The Influence of Participating in an International Clinical Experience During Baccalaureate Nursing Education on interprofessional Collaboration and Teamwork for New Registered Nurses

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THE INFLUENCE OF PARTICIPATING IN AN INTERNATIONAL CLINICAL EXPERIENCE DURING BACCALAUREATE NURSING EDUCATION ON INTERPROFESSIONAL COLLABORATION AND TEAMWORK FOR NEW REGISTERED NURSES

by

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A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

Capella University
January 2015
Abstract

An increased focus on interprofessional collaboration and teamwork in the healthcare professions had placed demands on nursing education to identify evidence-based instructional strategies that bolster the interprofessional competency in prelicensure nursing education. One approach in addressing the call was to explore current educational opportunities for their effectiveness in developing interprofessional collaboration and teamwork. The popular trend in nursing education was to offer international clinical experiences that provide nursing care to impoverished people of developing countries. The current literature on these experiences had primarily focused on short-term outcomes that demonstrate personal growth of the individual, exposing opportunity for research concentrating on nursing competencies. The purpose of this study was to explore newly prepared baccalaureate-prepared nurses’ experiences on the development of the competency for interprofessional collaboration and teamwork after participating in an international clinical experience during their prelicensure nursing education. The participant sample comprised of eight registered nurses within their first-year employment that participated on an interprofessional international clinical experience as a student nurse from one Northeast university. Using a basic qualitative method, data collection included semi-structured telephone interviews, which were coded to extract themes. The findings revealed seven themes, one being that all participants identified the development of teamwork and collaboration competency as a result of the interprofessional, international clinical experience. Each of the seven findings demonstrated that there have been long-term positive impacts over the registered nurses’ professional practice after participating on an abroad healthcare experience 20 months
earlier. Results were disseminated with the intent of assisting nursing educational programs in understanding how interprofessional, international clinical experiences are worthwhile in fostering nursing-specific competencies.
Dedication

This dissertation is dedicated to my wonderful family and mission family. The love and support I received from my husband Craig, daughter Sadie, parents, sisters and brothers, and nieces and nephews, kept me motivated to keep going over the years. This journey showed me how it truly does take a village to raise a family or pursue a doctoral degree. I missed out on special moments over the years, but I appreciate everyone’s understanding why I was not there. To my husband, Craig, who was flexible with his schedule and understood when weekend days were spent with me writing. To my cherished Sadie, at only 7 years old, gave me the greatest gift of unconditional support and acceptance when I said I needed to write. Over the years, we spent special time doing our “homework” together, and I hope you embrace how important education is. To my special sister and editor, Cathy, who had to read the chapters and find the right balance to give me constructive feedback. And a special dedication to my mission family who taught me the joy of international medical volunteerism; to Dr. Denise Walsh, Dr. Stephen Rosenman, Dr. Robert Barnett, Eileen Callahan, RN, and Dr. Jerry Hemenway, thank you for sharing your passion for volunteerism and continue to motivate me in our work.
Acknowledgments

This journey has been a rewarding learning opportunity for me. I would lie to express my sincere gratitude to my mentor, Dr. Camille Payne, without her guidance and knowledge I would not have been successful in accomplishing my goal. I would also like to thank my other committee members, Dr. Carole Hruskocy and Dr. Charles Kozoll for their time and thoughtful feedback.

I would also like to express my deepest gratitude to my peer reviewer and colleague, Dr. Kerry Milner. Her willingness to assist me during data analysis, her words of encouragement, and overall confidence in me as a nurse educator has provided me the strength to meet this challenge. And I would also like to extend my sincere gratitude to the participants in this study. They all are practicing registered nurses who are making a difference every day and are the future of our nursing profession. Thank you for sharing your insights and reflections. I would also like to thank my three nursing educators in the field who quickly conducted my field test, Dr. Denise Walsh, Dr. Julie Stewart, and Dr. Susan DeNisco. Thank you for your assistance and for your support during this journey. I would be remised if I did not thank Sacred Heart University School of Nursing faculty and staff who have supported me with words of encouragement and understanding during my pursuit of this doctoral degree. Lastly, I would like to thank Eileen Yost, who is also a doctoral student at Capella, for lending me her strength when I did not have enough of mine own at times. Thank you all for helping me to achieve my dream!
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CHAPTER 1. INTRODUCTION

Introduction to the Problem

The Institute of Medicine (IOM) (2003) outlined five core competencies that were necessary for all healthcare professionals to possess in order to function effectively in today’s healthcare environment. The essential competencies were to deliver patient-centered care, participate as a member in an interprofessional team, practice evidence-based medicine, concentrate on quality improvement, and utilize information technology (IOM, 2003). Other leading healthcare professional organizations linked their competencies to the IOM (2003), which became the underpinning for the educational preparation of healthcare professionals, including registered nurses (American Association of Colleges of Nursing [AACN], 2008; National League of Nursing [NLN], 2011; Quality and Safety Education for Nurses [QSEN], 2014). The core competence of participating effectively within interprofessional collaboration and teamwork was of particular interest, as this aptitude gained increased attention over recent years due to the evidence connecting this competency to providing safe, quality healthcare (Interprofessional Education Collaborative Expert Panel, [IECEP], 2011). The definition of interprofessional collaboration in nursing was defined as working with two or more professions that foster teamwork and interactions to deliver high quality and safe patient-centered care (AACN, 2008). This increased focus on interprofessional collaboration and teamwork in higher education and healthcare emphasized the need for nurse educators to
identify evidence based teaching-learning strategies that bolstered this competency in educational programs.

One approach in addressing the call to provide effective strategies that develop the competency of interprofessional collaboration and teamwork during prelicensure nursing education programs was for nurse educators to examine the efficacy of current teaching-learning strategies that have an interprofessional element. One exciting and emerging trend in nursing education was participation in international clinical experiences with an interprofessional team, providing nursing care to impoverished people of developing countries (Kulbok, Mitchell, Glick, & Greiner, 2012). The primary outcomes resulting from these trips have been associated with cultural awareness, appreciation for community, global understanding, and personal development (Caffrey, Neander, Markel, & Stewart, 2005; Carpenter & Garcia, 2012; De Dee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002). These effects, although not uniquely required to be a registered nurse, provided necessary development to become a responsive individual to the ever-changing world.

In response to the need to discover evidence-based pedagogical strategies for nursing education to properly prepare registered nurses for the 21st century healthcare, the combination of these two elements, international clinical experiences and interprofessional collaboration and teamwork competency, offered a new opportunity to explore. The in-depth understanding of this phenomenon, specifically to gain insight on its long-term impact of an individual’s professional development served as a method to meet the educational charge.
Background, Context, and Theoretical Framework for the Problem

Over the past decade in nursing education, there has been a movement to change the pedagogical approaches in order to best prepare future nurses to meet the demands of the diverse population, complexities of today’s healthcare, and individual learners needs (Benner, Sutphen, Leonard, & Day, 2010). The transformation called for the scholarship of teaching in an interprofessional community that facilitates learning that represented the authentic practice setting (Noone, 2009). During the same time, interprofessional collaboration and teamwork in the practice setting was emerging as a significant factor for the delivery of safe patient care (IOM, 2003; IOM, 2010). The challenge became how nursing education would integrate the new demands of the changing healthcare field and the call for teaching within an interprofessional community with nursing educations’ current curricula offerings.

Background and Context of the Problem

Evidence showed that interprofessional collaboration and teamwork was associated with reliable, high quality, safe patient-centered care (Boykins, 2014; IEPEC, 2011; IOM, 2003, IOM, 2010; Naylor, 2011). Key attributes linked to interprofessional collaboration and teamwork for nurses included competency in effective interpersonal communication skills and leadership abilities, specifically, advocacy and integrity (AACN, 2008; IEPEC, 2011; Boykins, 2014). Although the discussion that interprofessional collaboration and teamwork was necessary for the provision of safe, quality patient-centered care for the past 15 years, little emphasis was placed in
improving interprofessional collaboration and teamwork in organizations and educational systems. Over the past 5 years, awareness on the importance of interprofessional collaboration and teamwork in healthcare has flourished (IEPEC, 2011; IOM, 2010). Efforts to support the movement for educating health professionals through an interprofessional lens included national healthcare organizations funding grants for research and new programs in the overall goal to improve interprofessional collaboration for delivery of safe patient care (Institute for Healthcare Improvement, 2014; Robert Wood Johnson Foundation, 2013). However, one barrier for full participation amongst health care professionals was the long history that each health profession educates and works within silos (Landman, Aannestad, Smoldt, & Cortese, 2014).

Early discussion regarding interprofessional education in health care could be attributed to the instrumental paper written by the World Health Organization, Learning Together to Work Together for Health (1988) that supported the need to create opportunities for interprofessional education in health professions. However, the impetus to educate across disciplines was generated by the transformative IOM report of The Future of Nursing (2010) that articulated a need for interprofessional education and collaborative practice. In 2011, the Interprofessional Education Collaborative released a report supporting the call for interprofessional learning along with a blueprint for success and core professional competencies for interprofessional collaborative practice. Critical competencies included understanding each disciplines’ roles and responsibilities, ability to communicate successfully across professions, and practice working with different professional team members to deliver healthcare. In recent years, healthcare educational
accreditors continue to emphasize the need for interprofessional education and to discover pedagogical strategies to meet this demand.

The recent collection of literature on educational opportunities that bolster the competency for interprofessional collaboration and teamwork crossed prelicensure healthcare disciplines and methods. Studies on interprofessional healthcare educational encounters discovered that involvement in interprofessional opportunities enhanced participants’ recognition and value for interprofessional collaboration and communication in healthcare (Bolesta, & Chmil, 2014; Ker, Mole, & Bradley, 2003; Supiano, 2013; Vyas, McCulloh, Dyer, Gregory, & Higbee, 2012). The majority of the literature on teaching strategies that measure interprofessional competency concentrated on interprofessional educational experiences inside the classroom or simulation lab; consequently, creating a gap in identifying evidence-based instructional strategies within authentic patient care context.

The crux of the problem was the lack of meaningful pedagogical strategies that meet the requirements of the competency for interprofessional collaboration and teamwork and was familiar to nursing education. A trend in nursing education was to offer international clinical experiences to nursing students. International experiences in education have been long established as transformational learning experiences, from study abroad to short immersion trips (Wilson, 1993). In nursing education, the literature revealed short and long-term outcomes for international clinical experiences that provide nursing care to poor communities of developing nations. The findings concluded that participants share improved cultural competency, integration of global perspective and
social justice into their professional practice, and insightful personal growth (Caffrey et al., 2005; Carpenter & Garcia, 2012; DeDee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002). These clinical experiences saddled nursing education programs with financial and human resource costs, with minimal evidence to support nursing based outcomes.

In a recent study that supported the use of international trips in nursing education as they related to nursing competencies, Main, Garrett-Wright, and Kerby (2013) studied the lived experiences of nine baccalaureate and masters students who participated in a multidisciplinary international experience to Belize. Data analysis of student journals gleaned eight themes, including recognition for social justice, personal growth, and value of multidisciplinary collaboration. The short-term impact reported participants’ new understanding of interdisciplinary partnerships in healthcare immediately after the experience.

The summative literature that was reviewed fully in Chapter 2 lacked research that demonstrated how international learning experiences subsequentially influenced other essential nursing competencies during the preparation of qualified nurses, in particular, within the first-year of employment as a registered nurse. Further understanding of the long-term effects of international clinical experiences on interprofessional collaboration and teamwork extended the knowledge of a contemporary nursing education practice and revealed informative evidence to shape future nursing curricula.
Theoretical Framework

Although international educational experiences had a long history of substantial value, the practice of interprofessional international clinical experiences was newer to prelicensure nursing education programs (Kulbok et al., 2012; Wilson, 1993). General study abroad experiences have been grounded in theory that provided explanation of student outcomes. Wilson (1993) developed the International Experience Model to provide structure to students and teachers’ meaningful experiences when studying internationally. The International Experience Model (IEM) was the conceptual framework for this study. The IEM initially was used in secondary level education; however, the model showed applicability to nursing education (Kollar & Ailinger, 2002). The IEM utilized four domains to frame students’ learning outcomes derived from the international experience: substantive knowledge, perceptual understanding, personal growth, and interpersonal connections. The domain of substantive knowledge referred to intellectual knowledge that the student gained about world affairs and content specifically related to the educational course studied abroad. The area of perceptual understanding described the students’ ability of becoming open-minded and discriminatory towards generalizations after living amongst a different culture. The domain of personal growth related to the personal development that an individual undergoes while studying internationally, such as increase in self-confidence and ability to adapt to changes better. Interpersonal connections domain addressed the development of interpersonal skills upon the students return from an international educational experience with awareness for different cultures, ability to effectively communicate with others, and being able to build
stronger relationships with people at home and abroad. The two domains, personal growth and interpersonal connections aligned with the concepts of collaboration and teamwork. Therefore, the IEM model was relevant to the purpose of examining the meaning of international, interprofessional educational experiences for nursing students as it provided structure to what an individual may gain by participating in an international clinical experience. Furthermore, the IEM framework was extended by identifying more themes under each domain.

Statement of the Problem

One evolving area in nursing education was participation in international clinical experiences during short immersion trips. International experiences offered to nursing students yielded short and long-term outcomes that showed improved cultural competency, civic engagement, global perspective, and character growth in their personal and professional worlds (Caffrey et al., 2005; Carpenter & Garcia, 2012; DeDee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002). Although these benefits of international learning experiences were important attributes towards the development of an individual, they did not address specific competencies that were required for professional nurses (AACN, 2008; NLN, 2011). Core professional nursing competencies included caring for clients’ in a safe, patient-centered care model, integrating evidence-based practice and informatics into the provision of care, utilizing quality improvement data, and collaborating in an interprofessional team using leadership and communication skills (AACN, 2008; QSEN, 2011). The emerging competency of delivering patient-
centered care as a member of an interprofessional team had a minimal amount of evidence for effective pedagogical strategies to address the interprofessionalism component (AACN, 2008; IOM, 2003; NLN, 2011, QSEN, 2014). An interprofessional healthcare team was comprised of professionals from different disciplines that contribute to the delivery of care for the patient; examples include physicians, residents, physician assistants, respiratory therapists, pharmacists, dieticians, physical therapists, and occupational therapists. Interprofessional collaboration in nursing was defined as working with two or more professions that foster teamwork and interactions to deliver high quality and safe patient-centered care (AACN, 2008). There was little research that explored the long-term impact of participating in learning opportunities to address the competence of interprofessional collaboration and teamwork while in nursing school (Ponte, Gross, Milliman-Richard, & Lacey, 2010). Therefore, further research was required to uncover newly employed baccalaureate nurses’ perceptions on interprofessional collaboration and teamwork after an international experience during their prelicensure program, providing evidence of additional outcomes that these costly experiences could offer to nursing education.

**Purpose of the Study**

The purpose of this basic qualitative study was to describe newly prepared baccalaureate nurses’ experiences on the development of the competency for interprofessional collaboration and teamwork after participating in an international clinical experience during their prelicensure nursing education.
Research Questions

Central Research Question

How do baccalaureate-prepared nurses describe their experiences of interprofessional collaboration and teamwork after participating in an international clinical experience as a nursing student?

Additional Research Question

How does participation in international clinical experiences as a student nurse develop baseline competency and confidence for collaborations and teamwork with an interprofessional team?

What collaborative experiences did the nursing students participate in during the international clinical experience?

What are the important attributes of interprofessional collaboration and teamwork?

How has the international clinical experience influenced the participants’ clinical practice as a registered nurse?

Rationale, Relevance, and Significance of the Study

The surmountable evidence that supported the importance of nurses to learn within an interprofessional context was one driving force behind this research topic. The second key factor was the limited knowledge in understanding the long-term outcomes of the increasingly popular nursing educational trend of students’ participating in an
international field experience. These two factors were the impetus of conducting the study. Also necessary to guide this research of understanding the long-term impact interprofessional, international clinical field experiences, was the theoretical framework of international educational experiences that supported individual outcomes after an abroad learning trip. A gap in the literature existed in understanding the long-term impact of these interprofessional, international clinical experiences on newly employed registered nurses’ professional competencies, exposing a need for a deeper understanding of the phenomenon. The following sections address the rationale, relevance, and significance of the study.

