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What characterizes Norwegian nursing students' reflective journals during clinical placement in an African country?



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ABSTRACT

Introduction: An increasing number of Norwegian nursing students take part in exchange programmes in African countries. Reflective journals are often used to enhance clinical placements learning outcomes. **Aim:** To identify the features that characterized students' experiences reported in their reflective journals during clinical placements in an African country in light of cultural competence. **Methods:** Qualitative text analysis of 350 reflective journals written by 197 students taking part in an exchange programme in one of three African countries.

Results: The reflective journals were characterized by the students' personal emotions, judgements of others and comparisons between what they had learned in Norway and what they experienced in the African country in which they interned.

Discussion: The students experienced cultural shock, and in most cases, their journals expressed ethnocentrism. They had several challenges, including being in another culture without the necessary skills and language to interact or intervene in the situations described in the reflective journals. The reflective journals were characterized by critical judgements with a low degree of reflection based on cultural knowledge and understanding. To demonstrate cultural competence, the practitioner must understand both his or her own cultural values and those of other cultures.

Conclusion: The students predominantly expressed strong personal emotions and described their hosts in a judgemental and, in many cases, critical manner, often in comparison with Norwegian conditions. A stronger focus on cultural competence in preparing students for exchange programmes may decrease their level of criticism and negative judgement, and affect the level of reflection in their journals.

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1. Introduction

Each year, Norwegian universities and university colleges send large numbers of nursing students to several different African countries for clinical placement as a part of their three-year bachelor's degree programmes. The students presented in this article attended clinical placements in Botswana, South Africa or Tanzania for a period of 8–12 weeks during their fifth term. The clinical placements were in hospitals, outpatient clinics or home-based care.

The students went through an application process, including an individual interview, and accepted applicants participated in a two-day preparation programme before departing for the host country. The preparation programme is focused on culture and global/international health. Throughout the placement period, local

staff facilitated the students in the clinical area. In addition, a Norwegian supervisor followed up with the students from Norway via text message, email, telephone and Skype. This supervisor also worked closely with the local staff members to attain the required learning outcomes for the students. The students lived together with national or other international students.

As part of the clinical placement, students were required to write reflective journals. The intention was to enhance learning by improving critical and systematic thinking about the clinical experiences. Reflection is a well-known learning method in nursing education and practice, with many educators observing the potential for combining reflective thinking and writing as a learning method. Reflection itself is a dynamic process that links an experience with relevant knowledge and is triggered by feelings evoked by the situation (Duke & Appleton, 2000). Incorporating reflective journaling in nursing education has therefore been widely introduced in nursing curricula as a means of developing critical thinking skills, documenting professional practice experiences and fostering students' self-understanding as a way of

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copied with critical incidents in practice (Craft, 2005; Schuessler, Wilder, & Byrd, 2012). Reflective journaling can also be an opportunity to reflect consciously about clinical events, to evaluate past choices and to identify learning needs (Williams, Gerardi, Gill, Soucy, & Taliaferro, 2009). These are only possible if students are given opportunities to think critically about their practical experiences in a context that opens up new perspectives, understandings and knowledge (Forneris & Peden-McAlpine, 2007; Williams et al., 2009).

For students in exchange programmes, reflective journaling can be a useful tool for developing critical thinking skills, cultural sensitivity and cultural competence (Larson, Ott, & Miles, 2010; Schuessler et al., 2012). “Cultural sensitivity serves as a foundation for the development of cultural competence and focuses on the affective elements necessary to appreciating differences” (Hughes & Hood, 2007, p. 57). Campinha-Bacote’s (2002) model for understanding cultural competence includes a five-construct process including cultural awareness, knowledge, skills, encounters and desire. Cultural competence is the ability of the practitioner to think and behave in ways that support effective interactions with members of other cultures (Campinha-Bacote, 2008). In addition, Dudas (2012) identified three dimensions of cultural competence: awareness, attitudes and behavior.

