

## Artículo de Reflexión

# Relationship-building: avoiding the pitfalls of an international student exchange program

## Cómo evitar los posibles obstáculos en un programa de intercambio de estudiantes internacionales

Como evitar os possíveis obstáculos em um programa de intercâmbio de estudantes internacionais

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### ABSTRACT

Throughout many parts of the world, cultural diversity and the impact on patient care continue to contribute to healthcare inequities, despite patients' unmet pleas for cultural competency. Nurse educators often seek international opportunities as a way to enhance culturally diverse experiences for undergraduate students. Developing implementation strategies for international experiences can facilitate comprehensive and effective student encounters. Applying the International Relationship-Building Model developed by the author (2012), identification of potential pitfalls can contribute to enhanced professional relationships, minimized collaboration barriers, and maximized shared teaching opportunities for international experiences.

**Key words:** cultural competency; cooperative behavior; faculty, nursing.

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## RESUMEN

La diversidad cultural y su impacto en el cuidado del paciente contribuyen a desigualdades persistentes en el cuidado de la salud a pesar de las necesidades por una competencia cultural. Las facultades de enfermería buscan oportunidades internacionales como una forma de facilitar las diversas experiencias culturales de los estudiantes en sus cursos de pregrado y desarrollar estrategias de implementación para experiencias internacionales, que puedan facilitar encuentros comprensivos y efectivos para los estudiantes. Es un proceso que está dirigido al desarrollo de la construcción de relaciones entre miembros profesionales de diferentes países y culturas que puedan ayudar a facilitar las relaciones profesionales, disminuir las barreras y compartir al máximo oportunidades de enseñanza para relaciones internacionales.

**Palabras clave:** competencia cultural; conducta cooperativa; docentes de enfermería.

## RESUMO

A diversidade cultural e seu impacto no cuidado do paciente contribuem para as desigualdades persistentes no cuidado da saúde, apesar das necessidades de uma competência cultural. As faculdades de enfermagem buscam oportunidades internacionais como uma forma de facilitar as diversas experiências culturais dos estudantes em seus cursos de graduação e desenvolver estratégias de implementação de experiências internacionais que possam facilitar encontros abrangentes e efetivos para os estudantes. É um processo que está voltado ao desenvolvimento da construção de relações entre membros profissionais de diferentes países e culturas que podem ajudar a facilitar as relações profissionais, diminuir as barreiras e compartilhar ao máximo oportunidades de ensino para as relações internacionais.

**Palavras-chave:** competência cultural; conduta cooperativa; docentes de enfermagem

## INTRODUCCIÓN

In the patient care arena, nurses are expected to listen, understand, and provide both culturally sensitive and knowledgeable practice. “The Essentials of Baccalaureate Education for Professional Nursing Practice” identified that globalization of healthcare would require preparation of professional nurses to practice in a multicultural environment who possess skills needed for culturally competent care” (1). Opportunities that expose undergraduate nursing students to international experiences, such as service-learning and study abroad experiences in international and culturally diverse regions of the world, have been encouraged as facilitating cultural sensitivity and competency. Initially established in 2004 by the author as the founding Director, the Center for Global Health, located at a university in the United States, began student and faculty exchanges for clinical experiences, exploration of research projects, collaborative teaching, and curriculum consultation (2).

Knowledgeable, culturally sensitive nursing faculties are crucial for international nursing student experiences. The Relationship-Building Model, developed by the author, is a process that systematically identifies stages and components of faculty

partnerships from different countries, cultures, and curricula (3). There are, however potential pitfalls that impede the building of international professional relationships. Application of this model reveals these barriers for collaboration and provides a framework to maximize shared teaching opportunities in global nursing practice. A brief review of this Relationship-Building Model sets the stage to understand the pitfalls and utilize the lessons learned.

## CULTURE, INTERNATIONALIZATION AND COMPETENCY

“Culture guides our thinking, doing, and being and becomes patterned expressions of who we are” (4). Integration of transcultural nursing concepts into our delivery of care intimately affects our encounters with and our perception of culture, cultural diversity and cultural universality (4-8).