**Rationale for the Study**

The new trend of short-term immersive international clinical experiences offered to nursing students showed outcomes of improved cultural competency, civic engagement, global perspective, and personal and professional character growth (Caffrey et al., 2005; Carpenter & Garcia, 2012; De Dee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002; Kulbok et al., 2012). Besides cultural competency, there was little evidence that these learning experiences influence other essential nursing competencies required to function as a registered nurses (Caffrey et al., 2005; Ruddock & Turner, 2007). Although these international opportunities were rich in the development as a person, the proposed study extended beyond the current literature available and explored the meanings of these experiences in relation to nursing competencies.
One core competency for preparing nurses in particular, interprofessional collaboration and teamwork, was the focus of this study. Nursing education was saddled with providing effective instructional strategies to undergraduate students that teach learners to be effective within an interprofessional team. Registered nurses needed to be prepared to function as a member of an interprofessional team member in order to deliver safe and effective patient-centered care (AACN, 2008; IEPEC, 2011; IOM, 2010; NLN, 2011). Currently, studies addressing how to meet this competency used interdisciplinary simulation scenarios (Ker et al., 2003; Vyas et al., 2012), or concentrated on immediate impact (Hallin, Kiessling, Waldner, & Henriksson, 2009; MacDonnell, Rege, Miso, Dollase, & George, 2012). The emerging knowledge from these studies on the efficacy for nurses’ to learn through an interprofessional context revealed positive outcomes from the simulated experiences and time frame, the literature did not describe any negative consequences. The literature lacked sufficient studies that explored the interprofessionalism competency using authentic patient care situations while practicing in an interprofessional healthcare team, thus creating a gap in the body of knowledge.

The proposed study addressed the gap in the literature by exploring the combination of a teaching-learning strategy that used live patient care situations and examined the potential long-term effects of learning within an interprofessional team during prelicensure nursing education. The proposed study was anticipated to uncover newly employed baccalaureate nurses’ perceptions on their international, interprofessional clinical experiences that occurred 20 months prior to the data collection. Specifically, the intention of the study was to understand the role that learning within an interprofessional
team setting during prelicensure education may have contributed to their professional competency.

**Relevance of the Study**

This study added to the body of knowledge for nursing education by providing insight into nursing students’ perceptions on an interprofessional education opportunity, specifically, an international clinical rotation. In the well-known Institute of Medicine (2010) report on *Future of Nursing*, the emerging focus of nursing education was to prepare nurses with competencies that foster principles of decision-making, thinking about systems and processes, quality improvement, and leadership within teams. One teaching-learning strategy that promoted these competencies was to offer educational opportunities within an interprofessional context (IOM, 2010). The outcome of this study added to the minimal existing body of knowledge about interprofessional educational opportunities offered to baccalaureate prepared nursing students, by gaining better insight into the long-term impressions of interprofessional, international clinical experiences for nurses within their first year of practice. International clinical experiences were specifically chosen for this study as these opportunities were flourishing in nursing programs, while requirements for their design and research outcomes were at the infancy stage (Kulbok et al., 2012). The study’s findings would afford educational programs knowledge to shape future interprofessional, international offerings as there were no guidelines or standards for developing such trips. Furthermore, the discovery of the influence a nursing student’s interprofessional, international clinical experience had on
his/her nursing practice would provide valuable insight into the long-term impact of such
der field experiences beyond the interprofessionalism competency, with the potential to learn
how such experiences could meet other competencies for nursing education.

**Significance of the Study**

The practical outcomes that this study may reveal could be significant for
undergraduate nursing education. Opportunities to participate in an international clinical
experience blossomed over the past decade for undergraduate nursing programs
throughout the United States (Kulbok et al., 2012). Uncertainty remained on the value of
these international clinical experiences towards nursing competencies. Essentially, a gap
in knowledge existed in determining whether these learning experiences could foster
critical nursing competencies more than nurture cultural competency and personal
development (Caffrey et al., 2005; Carpenter & Garcia, 2012; De Dee & Stewart, 2003;
Evanson & Zust, 2006; Kollar & Ailinger, 2002; Kulbok et al., 2012; Smith & Curry,
2011). Furthermore, a gold standard of how these experiences should be conducted had
not been outlined in the nursing education community. The workload associated with the
planning and leading these experiences varied across programs; however, interest
increased in how to properly develop, implement, and fund workload.

Additional findings of this study may uncover other nursing competencies that
were gained by participating in an international clinical rotation and have long-term
impact on the professional practice of the newly employed registered nurse. The key
stakeholders of these findings were the baccalaureate nursing education programs as well
as other healthcare professional education programs that also needed to develop meaningful interprofessional educational experiences. With a better understanding of international clinical trips within the scope of nursing specific competencies, future learning experiences could be designed to foster interprofessional collaboration and teamwork (Kulbok et al., 2012).

The completed study may inspire future research for nursing and other healthcare disciplines educators to uncover other professional competencies, as this study concentrated on one specific competency, interprofessional collaboration and teamwork. Findings that reveal additional long-term professional outcomes resulting from immersive international clinical experiences would help advance the knowledge about the lasting significance of these trips being offered in prelicensure education.

**Nature of the Study**

Qualitative research focuses on discovery and understanding of a phenomenon in order to extend a body of knowledge. This study used basic qualitative research methodology because of the exploratory style of a qualitative research question, which allows for the underlying meaning of the phenomenon to be revealed. The research question, how do baccalaureate-prepared nurses describe their experiences of interprofessional collaboration and teamwork after participating in an international clinical experience as a nursing student, sought to gain a deeper understanding of the topic by learning about team members’ perceptions, which required narratives and open discussion.
Although there are several types of qualitative research designs, the basic qualitative design was used for this study. Merriam (2009) recommended using a basic qualitative design when the purpose of the study is to uncover how people understand and place meaning to their experiences. Merriam (2009) clarified that meanings are constructed through interpretation by the participants and through the researcher’s understanding of the phenomenon. With this study, basic qualitative design applied as the researcher attempted to construct meaning to a phenomenon that had been minimally studied in nursing education, international clinical experiences, and through a new lens, interprofessional collaboration and teamwork. The differences amongst the participants and their perspectives were explored and connected when using qualitative methodology.

A fundamental principle of basic qualitative research is that an individual builds reality through engagement within social situations, resulting in an understanding of what the interactions meant to the individual (Merriam, 2009). Constructionism underscores this principle, implying that the meanings of phenomenon are constructed from the social interactions rather than exposed without insight. Therefore, basic qualitative studies are interested in “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 23). This study’s goal was to construct meaning to the new phenomenon, discovering an understanding of the long-term perceptions that an interprofessional, international field experience as part of a baccalaureate-nursing program had on a practicing nurse.

Common data collection methods for basic qualitative research studies include interviews, observations, or review of documents (Merriam, 2009). For this study, semi-
structured telephone interviews were chosen, allowing participants to join regardless of geographical location. A semi-structured style of interview fit best in order to provide the most comparable data across multiple participants (Bogdan & Biklen, 2007). Open-ended interview questions guided the interviews and allowed for additional inquiry about emerging topics from the interviews. The interviews provided rich narratives that bring to life the phenomenon for each participant (Merriam, 2009). The participants’ stories were the personal interpretations and reflections of the lived experience and assisted the researcher in constructing the meaning of the phenomenon under study.

**Definition of Terms**

**International Clinical Experience**

Health care professionals, faculty, and students travel to impoverished countries to provide direct healthcare to individuals, families, and communities while students are gaining clinical learning hours towards their degree (Kulbok et al., 2012).

**Interprofessional Collaboration and Teamwork**

Interactions when two or more health professions work together through cooperation and coordination to deliver high quality and safe patient-centered care (AACN, 2008; IECEP, 2011).
Professional Competency

The acquisition of knowledge, skills, and values/attitudes required of the individual to function effectively in the professional domain (QSEN, 2014).

Short-Term Immersion Experience

An international trip defined as 1 to 2-week long in duration.

Long-Term Influence

The impressions measured after 20 months post-abroad experience.

Assumptions, Limitations, and Delimitations

In each research study, the researcher makes assumptions about the general principles within the study. These assumptions are based from prior knowledge that the researcher had about the topic being studied. Assumptions are an expected finding of research studies. Another disclosure by the researcher is the limitations or perceived weaknesses in the study. Identified limitations may encompass the design or specific about the topic of the study and when revealed, aid in bolstering the credibility within the study. Lastly, qualitative research studies should be narrow and specific with their focus in order to gain a deep understanding of the phenomenon that is being studied. The result of narrowing the topic and choosing specific criteria for the study is delimitating other similar criteria around the topic. Although the researcher has the choice to determine which criterion will be studied, the researcher is accountable for
acknowledging other variables that were considered for inclusion. Each principle is important in understanding the researcher’s decisions about the topic and design chosen for the study.

**Assumptions**

For this study, the researcher made assumptions regarding the topic with its theoretical underpinning and participants. The first assumption was that the topic chosen, gaining a deeper understanding of international clinical experiences within the context of the competency of interprofessional collaboration and teamwork was worthwhile for nursing education. International educational experiences had been enriching transformational learning experiences for students for decades, and the researcher considered this historical knowledge for the assumption that further exploration on the topic within nursing competencies was of importance (Wilson, 1993). The other assumption regarding the topic was that some universities offer international clinical experiences that were interprofessional rather than solely intrapersonal. This consideration required participants to acknowledge the difference between interprofessional and intrapersonal team members, both on the trip as well as in their current professional practice.

The assumption underlying this study regarding the participants was their potential honesty and openness during the interviews, as the researcher was on the same international, interprofessional clinical learning experience. This conjecture was necessary due to the qualitative researcher’s role during the clinical experience as
principal interviewer. This assumption was made possible with the understanding that each participant was working as a registered nurse in different locations, which afforded different perceptions and insights regarding the shared experience.

**Limitations**

Three limitations should be disclosed related to the study, which encompassed the instrument, sample, and researcher relationship. The interview questions were created new for this study since the phenomenon had not been explored previously. To minimize this limitation, the interview questions were field tested with three experienced nurse educators who had extensive participation with international, interprofessional clinical experiences and conducting research for nursing education. The feedback received from the field test assisted in revising the interview questions for clarity and sequence.

The second limitation was that the participants were chosen using purposeful selection, indicating that the participants and activity were deliberately chosen due to the relevancy to the question (Maxwell, 2013). Although the participants selected were chosen due to their relationship with the experience, one university was used. This limitation was addressed by the knowledge that the participants met the criterion of adequate representativeness because they embodied the entire activity with sufficient heterogeneity. The effects of this limitation could cause concern for transferability for other programs, which continues to be a concern for qualitative studies in general (Creswell & Miller, 2000).
The researcher’s investment in the topic may be a potential bias for analysis, as the researcher had participated in 14 years of international, interprofessional mission trips and had been team lead for nursing students for 6 years. The limitation was that the researcher wanted to discover a meaningful understanding for these experiences for the newly registered nurses, similar to the professional and personal meanings found in each of her experiences. This concern for bias was minimized by employing an independent peer reviewer for data analysis to ensure objectivity (Houghton, Casey, Shaw, & Murphy, 2013). Although this limitation is described in qualitative studies in general, the strategy employed should minimize bias.

Delimitations

The primary delimitation of this study was that the scope of the topic was narrow and bounded. The purpose of tightening the scope of the study was to have an experience that was consistent for the participants in order for data comparability and improved understanding of the phenomenon. Several other important nursing competencies could have been considered, such as professionalism and leadership within a team; however, the competency, interprofessional collaboration and teamwork, was growing in interest for the healthcare educational programs to find viable outlets for development (AACN, 2008; IEPEC, 2011). The other nursing competency that was associated with international experiences, cultural competency had been saturated in the nursing literature (Kulbok et al., 2012). In order to maintain the narrowness of the topic that would provide the best opportunity to gain a deep understanding of the phenomenon, one teaching-
learning strategy was of focus as well. The exploration of newly employed registered nurses’ perceptions on the development of the competency through any teaching-learning strategy would not have allowed for the depth and breadth of understanding the topic required. Lastly, the topic of international clinical experiences and interprofessional collaboration and teamwork had been studied for its impact on healthcare students upon their immediate return from the experience, leaving a gap in the knowledge for the long-term impact and specifically for nurses (Fries, Bowers, Gross, & Frost, 2013; Main et al., 2013). This study focused on the long-term perceptions of the phenomenon, primarily centering on professional rather than personal gains.

Since the study concentrated on the new registered nurses’ perceptions of the long-term professional outcomes of the international clinical experience that occurred during their nursing education, one data collection method was chosen. Interviews were used to glean the data required to construct meaning to this phenomenon, as direct observation or document review did not apply. Observation and document review would have been best employed if the study were exploring the short-term meaning of the trip for the nursing students, as participants’ journals and direct observation are completed within the experience itself.

Lastly, the nursing student population that was excluded in this study was associate degree nursing students. The American Association of Colleges of Nursing (AACN) highlighted the importance of interprofessional collaboration and teamwork with their accreditation guidelines for baccalaureate nursing education programs and position statements; thus, establishing responsibility for nurse educators who taught in
BSN programs to identify strategies over the past several years (AACN, 2008). Although associate degree nursing programs could have interprofessional teams on their international clinical experiences, the baccalaureate programs had a requirement to explore effective opportunities to meet this need.

**Organization of the Remainder of the Study**

The four remaining chapters of the dissertation include a review of literature, design of the study, analysis of the data, discussion of the findings, and future implications. Specifically, Chapter 2 discusses the theoretical framework of the study and presents a critical synthesis of the literature pertaining to international clinical experiences and interprofessional collaboration and teamwork within the healthcare disciplines. Chapter 3 describes the research methodology that was selected for this research problem and questions. Chapter 4 presents an analysis of the data that was collected. Chapter 5 is the final chapter of the completed dissertation, culminating with (a) a summary of the findings, (b) conclusions drawn from the discoveries, (c) the implications for nursing education, (d) the relationship of the results to current literature on the topic, and (e) the recommendation for practice and future research.
CHAPTER 2. LITERATURE REVIEW

Introduction to the Literature Review

The contemporary nursing education trend of offering international clinical experiences to prelicensure nursing students provided experiential learning that influences the students’ professional and personal development. The growing body of knowledge illuminated the importance for these immersive trips; however, there was much opportunity to discovery the influence they may have had over specific nursing competencies. The aim of this study was to uncover the long-term perceptions of participants of these trips on an emerging and important nursing competency, interprofessional collaboration and teamwork.

This chapter examines the body of knowledge on two topics, international clinical experiences and interprofessional collaboration and teamwork. The review highlights important studies and gleans the common themes identified from the literature. Although there is evidence of the efficacy for these two topics associated with nursing education, there is a dearth of literature published that combined these topics, the participants’ perceptions of international interprofessional clinical experiences. The review of literature analyzes the strengths and weaknesses of each study’s methodologies and findings, as well as exposes a gap in the literature when integrating these two topics. Additionally, the theoretical framework for this study, Wilson’s (1993) International
Experience Model, is discussed by describing its four domains, efficacy within nursing education international experiences, and alignment with this study.

For the literature review process, Capella University and Sacred Heart University’s library services were accessed for references. The electronic databases searched for articles on the different themes were Education Research Complete, ERIC, CINAHL Complete, ProQuest Education Journals, and Ovid Nursing Full Test PLUS. Published articles written in English were included in the search. The search terms for the first theme, international clinical experiences, included international educational frameworks, international healthcare experiences, international clinical experiences, international nursing experiences, international nursing education, International Experience Model, and study abroad outcomes. For the second theme, search terms included interprofessional collaboration and teamwork, interprofessional education, interdisciplinary education, interprofessional nursing educational experiences. The search terms nurs* and nursing education were used in various combinations in relation to the other search terms.

**Theoretical Framework**

Educational study abroad experiences had a long history in academia. In order to visualize fully how international educational experiences influenced learners, the underlying theoretical framework, International Experience Model (IEM) developed by A. H. Wilson (1993), was utilized. The IEM constructed meaning to international experiences using two overarching themes, gaining a global perspective and developing
self and relationships with four subcomponents: substantive knowledge, perceptual understanding, personal development, and interpersonal connections/development of interpersonal skills. In general, this theory described how participants’ return from study abroad experiences with broadening content knowledge, immersing in a foreign language, gaining an understanding of global issues, increasing in self-confidence, learning about different cultures, satisfying institutional missions, and fostering better international relations (Wilson, 1993). In order to capture the structure of the IEM theory, the two primary themes, gaining a global perspective and developing self and relationships were deconstructed.

Gaining a Global Perspective

In the history of international educational experiences, a significant outcome for these experiences had been global awareness of the world and its issues (Chieffo & Griffiths, 2004; Jackson, 1998). Learners returned from their educational travels with new understanding about their host country and their own country (Wilson, 1993). The immersion of living and learning in a different culture created new connections and involvement in the community on a personal level. This new perspective was further divided into two subcategories, substantive knowledge and perceptual understanding, allowing for deeper understanding of the experience.

The gaining of substantive knowledge from an international educational experience had been described as the acquisition of intellectual knowledge (Wilson, 1993). Wilson (1993) grounded this finding in evidence that showed students returning
who were educated on world affairs, foreign language, and on specific content that was studied. The intellectual knowledge gained by learning in an authentic setting rather than simply learning inside a classroom setting in the United States related to the belief that content attainment was best learned when the student was involved in the subject (Wilson, 1993). The immersion experience of learning the subject while living it in a different country allowed individuals to apply the content, solidifying the learning that was occurring.