Students who have a clinical placement in a developing country often experience strong emotions (e.g., fear, shock, frustration, powerlessness and sympathy) and engage in an ongoing comparison between the conditions in their host and home countries (Egenes, 2012; Sandin & Grahn, 2004). Their time abroad also contributes to personal and professional development (Green, Johansson, Rosser, Tengnah, & Segrott, 2008; Kelleher, 2013) and an increased interest in global health policy and a desire to “do something” for those who suffer (Callister & Cox, 2006; Greatrex-White, 2008). A study among Swedish exchange students highlighted these differences when describing ethical dilemmas, culture clashes and negative ratings of their experiences (Sandin & Grahn, 2004). A study by Torsvik and Hedlund (2008) comparing Norwegian and Tanzanian nursing students performing clinical placement together over a four-week period in Tanzania revealed major differences. The most significant difference was related to nursing care. Similarly, students from different Western countries (including Norway) on clinical placements in Namibia recognized the differing nursing characteristics and believed that the Namibian nurses provided less psychological care, had less empathy for their patients, were slow in their responses and displayed paternalistic, one-sided communication in the presence of patients (Small & Pretorius, 2010).

Alpers and Hanssen (2014) concluded that adequate cultural knowledge develops through experiences combining formal education, in-service classes, courses, feedback, access to relevant information and reflection on clinical practice. To receive the best learning experience in clinical settings, Edgecombe, Jennings, and Bowden (2013) concluded that there is a need for strategies that strengthen the connections between local and international students and staff, and enhance socialization in different contexts.

The aim of this study was to identify the features that characterized the students’ experiences as reported in their reflective journals during clinical placements in an African country in light of cultural competence.

2. Methods

Textual analysis was made using 350 reflective journals written by 197 nursing students during their clinical placement in an Africa country between 2003 and 2011. Most students wrote two reflective journals, normally 300–500 words in length and meant

to focus on the student–patient situations experienced by the student. The supervisor collected all the reflective journals electronically and anonymized them. All students participating in an exchange programme from 2003 to 2011 were included in the study. The reflective journals were not identified by country or year. To begin the analysis process, the reflective journals were randomly divided into three piles and assigned to the three researchers.

When we perform textual analysis, we make an educated guess about the most likely interpretations that would be made of the text (McKee, 2003). We used a hermeneutic approach, for which the context of the reflective journals and the researchers’ pre-understanding are considered to be crucial to the analytical process. A four-step content analysis process inspired by Graneheim and Lundman (2004) was used. First, the reflective journals were read through several times to obtain a sense of the whole, and meaning units were identified and condensed into a description close to the text. The condensed meaning units were then abstracted into sub-themes. Next, further discussion between the researchers resulted in agreement on a set of sub-themes. Finally, reflection on the sub-themes and a review of the literature related to the sub-themes provided phenomena that seemed to serve as relevant headings to unify the sub-themes into themes (Graneheim & Lundman, 2004). An example of the analytic process is shown in Table 1. The meaning units often reflected complex meanings; for example, they may reference both comparisons and judgements.

A limitation of the study was that we ignored the detail of which of the three African countries the students were placed in. There are health-care system differences between Botswana, Tanzania and South Africa. However, the aim of the study was not to explore differences between the countries but to obtain broad insight into how students describe their experiences in the clinical placement in an African context in general. The researchers could not determine any pattern specific to country of placement, as all the main findings were consistent across the reflective journals by students in all three host countries.

To achieve trustworthiness, the researchers discussed the sub-themes and themes by sharing excerpts from the reflective journals until they found consensus. In addition, several quotes are presented in the results section.

2.1. Ethical considerations

The students gave voluntary written permission to the researchers to use their reflective journals. They were allowed to withdraw this permission at any time, if they so desired, but no one requested to do so. According to the guidelines of the Norwegian Social Sciences Data Service (NSD), the study did not need ethical approval.

3. Results

The content analysis revealed four main themes, some with several sub-themes: (i) presentation of personal emotions (frustration, sadness, anger, stress, happiness and gratitude), (ii) judgement of others (actions and attitudes), (iii) comparisons between Norwegian and African conditions (professional, economic and organizational) and (iv) descriptions of own practice (actions and attitudes) or lack of practice.

