The experiences of Australian undergraduate nursing students of a clinical placement in Cambodia

Elizabeth J. Halcomb
*University of Wollongong, ehalcomb@uow.edu.au*

Carolyn J. Antoniou
*University of Wollongong, ctaoldi@uow.edu.au*

Rebekkah Middleton
*University of Wollongong, rmiddle@uow.edu.au*

Maria T. Mackay
*University of Wollongong, mmackay@uow.edu.au*

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Abstract

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Aim: This paper explores the experiences of Australian undergraduate nursing students undertaking a primary health care clinical placement in Cambodia.

Method: This exploratory qualitative study used semi-structured interviews to gather experiential narratives. Eight Australian undergraduate nursing students from a single University in New South Wales, Australia participated in the study. Verbatim transcripts were analysed using thematic analysis.

Results: Interview data revealed four themes, namely; Preparation for placement, Challenges, "The experience is so, so worth it" and PHC "it's a lot more than words on a page now". Despite pre-placement preparation, students were challenged during the placement in ways that they never expected. These challenges saw them grow both professionally and personally from the experience. Additionally, exposing students to primary health care in practice helped to demonstrate the value and importance of this area of nursing.

Conclusions: International clinical placement experiences present undergraduate nursing students with unique challenges and facilitate both professional and personal growth. Enhanced appreciation of primary health care among participants has potentially positive implications as they enter the nursing workforce. However, future studies need to investigate the longer term impact of international placement experiences within the broader undergraduate preparation of nurses and into their future careers.

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Professor Elizabeth HALCOMB RN BN(Hons) PhD FACN
Professor of Primary Health Care Nursing
School of Nursing
University of Wollongong
Northfields Ave Wollongong NSW 2522
P: +61 2 4221 3784 | E: ehalcomb@uow.edu.au

Ms Carolyn Antoniou RN GradCertPDFac MHLM
Lecturer
School of Nursing
University of Wollongong
Northfields Ave Wollongong NSW 2522
P: +61 2 4221 3201 | E: ctoldi@uow.edu.au

Dr Rebekkah Middleton RN BN PhD Grad Cert Emerg Nursing Grad Cert Mgmt
Senior Lecturer, Academic Program Director
School of Nursing
University of Wollongong
Northfields Ave Wollongong NSW 2522
P: +61 2 4221 3724 | E: rmiddle@uow.edu.au

Ms Maria Mackay RN RM Grad CertPH MSc Health Pol & Mgmt
Senior Lecturer
School of Nursing
University of Wollongong
Northfields Ave Wollongong NSW 2522
P: +61 2 4221 8004 | E: mmackay@uow.edu.au

Corresponding author:

Professor Elizabeth HALCOMB RN BN(Hons) PhD FACN
Professor of Primary Health Care Nursing
School of Nursing
University of Wollongong
Northfields Ave Wollongong NSW 2522
P: +61 2 4221 3784 | F: +61 2 4221 3137 | E: ehalcomb@uow.edu.au
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**Conclusions:** International clinical placement experiences present undergraduate nursing students with unique challenges and facilitate both professional and personal growth. Enhanced appreciation of primary health care among participants has potentially positive implications as they enter the nursing workforce. However, future studies need to investigate the longer term impact of international placement experiences within the broader undergraduate preparation of nurses and into their future careers.
Summary of Relevance

- **Problem or Issue**

Clinical placements expose nursing students to the realities of clinical practice. In our changing world, nurses need to be prepared to deal with multicultural clients and the range of settings where nurses work.

- **What is Already Known**

The experiences of international clinical placements and their impact on appreciation of primary health care are not widely reported in the literature.

- **What this Paper Adds**

Evidence that international clinical placements can challenge undergraduate students to promote personal and professional growth, as well as enhance their understanding of the value and importance of primary health care nursing.