The second subcategory under gaining a global perspective was the perceptual understanding of an individual. The significant outcomes of this subtheme were evident when upon return from an international educational experience; individuals were more open-minded and could discriminate against generalizations (Wilson, 1993). Brislin (1981) found that learners were inclined to use multiple perspectives and reflective critical thinking after their international experiences (as cited in Wilson, 1993). An example using a well-supported outcome of international clinical experiences for nursing students, cultural awareness was the combination of these two categories: perceptual understanding and substantive knowledge (Evanson & Zust, 2006; Ruddock & Turner, 2007). For an individual to practice cultural awareness, the person needed the content knowledge about the different cultural principles and the ability to envision the actions and value from the locals’ perspective, thus requiring both cognitive and substantive knowledge. In addition, the ability to be ethnocentric overlapped the two primary categories for gaining a global perspective as well as being critical to the development of self and relationships domain.
Developing Self and Relationships

The layers of change an individual undergoes after participating in an international experience resulted in cognitive development as well as personal growth directly related to interactions with a new environment. In Peter Adler’s work (1975), his concept of how study abroad trips shape personal growth was attributed to the interactions experienced with new cultures, resulting in personal change of values, attitudes, and beliefs (as cited in Wilson, 1993). In the IEM, these changes were divided into two subcategories: personal development and interpersonal relationships.

Wilson (1993) focused on two personal development areas that could be attributed to study abroad experiences, increase of self-confidence and adaptability. When living in a different country outside of the learners’ comfort area, the experiences required participants to become self-reliant, trust their abilities, and become flexible. Furthermore, learners’ started to challenge their previous held beliefs and values, resulting in independent thinking. The changes were associated with self-confidence, autonomy, and maturity (Fennell, 2009; Wilson, 1993). Specifically seen with nursing student research on international learning trips, such experiences were associated with self-confidence and adaptability (Koskinen & Tossavainen, 2003; Ruddock & Turner, 2003).

The second domain under developing self and relationships concentrated on the ability to develop interpersonal connections after an international educational trip. Half of this domain focused on the personal relationships that were forged between participants’ and host countries’ citizens, resulting in long-lasting friendships. These
interpersonal relationships assisted the learner in viewing issues from multiple perspectives and being open-minded (Wilson, 1993). These relationships also assisted in demonstrating how the IEM four subcategories overlapped with each other; interpersonal connections were interdependent with perceptual understanding of the global perspective. Alternatively, the other dimension of this subcategory was the development of the participant’s interpersonal skills. Wilson (1993) theorized from the evidence that upon return from an international experience, participants’ had improved communication skills, flexibility towards new ideas, respect for others, and cultural sensitivity, resulting in an ability to form interpersonal relationships. These outcomes had practical long-term implications with personal and professional development, by how an individual communicated with others with or without cultural differences.

The four subcomponents of Wilson’s (1993) theoretical model on the meaning of international educational experiences were interrelated and illustrated that the outcomes of these transitional experiences were long lasting and significant to the development of a mature person. The elements of the IEM theory supported the purpose of the researcher’s study on finding meaningful outcomes connected to international clinical experiences for nursing students, as the assumptions of the theory had established meaning to nursing education. For example, an American Association of College of Nursing (AACN) (2008) nursing competency was to practice with cultural awareness and sensitivity, also one theoretical assumption for the IEM. The last domain in the IEM, interpersonal connections, would be worthwhile in constructing a deeper meaning for the element of interprofessional collaboration and teamwork in regards to international experiences.
The potential findings of this study could extend the theory’s use in nursing education, specifically utilizing the interpersonal connections domain while supporting the growing body of evidence that the other three IEM domains had transferred to nursing education.

**Review of Research Regarding International Clinical Experiences and Interprofessional Collaboration and Teamwork for Newly Employed Undergraduate Nursing Students**

The review of the literature was organized into two themes, international clinical experiences in nursing education and interprofessional collaboration and teamwork educational experiences in healthcare professions. The literature for the theme of international nursing experiences was narrowed to discuss clinical experiences rather than traditional study abroad classroom courses, establishing a closer connection to this research study. The discussion further delineated between short and long term impacts from international nursing clinical experiences. For the theme of interprofessional collaboration and teamwork educational experiences in healthcare professions, the literature review explored different healthcare professional experiences to achieve this competency, as these educational experiences remained new to nursing education. Lastly, each theme concentrated on prelicensure nursing education outcomes more than other nursing programs.
**International Clinical Experiences for Nursing Education**

Early studies by Meleis (1985) and Lindquist (1990) revealed efficacy of placing nursing students in foreign countries, leading to better health care delivery to vulnerable populations and improved participants’ nursing care. Over the past decade, the majority of these studies credited these experiences to improved cultural competency, integration of global perspective and social justice into their professional practice, and insightful personal growth (Caffrey et al., 2005; Carpenter & Garcia, 2012; DeDee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002). Although the majority of these outcomes are fundamental to becoming a responsive adult to society and the core for university education, a review of the perceived benefits by the participants was warranted.

Several studies had been conducted on the immediate short-term outcomes of an international experience. One initial study that concentrated on short-term learning following international clinical experiences for nursing students was conducted by Walsh and DeJoseph (2002), who interviewed 10 nursing students and 2 faculty members after a 1-week immersion experience in Guatemala. The design of the experience was to find a pedagogical strategy to increase nursing students’ cultural competency. The findings were positive for the goal of the experience as well as for awareness for the global community.

Utilizing a mixed methodology approach, Carpenter and Garcia’s (2012) had findings regarding cultural awareness in nursing students were consistent with Walsh and DeJoseph’s (2002) outcomes. Thirty-five students were interviewed and completed
surveys pre and post travel to Mexico. The findings showed students’ significant change in understanding of cultural awareness and knowledge after returning from the 2-week immersion experience.

After reviewing the body of literature on immediate impacts resulting from international nursing clinical experiences, the evidence had been saturated with illustrations on how such experiences impact cultural competency for nursing students (Caffrey et al., 2005; Carpenter & Garcia, 2012; Kelleher, 2013; Kulbok et al., 2012; Ruddock & Turner, 2007; Walsh & DeJoseph, 2002). Across the literature, the research approaches varied between qualitative, quantitative, and mixed methodology, with the same reported outcome of increased cultural competency (Kulbok et al., 2012). The large amount of studies that measured immediate outcomes illustrated that immersion international clinical experiences provided an outlet for participants to increase their cultural competency.

The literature for the long-term impact of international educational experience for nursing students, which was defined as measurement taken at least a year after return, included Zorn’s (1996) study that examined former nursing students who participated in a study abroad experience in Europe. Zorn (1996) developed a study-specific International Education Survey (IES) to measure outcomes of the study abroad experience on the professional nurse role. The Likert-scale survey examined three areas: intellectual development, global perspective, and personal growth. The results showed outcomes in these three areas as well as discovering that the long-term impact decreased over time. DeDee and Stewart (2003) used the same instrument and yielded comparable results.
Although the instrument was developed for study abroad learning experiences, Smith and Curry (2011) used the Zorn’s International Education Survey (IES) to collect data for former students who participated in an international experience to Ecuador. The study examined the long-term impact of the experiences in Ecuador while attending the associate’s degree program, showing significance in all four domains: professional role, international perspective, personal development, and intellectual development. The strongest impact was on the professional role. These three quantitative studies utilizing Zorn’s IES instrument were worthwhile in discovering the benefits of international nursing experience for the professional nurse role dimension; however, the instrument and studies were limited to non-specific nursing competencies.

Other important studies examining the long-term impacts of international clinical experiences used qualitative methods. Kollar and Ailinger (2002) interviewed 12 former undergraduate nurses who participated in a clinical experience to Nicaragua during their undergraduate education. The purpose was to understand the lasting effects of the immersion experience on the participants’ personal and professional lives. The findings categorized into four domains using Wilson’s (1993) IEM conceptual framework, revealing an increase in participant’s global perspective and heightening of their cultural competency. Kollar and Ailinger (2002) posited the importance of providing international experiences for nursing students, as the lasting imprints on their personal and professional development were meaningful. Furthermore, this study was one of the initial studies to describe their findings using the IEM framework, illustrating how well the four outcomes for international education align with nursing education’s outcomes.
Another study of the long-term impact of an international experience was completed by Evanson and Zust (2006). Their qualitative study interviewed six former nursing students 2 years after participating in a Guatemala clinical experience, to examine a connection between international experience during nursing school and long-term personal and professional effects. The participants attributed their ability to provide culturally competent care to their Guatemalan experience and the shaping of personal and professional decisions. For example, participants reported their purchasing choice in coffee changed, and their understanding of why patients from developing countries might hoard medications and supplies rather than use them. Although the sample was small and limited to one school, the study demonstrated that there were long-term effects from international clinical experiences.

The collective literature suggested that international clinical experiences are important to nurses’ development of cultural competence, global perspective, social engagement, and personal growth in both the short- and long-term measurement. The body of literature lacked research in demonstrating how these enriching learning experiences subsequentially influence other essential nursing competencies during preparation of qualified nurses.

**Interprofessional Collaboration and Teamwork Competency**

The preliminary discussion for the need to create interprofessional educational opportunities amongst different healthcare professions was attributed to the instrumental paper written by the World Health Organization, *Learning Together to Work Together for*
The recent collection of literature on educational opportunities that bolster the competency for interprofessional collaboration and teamwork crossed prelicensure healthcare disciplines and methods. The findings of these results suggested that involvement in interprofessional opportunities enhance participants’ recognition and value for interprofessional collaboration and communication in healthcare (Bolesta & Chmil, 2014; Ker et al., 2003; Vyas et al., 2012).

Simulation experiences were one learning opportunity to educate healthcare students through an interprofessional context. Ker et al. (2003) developed a clinical unit for medical and nursing students to care for simulated patients after being assigned to interprofessional teams. Six observers conducted interviews and completed field notes that resulted in evidence of effective communication skills and value for working within an interprofessional team. Observers reported that the leadership qualities matched the level of expertise, acknowledging that future exercises should use students that are more experienced. The controlled, safe environment contributed to these observations.

Recent studies using simulation to promote interprofessional collaboration and teamwork in healthcare showed similar findings with Ker et al. (2003). Vyas et al. (2012) designed five simulated scenarios that addressed patient safety issues, using 10 health professions students for each. The students were from schools of pharmacy, nursing, medicine, health professions, and health care administration. The comparison of the pre and post-survey results revealed that the majority of students felt the simulation increased their interprofessional collaboration and communication skills after working alongside different student professions. MacDonnell, Rege, Misto, Dollase, and George
(2012) combined 2nd-year medical students, 4th-year nursing students, and 3rd-year pharmacy students in teams to care for standardized pneumonia patients. The participants completed a pre and post survey immediately after measuring participants’ attitudes towards interprofessional education. The findings revealed a positive impact with the exercise and students understanding of interprofessional collaboration and teamwork. Bolesta and Chmil (2014) concluded the same results in addition to finding that the greatest benefit of interprofessional simulation from their study was students’ improved communication skills.

The literature on educational experiences designed to promote interprofessional collaboration and teamwork revealed a significant amount of evidence to support simulation as an effective means for students in health care professions to learn together. A small amount of research emerged beyond simulation exercises to examine educational opportunities to bolster interprofessional collaboration and teamwork using live patient encounters. Hallin, Kiessling, Waldner, and Henriksson (2009) conducted a large study in Sweden measuring health professional students’ perceptions on interprofessional competence after working together in a clinical education unit. Six hundred and sixteen participants were from the schools of nursing, medicine, occupational therapy, and physiotherapy. The results showed that after the training, each group perceived an increase in knowledge of other professions’ roles, improvement in communication and teamwork skills, and an understanding of the importance of interprofessional competence for good patient care.
Dando, d’Avray, Colman, Hoy, and Todd (2012) designed a similar interprofessional experience to Hallin et al., (2009) for undergraduate nursing, medical, physiotherapy, and occupational therapy students on a palliative patient care unit. Fifty-nine students from different disciplines participated in the clinical rotation for an academic year. The study examined program evaluations from students, faculty, and unit staff on interprofessional collaboration and teamwork competencies, revealing positive interprofessional attitudes and experience working together.

These two studies represented the small amount of literature on educational experiences designed to promote interprofessional collaboration and teamwork using actual patients. The positive outcomes of such experiences, regardless if simulation or real patient encounters were employed, have demonstrated a need to examine current instructional strategies in the context for interprofessional collaboration and teamwork.

Integration of International Clinical Experiences and Interprofessional Collaboration and Teamwork Competency

A small amount of literature emerged that examined international clinical experiences within the scope of interprofessional collaboration and teamwork. Main et al. (2013) studied the lived experiences of nine baccalaureate and masters students who participated in a multidisciplinary international experience to Belize. Data analysis of student journals gleaned eight themes, including recognition for social justice, personal growth, and value of multidisciplinary collaboration. The short-term impact reported participants’ new understanding of interdisciplinary partnerships in healthcare after the
experience. The data collected comprised of data while the students were immersed in the trip, lacking the insight of the importance upon return to their everyday clinical practice.

Another immersion experience examined the appreciation for interprofessional collaboration and roles and responsibilities immediately following an international clinical experience. Fries et al. (2013) interviewed undergraduate nursing, physiotherapy, and occupational therapy students before and during a 1-week-long trip to Guatemala. The findings revealed that students gained appreciation for each other’s role and responsibilities while caring for patients and concluded that interprofessional collaboration and teamwork was learned. The study did not examine student perceptions upon returning from the trip, lacking the ability to conclude if learning was solidified.

The current literature on international educational experiences designed to develop interprofessional collaboration and teamwork was emerging; however, there was a lack of sufficient studies using authentic patient care situations and interactions with practicing multidisciplinary healthcare professional rather than having only students participate in the experience. Further understanding of the long-term effects of international clinical experiences on interprofessional collaboration and teamwork was warranted.

**Methodological Issues**

The review of literature for international clinical experiences and interprofessional collaboration and teamwork for healthcare professionals revealed
studies employing the three different methodology approaches: qualitative, quantitative, and mixed methodology. Due to the transformation in which nursing education was undergoing to examine innovative pedagogical strategies that meet the 21st century diverse learners, qualitative research was frequently utilized in this discipline (Houghton et al., 2013; Szyjka, 2012). The qualitative approach allowed educators to gain a deeper understanding about the phenomenon without narrowing the outcome. Qualitative research explores the process that is happening and examines people’s lives by their actions and perceptions (Bergmann, 2008). Contrarily, quantitative research requires valid and reliable instruments that measure hypothesized relationships, requiring researchers to have a basic understanding about the phenomenon prior to beginning the study (Bergmann, 2008). Therefore, the fundamental differences between qualitative and quantitative research methodologies determine that qualitative research aligned best with this subject, as the purpose was to gain a deeper understanding of the international clinical experience from participants’ perspectives on a nursing competency, which had not been previously studied.

The vast majority of studies found in the body of literature for international clinical experiences used the qualitative approach in order to discover the meaning of these trips for the participants. However, one survey, Zorn’s (1996) International Education Survey (IES), measured the professional nursing role dimension of foreign educational experiences. The IES was one, if not the only validated and reliable quantitative tools presently used for this subject in nursing education. Smith and Curry (2012) began using the IES for international clinical experiences to impoverished
countries. The instrument measured professional nursing role dimension, but was not intended to quantify data on other nursing specific competencies. Due to the newness of this trend in nursing education, other instruments have not been established or deemed valid and reliable. Therefore, additional studies are needed to find new instruments and to continue to validate the IES when using the survey to measure outcomes associated with international clinical experiences in third world countries.

The literature discussing strategies to develop interprofessional collaboration and teamwork amongst healthcare professionals comprised of qualitative and quantitative studies. The quantitative studies showed there was a significant connection between interprofessional educational experiences and students’ appreciation for other disciplines’ role and responsibilities and for interprofessional collaboration (Dando et al., 2012; Hallin et al., 2009; MacDonnell et al., 2012). The weakness of the quantitative instruments presently used was that the current tools did not isolate the experiences that contributed to the development of interprofessional collaboration and teamwork competency, creating a challenge to measure long-term impacts of an individual experience. Since one goal of this study was to explore the long-term effects that one specific teaching-learning experience may have had on practicing nurses for their development of the interprofessional competency, the quantitative instruments available would not capture the intended purpose. Therefore, the best methodology that aligned with this study’s research question and the purpose of discovery of a new phenomenon determined the use of basic qualitative methodology.
Synthesis and Critique of Research Findings

The overarching themes for the body of literature associated with international clinical experiences for prelicensure nursing students consistently revealed that participants return with a better global perspective of issues and improved cultural competency (Carpenter & Garcia, 2012; Evanson & Zust, 2006; Ruddock & Turner, 2007; Walsh & DeJoseph, 2002). The ability to practice through a global lens and provide care with tolerance and respect for a diverse population were invaluable outcomes and provided validity that these international clinical opportunities were worthwhile. The patterns that have emerged in nursing education were not surprising as they were similar to the benefits of study abroad educational experiences (Wilson, 1993). The strength of the evidence was that the amount of studies conducted over the years has shown consistent efficacy about cultural competency, global perspective, and personal development, regardless of methodology employed.