Nursing faculty often seek community health-related experiences that provide culturally unique learning experiences and expose students to multiple worldviews (1). This frequently focuses on contacting ministries of health rather than local

universities and nursing programs. It is also not unusual for United States (US) nursing programs to not initiate formal contacts with agencies or institutions within a country. Local nursing programs are either overlooked or not viewed as valuable. International nurse educators in a receiving country, for example, often voice concerns about study abroad nursing programs that “appear” in their communities, having no knowledge of their presence. Study abroad nursing experiences sporadically attempt to connect with nursing faculty, at times in an authoritarian manner, ignoring missed opportunities to establish connections or build relationships between international nursing colleagues. International nurse educators have similar education, roles, and responsibilities that can be an untapped resource that could bridge programs, universities and communities.

## **NURSE EDUCATOR ROLES AND PREPARATION**

### **Professional identity and preparation**

According to Weinstein & Brooks, nursing faculty throughout the world embrace values of individual professionalism including integrity, commitment, knowledge, expertise, and a dedication to the development of future nurses. The majority of nurse educators have a variety of expertise, including acute critical care, women’s health, pediatrics, mental health, research, and community health (7). Do all nursing faculty have the skills and interests to undertake international programs? As universities worldwide focus on demands of globalization, the burden often falls to faculty to forge opportunities:

[...] set up and implement programs, identify resources, and coordinate student experiences in safe and comprehensive programs that meet course, college, and university objectives. A process that blends the complexities of cultural competency and international program development can assist faculty who strive for international nursing curricula (3).

Professional preparation rarely includes cultural competency knowledge for nursing faculty. Many nursing programs integrate learning objectives of cultural competency and expect faculty to simultaneously be culturally competent and “teach” cultural competency (8). Instructors are frequently

ill prepared for intercultural communication and dependent upon diversity committees to provide cultural sensitivity training. Enhancing cultural awareness and competency contributes to being positioned to initiate international programs.

Personal values of flexibility and acceptance are also paramount for international nursing preparation. Potential faculty who plan to participate are encouraged to utilize self-reflection, enhanced self-awareness, and minimization of assumptions of cultural acceptance (3). All humans come to new and unknown situations with a variety of responses and international faculty colleagues living in developing or poor-resource countries present with their own personal stresses and assumptions of cultural sensitivity.

### **International nurse colleague perspectives**

Visiting nurse educators often acknowledge that international nurse educators have specific expertise, education, and professional identification. Although international nurse educators vary in training and education, they often have comparable master’s degrees or certifications beyond basic nurse training. Nursing faculty shortages are evident in many parts of the world so visiting faculty from outside countries could be perceived as a welcome guest or intruder into the nursing education community. Enhanced preparation about the culture, community and views of nursing educators will assist the visiting faculty to arrive being aware, knowledgeable and prepared.

## **A PROCESS OF RELATIONSHIP-BUILDING**

In order to identify potential barriers and pitfalls of an international nursing experience, it is helpful to review the Relationship-Building Model (3). According to Cadena “the development of a process that emphasizes relationship-building of international faculty partnerships contributes to cultural competencies, cultivation of professional relationships, and the advancement of international nursing practice” (3). This process provides strategies for the identification of collegial working relationships with international faculty colleagues in both clinical and academic settings that promotes

positive learning environments. Sustainability in a community involves establishing and maintaining relationships with colleagues in nursing programs in order to share similarities, identify and understand differences in pedagogy, and review and compare curricula within a cultural and nursing context. The Model includes methods for identifying potential international institutions, implementation of connections, and delineating strengths and barriers for implementing international nursing programs(3).

### **The Model**

An overview of the Relationship-Building Model includes four components with multiple strategies: 1) making connections, 2) establishing associations, 3) cultivating linkages, and 4) shared teaching (3). Each component will be reviewed for application that reveals potential pitfalls and barriers.