**Keywords:** nursing education; clinical placement; international placement; nursing student.
1. Introduction

Quality undergraduate nursing education needs to prepare nurses not only to practice within acute care hospitals, but also expose students to the increasing number of settings in which nurses’ work. As the world becomes increasingly connected and migrants move across the globe, nurses require an awareness of global health, including health disparities, service delivery and health priorities (Gower, Duggan, Dantas, & Boldy, 2017; Kent-Wilkinson, Dietrich Leurer, Luimes, Ferguson, & Murray, 2015). International clinical placements provide an opportunity for nursing students to not only practice their clinical skills, but also enrich their global perspective of health and health services and develop cultural and global awareness (Ailinger, Molloy, & Sacasa, 2009; Burgess, Reimer-Kirkham, & Astle, 2014; Kelleher, 2013; Kent-Wilkinson et al., 2015; Tuckett & Crompton, 2014).

Clinical placement is an essential aspect of undergraduate nursing education as it links theory to practice (Shoqirat & Abu-Qamar, 2013), enabling students to increase competence and readiness for practice (Maharajan et al., 2017; The Department of Health, 2013). It is in the clinical environment that students are afforded opportunities to meaningfully contribute to the delivery of healthcare and to consolidate their own professional identify (Bradbury-Jones, Sambrook, & Irvine, 2011; Maharajan et al., 2017). Clinical placement also offers an opportunity to expose students to the realities and complexities of nursing and health service delivery.

2. Background

A large body of literature exists around undergraduate nursing clinical placements (Forber et al., 2016; Koch, Everett, Phillips, & Davidson, 2015). However, much of this literature focusses on the acute care setting (Peters, McInnes, & Halcomb, 2015). This literature does, however, demonstrate the impact of clinical placement on student development with
students regarding these placements as being essential to their successful preparation as registered nurses (Bjørk, Berntsen, Brynildsen, & Hestetun, 2014; Edwards, Smith, Courtney, Finlayson, & Chapman, 2004). This literature often reports clinical placement as being the most influential aspect of the degree in terms of skills development and application, knowledge building and integration, professional socialisation and attitude development, and observation of care delivery by registered nurses (Bjørk et al., 2014; Edwards et al., 2004; Peters et al.). The student experience is, however, influenced by the quality of the placement in terms of the environment, its opportunities for learning and the support received from both staff and facilitators (Killam & Carter, 2010; Levett-Jones, Lathlean, Higgins, & McMillan, 2009).

Despite the growing popularity of international clinical placement experiences (Tuckett & Crompton, 2014), there is considerably less attention paid to them in the literature (Browne, Fetherston, & Medigovich, 2015; Jones, Neubrander, & Huff, 2012). This literature identifies how these international experiences promote both professional and personal growth within students as they develop an insight into the global delivery of health care beyond their own country (Browne et al., 2015; Jones et al., 2012). Given the impact of the quality of clinical experiences on learning outcomes (Killam & Carter, 2010; Levett-Jones et al., 2009), it is important that as we develop these international placements we seek to investigate students’ experiences and explore the perceived effectiveness of the experience to ensure that learning needs are being met (Kelleher, 2013).

In addition to the professional development that occurs during clinical placements, positive clinical experiences influence the attitudes of nursing students towards more favourable perceptions of that area of nursing and students are more likely to view that area of nursing as a promising career destination (Cleary & Happell, 2005; Courtney-Pratt, Fitzgerald, Ford, Johnson, & Wills, 2014). Internationally, there is a need to grow capacity
in primary health care nursing to meet the changing community health needs. Exposing students to a global view of primary health care nursing has the potential to not only develop their capacity as global citizens but also positively influence their future career decisions and assist in meeting nursing workforce demands.

3. Methods

3.1 Aims

This study aimed to develop an understanding of student’s experiences of a two week overseas clinical placement in Cambodia. Additionally, the study sought to develop a greater understanding of the influence of a primary health care clinical placement on student nurse perceptions and potential future career choices of this area of nursing.

3.2 Design

This exploratory study used a qualitative approach to data collection and analysis to allow students experiences of international clinical placement to be heard.

3.3 Sample & Setting

Participants were undergraduate nursing students from the University of Wollongong who had attended a 2 week clinical placement in North eastern Cambodia during November/December 2015. The placement was offered by the University as an additional placement experience to the curriculum and organised via a professional international placement company.