Since a large portion of these studies used qualitative methodology, applying Lincoln and Guba’s (1985) framework to critique the studies on the four dimensions, credibility, dependability, transferability, and conformability was most appropriate (Houghton et al., 2013; Polit & Beck, 2012). Credibility is defined as the “value and believability of the findings” (Houghton et al., 2013, p. 13). Although a method to provide credibility is through prolonged engagement in the research collection phase, there were no identified studies on this topic that examined the participants’ perceptions over a span greater than 2 years (Kelleher, 2013; Kulbok et al., 2012). Other methods to bolster credibility are through member checking and triangulation practices (Houghton et
Triangulation refers to gathering data from multiple methods, such as in the case of Walsh and DeJoseph (2003) where they used participants’ journals, pre and post immersion interviews, and applications for data sources. The multiple sources improved the accuracy of the findings, since each type of information supported the other. Many of the other studies concentrated on individual or focused-group interviews for data collection (Evanson & Zust, 2006; Ruddock & Turner, 2007). Member checking is another means to increase credibility within a qualitative study by allowing participants to review the transcripts from their interviews and themes gleaned prior to full data analysis to ensure accurate representation of ideas. For all of the studies that were reviewed, no study reported using member checking. This could be contributed to the participants being present or former students and the willingness of the participants to comply.

The second measure of rigor for qualitative studies was confirmability, determining if the researcher remained objective as possible during the data collection and analysis (Polit & Beck, 2012). This is of critical concern for qualitative studies as researchers become immersed in the study’s data collection and analysis, allowing possible conflicts with objectivity towards the data (Houghton et al., 2013). A strategy that Main et al. (2013) used to promote objectivity is a two-phase process for analysis. The investigators independently extracted the themes, shared and agreed on common subjects, and then independently analyzed the themes and remaining data. This strategy strengthened the findings of the small research study since the faculty participating on the trip was the investigators. Peer review is another strategy that assists the qualitative
researcher to remain objective. Walsh and DeJoseph (2003) used a research associate to review and analyze the data in addition to themselves in order to foster confirmability. Other studies did not report on strategies used to maximize confirmability.

Transferability was the third domain to evaluate the rigor of qualitative studies, determining if the study’s findings can be conveyed to another similar setting (Houghton et al., 2013). Creswell and Miller (2000) specified that by including rich narratives in the final report, would allow for other researchers and educators to be able to apply one study’s findings to another situation. Kollar and Ailinger (2003) and Evanson and Zust (2006) both included thick descriptions in their final report to illustrate their findings and allowed readers to make their own connections.

The last principle to measure rigor determines if the study was dependable, meaning if the findings were stable enough to withstand time and different investigators if an audit trail was completed (Polit & Beck, 2012). Unfortunately, none of the studies reviewed reported an audit trail in the literature. However, the studies followed similar design, used interviews and journals as the primary sources, and gleaned common themes on the subject, proving that the findings were dependable.

Although the critiques of the different studies exposed weaknesses for each category and none of the studies addressed all four principles, especially dependability, the strengths of the consistent findings illustrated that the studies were worthwhile. Additionally, the preparation that these trips demand from a human and monetary resources perspective warranted a closer examination of benefits (Kirkham, Hofwegen, & Pankratz, 2009). Since the international clinical experiences delivered hands-on patient
care to citizens in impoverished communities and have been considered clinical rotations for many programs, these trips had the potential to meet other nursing competencies more than cultural aptitude and personal development. The long-term benefits were emerging with similar outcomes to the short-term findings, leaving a gap in the literature to study long-term meanings involving nursing competencies that these experiences provide participants.

The findings of studies that examined interprofessional collaboration and teamwork in nursing were emerging with a general theme that interprofessional educational experiences teach healthcare students the value of interprofessional collaboration and appreciation for other disciplines roles and responsibilities (Bolesta & Chmil, 2014; Dando et al., 2012; Fries et al., 2013; Hallin et al., 2009; MacDonnell et al., 2012). The majority of the research had used similar experiences, primarily high-fidelity simulation encounters, to build credible evidence that interprofessional educational experiences could promote interprofessional competency in healthcare professions’ students (Ker et al., 2003; Vyas et al., 2012). The studies by Hallin et al. (2009) and Dando et al. (2012) continued to advance the body of knowledge by studying authentic patient care experiences and yielding similar results to simulated experiences. The strengths of these studies were their credibility for consistent findings and their ability to be transferable if the educational programs had access to other healthcare disciplines and accommodating clinical sites. The requirement that other prelicensure programs need agreeable educational and clinical partnerships to design similar experiences could be interpreted as a drawback as well. When there are no available students from different
disciplines, interprofessional learning could occur with practicing professionals, which parallels practicing registered nurses. Additionally, the overall weakness for the body of literature on interprofessional competency was the limited information on the long-term impact of interprofessional experiences due to the instruments used in quantitative studies tools or the qualitative approaches have concentrated on short-term perceptions (Fries et al., 2013; MacDonnell et al., 2012; Main et al., 2013; Vyas et al., 2012).

The two qualitative studies that combined international clinical experiences and interprofessional collaboration and teamwork concentrated on student participants before and during the trip (Fries et al., 2013; Main et al., 2013). Although Fries et al. (2013) and Main et al. (2013) addressed the rigor of their qualitative studies for confirmability and transferability, the evidence was limited to student perceptions while undergoing the experience, which left a gap in the knowledge about the long-term effects that these trips had on the development of interprofessional collaboration and teamwork. Zorn (1996) concluded that the lasting imprints from international experiences for nursing students decrease over time; thus revealing a weakness in the significance of the findings uncovered in the short-term studies.

The gaps in the current literature warranted additional studies to examine this contemporary nursing trend and competency for long-term effects. The purpose of this study was to fulfill the gap with the intention to uncover newly employed nurses’ perceptions of international interprofessional clinical experiences in which they participated in during nursing school. The findings may advance the body of knowledge for both of these topics. These costly experiences were becoming mainstay in nursing.
education; therefore, research was warranted to explore fully the potential offerings of such trips. Furthermore, this study explored perceptions of nursing students only as the other healthcare disciplines involved were practicing professionals rather than students from different disciplines. This element increased transferability for healthcare programs that do not have access to other healthcare professional students.

Chapter 2 Summary

The body of literature reviewed uncovered the benefits of international clinical experiences for nursing students and the competency of interprofessional collaboration and teamwork. The majority of the findings for international clinical experiences concentrated on acquisition of cultural competency and global awareness, and personal and professional role development. Although the majority of the literature focused on short-term benefits, similar findings were shown in long-term studies. The discovery of other meanings that international clinical experiences could offer nursing students and nursing educational programs were yet to be uncovered. The emerging body of literature for the development of interprofessional collaboration and teamwork had common themes as well. These findings encompassed participants’ appreciation for interprofessional collaboration in healthcare and other healthcare professions scope of practice post experience. With both of these topics, these common findings reached saturation in the body of literature, warranting new studies to examine different elements for each topic or combining the topics as well. The purpose of this study addressed the gap in the body of literature for both of these topics, by exploring international clinical
offerings in a new context and for long-term meaning. Wilson’s (1993) International Experience Model for international clinical experiences was appropriate to underscore this study with its four dimensions, specifically concentrating on the theory that participation in international educational experiences promotes interpersonal relationship development.
CHAPTER 3. METHODOLOGY

Introduction to the Methodology of the Study

Basic qualitative research is used to seek a deep understanding of a phenomenon by placing meaning to individuals’ perceptions, interactions, and reflections, creating a reality to that situation (Maxwell, 2013; Merriam, 2009). A basic qualitative design was most appropriate to answer this study’s research question: How do baccalaureate prepared nurses describe their experiences of interprofessional collaboration and teamwork after participating in an international clinical experience as a nursing student. The use of basic qualitative design allowed the researcher to examine the nurses’ long-term perceptions of their experience and construct meaning about this situation. This study used the underlying principle that engagement and reflection of a situation creates reality, even though critics of this design espoused that participants’ perceptions are their personal constructions and not actual reality (Maxwell, 2013). Each section of the research design underscored this principle.

This chapter discusses the study’s choice of the methodology and its alignment with the research question. Subsequent sections describe the population and sampling procedures, the data collection methods, and analysis process. This chapter concludes with a description of the study’s limitations, ethical considerations, and ability to be credible and transferable.
Purpose of the Proposed Study

The purpose of this study was to describe newly prepared baccalaureate nurses’ experiences on the development of the competency for interprofessional collaboration and teamwork after participating in an international clinical experience during their prelicensure nursing education. By using basic qualitative design, a deep understanding about these types of clinical experiences being offered was constructed through the nurses’ perceptions relating to their experience. The meanings mined from these experiences could assist nurse educators in determining if future, like experiences should be integrated into the curriculum.

Research Questions

Central research question. How do baccalaureate-prepared nurses describe their experiences of interprofessional collaboration and teamwork after participating in an international clinical experience as a nursing student?

Subquestion 1. How does participation in international clinical experiences as a student nurse develop baseline competency and confidence for collaborations and teamwork with an interprofessional team?

Subquestion 2. What collaborative experiences did the nursing students participate in during the international clinical experience?
**Subquestion 3.** What are the important attributes of interprofessional collaboration and teamwork?

**Subquestion 4.** How has the international clinical experience influenced the participants’ clinical practice as a registered nurse?

**Research Design**

The intention of this study was to uncover a deeper understanding of how newly employed nurses interpret their involvement in and construct meaning to their undergraduate interprofessional, international clinical experiences. This study employed the basic qualitative design, defined as a research approach that attributes meaning and genuineness to people’s experiences through their interpretations and conceptualization of their interactions (Merriam, 2009). The individual builds reality through their engagement in an experience as well as their insights on those situations (Merriam, 2009). This was the most appropriate research design for this study, as it aligned with the purpose, problem, and research question.

The research questions aligned with the basic qualitative design as well. The questions sought to gain a deeper insight into the phenomenon by probing how participants’ place meaning to their interprofessional, international clinical experience. The research questions allowed the researcher to examine the subject with openness for new information and without prior assumptions that the existing knowledge could predict how these experiences influenced newly employed nurses’ practices. The research
questions and purpose determined the choice of methodology, basic qualitative design, which in turn, decided how data analysis was completed.

The basic qualitative design to data analysis used a methodical approach that involved a coding system to glean common themes constructed from the data (Bogdan & Biklen, 2007). The coding system steps were comprised of identification of preliminary codes, extraction of thick narratives to substantiate the themes, and creation of a mind map to construct relations between categories. One analytical technique that was used in basic qualitative research for coding was constant comparison, which assisted the researcher in discerning and comparing the properties and dimensions of each category throughout the collection and analysis phase (Corbin & Strauss, 2008). Constant comparison approach required the researcher to compare collected data with new information being coded under the same categories, allowing patterns and differing items to be identified (Parry, 2004). For this study, constant comparison technique was simultaneously used with the coding system during the narrowing of the preliminary codes in order to analyze the data fully. This analysis approach best aligned with the data collection methodology because the interviews provided large amounts of narratives to mine. Furthermore, the constant comparison revealed quickly when data saturation was met.

**Target Population, Sampling Method, and Related Problems**

For basic qualitative research studies, the population is selected based upon the purpose of the study and how best to answer the research questions (Merriam, 2009).
The basic qualitative method also guides the decisions on how to select the sample population and setting of the study as the intended purpose of a basic qualitative study is to gain a meaningful understanding of the new phenomenon. Purposive sampling is a common strategy employed in qualitative studies because the method allows for careful selection of the setting and use of participants that were chosen for specific reason (Maxwell, 2013; Polit & Beck, 2012). The following sections address the target population, sampling method, sample size, setting, and recruitment choices for this study.

**Target Population**

The population of this study had two distinctions. The intended population was baccalaureate prepared nurses who were within their first year of employment as a registered nurse. The second element was that these nurses participated in an interprofessional, international clinical field experience during their undergraduate nursing education program.

**Sampling Method**

A common strategy to select participants in basic qualitative research is purposive sampling. This method deliberately chooses participants and activities for relevancy to the question and the underlying assumption that the participants have intimate knowledge of the phenomenon being studied (Maxwell, 2013; Merriam, 2009). The researcher seeks participants that could provide the most useful information and allow for imparting of insights and unique perspectives that would offer the most depth in understanding the
phenomenon. By using purposive sampling, a full representation captures the heterogeneity of the population and minimizes the potential for omitting data that could come from like-mindedness (Maxwell, 2013). Maxwell (2013) identified an additional reason why purposive sampling is beneficial to qualitative methodology, to allow the researcher the ability to create the most productive relationship with the participants. Without the willingness of the participants to share their special knowledge on the subject, the researcher lacks the necessary properties to complete a qualitative study.

For this study, the participants selected were nurses in their first year of employment as a registered nurse and graduated with a baccalaureate of science in nursing from a moderate-sized university in the Northeast of the United States. Each participant partook in a 1-week long interprofessional clinical experience to Kingston, Jamaica to provide hands-on nursing care. The selection of participants was narrow and specific to the type of field experience and criterion required.

The participants met the criterion of adequate representativeness because the participants lived the experience and had sufficient heterogeneity as each individual had unique experiences during the immersion clinical rotation. Additionally, the relationship between the researcher and the participants created a productive relationship for data collection. The researcher and participant had an established rapport built on mutual respect from being a former professor when the participants’ were nursing students.
Sample Size

Twenty-four baccalaureate prepared nursing students who met the criteria of being within their first year of employment as a registered participated in the university’s interprofessional, international clinical field experience to Kingston, Jamaica prior to this study. The target number of participants was between eight to ten individuals. The proposed number of participants was based on what should be a reasonable amount of information collected to examine the topic (Merriam, 2009). The guiding principle about sample size in qualitative research studies is centered on the concept of data saturation (Polit & Beck, 2012). Although the number of participants needed to sufficiently understand a new phenomenon in a qualitative study is estimated in the beginning of the study, the data collection ends when the researcher reaches data saturation. Merriam (2009) defined data saturation in qualitative studies when no new information is forthcoming and redundancy occurs. This study included eight participants, at the point when data saturation was achieved.

Setting

All of the participants relocated after graduating from the university, presently living throughout the eastern corridor of the United States. Therefore, the interviews occurred by telephone in order to reach the maximum number of participants and to overcome the geographic barrier. The researcher and each participant scheduled a mutually beneficial time for the telephone interview to occur and to ensure a quiet environment.
Recruitment

The recruitment method for the potential 24 participants was through an email request to participate in the study. No general advertisement was used due to the narrow and specific participant criterion and the use of the purposive sampling approach. The researcher received Institutional Review Board (IRB) approval from the potential participants’ alumni university to gain access to potential participants’ names as well as their email addresses found on the university’s email global list. A formal recruitment email describing the intentions of the study, the time commitment, and request for volunteer participation was sent to the individuals’ emails. The potential participants who received the email had unhampered opportunity to either respond or not respond to the email, ensuring that the participants’ were under no obligation to reply or participate in the study. If a potential participant replied to the email to volunteer for the study, an informed consent was sent along with a request to schedule a time for the interview.

Data Collection

Common data collection methods for basic qualitative research studies include interviews, observations, or review of documents (Merriam, 2009). For this study, semi-structured telephone interviews were used to collect the information in order to allow the most comparable data across subjects, as there were several participants. A second data collection method was the researcher’s reflective journal, during and immediately following the interviews. For the interview method, the interview questions were developed after a review of the literature on the subject. The questions were designed to
be open-ended in order to glean descriptive data. Each question encouraged stories or examples to support comments made by the participants. The semi-structure questions also allowed the researcher to ask additional probing questions to clarify or expand on comments made by the participants (Merriam, 2009). The seven interview questions are listed included:

1. What was your experience during your international field experience? Please provide examples.
2. What different disciplines besides nursing participated with you on the trip?
3. How did you perceive your role in the interprofessional team during the field experience? Please provide examples.
4. What are important characteristics of interprofessional collaboration and teamwork?
5. How do you feel the interprofessional team worked together while participating in your interprofessional, international clinical experience? Is there one memorable example you can provide?
6. Have you noticed changes in yourself as a professional registered nurse that can be attributed to participating in the field experience as a student? Please provide an example.
7. Would you like to share any other examples or thoughts about international experiences or interprofessional collaboration?

The data collection process initiated when the participant replied to the recruitment email. The informed consent was sent via email and the researcher scheduled
a mutually agreed upon time for the interview. The researcher instructed the participants on how to return the signed informed consent, with the option of scanning and sending through email or sending through the United States Postal Service. The interviews were scheduled to be a maximum of 45 minutes.