### **Making connections**

Various opportunities abound to make contact with international faculty at conferences, through mutual contacts, by invitations from governments or institutions, or networking with colleagues who have prior international experiences. In many countries, initial face-to-face contact is perceived to be most courteous. As that is not always possible, a telephone conference call that incorporates the referring individual is a productive option. According to the Model, “if faculty have already initiated study abroad visits, a search in the community for the nursing program that serves the community of interest via website, word of mouth, or clinic contacts will facilitate meetings” (3).

### **Establishing associations**

Mutual respect and trust are cherished values throughout most of the global nursing community. Nurses in many developing and resource-poor countries revere Florence Nightingale’s philosophy and principles(7). The Model notes that “knowledge about such values and the reigning philosophy of the receiving country’s nursing community will enhance conversations that are understood among colleagues” (3).

Cultural knowledge is critical for faculty prior to connecting with faculty from other countries. Strategies the Model identifies that enhance one’s cultural knowledge include 1) Identification and review of specific literature that discusses cultural awareness, 2) A focus on the country’s cultural norms and values, and 3) Actively seeking out individuals within your own community from that country (3). It is common for individuals to be unable to articulate the differences between their own and the present culture. Particularly if they are immigrants, a helpful technique is to elicit examples about similar and dissimilar experiences.

In many countries, what behaviors exhibit respect in the receiving country? For example, presenting one’s business card by standing and offering the card with both hands, for example is often seen as mutually respectful, establishing a positive first impression. People from the United States are often perceived by other cultures in stereotypical fashion. They are criticized as being aggressive, self-centered, and arrogant (9). Women instructors, however, may be viewed admirably for being assertive, knowledgeable, and caring, particularly by other women instructors. According to the Model, “visiting faculty may create an inconvenience or precipitate a problem, but international colleagues may not discuss the resulting difficulties, attempting to deflect shame from visiting faculty” (3). It is difficult at times to ascertain the impact one has on international faculty and students. At other times, faculty are perceived as being “more important” simply by being present, possibly eliciting feelings of jealousy and competition. When female faculty establish associations with other faculty in countries where women are perceived as ineffective, knowledgeable faculty can model respectful yet assertive behaviors in meetings, negotiations and communities (2).

Gift exchanges in many countries are an expectation symbolizing mutual respect, acknowledgment of a person’s self-worth and an opportunity for personal connectedness (3). It is customary to exchange small tokens of appreciation at every visit to all individuals. There is usually, however, a gift giving hierarchy. More costly gifts are earmarked for directors and deans; the most expensive and/or esteemed gifts are

reserved for presidents of universities and government dignitaries. Visiting faculty should maintain a list of gifts and recipients from each trip. Giving the same gift twice is perceived as neglectful and is a small but important aspect of relationship building.

Knowledge of the country's historical views on nurses, women, healthcare, and healthcare rights should be explored prior to faculty visits. According to the Relationship-Building Model, "information may be limited therefore visiting faculty should seek opportunities to explore these topics with international faculty and students. Visiting faculty must have an understanding of international faculty roles, limitations and opportunities for nurses prior to their trip" (3).

As the Model emphasized, an orientation to goal setting establishes a focus that builds associations in international nursing programs. Historically, there have been study abroad programs in nursing, public health, and other disciplines that travel to countries only to utilize opportunities for their own programs. At times, these program participants engage in conversations and planning, only to return to the original country and fail to follow through on the planning and discussions. Many developing countries have experienced decades of "false promises" and are understandably cautious to make commitments. As the Model states, "mutual decision-making with specific short-term goals and achievable accomplishments, particularly from the initiating faculty, will establish credibility and foster engagement with the international faculty" (3). Development of these goals where both parties can contribute and benefit will enhance the program's sustainability. Whether it is an exchange of students, faculty, curricula or research projects, visiting faculty should explore how each party can assist and contribute to mutual enhancement. To be perceived as self-serving is detrimental to the relationships. Initially, there may not be equal contribution among faculty. Visiting faculty, viewed as "rich" with accessible resources, may be approached to provide these unattainable resources. Both faculties benefit when the focus is on shared and reciprocated knowledge and opportunities that enhance equality, rather than an unequal contribution (3).