3.1. Presentation of personal emotions

Many students experienced strong emotional reactions during their sojourn. In addition to emotions connected with normal nursing practice, they experienced large numbers of deaths and seriously ill AIDS patients. They experienced death of newborn

Table 1
An example of the analytic process.

Meaning unit	Condensed meaning unit	Sub-theme	Theme
What we in Norway have learned about holism, and to see the whole person, is obviously not placing equal importance on here in South Africa. It seems to me that they see the disease and not the person	Norwegian holism versus South African reductionism	Professional differences	Comparison between Norwegian and African conditions
The nursing culture here in Africa is different than in Norway, it is shown in communication style and the way you encounter another human being. What we have learned about empathy, about caring for the other and to meet the individual, this is not the case here	Differences between Africa and Norway in communication style and how to meet patients with care		
The way they treated the deceased, it is quite different from what i'm used to from Norway. I mean they did not follow basic ethical principles of respect and empathy for patients and their families	Differences in treating a dead body and in ethical principles		
Documentation has a completely different and lower priority here in South Africa than in Norway	Documentation have different priorities in South Africa and Norway	Different ways of organizing work	
The technique is not the same as in Norway. At home we have more equipment to be able save and protect premature	Differences in access to technical equipment	Economical differences	

infants, having to treat severely injured patients after violence, people in severe poverty, lack of the necessary equipment to treat patients, and nurses who did not act according to professional expectations. These experiences caused different emotions in the students, including feelings of sadness, anger, frustration, stress and helplessness. Most of the reflective journals include some type of presentation of the student's personal feelings.

One student witnessed what she described as discourteous communication: *"To witness something like that was absolutely horrible, I felt so incredibly helpless."* However, she also expressed positive feelings from her own actions in the situation: *"It was a delight to see how she beamed when we came into the room... I have always found that one of the most fun experiences in the health profession is seeing a patient getting better, to see progress, being able to rejoice with the patient, but to see this little boy come alive and see that at the end of the week he smiled and laughed ... was just absolutely amazing. I don't think I'll ever forget him ... he will be in my thoughts and prayers, that tiny little 'child of my heart.'"*

Other students also experienced situations that gave them feelings of satisfaction, joy and gratitude. One wrote about how she supported a patient to find a better position in the bed by putting a pillow under his head. *"It made me so incredibly happy to see that I delighted a person that did not feel well, by doing such a small—but still significant—thing ... this was really one of the better memories I got to make. I feel more secure in my role as a nurse and learned a lot about how I want to be as a nurse when I begin to work as nurse in Norway. It is also the small things that give meaning, and this often means a lot. It has something to do with looking after what a patient needs, even if these are not large, visible needs."* Other students wrote similarly about personal meetings with patients or their relatives who gave them a new experience regarding what nursing is about.

One student wrote about a situation in which a young man who had attempted to hang himself was brought to the hospital. It was an emergency, but no one came to help her because it was tea-time. Frustrated, the student ran around to find help, but no one showed any sense of urgency, and she felt very helpless. She wrote: *"I was simply paralysed; tears started rolling down my cheeks. The whole situation was just so very sad and tragic—it was just too much."*

After experiencing tough situations, the students often thought about all of the economic resources and well-functioning institutions in Norway. One of them wrote: *"I have learned to appreciate how incredibly lucky we are that we happened to be born in Norway. We have opportunities both economically and socially."* This reflected feeling of gratitude was common among the students.

Another student wrote about a birth where the mother was bleeding and needed an emergency delivery. The student reacted to the slow responses among the local nurses to provide proper

assistance and to find the necessary blood, plasma and fluids. This student also rebuked local midwifery students who laughed at this woman, and instructed them to be quiet. In the end, the child was stillborn, but the mother survived. At the end of her note, the student wrote: *"When it was all over, I walked outside the ward for some fresh air in deep thought. A situation like this makes me more conscious about how lucky I am being healthy and having other people, and how valuable life is. This was a situation that provided both good and unpleasant experiences, and will encourage me to work harder as a nurse."* The students often described similar situations and how they needed time to themselves or with the other Norwegian students to share and talk about their clinical experiences.