Before attending the placement, students participated in two preparation sessions. These sessions were coordinated by the international placement company, as this was the School of Nursing’s first overseas clinical placement. The sessions were delivered by experienced facilitators of international placement programmes who had local knowledge of working with students in Cambodia. The sessions covered information on what to pack,
the climate, cultural advice, personal care and safety, as well as preparing for the realities of primary care in a developing country.

Cambodia is a country of over 15 million people located in South East Asia and bordered by Vietnam, Laos and Thailand (National Institute of Statistics, 2017). Although it gained independence in 1953, Cambodia has significant issues with corruption, poverty, hunger and limited political freedom (National Institute of Statistics, 2017). Students were divided between two primary health clinics located less than one hour from Siem Reap in the northeast of Cambodia. Each of these clinics had a caseload drawn from a catchment area of local villages and farming communities. The clinic staff were principally nurses and delivered all aspects of care from midwifery, pharmacy, education, immunisation and emergency care. The students were accompanied by two Registered Nurse Academic Facilitators who were also members of the research team, as well as two interpreters.

4. Data collection

All students who attended the placement were contacted by the research team to participate in the interviews at a mutually convenient time. Telephone interviews were conducted due to the geographic dispersion of students. Interviews were all undertaken within six weeks of the students returning to Australia. All interviews were audio-recorded and transcribed by a professional transcription company. The interviewers also recorded field notes during and after the interviews. The interview questions had been developed from a review of the literature and consultations with experts in clinical nursing education (Box 1). The questions were reviewed after the first two interviews to ensure that they were appropriate. Given the small potential sample pilot interviews were not undertaken. Recruitment was continued until data saturation was achieved.
1. What words would you use to describe your clinical placement in Cambodia? What happened to make you feel this way?

2. Now that you have had this experience, what do you understand is meant by the term primary health care?

3. What did you gain from the placement experience?
   a. Did you gain what you thought from the clinical experience? Why / why not?
   b. How did the placement differ from your other placements?


5. What was the biggest challenge on your placement?

6. What advice would you give future students thinking about overseas clinical placements?

7. Would you consider going back to work in a place like Cambodia once you graduate? Why? Why not?

**Box 1.** Interview Schedule

5. **Data analysis**

Data were analysed using thematic analysis (Braun & Clarke, 2006). Initially all transcripts were read and re-read by all members of the research team to identify patterns and themes. The team then met to discuss common themes that were emerging. Once these themes were agreed upon, relevant quotations were identified for each theme. During the process of writing a description of the themes the research team met regularly to discuss the findings and ensure that the text was emerging out of the participants’ narratives.

6. **Ethical considerations**

Prior to collecting the data approval for the conduct of the study was gained from the University of Wollongong Human Research Ethics Committee. An experienced academic conducted all interviews once informed consent was gained from each participant. All interviews were de-identified and coded to protect the participants’ anonymity.
7. Results

Of the ten students who attended the international clinical placement, 8 participated in the interviews (response rate of 80%). The other two students were not available to participate in the data collection as it was the holiday season. Participants ranged in age from 19-28 years (Mean 21.6 years; SD 3.4). Only 1 participant (12.5%) was male. Two students were in the first year of their course (25%), four students were in second year (50%) and the remaining two students (25%) were in the third year of their nursing program. Interviews lasted from 10-30 minutes (Mean 18 minutes). Four themes arose from the interviews, namely, Preparation for placement, Challenges, “The experience is so, so worth it” and PHC “it’s a lot more than words on a page now”.

7.1 Preparation for placement

Preparatory activities provided some insight into the practicalities of “how to dress and the food and that sort of thing” (Sara), although some participants spoke of having to purchase “another three or four pairs of pants because I couldn't wear what I brought” (Gab) and additional food items. The interviews revealed two key aspects where participants’ felt somewhat under prepared, namely clinical and cultural preparation. Clinically, some participants “didn't really know what to expect” (Gab) in terms of the clinical environment that they would experience and the role that they would play. Better preparation would have allowed them to arrive equipped with more clinically relevant knowledge and feel better able to provide the care that was expected of them. “I wasn't sure what I was going to be doing.... There’s a lot of pre-reading I would have liked to have done that really would have helped me over there” (Emile).