## Cultivating linkages

As mutually respectful relationships have been established, maintenance of projects and sustainability of these linkages is the third step in the process. According to the Model, maintaining contact with new colleagues is critical. Often that responsibility belongs to the initiating faculty. Many faculty throughout the world depend upon email communications and thus sending information is simplified (3). It is helpful to remember, however, that Internet access is often unreliable. There may be days and weeks between communications. Rapid responses are expected in the United States and slow responses are often assigned negative meanings. How one communicates is also approached cautiously. Contrite responses, for example, may be perceived as respectful of one's time, not abrupt and rude. Teleconferences are also avenues of communication that can facilitate ongoing connectedness. Face-to-face interactions using such platforms as "Skype" and "FaceTime" for example, are helpful if the receiving country has the capacity for such communications.

Often times, facilitating relationship-building is enhanced by inviting the receiving country faculty to present in one's class, or inviting students to participate in international classroom discussions as strategies to maintain connectivity with minimal resource allocation. Finally, knowledge of cultural styles of communication, whether it is face-to-face, telephone, or electronically is needed. The question, for example, of who is expected to contact whom is important to clarify. According to the Model:

[...] it is essential to explore preferences and perceptions of your style of communication and make adjustments if needed to enhance effective communication. Consistent and productive communication will contribute to identifying opportunities and facilitate implementation of teaching opportunities among visiting and international faculty (3).

## Shared teaching

With the development of international nursing programs, curriculum comparisons and ongoing discussions can provide opportunities for international faculty to identify similarities and potential conflicts between programs. Community health and public health, for example, are perceived diffe-

rently in countries. Public health in a community is the administrative and political aspect of health-care delivery. Community health on the other hand, often the purview of nursing, is focuses on prevention and promotion of healthcare.

Philosophies of many international nursing programs emphasize that nurses only concern themselves with prevention and promotion of health in all settings and not diagnoses nor interventions. The majority of United States' nursing programs emphasize the medical model paradigm of diagnostic reasoning, clinical decision-making and institutional interventions. According to the Model, "this may contradict and impede the effectiveness of communicating with international faculty and agenda development" (3).

Mutual development of agendas for exchange programs, student immersion experiences, research projects and faculty consultation can be accomplished through ongoing communication. Setting these agendas is dependent upon available resources in the international community. It is not uncommon for communities and institutions to confirm the plans and agendas, only to find that these plans are not able to be put into place. According to the Model:

[...] faculty finds that there is a high level of change requiring flexibility on planning and implementation. Having clear, unambiguous objectives for the learning experiences agreed upon by both faculty groups will facilitate the variation that accompanies international travel without sacrificing the requirements of the program (3).

Another aspect that internationalization takes into account is that faculty-student relationships vary in nursing programs and are often dependent upon perceived authority and roles in the receiving country. Instructors often hold students to high standards of knowledge and practice and may not offer assistance, demanding that students ask few questions. The pedagogy in the United States, however approaches instructors as facilitators of information. This facilitation role may "include individual work with students, mutual goal-setting, and a sense of equality" (10). In developing countries, however, the faculty role may be either more authoritarian, expecting students to "figure it out themselves" or maternalistic, having support/therapy sessions with students concerning personal lives and struggles.

## Sustainability and funding support

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

Funding for sustainability can include various approaches, according to the Model (3). Student fees can cover costs of student study abroad programs by integrating faculty costs into the programs. This study abroad approach should include payments, if possible, to the receiving country faculty for their efforts, solidifying commitments to program planning and implementation. In-kind commitments are also viable alternatives to funding ongoing international program.

Community health courses, both didactic and clinical experiences that are required in the baccalaureate-nursing program, can include options for international experiences. Curriculum placement so that students can participate in these experiences offers many students the opportunity to utilize scholarships and financial aid (3).

