



## Globally networked learning: Deepening Canadian and Danish nursing students' understanding of nursing, culture and health<sup>☆,☆☆,☆☆☆</sup>



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### ABSTRACT

**Background:** Providing intercultural learning experiences that assist students to develop cultural awareness and culturally safe nursing care is an important part of nursing education in Canada and Denmark. However, providing opportunities for students to study and travel to another country can be challenging given the strict requirements to meet entry-to-practice competencies and the timing of clinical placement courses. In an attempt to increase opportunities for students, an innovative strategy called Globally Networked Learning (GNL) that uses the internet and social media, was developed to enable Canadian and Danish nursing students to collaborate and complete a clinically oriented assignment.

**Objectives:** This study aims to explore three research questions. What are the students' experiences with GNL? How did GNL influence understanding of how culture, nursing care and health systems influence health outcomes? Can GNL support students to develop a global understanding of health and nursing?

**Design:** A qualitative study was conducted to explore the students' experiences and learning from their participation in GNL.

**Setting:** A school of nursing in Canada and one in Denmark were used as sites for this study, although the collaborative learning experience occurred online.

**Participants:** In total, 24 BScN nursing students completed GNL projects (12 from Canada and 12 from Denmark) and 15 students (six Canadian and nine Danish) participated in this study.

**Results:** Students reported very positive experiences with using GNL to complete an assignment that was structured to support inter-cultural learning. Completing the GNL assignment enhanced students' understanding of the global reach of nursing, how culture influences nursing practice and how considering cultural differences enabled them to learn from each other to improve their nursing practice at home.

**Conclusions:** GNL is a promising education strategy and plans for expanding GNL in nursing education are proposed.

### 1. Introduction

Understanding how culture influences health and healthcare is a key learning outcomes in Bachelor of Science in Nursing (BScN) education programs in Canada and Denmark. As such, learning experiences that involve encounters with different cultures are important, as these support self-awareness and contribute to the knowledge and skills necessary to consider, and integrate cultural perspectives in healthcare (Chan et al., 2017). While studying abroad is a common and well-

documented strategy that enhances intercultural abilities (Bohman and Borglin, 2014; Kokko, 2011; Philips et al., 2017), there are particular challenges to nursing students completing exchanges given that nursing education and practice are highly regulated. For instance, the stringent preparation and approval processes prior to students entering clinical placements, and language proficiency requirements can create barriers to nursing student exchanges. Furthermore, given the costs associated with studying abroad, this is not possible for every student. To overcome potential barriers to offering an intercultural learning experience

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abroad, the authors developed a strategy and assignment where students connected through internet-based applications, and engaged in an international learning experience without leaving home. The authors refer to this as Globally Networked Learning (GNL). The purpose of this paper is to describe the process used to create the GNL assignment and to report on student experiences and learning from using GNL and how GNL supported students to develop cultural awareness and a global understanding of health and nursing.

## 2. Background

Studies reporting how internationalization-at-home strategies can help build cultural perspectives have been sporadically presented in the literature and were helpful to build an evidence-base for GNL in clinical courses. The studies are grouped into two categories: those that support the use of social media for learning between countries; and those that support the use of social media to specifically develop nursing knowledge. Only studies affirming the use of social media as an intercultural learning strategy could be located.

A study involving 22 participants from undergraduate and post-graduate programs demonstrated that web-based learning activities provided a learning environment that allowed cross national learning (Strickland et al., 2013). Further support for the use of social media to discuss scientific perspectives (such as modern/post-modern, quantitative/qualitative, empirical/theoretical) is found in the study involving nursing students in Canada and the United Kingdom (UK). A project between Canada and Norway with graduate students found that computer-conferencing and video teleconferencing could be used to address nursing leadership content and provide an international experience (Iwasiw et al., 2000). These researchers concluded that the use of social media enabled successful discussion and collaborative partnership between the students (Garrett and Cutting, 2012). Lastly, Chan and Nyback (2015) demonstrated that internationalization using online learning assisted students to appreciate cultural differences and commonalities, recognize assumptions and to explore solutions.