3.2. Judgement of others

Most of the reflective journals were descriptions of how local health workers behaved in different situations. In general, the descriptions concerned the nature of this work and the attitudes of the local nurses. Critical judgement typically followed these descriptions. For example, a student described a situation in which a patient wet her bed. The local nurses would not change the wet linen, claiming that the patient should do it herself. The student wrote: *"This was unreal; it goes against everything I have learned back home I think it is unprofessional and unethical."*

The students often wrote generally about how the local nurses lacked empathy and compassion, and treated the patients with disrespect, judging these health workers to be unprofessional. Students often followed such descriptions with examples of unhygienic procedures, impolite communication and staff members who did not follow up properly with patients. One student wrote: *"One thing I have experienced over and over again that really strikes me here in [country name] is the nurses' lack of empathy and compassion towards patients. I have come home a few times after work and just felt completely empty because I think patients are being treated so disrespectfully."*

A general judgement in the reflective journals was that nurses (and doctors) had medical competence and knowledge but did not use them appropriately. One student wrote: *"I have often wondered why nurses do things like that. It is not because of lack of knowledge, because they have incredible theoretical competence. The problem is they do not act according to what they know, even if they do."* Another student commented: *"I hope the nurse education here gets to be more practical and not so much theoretical, because the knowledge that they actually have does not really get utilized in the clinic every day."*

Only a few students described what they saw as good practice and judged the local nurses as caring and competent. Most of these examples were from private institutions.

3.3. Comparisons of Norwegian and African conditions

The great majority of the students included some type of comparison between health-care services in Norway and the host country in their reflective journals, mostly showing the disadvantages of the latter. The students described the treatment and care provided, the general ineffectiveness in the wards, the lack of patient records and the lack of resources in the health-care settings. They also compared their experiences with the operations of the Norwegian health-care service. Another comparison that they made was between what they observed of nursing care and what they had learned and experienced in Norway. The students often experienced what they described as lack of integrity, dignity and duty of confidentiality—all strong values in the Norwegian health-care service. However, while they did not value the practice of the health workers, they acknowledge their level of competence in some instances.

One student stated: *“Everything is very different here: the bad organization, the lack of equipment, the large number of patients in every room, the lack of confidentiality and the way relatives are given responsibility.”* She continued reflecting on the role of relatives in Norway: *“I think this is lacking in Norway, the relatives here really take care of their loved ones.”* This is one of the few situations that students found to be more positive in the host country than in Norway.

Several of the students remarked on the differences in communication: *“Here in [country name], communication with patients is very different from what I am used to in Norway. Sometimes, there is almost no communication at all, or they talk over the head of the patient. This would not be accepted at home (in Norway). In Norway, we are very skilled in communication, and we teach the patients about their diseases, and so on. The patients in Norway are also very interested to know about things and ask questions... It is not because the nurses in [country name] have less knowledge than we have in Norway, but the patients do not want to know things, it seems like they don't care.”* The students often described the observed communication as rude and offensive, at least compared with their own training in communicating with patients: *“In Norway, we would never have shouted like this.”* In addition to such descriptions, many students presented comparisons between the host country's and the Norwegian national health-care systems: *“I am sad and frustrated when I think about what will happen to this newborn child. There is no child welfare here like we have in Norway.”*

Very few students attempted to explain or understand their experiences using knowledge about cultural differences. One of the students wrote: *“This is a different culture, which is very concerned with hierarchy. In this hierarchy, you have the chief nurse, doctors, and others with special training. Then follow the nurses and us, Norwegian students (because we are white). The other students are even further down in the order. At the bottom of the hierarchy are the patients themselves. I think this is very strange, as the patients should be the most important people.”*

3.4. Descriptions of their own practice or lack of practice

The students often described what others did or did not do. Their own actions (or lack of actions) were to a lesser degree visible in the journals. In a few journals, some students described how they cared for patients and how they experienced these situations: *“While Anna comforted the mother, Ida and I helped to take care of the little boy. We were with her for half an hour, we watched her carefully, encouraged her and smiled at her. Although she did not understand what we said, we noted clearly that she appreciated we were there.”*