In contrast to clinical preparation where participants described how more insight prior to the placement could have been helpful, participants described that you “couldn’t have prepared yourself emotionally before you left” (Jo) for the enormity of the cultural impact of
the experience. Exposure to the realities of life in rural Cambodia and the effect on the people of the recent history under the Khmer Rouge caused students to reflect that they could not have understood the experience until they were there.

“once I was there I thought how could you prepare for this? …The things that I struggled with were things that you just had to work on while you were there” (Jo).

“I don’t know because it’s the sort of thing that I don’t know how much more prepared I could have been… until you get there I don’t think you can fully prepare yourself until you get there and experience it and see everything” (Toby).

Some participants did, however, recommend that future students might be advised to “read up on a bit of Cambodian history before going” (Sara).

Jo indicated that she would have valued some more team building activities in the planning phases to encourage students to get to know each other “at least if you know people before you leave you have that like a safety net almost”. The support of academic facilitators who had previously been to Cambodia was recognised as being an important factor that allowed students to embrace the experience with more confidence.

“[Academic facilitator] helped a lot too because she'd already been there before” (Nell).

“We had really, really good support once we got there” (Michel).

7.2 Challenges

Most participants described the experience of the placement as “challenging”. These challenges, however, were often the moments of greatest learning. “I definitely gained experience in wound care and stuff like that sort of thing but I think I gained a lot more than from things that I didn’t expect” (Gab).
 Personally, participants spoke of both emotional and physical challenges. Participants described being overwhelmed by the poverty in which most of the population lived “the actual day to day living conditions and the work conditions of the Cambodian people is a real shock” (Emile). “It was definitely challenging and seeing how they live and what they’ve got to deal with” (Michel). Sara described the emotional challenge of the way that the Cambodian people related to the students; “It's weird because they look at us with such respect because we're giving them medical care but, really, they have so much more to teach us about culture and life. It's weird when someone puts you on a - almost like a pedestal. I think that was challenging because I think they thought we were better than them, but we weren’t at all really”.

She went on to articulate that “the emotional side of it. That never occurred - well, it didn’t occur to any of us really, did it?” (Sara).

The “physical challenges” of the placement were also a greater challenge than participants had anticipated. Participants described how “the heat was really straining” (Michel), they were “on the go all the time, no time to relax and no privacy” (Gab), “no time to just sit and think or just to sit and relax or nothing really like that” (Gab). This left them finding it “a bit hard to stay energised and focussed on the task at hand when you're just feeling so run down from, not even just from prac, but also the heat and not - I don’t know how to describe it. Like it was just because it’s new, a new place. You want to be doing everything but you need that time to just relax sort of thing” (Gab).

Perhaps the most obvious challenge participants faced related to their lack of local language skills. “You can read about it all you want sort of thing but until you’re actually sitting there with someone who doesn’t speak English and an interpreter like, it's going to
be challenging” (Gab). While interpreters were used, participants noted that this limited the depth of conversation they were able to have:

“wanting to understand how they dealt with something so horrific and how that affected them. But then because there was a language barrier, that was really hard to I suppose understand, because I couldn't necessarily communicate with them” (Kate).

Others described how they utilised their skills in body language to augment the communication and promote understanding.

“we’ve just got to have the patience to listen to what they're trying to say and, whether that’s through interpreters or using body language, we can work it out.” (Michel). “With using your body language and trying to communicate with someone, you can get a lot out of a person” (Nell).

A further challenge that caused frustration amongst students was the limited resources available in the Cambodian clinics. The lack of diagnostic equipment meant that students were required to assess patients on clinical presentation alone. This fostered an awareness of the importance of learning and developing advanced assessment skills. By the end of the placement many participants expressed that they now had an increased understanding of the importance of clinical assessment and that this was a skill they would value more highly in the future.

“...it was really good using all your assessment skills and to see how much you learn in two weeks, assessing different types of people that come in. I think it’s a really, really good skill to have” (Sara).