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

## OBSTACLES

Obstacles identified in the Relationship-Building Model were "categorized into six areas, 1) *historical country relationships*, 2) *judgments*, 3) *intercultural stress*, 4) *international faculty issues*, 5) *time*

*orientation*, and 6) *expectations*” (3). Oftentimes, countries around the globe have experiences or develop perceptions about United States’ decisions that are historically unfavorable to the welfare of the visiting country. The media portrayal of United States citizens throughout *history*, particularly women for example, may negatively contribute to stereotypes that potentially impede mutual understanding and respect. The visiting countries’ own *historical struggles* also have far-reaching ramifications for healthcare, resource allocation, and academic emphases. Developing countries in South America, for example, have struggled for decades about human rights, emphasizing ethical concerns that trump all aspects of decision-making. Not knowing a country’s past and present political struggles and incorporating that worldview can impede relationship-building as the invited faculty can minimize the importance of the historical context. *Judgments* and the tendency to evaluate what one sees, hears and experiences in a country different than one’s own can become a barrier to relationship-building. According to the Model, it takes 1) awareness of a tendency to “close our minds” and, 2) courage to risk changing our own perceptions and values, in order to comprehend why someone acts and thinks differently than us (3).

*Intercultural stress* is often considered to be inherent in intercultural encounters, disturbing the equilibrium in an individual’s system and worldview. Grant and others (11), perceived intercultural competence as a means to “manage stress, regain internal balance, and carry out communication process in such a way as to contribute to successful outcomes”.

Adding to this stress is that faculty from both countries may approach the other with assumed superiority or inferiority. This worldview may be unconsciously ingrained and only evident in subtle attitudes, behaviors, and communication. *International faculty issues* can include assumptions of similarities that appear to be embraced by U.S. citizens more than those of other cultures. In attempts to find similarities, faculty may unwittingly dismiss important differences. Persons from other countries such as Japan, for example, view themselves more different than other cultures and hence do not expect persons from other cultures to understand them (12).

According to the Model, another potential pitfall is that the sense of the passage of time is frequently problematic among cultures with different *time orientations*. “Let’s do it tomorrow” when there is no time frame for what is “tomorrow”, can be misunderstood as a manipulative delay or disrespectful, when time, work, and other values compete for attention and priorities (8, 13). Setting up meetings, appointments, and schedules should take into consideration flexibility and the “acceptable” timeframes. In the receiving country, for example, a scheduled meeting at 7:00 am infers that participants leave their homes at 7:00 am - the meeting starts only after all members arrive at 8:15 am. When applying the Model, an identified potential pitfall and barrier is when expectations impact not only perceptions of time but also many other aspects in the international arena (5).

According to Jefferies, “intercultural interaction is seen as a situation in which the way others’ behavior is categorized (that is, given meaning) is often inaccurate or inappropriate due to unfamiliar cues” (14). These errors cause incorrect expectations, which decreases problem solving ability, adaptability, and health. A better understanding of this phenomena can be gained through an awareness of how information is believed to be organized in meaningful ways in human thought: information is classified and categorized on the basis of similarity. In making predictions about individual reactions to people of other cultures at both the attitudinal and behavioral level, understanding individuals in an intercultural context is enhanced (15). For example, visiting faculty benefit from ongoing discussions with experienced international faculty about met and unmet expectations. An open dialogue about both disappointments and positive decisions or outcomes will facilitate everyone’s classification of meanings into new and conducive frameworks. Preventing potential frustration and disenchantment is the cement of relationship-building (3).

## LESSONS LEARNED AND PITFALLS AVOIDED

Lessons have been learned and pitfalls avoided by the development and application of the Relationship-Building Model. For over a decade, an international nursing program was established and

maintained, resulting in three predominant lessons learned with recommendations for current and future programs (3). First, language differences, often seen as a barrier and pitfall, can be viewed as a potential strength. Although the ability to speak the language is always helpful and critical at times of negotiation, nonverbal language is a powerful and universal tool once faculty establish understandings and clarify misunderstandings. Provision of translators can be helpful. Requiring faculty from both countries to be painstakingly articulate and communicate, however, provides opportunities to explain terminology, philosophies, curricula and agendas in detail not often required in one's daily work. International nursing faculty, for example, have consistently remarked that only when they are responding to questions by visiting faculty do they find that they have misunderstood their own faculty in their own programs (3).