Another student in a maternity ward wrote that she comforted a young woman in labor by holding her hand and rubbing her back: *“She smiled at me, and that smile really gave me good feelings. I stayed*

with her the entire time until the baby was born.” Yet another student told about a young man who had both his legs amputated after a burn injury. He was in great pain, and the student wrote: *“It seemed like the nurses were uninterested in his pain, they did the procedures and talked to each other over his head. I felt so sorry for the patient. He could not speak English, so I tried to show him my empathy by patting his arm. He was looking at me with eyes I will never forget. It seemed like he was a bit shocked but that he liked it. For me, I realized that communication without words could be rewarding.”* These actions could be seen as psychological care, a type of care that students often described as lacking among the local nurses.

One student's reflective journal included retrospective reflection on her own lack of actions. She wrote about a young woman who was HIV-positive, very sick and weak, and unable to stand. The patient was in a situation where the nurses pushed her out of the bed, naked, to clean her and the bed after an accidental elimination of both urine and faeces: *“I was not involved in the care for her; I had follow-up with another patient in the ward. I did not dare to interrupt because the nurses are quite inflexible and impudent, and I understood in that situation that intervention was inappropriate. Today, I regret that I did not offer her a blanket or something or ask the nurses why they didn't cover her body or give her care in the bed. Sometimes I do not know what to do; I am overwhelmed by the situation. Unfortunately, this was one of these times. ...”*

The student went on to describe another situation in which a doctor examined a patient without covering him up or heeding the patient's need for privacy during the doctor's round. Being a Norwegian student could be difficult at times; they wanted to do things in a different way from the locals but sometimes lacked the initiative or courage to do so. The student wrote: *“It is difficult to look back on these situations and think about what else I could have done. I wished they would do the work in a different manner, but it is so difficult to have courage because I am a little Norwegian nursing student alongside older doctors. Maybe I can manage better next time.”* Thus, she described her student role as problematic when it came to initiating actions.

Language barriers with patients were a common journal theme. English is the official language in all three countries, but many students described meetings and situations in which the patients did not speak or understand English. Sometimes, language was used as an explanation for students' being unable to provide the care they wished to.

4. Discussion

The reflective journals were characterized by the students' personal emotions, judgements and comparisons between what they had learned in Norway and what they experienced in their African host country. It is important to note that these students were from one of the richest countries in the world. They had never been as close to poverty, suffering, distress and death as they were in these host country clinical placements. Furthermore, individual autonomy, confidentiality, directness in communication and efficiency are strongly held values in the Norwegian culture. Their experiences from the clinical placements overwhelmed them, both emotionally and professionally, and may be understood as culture shock (Muecke, Lenthall, & Lindeman, 2011). Culture shock is stress and discomfort in an unfamiliar environment. Examples are loss of familiar meaning, communication and behavior (Muecke et al., 2011). The ways in which these students described how local nurses provided less psychological care, displayed less empathy, responded slowly and communicated inadequately with patients have also been revealed in other studies (Small & Pretorius, 2010; Torsvik & Hedlund, 2008). Such negative reviews

were also described in a study of Scandinavian students practising in an African country (Sandin & Grahn, 2004). The continuous comparisons present in the students' reflective journals show how the students judged others' actions and attitudes in negative terms. At the same time, when describing their own practice, in most cases, they used positive terms that may be understood as a lack of cultural understanding and necessary cultural awareness. The students appreciated their own cultural values in a way that, in most cases, could be characterized as ethnocentric; i.e., showing a belief in the superiority of one's own culture and understanding (Spector, 2004). Moreover, these students seemed to be unaware of their own ethnocentric attitudes, a finding that has been evident in other studies (Dupre & Goodgold, 2007).

However, it is more often the case that ethnocentric attitudes are questioned as time goes by, and students evolved from lower to higher levels of reflections, intercultural awareness and cultural competence (Koskinen & Tossavainen, 2004; Maltby & Abrams, 2009). Students in the present study were in a short-term exchange programme, which may have influenced their attitudes and behavior. Another aspect of interest is the preparation programme; it may be that this programme did not sufficiently prepare the students. In order to move from cultural shock to a learning experience that will have positive outcomes for personal growth and development (cultural adaptation) (Muecke et al., 2011), exchange programme planning and preparation programmes must address how culture influences students and how the exchange will benefit them.