Other participants expressed a realisation that although the placement was building their clinical skills “from the nursing aspect probably the most challenging thing is the inability to actually do anything” (Emile) where resources are not available. “As nurses you recognise
things that need to be done, okay you need to go have surgery. Well it's not going to happen, there's just no options for these Cambodian locals to go have surgery” (Emile).

7.3 “The experience is so, so worth it”

All participants expressed positive comments about the outcomes of the clinical placement. Jo described her experience as “eye-opening, [a] big learning experience and …something that I’ll always remember”. Kate stated: “I think that was an environment where it definitely helped you to flourish in different ways”.

Many participants described how the placement experience provided “a lot more experience, more confidence” (Toby) in basic clinical skills.

“I felt just a lot more confident in my own ability, like with practical skills as well, with giving immunisations and even just simple things like taking a manual blood pressure. I felt like I really had those skills developed” (Jo).

“there was a lot of wound care and so many intramuscular injections .. I'd only ever done like one or two maybe. So it was good to build on those skills” (Toby).

In addition to basic clinical skills, participants described how the experience “even helps develop your people skills, like how to communicate with people” (Jo). For some, this development occurred across the duration of the placement; “there was a massive difference in how I felt the first week and the second week” (Jo).

Jo insightfully described how the experience forced them to not rely on others, thus building their confidence;

“Instead of relying on a doctor or other health care professionals to tell me what’s happening, and not relying on all this documentation or results or
[unclear] we were just relying on ourselves and just really forcing ourselves to think”.

Beyond the gains in clinical skills and confidence, participants highlighted the gains in cultural competence and personal development. “You can read whatever you want on any culture but until you actually go there and live with the people and work with someone, then you won’t actually experience it” (Emile). “Cambodia’s a place where I could really challenge myself to go, okay this is a completely different culture, they have completely different traditions and beliefs…you’ve got to push yourself to learn to respect someone that’s different to you, and that’s what I really wanted to challenge myself to do that” (Kate).

Jo summed it up, describing the placement as “an experience that I’ll always remember for - not only for nursing but just in my personal life as well”.

7.4 PHC “it's a lot more than words on a page now”

Around half of the respondents had previous PHC experience, however generally participants expressed not really understanding the term or even having previously given it much consideration. One participant eloquently described how the experience helped them to understand PHC;

“A lot of what I knew about primary health care before was words on a page. Since experiencing it it's a lot more practical. It's about talking with people, making sure they understand what they can do, even if it's just little things like washing your hands and how that can prevent so many things.

Yeah, it's a lot more than words on a page now” (Toby).

The placement experience was also seen to have “really piqued my interest for that kind of nursing career” (Toby). Nell commented; “I don’t know if I would have an interest in it before but now I kind of do because I can see how much need for it there is”. Others identified how the experience of PHC allowed them to appreciate the role. “I felt like the
acute kind of hospital setting is more exciting and more things happening, but when I actually worked in the primary health care there, I found it really - the patient - getting to know the patient more in that setting, I found that a lot better” (Jo). “I think I now realise that I really like primary health care” (Michel).

8. DISCUSSION

Providing undergraduate nursing students with positive clinical placement experiences helps to prepare them for a future career in the nursing profession. This study has provided an insight into the experiences of undergraduate nursing students completing an international clinical placement in Cambodia. Findings revealed that the placement challenged students in various ways and had a profound impact in terms of clinical skills consolidation, professional and personal development. Participants gained first hand insight into the impact of international health disparities and better appreciated the value of the Australian health system. Experiential learning around operationalising primary health care in a real-world setting increased participants’ appreciation of the value of PHC and interest in this area of nursing practice. This is significant given the trend towards strengthening primary health care services internationally (Halcomb & Ashley, 2017). Promoting the value of this area of nursing practice is important if we are to recruit the numbers of nurses required to provide quality primary health care services in Australia and internationally into the future (Ashley, Brown, & Halcomb, 2016). To date, few studies explore the long-term impact of international placements on students (Kelleher, 2013). Future studies need to rigorously investigate the longer-term effects of international placements on personal and professional factors, as well as employability to allow the full value of the experience to be explicated (Kelleher, 2013).