Upon receipt of the informed consent, the telephone interview was conducted. At the beginning of the interview, the researcher confirmed that the informed consent was signed and participation in the study was voluntary. Although a statement about interviews being taped was included on the written consent, an additional verbal consent was obtained at the time of the interview. The researcher taped the interview as well as wrote in the reflective journal to capture thoughts and potential biases. Upon conclusion of the interview, the researcher manually transcribed the interviews into a Microsoft Word document to prepare for data analysis. The tape recordings were placed in a safe in the researcher’s personal residence to maintain confidentiality. The transcripts were reviewed and prepared for data analysis.

**Field Testing**

Although interviews are a common method of collection, there is potential for bias when the researcher writes the interview questions. A practice in qualitative research design to strengthen credibility and detect problems with the interview questions is to conduct a field test (Holyk, 2008). A panel of three to five experts in the research field evaluates and provides feedback on the questions’ order, wording, and overall salience, but does not undergo the interview itself (Holyk, 2008; Merriam, 2009). The
constructive critique of the interview questions provided by the expert panel allows the researcher an opportunity to edit wording and re-sequence questions to address unintentional biases and maximize the interview experience for the respondents (Merriam, 2009).

For this study, a field test was conducted to develop the final version of the interview questions. Three nurse educators who were well versed in international field experiences and research evaluated and provided feedback on the questions. Each nurse educator held a doctoral degree in nursing, had conducted original research for over a decade, and had been dissertation mentors for numerous studies. These three experts had participated on interprofessional, international clinical experiences within the past 15 years as well. The comments and advice received were integrated into the final language and sequencing of the interview questions to support a well-conducted and clear interview. For example, the sequence of the interview questions was recommended to begin with a more open-ended question about the participants’ general perceptions of the experience. One expert recommended the wording of the last interview question to be a general summary in order to allow for other themes to emerge more than the topic of interprofessional collaboration and teamwork. The expert panel members’ qualifications and feedback were given to the IRB to disclose who was consulted in designing the instrument used in the study.
Data Analysis Procedures

The data analysis phase in a basic qualitative study is best completed using a methodical approach, by developing a structured timeline and coding system (Bogdan & Biklen, 2007). For this study, several phases for data analysis were comprised of transcribing of the data, coding the data into categories along with extracting narratives, using constant comparison for new information, and creating a mind map to construct relationships between categories.

The initial phase of data analysis occurred after transcribing the first interview. The researcher manually transcribed the interviews within 24 hours after the interview took place. Preliminary codes were developed; referred to as open coding (Maxwell, 2013). The initial codes acted as a sorting system of the descriptive data, allowing the researcher to discern common themes from the interviews (Bogdan & Biklen, 2007). The general themes were reduced in subsequent steps.

Throughout the first analysis phase, the researcher analyzed the reflective journal that was kept throughout the data collection after each transcription of an interview and repeated when extracting themes. The practice of researcher reflexivity allows the researcher a place to disclose their positions, interests, biases, and assumptions regarding the study, which may affect any stage of the research process (Jootun, McGhee, & Marland, 2009). Through reflection, the researcher avoided misinterpretation of the participants’ data with his or her own, and created self-awareness.

The second phase employed constant comparison after each interview. Each interview was compared with the other data sets gleaned from the previous collected
information (Corbin & Strauss, 2008). This process was conducted throughout the analysis phase, with the primary purpose of differentiating between the categories in order to prevent similar but discretely different data to be clumped together (Corbin & Strauss, 2008). Similar words emerged from the transcripts; however, the meaning of those comments held different connotations upon close analysis. Initially, the quoted narratives were placed together; however, by employing the constant comparison model, those same statements were placed into different categories because they held discretely different information after reviewing after each interview. The constant comparison technique assisted the researcher in identifying differing items under the same category easier and recognizing patterns.

In this next stage, an independent peer reviewed the interview transcripts and the preliminary codes to increase objectivity (Houghton et al., 2013). This action balanced the potential bias of the researcher since the researcher participated in interprofessional, international clinical experiences for 14 years. The independent peer was a doctoral prepared researcher and nurse educator who was familiar with the international clinical experiences; however, had not participated in the clinical experience. The peer reviewer’s feedback on preliminary categories were incorporated into the researcher’s findings as it confirmed the same findings as the researcher and assisted in the subsequent phases.

In the fourth phase, the researcher assigned units of data to the categories, highlighting direct quotes to use in the final report (Bogdan & Biklen, 2007). The use of a matrix of “themes x data” served to maintain organization and assisted in identifying
direct quotes for the final report (Maxwell, 2013). The exact thick descriptions gleaned from the raw data exemplified and substantiated the findings.

Next, the researcher reviewed the categories to finalize the key themes by narrowing the number and analyzing each category for conflicting data and patterns. Then, a mind map was created for the themes and units of data in order to construct relationships between categories (Appendix B). The second mind map illustrated the meaning of the trip in relation to the theoretical framework (Appendix C). The researcher generated a final product of themes and the connection to the IEM framework.

**Limitations to the Research Design**

The limitations for this study encompassed the research sample technique, interview instrumentation, and data analysis process. The method to choose participants was purposive sampling, using one university in the selection. Other undergraduate baccalaureate nursing programs offered interprofessional, international clinical experiences; however, this study captured the perceptions of participants that experienced this university’s choice of design for the clinical experience. This limitation could affect the transferability for the study.

Another limitation was that the interview questions were not piloted prior to data collection. Although a field test was completed with three field experts and feedback was integrated to improve the interview experience, the researcher began the data collection phase with unique questions not found in the literature. A pilot study could have been completed, particularly to overcome this limitation in addition to addressing the
drawback that the researcher was a novice with interviews and conducting qualitative studies.

For the data analysis phase, participants did not review the interview transcripts or identified themes prior to the final report. Houghton et al. (2013) suggested using member checking in qualitative studies to bolster credibility; however, this tactic was not incorporated into the design due to the researcher’s wish to use an expert, independent reviewer to analyze data for themes extracted to bolster confidence in data analysis phase by the novice researcher. The participants reviewed the results of the final analysis; however, they did not review the actual transcripts or the initial themes. The primary method of addressing this limitation was by inserting direct quotes in the final report to illustrate an accurate representation of the participants’ perceptions.

Credibility

In qualitative studies, the researcher has the responsibility to report credible findings. This is a critical element in qualitative research to assure that the findings are devoid of bias and accurately depict the participants’ perspectives (Creswell & Miller, 2000). The strategy that this study employed was the use of direct quotes to illustrate that the participants’ perceptions and themes gleaned were accurately represented. Furthermore, the thick narratives used in the final report instilled confidence for the researcher and readers that the findings were believable and represented the reality of the phenomenon (Houghton et al., 2013). Another strategy that may be used to improve credibility of the study is member checking, when participants review their interview
transcripts and themes extracted for accuracy (Creswell & Miller, 2000). In this study, this strategy was limited since the researcher provided an opportunity for the participants to review the final themes of the analysis rather than the transcripts and preliminary codes.

Credibility of the study cannot be achieved without addressing the dependability and confirmability of the study. Dependability refers to the stability of the data and findings over time and settings (Polit & Beck, 2012). An audit trail of the research study from the design to the analysis phase assists readers to understand how and why the researcher made each decision about the different phases and allow an independent reviewer to conclude the same findings (Creswell & Miller, 2000). For this study, an audit trail could be followed as the final dissertation detailed the rationale for decisions made in this study and mind maps were attached to the final document.

Another dimension of credibility in qualitative research is the interdependent element of confirmability, which is researcher’s objectivity (Polit & Beck, 2012). In qualitative studies, the researcher immerses within the study as part of the instrument and by being highly invested in the subject, resulting in concern for objectivity. This principle is of critical importance for qualitative research studies, in particular for this study. One measure that this study used was an independent peer to analyze the raw data and preliminary codes to assess for similar findings that the researcher concluded (Houghton et al., 2013). The peer reviewer for this study who was a nurse educator and researcher extracted the same preliminary codes from the transcripts, demonstrating the researcher’s objectivity towards the data. The other common credibility strategy this
study used, as supported by the literature was researcher reflexivity, where the researcher disclosed biases and assumptions about the data and analysis (Houghton et al., 2013; Jootun et al., 2009). For example, the researcher made an assumption that each participant would know what members of the interprofessional team were included on the learning experience. The researcher assumed that the participants would have a favorable reflection of the general experience but did not appreciate the magnitude of how some incidental moments would have impacted the participants the most regarding their nursing competencies. Overall, researcher reflexivity created self-awareness for the researcher and was an effective method to discover potential biases.

**Transferability**

Transferability in qualitative studies allows readers to determine if the conclusions are applicable to other situations with comparable context (Creswell & Miller, 2000). The concept of transferability is considered in general a weakness for qualitative studies due to small sample sizes and the nature of discovering a deeper understanding of a specific bounded phenomenon. However, Jensen (2008) discussed two critical elements to increase transferability, ensuring participants are closely linked to the context being studied and understanding the context fully. For this study, the purposive sampling of the participants, newly employed nurses who lived the experience of participating in an interprofessional, international clinical trip while a nursing student, made them experts on this subject. The participants fully represented the phenomenon and had the unique qualities to answer the research questions.
The other consideration of transferability is for the researcher to define the phenomenon’s boundaries completely by answering the research questions and describing the specific topic. This measure supports potential transferability of a study by allowing readers to compare findings to similar experiences with the same context. A strategy to illustrate how the contextual boundaries are fully understood is the use of thick narrative descriptions in the final report to help readers make connections and fully understand the subject (Creswell & Miller, 2000; Jensen, 2008). For this study, the final report included participants’ quotes to support the findings, allowing readers to make comparison to similar interprofessional, international experiences being offered to baccalaureate nursing students. The combination of these methods might help readers to determine if the discoveries are relevant to new situations.

**Expected Findings**

The anticipated finding regarding the central research question was that respondents credited their development of interprofessional collaboration and teamwork directly to their participation in an international clinical experience. Key results involved participants’ increase in confidence when communicating with an interprofessional healthcare team and appreciation for the importance of their role and responsibilities within the healthcare team. These concepts connected with Wilson’s (1993) theoretical framework, specifically with the domain of developing self and relations, when the participants mature and build self-confidence. The projected finding conflicted with Zorn’s (1996) finding that long-term impressions of international immersion experiences
minimize over time; however, the researcher posited that the participants attributed their development of how to collaborate and work within the healthcare team due to the strength of the immersion experience.

Another expected finding for this study concluded that there was value for conducting these international clinical experiences for nursing students as they influenced newly employed registered nurses’ perspective on their professional practice, especially for developing long-term cultural competence. This expectation was linked to the findings revealed in the literature review and with Wilson’s (1993) theoretical framework regarding international educational opportunities. An additional finding would reveal how other nursing competencies, such as assessment skills and patient education communication were acquired or strengthened as a direct result of the international clinical experience.

The relationship of the researcher to the experience and development of the interprofessional competency resulting from these learning experiences were taken into consideration when anticipating findings of the study. Specific comparisons could not be made between the researcher’s experience and the participant’s perceptions about the immersion experience due to differing criteria. The researcher participated on interprofessional, international clinical experiences for 14 years as a registered nurse. The differences between the participants’ role of a student during the learning experience and the researcher’s longevity of participation minimized the potential bias towards the favorable expected findings.


**Ethical Issues**

Conducting research through an ethical lens is essential in order to protect participants and report accurate findings. The researcher has the responsibility to evaluate potential ethical issues for the study and implement strategies to minimize any conflicts. For this basic qualitative study, the researcher discussed potential conflict with the relationship of the researcher with the subject and the participants, and researcher remaining objective. Capella University’s Institutional Review Board (IRB) and the participant’s university IRB approved this study.

**Researcher’s Position Statement**

The researcher examined potential conflicts of interest when designing, conducting, and reporting of this study. Careful decisions were made in order to eliminate any conflicts of interest. The disclosures of the researcher’s potential conflicts of interest that encompass personal relationships with this study are discussed below as well as strategies that were implemented to minimize these potential biases.

**Conflict of interest statement.** As a leader of international field trips, the researcher was invested in the success of the international, interprofessional clinical experiences offered to nursing students; thus creating a potential conflict of interest in the analysis phase. The researcher participated in such field experiences for 14 years and led students for the past 6 years from the same university where the participants for this study were graduates. The potential bias for objectivity was that the researcher would have
liked for the results to reveal how these trips added value towards developing nursing competencies, in particular, interprofessional collaboration and teamwork. To mitigate this potential conflict, an independent peer, who was a nurse educator and researcher without connection to international clinical experiences, reviewed the transcripts and preliminary codes to ensure the researcher remained objective during analysis.

There was no financial conflict of interest noted in this study. The researcher had no affiliation with a grant to support the research nor did the participants receive any financial compensation for participating in the study. Additionally, the researcher did not have personal conflict with the participants, as the participants graduated from their undergraduate nursing program a year prior to the study and were under no obligation to remain in contact with the academic institution, researcher, or participate in the study. The design of this study to examine perceptions of the newly employed nurses rather than nursing students avoided a potential conflict.

**Researcher’s position.** The researcher was a faculty member at the university where the participants’ list was generated and the participants were former students of the researcher. After graduation, the participants relocated throughout the eastern coast of the United States and were no longer students of the researcher. The alumni were recruited through email, minimizing any potential concerns that the relationship with the researcher could cause coercion to participate in the study, as emails did not require verbal or face-to-face interactions to decline participation.
As mentioned above, the researcher was a lead coordinator for such experiences for the nursing program where the participants were recruited, causing potential objectivity concerns. The researcher used an independent peer reviewer to examine the transcripts and preliminary codes to instill objectivity in the study. Additionally, the researcher practiced reflexivity, disclosing biases, assumptions, and thoughts in a journal during data collection and data analysis phases. Researcher reflexivity was a common strategy that created self-awareness to minimize potential bias. The researcher was cognizant about the realism of potential bias due to the relationship between the researcher and subject, and considered the proven strategies to mitigate appropriately the identified risk.

**Ethical Issues in this Study**

Considerable attention was given to the development of the research design and implementation of the study to ensure ethical standards were upheld. The researcher identified that the participants were under no additional risk of harm beyond what one may incur during daily life as data collection method used telephones for the interviews and the topic was not of a sensitive nature. The informed consent disclosed to the participants that there was minimal to no anticipated risk for harm and perceived benefits for participation in this study. In addition to these disclosures, the informed consent addressed volunteerism for the study and participants’ right to privacy.

The recruitment method for the study, asking for participation through email, established how participants had autonomy in deciding if they will or will not volunteer.
without negative recourse. The recipient of the email did not have to reply, indicating that he/she would not like to participate. The informed consent clearly stated that the participation was voluntary and anyone could leave the study without penalty, giving participants a collaborative role in deciding about their ongoing participation. The informed consent was signed prior to the interviews and the researcher asked participants at the start of the interview for questions regarding the informed consent.

Throughout the study, the researcher employed strategies to maximize the participants’ right to privacy through maintaining their anonymity and confidentiality. Strategies for anonymity included maintaining informed consent separately from interview documents, and assigning numbers to interviews, one through eight, rather than using names. The interview questions intentionally avoided asking about demographic data, as that information did not contribute to answering the research questions, which was another measure to ensure anonymity. To maintain participants’ confidentiality of their perceptions, the constructs of the themes and deeper understanding used aggregate data. However, direct narratives being used in the final report that may contain names of team members or other identifying information about the participant were removed.

The right for privacy was a continuous ethical obligation for the researcher after the study was completed. The data collected including the tape recorder for transcriptions and informed consents were kept in a personal safe in the researcher’s residence to ensure that participants’ privacy. These documents will be held for a minimum of 7 years and will be discarded using a shredder.
Lastly, the researcher perceived there was no foreseeable negative risk for participation, as the participants had no commitments to the researcher or other affiliations associated with the study. The design of the study to examine newly employed nurses deliberately removed this concern of potential negative risk for participation due to previous relationship with the researcher. The participants were not considered a vulnerable population.

The researcher carefully considered the potential and actual ethical issues related to this study’s design, collection methods, analysis, and final report. The strategies that were intentionally in place maximized the rights of privacy and beneficence, and respect of persons in order to provide an ethically sound research study.