To demonstrate cultural competence, the practitioner must understand his or her own cultural values and those of other cultures. He or she needs to know and accept cultural differences in communication, thought processes and behaviors as well as to understand how an individual's culture affects his or her personal beliefs and actions (Campinha-Bacote, 2008; Dupre & Goodgold, 2007).

The students' journal reflections were characterized by critical judgements with a low degree of reflection based on cultural knowledge and understanding. A low level of cultural knowledge might hinder nurses from providing quality nursing (Leininger & McFarland, 2002). Research presenting such negative outcomes is less common. However, Foronda and Belknap (2012) found that among American nursing students participating in a study-abroad course in a low-income country, transformative learning did not occur, and the authors identified several barriers to perspective transformation: egocentrism and emotional disconnect, perceived powerlessness and being overwhelmed, and a vacation mindset. In conclusion, Foronda and Belknap (2012) emphasized the importance of student preparation: students must be well prepared for, and supported during, their emotional journey. Kelleher (2013) and Carpenter and Garcia (2012) concluded that frameworks and strategies are needed to encompass the study-abroad experiences and to assist students towards becoming culturally competent.

Although the present study revealed that the students reflected on cultural issues to a low degree, they did seem to gain new perspectives, as has been evident in other studies (Callister & Cox, 2006). The students in this study were searching for meaning in their experiences. They wished and tried to make a difference in the situations that they described but often did not know how to do so and were at times constrained by a lack of resources, by language or by their position. Consistent with earlier studies (Callister & Cox, 2006; Foronda & Belknap, 2012; Sandin & Grahn, 2004), this lack of understanding may explain why students in the present study emerged as critical when they described local staff in a negative manner and expressed judgements and comparisons.

The intended benefit of student exchanges is to develop and increase cultural competence among participating students (Greatrex-White, 2008; Green et al., 2008). To this end,

Chambers, Thompson, and Narayanasamy (2013) have suggested curriculum changes to increase cultural understanding and competence. Greater reflection upon personal cultural values, knowledge and assumed discrepancies of values between students and their hosts may help students to become more culturally responsive and humble (Schuessler et al., 2012). In this process, it is also necessary to dispel and reflect on cultural misconceptions (Chambers et al., 2013). In our case, this includes understanding, developing and becoming more culturally competent.

In informal conversations with students who participated in similar exchange programmes after 2011, they explained being frustrated with, more than critical of, their hosts' nursing practices. This frustration may have been caused by the students' being unable to intervene in situations. In most cases, they were incapable of acting because of language problems, the need for supervision and lack of equipment; in many cases, no treatment or nursing was provided because the patient was required to pay in advance. That this was stressful for the students was expressed in their journals. In these informal conversations, the students also explained how their stay in Africa had changed them positively, and many wanted to return to undertake aid work.

Further research is recommended to gain greater insight into the impact that exchange programmes have on students' cultural competence development in particular as well as how their hosts and educators include the development of cultural competence in the exchange programmes. In-depth interviews or focus group interviews with exchange students or measuring their understanding or level of cultural competence may reveal additional perspectives. In nursing education, there is a need for curricular modification and development to address the importance of cultural competence in health education (Alpers & Hanssen, 2014; Bohman & Borglin, 2014; Kelleher, 2013).

5. Conclusion

The aim of this study was to identify the characteristics of reflective journals by Norwegian students during clinical placements in Botswana, South Africa or Tanzania. The reflective journals were analyzed using content analysis, which revealed that students predominantly expressed strong personal emotions and described their hosts in a judgemental and, in many cases, critical manner, often in comparison with Norwegian conditions. The findings were discussed in light of reflection and cultural competence. A stronger focus on cultural competence in preparing students for exchange programmes may decrease their level of criticism and negative judgement, and affect the level of reflection in their journals.

Conflict of Interest

The authors declare that they have no conflict of interests.

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