Undergraduate nursing students undertaking international clinical placements need substantial pre-placement preparation in terms of the health system and clinical
experience, and the cultural and socio-political issues affecting the host country. The issue of pre-placement preparation has been previously identified in the literature (Browne et al., 2015; Charles et al., 2015; Gower, Duggan, Dantas, & Boldy, 2016; Gower et al., 2017). Whilst participants in our study articulated their struggle with the impact that contextual factors had on the host people and health care system, Gower et al. (2017) reported that their participants “seemed unaware of these contextual factors and sometimes appeared judgemental” (p. xx). The complexity of how to adequately prepare students for an experience outside their previous frame of reference was identified by both our participants and the broader literature (Charles et al., 2015). This highlights the importance of ensuring that cultural competency education includes discussion around the individual values, beliefs and expectations of students as well as the cultural and socio-political environment of the host country. To ensure that international placements do not harm those living in host areas it is important that students are able to achieve their learning goals in a culturally sensitive way (Gower et al., 2016). If this is not achieved, students risk widening cultural barriers, promoting intolerance and negatively impacting on the sustainability of international placement programs (Gower et al., 2017).

A key clinical skill refined during this study was communication. Students were able to experience the real-world complexity of culturally sensitive communication where the consumer speaks a different language (Inglis, Rolls, & Kristy, 2014; Tuckett & Crompton, 2014). Not being able to speak the language not only taught participants skills in effective communication, but also in appreciating the experience of being in a foreign environment. This has implications for their future practice in dealing with those from non-English speaking backgrounds. Browne et al. (2015) identify that the impact of language barriers on student placements is variable between host countries. For example, students placed in Cambodia have previously highlighted challenges with language (Tuckett & Crompton, 2014), while those who visited Thailand described the language barrier as less problematic.
than they imagined (Rolls, Inglis, & Kristy, 2014). This highlights the need to consider the individual characteristics of host countries on the placement experience rather than assuming that all international placements are the same.

Our study highlighted the personal sequelae of the placement experience on students. Inglis et al. (2014) assert that personal development is the most significant gain from international clinical placements. Others, however, report both positive and negative personal impacts of international clinical experiences (Charles et al., 2015; Gower et al., 2017). Our participants described negative physical impacts related to heat, living conditions and lack of privacy. Similarly, Charles et al. (2015) described how participants in their study of clinical placement in India focussed on their comfort and environmental issues. Ruddock and Tumer (2007) assert that focussing on personal discomfort is an important step in enhancing students’ cultural sensitivity, however, caution that this needs to be experienced in a supportive way. Our findings highlight the need for Universities to consider potential physical impacts and develop strategies to ensure that students are well supported during the placement experience.

It is evident that structured and planned debriefing following international placements is important to facilitate students to critically reflect on the experience and its meaning for them as a person and professional (Green & Mertova, 2014). In their review, Browne et al. (2015) described how these reflections can focus on a range of issues including the transferability of skills and knowledge, influence on professional and personal values and their future nursing career and the impact of the placement on the host. Our participants identified the importance of supportive facilitators during the placement, however, to optimise the value of the placement, these facilitators also need to also support constructive, structured debriefing once the students return home (Gower et al., 2017).
9. LIMITATIONS

Transferability of these findings to other cohorts may be impacted as this investigation was conducted at one institution following a single international placement experience. Additionally, the placement duration was only two weeks. A longer placement may have produced different findings. All student participants in this study volunteered for the placement and were responsible for travel costs related to the placement. Therefore, these individuals may have somewhat different personal attributes around altruism and global citizenship compared to the wider cohort of nursing students.

10. CONCLUSIONS

International clinical placement for undergraduate nursing students provides participants with opportunities for personal growth, enhanced awareness of global health issues and a stronger understanding of the value and importance of primary health care. Pre-placement preparation around clinical and cultural issues, as well as students’ expectations and personal values, is vital. Despite preparation, students are likely to be challenged as they experience the international placement. Support from prepared and experienced facilitators can assist students in maximising the learning from these challenges. To maximise placement outcomes, students need to engage in organised debriefing that focusses on exploring the meaning of the experience and translating the experience into their future nursing career.

Conflict of Interest

Nil conflicts

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