A second lesson learned and pitfall to be avoided is to not focus on one's own agenda when connecting with international colleagues (3). A visiting faculty member can become excited when faced with endless opportunities for exchange, practice, or research projects. Concentrating solely on the visiting faculty's needs and interests will undermine relationship-building. Sustainability of the program will be sacrificed and visiting faculty will be perceived as opportunistic and manipulative. As one international instructor politely stated, "We don't work like that here". A visiting faculty, for example, stopped receiving any communication with the international faculty with whom he believed to have established a strong initial connection. The program failed and the visiting faculty remained unaware of the impact of his behaviors.

The Model emphasizes to always "do what you say you are going to do". Previous nursing programs with promises of engagement and resources, and did not adequately follow-up, may precede a new international nursing program coming to the visiting country. Relationship-building based on mutual respect, building of trust and ongoing, open communication avoids the consequences of broken promises. Visiting faculty who "do not

keep their promises" contribute to undermining the credibility of all nursing programs attempting to globalize (3).

## SUMMARY

Nursing faculty who pursue opportunities in the global arena to develop international student nursing experiences benefit from understanding a model of relationship-building. Application of these concepts and strategies will enhance the success of the international experiences, avoid potential obstacles and pitfalls and provide learning experiences for all students and faculty engaged in internationalizing nursing programs.

## REFERENCES

1. American Association of Colleges of Nursing. The essentials of baccalaureate education for professional nursing practice. 2008, Oct.
2. Cadena SJ. Establishing an international undergraduate nursing program: cultural and collaborative processes. Paper presentation at the XXIX International Nursing Society Conference; 2010. New Orleans, LA, USA.
3. Cadena SJ. Model development for international nurse educator partnerships: relationship-building process and strategies. *MedUNAB*, 2012. 15 (2):99-105.
4. Giger J, Davidhizar R, Purnell L, Harden J, Phillips J, Strickland O. American academy of nursing expert panel report: developing cultural competence to eliminate health disparities in ethnic minorities and other vulnerable populations. *J Transcult Nursing*; 2007. 18 (2): 95-102.
5. Cadena SJ. Panama. In: Fitzpatrick J, Shultz CM, Aiken TD Editors. *Giving through teaching: how nurse educators are changing the world*. New York: Springer; 2010. p. 289-293.
6. Leininger M. Culture care theory: a major contribution to advance transcultural nursing knowledge and practices. *J Transcult Nursing*; 2002. 13 (3):189-192.
7. Purnell L, Paulanka B. *Transcultural health care: a culturally competent approach*. Philadelphia, PA: FA Davis; 2008.
8. Diaz Usme O. Cultural Competence in Nursing Undergraduate Education and its Relation to Mental Health Care. Presentation at the American Psychiatric Nurses Association XXV Annual Conference; 2015
9. Ray M. *Transcultural caring dynamics in nursing and health care*. Philadelphia, PA: FA Davis; 2010.

10. Barna LM. Stumbling blocks in intercultural communication. In: Samovar LA, Porter, RE editors. *Intercultural communication: a reader*, 7th edition. Belmont, CA: Wadsworth; 2004. 337-346.
11. Campinha-Bacote J. *The process of cultural competence in the delivery of healthcare services: a culturally competent model of care*. Transcultural C.A.R.E Associates; 2003.
12. Grant LF, Letzring TD. Status of cultural competence in nursing education: a literature review. *J Multicult Nurs Health*; 2003. 9 (2): 6-13.
13. Weinstein S, Brooks A. *Nursing without borders*. Indianapolis, IN: Sigma Theta Tau International; 2007.
14. Jeffries M. *Teaching cultural competence in nursing and health care*. New York: Springer; 2006.
15. Duffy M. A critique of cultural education in nursing. *J Adv Nurs*; 2001. 36:487-495.