**Chapter 3 Summary**

A thoughtfully planned and executed research study is imperative in producing accurate and reliable evidence that extends the body of knowledge on the subject. The basic qualitative design employed for this study created a map for the researcher to follow and assisted in decisions regarding participant selection, data collection methods, analysis, and final product. Common practices for basic qualitative design were used in this study to answer effectively the research question, including purposive sampling, semi-structured interviews, data coding, and constant comparison technique for data analysis. The researcher strived to instill credibility and transferability into the study by an audit trail, thick narratives in the final report, researcher reflexivity, independent peer reviewer, and disclosure of limitations to the study. The strategies to address and
minimize potential and actual ethical issues included researcher’s role disclosure, non-coercive recruitment efforts, and practices to protect the participants’ rights to privacy. The final product resulted in an ethical and accurate scholarly work that provided a deeper understanding for this phenomenon.
CHAPTER 4: DATA ANALYSIS AND FINDINGS

Introduction

The intention of this basic qualitative study was to gain a comprehensive understanding of how registered nurses perceived their participation in an interprofessional, international clinical experience during their undergraduate nursing education. The focus of the exploration was to learn about the influences that the clinical experience had on their professional practice, specifically the concept of interprofessional collaboration and teamwork. The purpose of this chapter is to describe the sampling characteristics, data analysis procedure, and findings for this basic qualitative study. The data analysis method consisted of thematic analysis using the constant comparison model. This approach allowed the researcher to manage the large amount of narrative data that resulted from participant interviews and identify common themes from the beginning of data collection (Merriam, 2009; Parry, 2004). Through comparison of the new and old data, emerging themes were identified and codes were assigned.

The identified themes had codes of data assigned to define the boundaries and properties of each category, resulting in the construction of the raw data to meaningful themes in order to answer the research questions (Corbin & Strauss, 2008). The emerging themes provided a rich understanding of how newly employed baccalaureate
prepared nurses attributed meaning to their abroad clinical experience when they were students.

This chapter provides a thick description of the participants’ characteristics and sample size that are inherent to their ability to answer the research questions. The data analysis is presented in a narrative format along with a mind map that organized the findings by the themes identified. The mind map was created to illustrate the dimensions of each category, to support the narrative format, and subsequently to assist the researcher in making connections with the theoretical framework.

**Description of Sample**

The method of purposive sampling was employed for this basic qualitative study in order to acquire a deep understanding for the long-term influences of interprofessional, international clinical experiences that were offered to baccalaureate nursing students. Participants were recruited through purposive sampling based on their unique knowledge of the phenomenon being studied (Merriam, 2009). Each participant imparted their insights and perspectives on the field experience in which they participated while in their undergraduate nursing program, allowing the researcher to construct the most meaningful interpretation for the phenomenon. Eight participants were interviewed to complete data collection.
Sample Characteristics

In order to protect the participants and institutions’ rights to privacy, names of participants were changed to pseudonyms in the final report. Common demographic characteristics for each participant included being female, over the age of 18 years old, a graduate of a traditional 4-year baccalaureate nursing program from the same university in the northeast of the United States, and currently employed within their first year as a registered nurse in the eastern corridor of the nation. Each participant was a registered nurse at an acute care teaching hospital, four in medical-surgical units, two in critical care units, and two in emergency departments. The pseudonyms for the eight participants are Participant 1 (P1), Participant 2 (P2), Participant 3 (P3), Participant 4 (P4), Participant 5 (P5), Participant 6 (P6), Participant 7 (P7), and Participant 8 (P8).

The participant qualification germane to this study was that all participants participated in an interprofessional, international clinical experience in the fourth year of their baccalaureate-nursing program to Kingston, Jamaica. All participants identified that team members on this trip consisted of registered nurses, practicing and student nurse practitioners, a physician’s assistant, and physicians from varying specialties.

Sample Size

In basic qualitative research, small sample sizes are inherent to the design of the study and are determined when the researcher achieves data saturation (Merriam, 2009; Polit & Beck, 2012). Twenty-four potential candidates were recruited by email through a list generated by the selected university’s global nursing program. Nine emails were
returned undeliverable due to an outdated email address. Eight out of the remaining 15 potential participants responded to the email and voluntarily participated in the study. Data saturation was reached by interview seven when no new information was forthcoming and the data supported the identified themes. However, the researcher conducted interview eight since it was scheduled prior to data saturation and it added confidence for the conclusion of data saturation. The eighth interview further revealed redundancy of information.

**Research Design and Introduction to the Analysis**

Researchers use basic qualitative design to discover how people place meaning to an experience through their interpretations, reflections, and social interactions (Merriam, 2009). This study’s goal was met by using a basic qualitative design to learn about registered nurses’ long-term perceptions of an interprofessional, international clinical experience, which they participated in as part of their baccalaureate-nursing program.

The data to fulfill this goal were collected through semi-structured telephone interviews. Interviews were transcribed within 24 hours of the telephone conversation. After initial review of the first transcript, preliminary themes were extracted. After each subsequent interview, the constant comparison model was employed to identify major themes. Constant comparison analysis was particularly useful when analyzing the different comments that described an increase in confidence, which were made in different contexts. Initially, the quoted narratives were placed together; however, after each interview, discrete differences were identified that an increase in confidence was
associated with larger themes, including nursing technical skills, communication, and personal development. The recognition that there were differences between the comments that used the same word allowed for discrete themes to emerge and further define the dimensions of the categories.

The coding of the data and use of themes assisted the researcher to answer the research questions and recognize when data saturation was achieved. Data collected reached redundancy in interview seven, and interview eight confirmed the finding. Upon completion of the eighth interview, a secondary analysis was completed, resulting in no additional themes. Then, the transcripts and identified themes were sent to the independent peer reviewer for analysis. The peer reviewer gleaned no additional themes and agreed with the data coding. At that point, the researcher reviewed the data codes to identify direct quotes that substantiated the findings. In the final step, the researcher created a mind map (Appendix B) for illustration of the themes and for later use to make connections with the theoretical framework (Appendix C). The mind map for the themes organized each category to connect singular data and specific quotes. The process of the mind map was a visual representation of how each category could connect to the main topic and which ones were closely linked. Subsequently, the mind map of themes was used to create the mind map that connected the themes to the IEM framework. By visualizing the findings through a global lens rather than attempting to place meaning to themes in a linear fashion, the mind map allowed for an effective understanding how this study’s findings aligned with the IEM domains. The definitions of each domain in the IEM framework were briefly written allowing the researcher to align the themes under
Summary of Findings

Prior to the major themes that answered the research questions, background information was provided by all participants that described similar roles that they partook in during their weeklong intensive. Participants described working in stand-alone medical clinics in a different impoverished community for five days, and four of the eight reported caring for patients in their homes as well. Each participant reported their roles in the clinic as taking vital signs and basic information at the triage area, performing physical assessments, completing basic point of care testing, providing wound care, filling prescriptions, and teaching individuals about medications and health promotion techniques.

Seven main themes emerged from the interviews and represented the majority of the participants’ perspectives of their experience. The seven themes identified supported the intentions of this study by answering the central research question: How do baccalaureate-prepared nurses describe their experiences of interprofessional collaboration and teamwork after participating in an international clinical experience as a nursing student. Table 1 displays the seven themes. Each theme is discussed in depth in the following sections and a mind map was used to illustrate the major themes (see Appendix B).
Table 1
Final Themes Identified.

<table>
<thead>
<tr>
<th>Importance of Teamwork and Collaboration</th>
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<tr>
<td>Improvement of Interpersonal Skills</td>
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<tr>
<td>Increase in Confidence</td>
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<tr>
<td>Improvement in Nursing Skills</td>
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<tr>
<td>Engaging in Authentic Experiences</td>
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<tr>
<td>Gaining of Global Perspective</td>
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<tr>
<td>Practicing Cultural Sensitivity and Awareness</td>
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**Importance of Teamwork and Collaboration**

In the interview, the participants were asked to examine their role within the interprofessional team and their feelings regarding the team’s working relationship while on the educational experience. Participants shared their perceptions about the importance of teamwork and collaboration that occurred on the Jamaica experience. Common findings included how the team had a shared vision and the team worked effectively especially during an emergency.

The participants described how each team member’s role mattered towards achieving the shared goal of caring successfully for the patients. One participant (P7) shared an example that occurred during an emergency as, “I remember feeling like I was right alongside of him [Physician’s Assistant] and I wasn’t below him. We were both collaborating to try to help the patient.” P1 described the team during crisis as “everyone swooped in and had a role. I look back now and see this is a way trauma codes are run with a team…. on a smaller scale.”

The feeling of being valued by the team for their role, from taking vital signs to filling prescriptions, resonated with the participants. Five out of eight participants
emphasized that due to the team approach, their status as a student was not perceived as a negative quality, which led to the feelings of being respected for their contributions and a new appreciation for how an effective healthcare team works to meet their goals. P5 described their experience with the team as “they [other healthcare professionals] and you are part of the team, and that your assessment really did matter in what you thought and your vital signs. Everything you did mattered.”

Two of the participants compared their United States clinical experiences with their international one in respect to teamwork and collaboration. One participant (P3) summarized the differences with the statement, “In clinical stateside, you were not able to work with the physicians, but down there, you were able to see that it really is a team approach and that your work is valued just as much as everybody else’s.” Each participant emphasized the importance of interprofessional collaboration and teamwork in the healthcare environment and credited this development to their international experience.

The excerpts represented a small portion of the transcripts. These statements emphasized the participants’ perceptions of how cohesive the interprofessional team worked together on the clinical experience due to having a shared purpose, to provide healthcare to the underserved communities of Kingston, Jamaica. Participants placed value of teamwork and collaboration on their experience as evident when they compared their other clinical experiences that lacked interactions with the interprofessional team. The descriptions of how the interprofessional team functioned during an emergency illustrated to the participants’ the importance of being accountable for one’s role within
the team. The participants’ credited their first appreciation for how an effective healthcare team functions in order to meet their goal and the importance of interprofessional collaboration to their international experience. As a result, the participants described their experience within the interprofessional collaboration and teamwork context as invaluable towards their successful ability to interact effectively within the healthcare team.

**Improvement of Interpersonal Skills**

When the participants were asked, “if they noticed changes in their selves as a professional registered nurse that can be attributed to participating in the field experience as a student”, each participant discussed the long-term influence on their development of interpersonal skills. Interpersonal skills were described as effective communication and developing professional and respectful relationships. Each participant shared how the acquired interpersonal skills influenced their daily nursing practice and fostered a better transition from student to professional nurse. A participant (P4) succinctly conveyed this sentiment, “The interprofessional collaboration helped me be able to communicate so effectively at the beginning of my career and not be intimidated by doctors.” The ability to communicate comfortably while on the clinical experience and afterwards was reported by each participant. One participant (P3) commented on her stateside clinical rotations as lacking the interprofessional interactions that are necessary for registered nurses to communicate effectively when stated, “I wasn’t able to do that in my stateside
clinical experiences, and I was able to realize prior to getting a job that you shouldn’t be scared of approaching other professionals.”

The necessary interpersonal skills, specifically of communicating openly and with confidence, were improved by the exposure to the interprofessional team and more so, the close interactions that the participants experienced. P8 summarized this sentiment when stated, “I was definitely less timid to talk to them [other professionals] and ask them questions and discuss with them their treatment plans because of the great exposure and connections and relationships we formed with the doctors and other professionals on our trip.” The participants attributed their increase in comfort to approach the interprofessional team members to their feelings that each team members’ opinions were valued and there was a mutual respect for each other.

Although these are a sampling of passages, each participant credited the participation in the interprofessional, international clinical experience with their development and improvement of interpersonal skills. The participants described an increased in being comfortable when initiating communication with a member of the interprofessional team through the close interactions that the experience required of each participant. Through each interview, evidence became increasingly apparent that the interprofessional aspect of the experience was regarded as invaluable in their learning experience and transition into professional practice.
Increase in Confidence

Throughout the interviews, the participants reported an increase in confidence in their personal and professional development. One of the participants (P4) described the importance of taking accountability for her actions since others relied upon her for her knowledge and now can “advocate for myself and others because I can believe in myself.” Personal confidence increased due to the international experience by traveling outside of their country and being immersed into a different culture as well.

In addition, the increased confidence influences the participants’ perceptions of themselves in their professional practice. The interviews revealed how participants’ professional identity was fostered by how others received them on the field experience. A participant (P7) reported increased confidence resulted from how people communicated with the student nurses. “They [community members] didn’t look at us as students, which helped our confidence. They looked at us as nurses. That changed us, we are the nurses taking care of them, and that helped our confidence a lot.”

Another factor that contributed to the participants’ reflections on an increase in professional confidence was being allowed to practice autonomously within their professional scope, and their professional judgments were valued by the other healthcare professionals. Although there was professional accountability for the participants’ actions in United States clinical rotations, the instructor and/or preceptor were always there to ask questions and intervene when reporting findings. A participant described that an expectation of the international experience was for the student nurses to complete their responsibilities independently and ask questions when a student was uncertain about the
task or findings. For example, the students were expected to perform a basic intake and complete a set of vital signs at triage independently; however, if a question arose about a finding, the faculty was nearby to ask for assistance. This autonomy was perceived by the participants as a confidence builder because they reported feeling respected by the healthcare team and relied upon for their knowledge and skills. Another contributing factor for increase in confidence reported by three of the participants was their recognition of their personal and professional value, the understanding of the role and responsibilities of a registered nurse for their patients and towards the larger world society.

**Improvement in Nursing Skills**

During the interviews, the participants were asked how the interprofessional, international clinical experience influenced their professional practice. Five of the participants credited improvement of nursing skills, beyond interpersonal skills and teamwork that were directly related to their participation. The specific nursing skills identified consisted of physical and interview assessment skills, patient teaching on medication safety and health promotion techniques, preparing and administering medications, and taking vital signs. The causative factors consisted of repetitiveness of the skill, being partnered with an experienced healthcare professional, and making autonomous decisions.

One participant compared the amount of times she was able to perform physical assessments in the clinical rotations over the semester by describing that a student nurse
would have one to two patients in the United States clinical rotation in comparison to performing up to 20 assessments in a single day during the international experience. P7 described improvement in assessment skills resulted from “you got so much more confidence because you are right there along with the physician, helping you. We would do them [assessments] in rapid succession, just more repetitiveness. We would do a ton of them in a day; you get a lot of practice with that.” Another participant (P2) conveyed a similar finding when reporting, “it made me more comfortable with certain things like teaching about medication. We were able to constantly do that for hours… it made me more confident in discharging and teaching.” The participants credited the amount of times a nursing skill was performed to improved nursing skills and consequently, contributed to a participant’s increase in confidence. The amount of times a skill was performed on the international experience was connected to the other causative factor of being partnered with a veteran healthcare professional as well. The participants reported that the expertise of the other healthcare professionals allowed the student nurse to adapt different techniques and practice again, becoming increasingly comfortable with the skill and learning “tricks of the trade” that influenced their practice.

The third factor described by the participants was being able to practice autonomously contributed to an improvement in nursing skills. One participant (P6) compared the difference in clinical responsibilities when stated “you don’t have someone watching over you, you look around and know you have to get the patients’ through [triage] so you have to take the blood pressure. You start trusting your assessment skills more.” The recognition that they were competent in their nursing skills or how to
become more proficient contributed to their improved nursing skills, clinical judgment, and increase in confidence.

Although there was no specific question examining other nursing competencies fostered on this clinical experience, the theme emerged that the participants gained significant nursing skills directly related to their participation. The design of the experience with working alongside other experienced healthcare professionals and volume of patients contributed to these findings.

**Engaging in Authentic Experiences**

Five participants compared their United States clinical to their interprofessional, international clinical experience, illuminating the positive influences that these types of immersion rotations may offer. The theme emerged throughout the interviews that the interprofessional aspect of the experience created an authentic representation of the clinical practice that the participants hold currently. One participant (P5) reflected on the congruency between the immersion experience to her current practice by, “looking back on it [the experience] now is like my unit that I work on now, we really do work as a team and the doctors really do value what the nurses are saying – good collaboration is happening.” Secondly, P4 stated “teamwork and communication [that occurred on the learning experience] is actually now what I see the most being at work.”

The international clinical experience offered several of the fourth year nursing students their first opportunity to work within a healthcare team that relied on their nursing competencies for patient outcomes. The participants engaged in the international
clinical experience without realizing until 20 months later while practicing as a registered nurse, that their international clinical experience paralleled their current practice environment. Although the intention of the study was not to compare the stateside clinical rotations, the theme emerged from the interviews, which demonstrated an added result.

**Gaining of Global Perspective**

One theme that seven of the eight participants discussed in their interviews was their changed perspective of the world after their participation on the international experience. The participants reported their appreciation for the abundance and accessibility of resources that they have, summarized by one participant (P4) when stated that the experience “gave me a more worldly view and I wasn’t just locked in some box of the United States… It gave me the sense of reality and that things cannot be great always.” The international clinical experience shaped the participants perspective on their civic responsibility as well as their professional obligation.

The awareness of how others lived and their lack of healthcare transformed participants’ professional outlook. One participant (P7) ascribed, “I feel like they’re [the experiences] very important to becoming a well-rounded nurse because you are seeing the other side of the coin and to see how other people live, and it changes the way you do your day-to-day nursing.” Three of the participants continued with this finding by describing the professional global perspective that the international experience provided them by stating, “it [the experience] drives you to do so much more, to participate in
something like this again and follow-up” (P2). Several participants emphasized that the abroad experience allowed them to see the differences in the world, the importance of contributing back to those less fortunate around the globe, and inquired about future opportunities to provide nursing care to third world countries.

