even learn some Finnish words. My experiences of tutoring them are mainly very positive, but there have also been students who have had difficulties and dropped off the placements without giving any reason.

British students have a very high professional identity, but this is not always a positive thing. I mean that they don’t necessarily have the motivation and interest to learn the Finnish way of doing things. Often they are selective by saying that they don’t need the experience that has been offered to them. They are not necessarily open to new experiences, and I believe that they come to Finland to study a particular nursing area rather than Finnish culture or Finnish nursing.

The language barrier is certainly one reason for my limited role in assisting broader intercultural learning. Sometimes I even ask myself what it means to be an intercultural tutor: ‘Am I a clinical supervisor or an intercultural educator?’ The intercultural tutor’s role is quite broad and much more complicated than tutoring Finnish students. Preparing and informing the placements requires much more effort as well as getting to know the students’ backgrounds and curriculum. Actually, the tutoring process starts by first listening to the students and sorting out their objectives and interests.

To be able to speed up the initiation of the learning process, I would need in advance a shortened version of their home curriculum, course content, course objectives, assignments, personal objectives, personal desires, evaluation plan, required forms and previous clinical experiences. For me, it is even unclear how many hours or days in a week they should practice. Another problem has been that British students are not acquainted with setting objectives for placements or conducting clinical performance self-evaluation.

The students who don’t adjust find that the circumstances don’t enable their learning and escape from the placement. If the student doesn’t co-operate either with me or with the unit, I wonder how much responsibility for the student’s personal life I should take. Maybe the constant changes of placements are not good, but sometimes the units require short placements because it is quite hard for them to have a foreign student for a longer stay.
The mentors are important persons in assisting the student’s integration into the placement. The staff, in general, are very timid and reluctant to communicate in English with the students, and the mentor’s role is therefore invaluable. If the mentor is not in the same shift, the student is often left totally alone. It is important that intercultural mentors are interested in teaching and can speak good English. It is also important that they would be interested in the students’ assignments and would discuss with them their patient studies.

I find the students’ assignments very useful because they require reflection, reasoning and evidence and train observation skills. I always find out the instructions for their assignments and assist in finding the patient studies, but I don’t supervise their theoretical work or read or assess it. I rather instruct and support their entire learning process and self-regulation by formulating objectives, explaining, telling and orienting. My main strategies are discussion and comparison by encouraging the student to express his/her opinions about the good and bad aspects of the differences. I also believe that it is essential to create a friendly, easily approachable relationship and to be present for the students in order for them to feel safe in Finland.

In one way or another, the students should be socialised into the Finnish culture better than now. They are often very young and suffer from homesickness. They spend much time in practising and writing assignments. They also are frequently in contact with their families in Britain, or their parents and friends visit them here. When they have time off they go to bars with each other or with other international students, but their local contacts are rare and they have practically no Finnish student contacts. One solution could be to arrange accommodation in a Finnish family, but the student might find constant intercultural immersion too stressful. Another solution could be to locate them in the student accommodation in such a way that they share the kitchen with Finnish students.

Despite, or due to, the frustration caused by intercultural immersion, they gain a lot from studying in Finland. First and foremost, they grow and learn independence. British students say that they get to know themselves as persons and learn to know what it is like to be a stranger. They also get an insight into a different nursing culture and learn a little about the Finnish way of life. One student told me about her nurse mentor, who used to go through the ward and shake hands with the patients at the beginning of the shift. The student said that she would take this habit with her back to Britain.
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The Finnish intercultural mentor’s story

Mentoring British students is a very demanding task because you are so totally involved with them. You must be constantly sharp and consider the student all the time in order for him/her not to feel left alone. My biggest obstacle is time. It takes much more time to mentor British than Finnish students. It is impossible to explain and translate everything along with one’s regular nursing responsibilities and to have the student work by your side all the time. The reluctance of other nurses to share the mentoring responsibilities is another problem. I often feel that I am left alone with the foreign student by the rest of the staff. Written objectives would structure the relationship, but the problem is that the students don’t have them.

My stand toward British students is one of responsibility. I take responsibility for their lives in Finland even outside the placement. They have told me how difficult it is to sort out simple things, such as bus routes, or even to manage in food stores because everything is in Finnish. They can call me at any time and ask for help. One of my students told me how home sickness hindered her from learning in Finland. She was one of the students who did not want to use a single word of Finnish, not even to say ‘terve’ or ‘hei’ in patient rooms. It was freezing cold out, and she kept recalling the harbours and warm waters of her home town every time we worked together. I believe that she would have gained much more from the stay if her parents had been closer to her or if there had been a kind of support person available.

We don’t always have patients who can or want to speak English, but patients with adequate language skills are invaluable. On the other hand, I think that the language is a challenge rather than an obstacle. It depends so much on the student’s maturity and motivation how s/he bridges the language barrier. Self-confident students adjusted very well to all situations. I remember one student who went courageously into patient encounters. There was an older lady who did not know a word English, but the student did not mind being unable to speak Finnish. It was a joy to follow their communication. The lady said, oh yes, we do understand each other.

The language hinders the students from instructing the patients. They cannot respond to the doctors’ orders. They are not able do entry assessments or discharge patients. At the beginning of their stay, they are not able to give reports. But depending on the language skills of the nursing staff, we have found a common language in six to eight weeks, and the students have given reports in English. My mentoring strategies are discussion and working by the student’s side. I have explained the injection and medication techniques and also about legislation.

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I have translated care plans and they have filled them in. But it would be so important to practise patient–nurse communication, and that opportunity is limited. It comes in a roundabout way through me, but not in the right way. I regret that they cannot listen to the clients’ feelings and learn in that way. And all their independent work. They just cannot go to see when a patient is ringing.

British students are very skilled in care plans and they are very polite and obedient, but there are many cultural differences between the lifestyles of the two countries. It might be easier if they had been in working life, but a twenty-year-old doesn’t understand the intricacies of her own culture. How do I tell such students about the Finnish way of life to make them understand the reasons for our actions. Sometimes their experiences remain on a very superficial level due to the language. My English skills are too limited to explain all the different intricacies. I have discussed with them several times that, in Finland, you must inform the unit if you are sick and don’t come to the placement. They don’t understand this and I believe that it is a rule of the Finnish culture rather than the British. What is the final learning outcome in such cases? How do I evaluate the performance? Is the meaning of the placement just entertainment and visit or is it goal-oriented learning?

There have been students who have had severe motivational problems and have dropped out of the placements. My mentor’s role is very hard and lonely in such cases. I think that it is my task to inform the school if the student has motivational problems and doesn’t arrive into the unit, but the role of the school and the tutoring teachers is to look after the situation. Their responsibility is to save the student from drowning. The tutors should visit the placements more often and participate in guiding the students more actively than they do. The school should keep me informed better than this about the arriving students’ backgrounds and learning objectives and the role of the school during their stay. They should arrange a meeting for the mentors before the students start in the placements. A meeting where the mentors could meet with each other, the students could introduce themselves, and the rules and responsibilities could be discussed.

Nevertheless, the students who have a positive learning motivation gain a lot from their Finnish placements. They experience a different health care system but also learn something about Finnish culture. Once I had a very cheerful and active student who worked with me a lot. One morning, showering patients after having put on rubber shoes and a plastic apron, she burst into laughter and said she would bring a camera the next morning to take a photo of her outfit. In England, nurses wash patients in bed, but in Finland, students experience nakedness differently. It’s probably the unreserved sauna culture.