The sampling of reflections illustrated how the participants’ international experience affected their perspective of the world, personally and professionally. The awareness of how others live and their lack of healthcare and other basic necessities created an awareness that directly resulted from providing healthcare to an impoverished community in a third world country.

**Practicing Cultural Sensitivity and Awareness**

When the participants were asked what professional changes they could contribute to their participation in their international experiences, a common theme materialized about how the participants could attribute the participation in the abroad experience to practicing cultural sensitivity and awareness in their nursing care. One participant (P4) reported that “I’m a lot more culturally respectful of my diverse families…it gave me a better understanding [of people].” This example was one of several that the participants clearly articulated about how they now practice nursing through a cultural sensitivity lens by being less judgmental and remaining open-minded. The participants reported examples of identifying with a particular patient or family that reminded them of one of the families abroad and their lack of resources. The ability to
connect with patients on their cultural level was valued by the participants and integral to the nursing practice.

Chapter 4 Summary

A basic qualitative design was employed for this study in order to gain the deep and rich understanding of what such an experience meant to baccalaureate prepared registered nurses from the East coast. The perceptions of newly employed registered nurses’ regarding their experience as a student on an interprofessional, international clinical trip were explored. The basic qualitative design facilitated answering of the research questions, which addressed how participants’ described their experiences of interprofessional collaboration and teamwork after participation on this type of learning opportunity as a student nurse and how the experience contributed to their development of interprofessional competency.

The data analyzed revealed seven major themes that answered the research questions. The major themes were comprised of: importance of teamwork and collaboration, improvement of interpersonal skills, increased confidence, improvement in nursing skills, engagement in authentic experiences, gain of a global perspective, and able to practice cultural sensitivity and awareness. A secondary analysis and peer reviewer confirmed the initial analysis findings. All participants reported an appreciation for the importance of interprofessional collaboration, an improvement of interpersonal skills, and an increased in confidence after the abroad experience and the effect of those interactions had on their daily practice. The majority of participants credited their
experience as the first or only opportunity during nursing school that allowed them to engage with an interprofessional team that represented what their current practice does. Additionally, the majority of the participants attributed their student experience to improved nursing skills, increased cultural sensitivity and awareness towards their patients and families, and embracing a global perspective towards healthcare and world issues.

In Chapter 5, the major themes gleaned from the data analysis are discussed in relation to the theoretical framework and to the findings in the literature. The study’s limitations, implications to nursing education, and future research recommendations are addressed. The conclusion of the entire dissertation is imparted in the final section.
CHAPTER 5. CONCLUSIONS AND DISCUSSION

Introduction

The purpose of this basic qualitative study was to gain an in-depth understanding of how registered nurses perceived their participation in an interprofessional, international clinical experience and the long-term effects the experience had on their professional practice 20 months post-abroad experience. This study explored perceptions of newly employed registered nurses regarding their experiences taken as student nurses in a baccalaureate program. The basic qualitative methodology underscored the design of the study and succeeded in answering the research questions.

This chapter begins with a summary and discussion of the findings. Subsequent sections include a discussion of the study’s discoveries in relation to Wilson’s (1993) International Experience Model (IEM) theoretical framework and findings in the literature. The study’s limitations, implications for nursing education, and future research are addressed as well. The final section summarizes the answers to the research questions and serves as a closure for this dissertation.

Summary of the Findings

The study sought to answer the central research question: How do baccalaureate-prepared nurses describe their experiences of interprofessional collaboration and
teamwork after participating in an international clinical experience as a nursing student? The four subquestions offered subsequent questions that needed to be answered in order to gain a full in-depth understanding of the phenomenon. The four research subquestions were:

How does participation in international clinical experiences as a student nurse develop baseline competency and confidence for collaborations and teamwork with an interprofessional team?

How has the international clinical experience influenced the participants’ clinical practice as a registered nurse?

What collaborative experiences did the nursing students participate in during the international clinical experience?

What are the important attributes of interprofessional collaboration and teamwork?

As data from participants’ interviews were analyzed, seven themes emerged to answer the research questions. The seven themes were importance of teamwork and collaboration, improvement of interpersonal skills, increased confidence, improvement in nursing skills, engaging in authentic experiences, gaining a global perspective, and practicing cultural sensitivity and awareness. These themes shaped the key findings of this study to gain an in-depth understanding of an interprofessional, international clinical experience.

The first critical finding was that the participants emphasized their learning of the importance of interprofessional collaboration and teamwork in the healthcare
environment and credited this development to their international experience. The participants’ development of their interprofessionalism competency was significant since the study explored a long-term impact of an interprofessional, international clinical experience after 20 months from participation. The second critical finding was associated with participants’ improvement of their interpersonal skills, specifically, with their ability to communicate with others and recognition of how important mutual respect is for effective interpersonal skills. Exemplars of communications skills included being able to communicate openly and with confidence and having participants’ thoughts valued.

A third outcome for this study was the participants’ increase in confidence related to their personal and professional identity. The improvement in confidence for personal development was commonly identified amongst the participants. Furthermore, the participants’ credited their abroad clinical experience to an increase in professional confidence regarding nursing knowledge and skills. The international experience illuminated for the participants their self-awareness of the amount of knowledge they possessed and their technical abilities. This self-awareness subsequently increased their confidence.

The fourth finding of this study was how the participants’ accredited their clinical experience to their improvement in tangible nursing skills, such as physical assessments, patient teaching, and administration of medications. The improvement of the nursing skills was directly correlated to the amount of time the skills were performed as well as gaining an increase in confidence in themselves. The fifth outcome was how the
participants’ compared their interprofessional, international clinical experience to their current nursing practice environment as a parallel experience. The interprofessional element, delivering direct patient-care, and sharing the same vision as the rest of the team were key factors in describing how the abroad experience was an authentic representation of participants’ daily nursing practice within their first year of employment as a registered nurse.

The sixth finding of this study was how the participants credited their abroad clinical experience to their improved ability to practice cultural sensitivity and awareness. The immersion of living and practicing nursing in a different culture allowed participants to appreciate cultural differences and the importance of practicing healthcare without judgment of others. The last key finding was the long-term impact resulting from the international experience on the participants’ global perspective on their daily actions and values. Participants attributed how their international clinical experience affected their professional identity by continuing to understand healthcare through a global lens and to their personal development as a civically responsible individual. These findings are discussed in length in subsequent sections and are connected to the IEM framework and body of literature.

Discussion of the Findings

It is important to determine if the findings of the study answer the research questions and offer valuable insight into the problem of the study. The themes gleaned from the data are correlated with previous studies that have been done on
interprofessional collaboration and teamwork strategies and international clinical experiences. This section is organized according to the seven themes that were derived from the data and how they answer the research questions and problem of the study.

**Importance of Teamwork and Collaboration**

In this study, the participants reported a long-term appreciation for the importance of interprofessional teamwork and collaboration that was learned from participating in the international clinical experience during their undergraduate nursing education. The current literature that examined interprofessional educational opportunities found a similar outcome regardless of the type of educational opportunity offered or which healthcare professionals attended (Fries et al., 2013; Hallin et al., 2009; Ker et al., 2003; MacDonnell et al., 2012; Main et al., 2013). The two studies that focused on outcomes related to interprofessional, international clinical experiences were consistent with this study’s findings; however, there was a notable difference in that this study examined long-term influences whereas the other studies have concentrated on immediate outcomes from such experiences (Fries et al., 2013; Main et al., 2013). For example, a participant (P1) described how the team functioned during a crisis on the learning experience, “I look back now and see this is a way trauma codes are run with a team.” This type of statement emphasizes the long-term influence.

Furthermore, this finding provided part of the answer for the research questions: How do baccalaureate-prepared nurses describe their experiences of interprofessional collaboration and teamwork after participation in an international clinical experience as a
nursing student? And, how does participation in international clinical experiences as a student nurse develop baseline competency and confidence for collaboration and teamwork with an interprofessional team? The participants’ shared examples of working alongside other healthcare professionals to meet the needs of the patients and understanding that each member was integral towards delivering quality healthcare illustrated the experience and the significance towards the development of interprofessional competency. The discovery that participants’ valued the importance of working within an interprofessional team more than a year after participating on an international clinical experience demonstrated evidence that this type of immersion experience fulfills the problem of the study. The study uncovered through the participants’ long-term perceptions of 20 months post-experience that an interprofessional, international clinical experience allowed learners to develop more than cultural competency and global perspective with the development of the interprofessional competency.

**Improvement of Interpersonal Skills**

Improvement of interpersonal skills emerged as another theme when participants reflected upon their abroad clinical experience. A common characteristic threaded throughout this theme was ability to communicate effectively with practicing healthcare professionals. The feeling of being comfortable approaching physicians consequently allowed participants to be less intimidated to communicate with the healthcare team during their transition from student to professional role. This finding was consistent with
the literature reviewed regarding outcomes associated with interprofessional educational opportunities offered to undergraduate nursing and other health professionals (Bolesta & Chmil, 2014; Hallin et al., 2009; Ker et al., 2003; Vyas et al., 2012). Increased communication was emphasized in previous literature and in this study as an essential element for interpersonal skills. Another characteristic that this study’s participants described as important for effective interpersonal skills was mutual respect amongst team members. Although this finding was not identified in other studies conducted on interprofessional educational opportunities, the two characteristics were strongly described throughout this study. Communication skills and mutual respect answered a secondary research question that asked participants to describe important attributes of interprofessional collaboration and teamwork, which could be the reason for further identifying the characteristic of respect for interpersonal skills.

The theme of increase in interpersonal skills answered two additional research questions that sought to learn how participation in an abroad clinical experience during undergraduate education developed interprofessional competency and influenced professional practice. The participants’ combined report of improved interpersonal skills and understanding the importance of teamwork and collaboration indicated that the interprofessional, international clinical experience provided the medium to learn this competency. The learning opportunity was deemed a successful transformational experience over future professional practice as participants’ attributed their improved interpersonal skills to the experience.
Increase in Confidence

In this study, the participants identified how their confidence was increased in their professional and personal capacity after the abroad clinical experience. The participants described how their confidence increased by being able to practice with more autonomy than other clinical rotations, being valued for their knowledge and skills, and learning to advocate for themselves and others. The finding of increased self-confidence was consistent with outcomes associated with international educational experiences, where literature described an increase in general confidence of oneself (Fennell, 2009; Koskinen & Tossavainen, 2003; Ruddock & Turner, Wilson, 1993). This study identified an increase in confidence related to their professional abilities more than emphasizing personal development, most likely related to how the abroad experience concentrated on hands-on clinical skills.

This finding underscored the other themes of improved interpersonal skills and understanding the importance of teamwork and collaboration as the participants associated those developments to an increase in confidence. The participants’ perceptions of feeling comfortable talking to other healthcare professionals improved interpersonal skills as well as increase in confidence. Additionally, participants gained an understanding of how important teamwork was to healthcare after identifying how their role and responsibilities were relied upon and others trusted their knowledge. The recognition of being valued and responsible towards others increased their confidence as well. This theme further developed the answer of the research questions by providing insight into how the international experience later influenced the participants.
**Improvement in Nursing Skills**

This study’s finding of improved nursing skills was described in respect to specific nursing competencies that included performing physical assessments, teaching patients, and administering medications. Although this outcome did not relate directly to interprofessional collaboration and teamwork associated with the experience, the support from the expert interprofessional team was integral. This unexpected finding provided additional insight into the research question that addressed how the international clinical experience influenced the participants’ current clinical practices.

The finding that participants reported an improvement in nursing skills was new for the literature reviewed. Previous studies on international nursing or healthcare trips and interprofessional educational opportunities did not identify this as an outcome. The lack of earlier identification could be due to other study’s design and research questions, unlike this study’s purpose, which was to gain an in-depth understanding of the experience. Another potential reason why this finding was reported by more than half of the participants could be due to the type of nursing care that was being provided, tangible nursing skills that nurses incorporate into their daily practice. This area was not described well in the literature, which exposes a new area for future research.

**Engaging in Authentic Experiences**

Another finding that was not previously identified in the literature was how the abroad clinical paralleled the participants’ current practice environment. Two examples were used by the participants that described why they perceived the close connection.
The first example was the interprofessional collaboration that occurred. The second example was how students’ responsibilities mimicked the role and responsibilities of a registered nurse. This important finding emerged when participants compared the United States traditional clinical offerings to the international clinical immersion. The studies conducted on interprofessional educational experiences did not report on this outcome, which could be due to the design of the studies. Previous studies did not examine the impact after the participants were in their own practice (Dando et al., 2012; Hallin et al., 2009; MacDonnell et al., 2012; Vyas et al., 2012). The studies that examined the long-term impact of international clinical experiences did not address this finding as well (Evanson & Zust, 2006; Kollar & Ailinger, 2012; Smith & Curry, 2011). Despite the lack of findings in the literature, this significant finding answered the research question of describing the experiences that occurred during the international experience and provided insight into the understanding about the overall experience.

**Gaining of Global Perspective**

In this study, the participants’ reported that after their participation in the international clinical experience, they underwent a transformative change by acquiring a global perspective. This new worldly outlook affected how the participants view professional and societal issues. The change in these participants was congruent with other studies that examined short and long-term effects of educational abroad trips (DeDee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002; Smith & Curry, 2011; Walsh & DeJoseph, 2002; Wilson, 1993; Zorn, 1996). Although this
finding was not unexpected due to the experience that was being studied, this theme did not specifically answer the research questions. The theme emerged when participants discussed long-term influences over clinical practice and the comments described the change to their professional identity. This finding demonstrated how the participants placed significant meaning to their overall experience and further extended the body of literature on the outcomes of educational abroad opportunities.

**Practicing Cultural Sensitivity and Awareness**

The participants reported how their clinical practice improved after participating in their international clinical experience by practicing cultural sensitivity and awareness towards others. This finding was anticipated because of the international component of the study and the overwhelming amount of literature that discussed this similar outcome (Caffrey et al., 2005; Carpenter & Garcia, 2012; Evanson & Zust, 2006; Kollar & Alinger, 2002; Ruddock & Turner, 2007; Walsh & DeJoseph, 2002; Wilson, 1993). This finding answered the research question of how the international clinical experience influenced participants’ clinical practice. Although this was not a new discovery or enhanced the study’s purpose of uncovering the long-term influences of an interprofessional, international clinical experience, this finding demonstrated that the outcomes of this study were congruent with the literature and bolstered credibility for other findings.

In summary, the central research question was answered along with the four subquestions. The findings uncovered a deep understanding of how baccalaureate-
prepared nurses place meaning to their experiences of interprofessional collaboration and teamwork after participating in an international clinical experience as a nursing student. The long-term influences of their abroad experience showed a positive impact on their development of the interprofessional competency as well as their professional practice. The findings revealed the interprofessional competency was met through the themes of importance of teamwork and collaboration, improvement of interpersonal skills, and increase in confidence. The themes of improvement in nursing skills and practicing of cultural sensitivity and awareness, and engaging in authentic experiences supported the research question of long-term influences on the professional practice. The theme of gaining a global perspective contributed to the understanding of how an international clinical experience affects a person’s professional identity by understanding healthcare through a global lens and to their personal development as a civically responsible individual.

Discussion of the Findings in Relation to the Literature

Another important feature of a study is to show relationships between the study’s findings and the literature. This section links the findings to the theoretical framework of Wilson’s (1993) International Experience Model (IEM) as well as the literature reviewed related to interprofessional collaboration and teamwork and international clinical experiences. Throughout this segment, the discussion illustrates how this study advances the body of knowledge on this subject.
Relationship between the Findings and the Theoretical Framework

The theoretical framework for this study, Wilson’s (1993) IEM constructed meaning to students’ international educational experiences using two primary themes of developing of self and relationships and gaining a global perspective. For the theme of developing self and relationships, the two domains that further described this principle were development of interpersonal skills and personal development. On the other hand, the theme of gaining a global perspective was broken down into two subcategories of perceptual understanding and intellectual knowledge. The findings of this study were connected to each of the IEM categories to illustrate the connection to the theoretical framework and to provide structure for understanding the findings (see Appendix C).

Development of interpersonal skills. The IEM’s subcategory of developing interpersonal skills was defined as students returning from their abroad educational experience with improved communication skills, flexibility towards new ideas, respect for others, and cultural sensitivity, resulting in an ability to form interpersonal relationships (Wilson, 1993). Two findings from this study, importance of teamwork and collaboration and improvement of interpersonal skills related to this category. This study’s finding of improvement of interpersonal skills matched this category exactly and extended the use of this framework to include long-term influences as this study focused on 20 months post-abroad experience. For the second finding of this study, the understanding for the importance of teamwork and collaboration, the underlying principle was that effective teamwork and collaboration resulted from forming good interpersonal
relationships. The feelings of being respected, being open-minded, sharing a vision, and using effective communication skills were identified by both this study’s findings and the IEM framework. The study’s findings confirmed the assumptions used in the IEM category of developing interpersonal skills resulting from an international educational experience.

**Personal development.** Wilson’s (1993) IEM subcategory of personal development described how students acquired important abilities during their study abroad trip that continued to influence them throughout their personal lives. Students became adaptable when faced with challenges and increase in self-confidence (Wilson, 1993). In this study, the same finding was found through the theme of increase in confidence towards their personal and professional identity. This match in findings demonstrated how well aligned the theoretical framework was to the study as well as how this study’s findings were consistent with the literature.

**Perceptual understanding.** Wilson (1993) described perceptual understanding when a person was open-minded and discriminated against generalizations. Two findings in this study, practicing cultural sensitivity and awareness and gaining a global perspective, were closely linked to perceptual understanding. Participants described how they practiced cultural sensitivity and awareness in bedside nursing by being less judgmental and respectful towards diverse families. Additionally, participants in this study described being open-minded towards others as well as approaching issues by
exploring multiple perspectives. The participants reported continued appreciation for people who have less resources and minimal access to healthcare, demonstrating how the long-term influence of this experience integrated into participants’ global perspective on professional issues. These findings supported the study’s theme of gaining a global perspective, which was also the overarching theme for this IEM category. Therefore, these findings from this study have a direct relationship to the IEM framework.

**Intellectual knowledge.** The IEM posited that students acquired intellectual knowledge after a study abroad experience regarding world affairs, foreign language, and specific content that was studied while abroad. For this study, the theme that related to attainment of intellectual knowledge was an improvement of nursing skills. The improved nursing skills were cognitive and psychomotor knowledge obtained directly related to the time the participants were on their international clinical experience. The content studied included how to perform a nursing assessment, how to teach patients specific discharge instructions and health promotion techniques, and how to administer medications safely. This theme supported how participants gained substantive knowledge while learning in context.

The last theme that was not associated with the IEM’s four subcategories was engaging in authentic experiences. This theme was an unexpected finding that contributed to the answering of the research question and problem statement. Therefore, the finding was significant to the study and remained an outlier to this framework.
The close relationship between this study’s findings on six of the seven themes and Wilson’s (1993) IEM framework illustrated congruency between the findings and the literature. The themes were either identical in nature or closely associated. This study joined the small amount of literature in nursing education that employed the IEM framework and revealed positive outcomes (Kollar & Ailinger, 2002). Due to this close association, this study advanced the use of the IEM model to studies that examined long-term influences of more than a year post an abroad experience in the healthcare profession.

**Relationship between the Findings and the Literature Reviewed**

The literature reviewed in Chapter 2 discussed two primary topics, international clinical experiences for nursing education and interprofessional collaboration and teamwork competency. A third subject explored was the combination of the two topics and the premise of this study, interprofessional, international clinical experiences. The themes that surfaced during data analysis of this study were connected to the three topics to help demonstrate how this study’s findings supported the current literature and fulfilled the current gap in the literature.

**International clinical experiences for nursing education.** The literature on international clinical experiences being offered in undergraduate nursing education placed value for these educational offerings. Students’ returned from an abroad clinical participation with an improved cultural competence (Caffrey et al., 2005; Carpenter &
Garcia, 2012; Evanson & Zust, 2006; Kollar & Ailinger, 2002; Ruddock & Turner, 2007; Walsh & DeJoseph, 2002; Wilson, 1993). This finding was well documented in the literature and was identified in this study. Although there was not a need to discover further support for this outcome; this study revealed the long-term influence of a 20 month post-abroad clinical experience had on the participants’ clinical practice in relation to cultural competency.

Another common outcome in the literature regarding international clinical experiences for nursing students was the gaining of a global perspective (DeDee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002; Smith & Curry, 2011; Walsh & DeJoseph, 2002; Wilson, 1993; Zorn, 1996). Although the literature was saturated with this finding, Zorn (1996) suggested that gaining of a global perspective minimizes over time. Zorn (1996) did not identify the length of time, nor did other studies address this concern. Therefore, this study’s finding of gaining of a global perspective as a long-term influence disconfirmed what the previous study suggested.

The participants were interviewed approximately 20 months after participating on the international experience. The difference in the finding might be attributed to global perspective that involved professional issues and responsibilities rather than global perspective on general world issues. Despite the distinction, this finding was consistent with the literature in general.

The literature identified personal and professional growth as long-term outcomes of international nursing experiences while a student (Dee & Stewart, 2003; Kollar & Ailinger, 2002; Zorn, 1996). The professional growth was attributed to understanding the
professional role of the nurse, including professionalism and practicing with tolerance and respect for others. The personal growth was described as building of self-confidence and maturity after experiencing an abroad nursing experience. By using these defining limits, the theme from this study that was closely associated with these outcomes was an increase in confidence. In this study, an increase in confidence was identified for personal and professional growth, demonstrating the congruency between the previous literature and this study.

Three of the seven themes that surfaced in this study supported the literature on short and long-term outcomes of international clinical experiences. Although these findings did not advance the body of knowledge, the current literature on long-term impacts of such experiences was strengthened.

**Interprofessional collaboration and teamwork.** The literature reviewed about interprofessional educational opportunities in the health professions was divided between using simulated scenarios and real-patient situations. The majority of the studies measured short-term outcomes for interprofessional simulations and showed an increase in communication skills (Bolest a & Chmil, 2014; Ker et al., 2012; Vyas et al., 2003). Hallin et al., (2009) studied interprofessional education outcomes after real-patient situations with a similar finding of increase in communication skills. Therefore, regardless of types of environment, an outcome of short-term interprofessional educational offerings resulted in participant’s increase in communication abilities. In this study, the finding of increase in interpersonal skills was associated with the literature’s
outcome with the notable difference that this study investigated long-term influences, 20 months post-abroad experience. This distinction extended the body of knowledge on interprofessional educational outcomes and began to fulfill the literature gap identified for outcomes associated with interprofessional learning opportunities.

The second outcome identified in the literature was how the participants’ placed value on the importance interprofessional teamwork and collaboration after their simulated or real-life interprofessional learning experience (Dando et al., 2012; Hallin et al., 2009; Ker et al., 2003; MacDonnell et al., 2012). This outcome was connected to this study’s theme of importance of teamwork and collaboration. The literature reviewed were short-term studies similar to the other interprofessional studies; therefore, this study’s finding advanced the knowledge on interprofessional educational opportunities through support of current literature and demonstrated that long-term outcomes shared similar findings.

**Interprofessional, international clinical experiences.** The two studies similar to this study’s topic, investigating the influences of an interprofessional, international clinical experience for nursing students examined the effects of this type of experience during or immediately following influences (Fries et al., 2013; Main et al., 2013). The findings from these studies concluded that the participants’ learned about interprofessional collaboration and teamwork (Fries et al., 2013; Main et al., 2013). This study’s findings were similar with the theme of understanding the importance of teamwork and collaboration and supported the earlier findings. Although these studies
examined the same topic with the different time frame, they did not discuss other findings regarding nursing outcomes.

The findings of this study supported the outcomes presented in the literature reviewed. Five of the seven themes were identified in previous studies; however, this study continued to support the literature at the same time extend the body of knowledge as the majority of the studies reviewed investigated short-term outcomes whereas this study focused on outcomes 20 months past the clinical abroad experience. The gap exposed in the literature prior to this study on interprofessional educational opportunities and interprofessional abroad nursing experiences were the time frame and recognition of other nursing competencies. This study examined the long-term influences and identified two additional nursing related findings, improvement in nursing skills and engaging in authentic nursing experience. The summative findings of this study supported the current literature and advanced the body of knowledge on the topic.

**Limitations**

In this basic qualitative study, the limitations identified included the research sample method, interview questions and interviewer experience, researcher relationship with the study’s topic, and data analysis process. Purposive sampling was used to achieve the purpose of the study; to learn how registered nurses perceived the long-term influences of an interprofessional, international clinical experience while they were students. In order to attain a deep understanding of this experience, potential participants were selected for their unique expertise on the subject. This study used one university for
the purposive sampling, creating a limitation that may affect the transferability of the subject if other undergraduate baccalaureate in nursing programs offer differently designed experiences.

Another limitation was the interview instrumentation and the inexperience of the researcher. The interview questions were not piloted prior to data collection. A field test was completed with three field experts and feedback was integrated to improve the interview experience. The interview process illuminated this potential limitation as the interview questions did not flow easily. This limitation was coupled with the inexperience of the researcher, who was conducting a qualitative research study for the first time.

The relationship between the researcher and the study may be perceived as a limitation for this study. The researcher had preconceived feelings and biases related to interprofessional, international clinical experiences that resulted from being a registered nurse who participated on prior trips. A journal was maintained during the data collection phase to reflect on thoughts and potential biases.

For the data analysis phase, the participants did not review the interview transcripts or identified themes. Houghton et al. (2013) recommended using member checking in qualitative studies to bolster credibility; however, this was not incorporated. To minimize this limitation, an independent peer who had conducted several research studies reviewed the transcripts and themes for congruency with the researcher. The findings were similar, which demonstrated the researcher maintained objectivity during the data analysis phase.
Implication of the Results for Practice

Nursing education was undergoing a transformation to prepare nurses to practice in the 21st century (Benner et al., 2010). Key competencies that the nurses needed to possess as they enter the professional workforce include caring for diverse individuals and populations, effectively working with an interprofessional team, practicing skills safely and competently, and being professional among others (AACN, 2008; IECEP, 2011; IOM, 2010; NLN, 2011; QSEN, 2014). In order to meet those demands, educators were called upon to design educational opportunities that were engaging as well as teaching essential competencies. This study intended to address this demand to find an effective pedagogical strategy by gaining an in-depth understanding of a contemporary educational nursing practice and uncover any long-term influences on the registered nurses professional practice.

This study explored perceptions of baccalaureate-prepared nurses 20 months after their participation in an interprofessional, international clinical experience during their undergraduate nursing program. This study combined two trends in nursing, international clinical opportunities and interprofessional educational experiences, to uncover benefits of an interprofessional, abroad clinical trip. Five of the seven themes supported the literature that interprofessional, international clinical experiences had long-term influences over registered nurses’ development of competencies. The fives themes that the participants’ gained after an experience included an understanding for the importance of teamwork and collaboration, an improvement in interpersonal skills, an increase in confidence, a gaining a global perspective, and ability to practice with cultural
awareness and sensitivity. By designing an international clinical experience to have an interprofessional focus, the benefits of both strategies were seen in the findings. These discoveries have significant impact for nursing education curricula, as they lend support for continuing to offer international clinical experiences with an interprofessional element to maximize benefits.

This study’s findings uncovered two additional benefits of participation on an abroad clinical experience while a student. The participants reported an improvement in their nursing skills and an appreciation for engaging in an authentic nursing experience that influenced their transition into professional practice. Although these findings were not found in previous literature regarding this topic and considering the small sampling, the positive effect on additional nursing competencies should be taken into account for a reason why these experiences are invaluable.

The benefits identified from this study revealed informative evidence that has potential to impact and shape future nursing curricula. The evidence advanced the body of knowledge for nurse educators and provided reason for continuing to offer these educational experiences. The human and financial cost associated with developing and implementing an interprofessional, international clinical experience could be justified when acknowledging the long-term benefits that result from them. Lastly, the findings showed importance for baccalaureate-nursing students to participate on an international clinical opportunity during their education; leaving educators to contemplate how to overcome obstacles in order to have more students participate.
**Recommendations for Further Research**

Future research is necessary to advance the body of knowledge on the general topic of interprofessional, international clinical experiences. Future studies should investigate the long-term influences that these experiences offer to encompass the different healthcare professionals involved, as this study explored baccalaureate prepared nurses only. In regards to long-term influences, a recommendation is to conduct a longitudinal study that explores the impact of an international clinical experience more than 2 years past the experience, more along the timeframe of 5 years post the experience. Specific to the topic of interprofessional education, studies that focus on long-term effects of these learning opportunities are limited regardless of the setting; therefore, exposing another area for future research.

In this study, the findings revealed new benefits perceived from these experiences, improvement in nursing skills and engagement in an authentic clinical experience that were not supported by previous literature. The participants’ comparison between the United States traditional clinical rotation and the international clinical experience highlighted the strengths and weaknesses of the current clinical offerings, warranting further investigation into this topic.

**Conclusion**

This study sought to answer a central research question of how baccalaureate-prepared nurses describe their experiences of interprofessional collaboration and teamwork after participating in an international clinical experience as a nursing student.
The basic qualitative research design was appropriately matched to answer the question, which focused on understanding registered nurses’ long-term perceptions. The theoretical framework of Wilson’s (1993) International Experience Model provided structure to construct meaning to the experience through understanding of the findings. As a result, this study’s discoveries confirmed several findings from the literature reviewed. The participants gained an understanding of the importance of teamwork and collaboration when reflecting upon their abroad experience. This outcome was found in other studies about interprofessional educational opportunities that included international trips; however, the noted distinction was that the other studies examined short not long-term effects (Dando et al., 2012; Fries et al., 2013; Hallin et al., 2009; Ker et al., 2003; MacDonnell et al., 2012; Main et al, 2013). The second finding that answered the central research question was the participants’ improved interpersonal skills that assisted their transition into professional practice and ability to work effectively within an interprofessional team. The finding supported the literature on interprofessional education; however, this was a new outcome for interprofessional, international clinical experiences (Bolesta & Chmil, 2014; Hallin et al., 2009; Ker et al., 2012; Vyas et al., 2003). Although both of these results were supported in the literature, the findings were significant as they reinforced that interprofessional educational offerings meet their intended outcomes and interprofessional, abroad clinical trips are an effective modality. These results extended the body of knowledge to encompass long-term effects of these experiences as well.
In this study, other findings that were embedded in the literature reviewed were the participants increase in confidence, gain of global perspective, and ability to practice cultural awareness (Caffrey et al., 2005; Carpenter & Garcia, 2012; DeDee & Stewart, 2003; Evanson & Zust, 2006; Kollar & Ailinger, 2002; Ruddock & Turner, 2007; Smith & Curry, 2011; Walsh & DeJoseph, 2002; Zorn, 1996). Although these findings resulted primarily from the international element and not considered new discoveries, this study extended the body of knowledge for the long-term influences over nursing practice as the majority of the literature focused on short-term impacts. The findings bolstered the credibility of the study and continued to answer the research questions.

The other two findings revealed in this study were not supported by previous literature. The participants’ report of improved nursing skills and engagement in an authentic nursing experience answered the subquestion that inquired about long-term influences of the experience over their clinical practice. These findings were significant for understanding the long-term effects of an interprofessional, international clinical experience.

As a result of this study, the findings advanced the body of knowledge for interprofessional educational opportunities as well as international clinical experiences. The study began to fill the gap exposed in the literature by discovering positive long-term influences on the participants’ nursing practice. The new evidence demonstrated the value of participating on such experiences during a nurse’s undergraduate education. It is the hope that these results act as a catalyst for other nurse educators to examine how their program’s international learning opportunities are designed or to develop similar
educational opportunities. As this study’s findings demonstrate during a time of nursing education transformation, combining current instructional strategies is an effective means to prepare future nurses.
REFERENCES


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APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University’s Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person’s ideas or works.

The following standards for original work and definition of plagiarism are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others’ work through proper citation and reference. Use of another person’s ideas, including another learner’s, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else’s ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University’s Research Misconduct Policy (3.03.06) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.
Statement of Original Work and Signature

I have read, understood, and abided by Capella University’s Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA Publication Manual.

Learner name and date

Sherylyn M Watson 11/21/2014

Mentor name and school

Dr. Camille Payne, School of Education
APPENDIX B. MAJOR THEMES IDENTIFIED

- Improvement of Interpersonal Skills
  - Mutual Respect
  - Communicate effectively (comfortable/confidence talking with team members)
  - Everyone has a role and responsibility

- Importance of Teamwork and Collaboration
  - Learn how to collaborate with others
  - Sharing of same vision
  - Everyone valued during crisis situation

- Increased Confidence
  - Personal Identity
    - Advocate for self and others
    - Take accountability for actions
  - Professional Identity
    - Looked at "us" like nurses, not students
    - Community appreciated us

- Improvement in Nursing Skills
  - Assessment skills & patient teaching
  - Repetitiveness
  - Learned different techniques from experienced professionals
  - Autonomous decisions

- Engaging in Authentic Experiences
  - Connected real world with learning
  - Same experience as hospital, see now as practicing RN

- Gaining of Global Perspective
  - Important to sharing nursing knowledge with others
  - View how "lucky we are"

- Practicing Cultural Sensitivity and Awareness
  - Non-judgmental (never know where people are from)
  - Looking through patient's eyes
  - Holistic approach (think about patient first)
Engaging in Authentic Experiences