The use of social media to develop cultural awareness for clinical care also has supporting evidence. Carlson et al. (2017) reported on the impact of intercultural peer learning webinars that were offered to nursing students in three different countries to enrich intercultural aspects of nursing care. Using data from 20 third year nursing students, the researchers concluded that web-based learning assisted students to understand the international aspects of nursing and how nursing could be modified to care for diverse populations. A study with nursing students in Hong Kong and Sweden explored the effects of online discussions to plan care for a patient from admission to discharge. These online strategies assisted students to achieve intercultural learning and to reveal their identity as nurses and as learners (Chen et al., 2018). An additional benefit of using distance learning is that it can be used with emerging countries (Chen et al., 2018; Ergin and Morche, 2018).

The studies cited above indicate that students can benefit from using the internet for inter-cultural learning. Exposing student nurses to other cultures and combining this with specifically organized learning activities enhances awareness of how culture intersects with health and how to orient nursing care to meet individual needs within a culturally safe framework (Chan and Nyback, 2015; Garrett and Cutting, 2012; O'Dowd, 2007). Structuring nursing education to enable these experiences therefore is important. As the literature on how to use internet based strategies in BScN programs is scant, a systematic investigation into GNL was deemed necessary. Building a body of evidence based teaching and learning strategies that support nursing students to have an inter-cultural experience, to develop cultural awareness, and to meet professional and course-based requirements related to culturally safe care is needed.

## 3. Description of the organization of the GNL project

Prior to embarking on the GNL project, the first two authors engaged in discussions to understand the ontology and epistemology underpinning the two BScN programs to ensure commensurability. Subsequently, the first two authors conducted a review of the Canadian and Danish curricula to locate a course where learning outcomes and stage of student development would support a GNL assignment. These were important steps to ensure that the assignment would be suitable for both groups of students. In the end the assignment was offered to students in their second year medical surgical clinical course, as the learning outcomes in the Canadian and Danish BScN courses were similar.

During the curriculum review, the importance of considering the theoretical underpinnings of the curriculum, including our mutual view that culture has a significant influence on every health care encounter emerged. Therefore, understanding one's cultural self and its potential impact on the nurse patient relationship is important learning (De and Richardson, 2015). Although the Danish and Canadian BScN programs use different nursing theories to inform the curriculum, pedagogies and student evaluation, the theories share paradigmatic assumptions that align with person centered, culturally safe and ethical care. Specifically, the human science theories (Parse, 2014; Paterson and Zderad, 1976, 2008) are used at the Canadian school, and an interactional, practice-theory in the dynamic field between the natural, human and social sciences (Scheel et al., 2008) is used at the Danish school. The overlap in ontology and epistemology facilitated our collaboration and eased the process of creating the assignment as students were similarly socialized to understand the human experience of health and illness. Another supporting structure was that a central goal of both the Danish and Canadian nursing education system is to assist student nurses to establish, maintain and sustain trusting and therapeutic relationships that support the recipient of care to optimize their health and health care experience. Furthermore, attending to cultural difference and building capacities for respectful and dignified care are key outcomes in both programs.

Despite our similarities, careful negotiation was required to yield an assignment that met the course and BScN learning outcomes at each school. The assignment also had to align with the requisite capacities for entry-to-practice established by the regulatory bodies for nursing in each country. The various activities within the assignment were framed to support the development of cultural awareness, cultural sensitivity and cultural safety (De and Richardson, 2008). The due dates also had to be structured to address the differences between the two academic schedules to ensure that the assignment was achievable by both groups.

Language skills are a challenge to any international activity, and the complex language in nursing was also addressed when developing the assignment. The authors considered and used the guidance on how to address language challenges and support students during intercultural learning (Garone and Van de Craen, 2017). The authors integrated recommended strategies such as creating supportive networks and fostering a safe climate within the student groups to reduce feelings of intimidation. In addition, the Canadian students were encouraged to offer support for language skills development. The assignment was completed in English and while the Danish students speak English quite well, it is not their first language. To address the language disparity, the Danish faculty did not evaluate grammar when grading the assignment.

### 3.1. Implementing the assignment

First, students were placed in groups of four (two Canadian and two Danish students per group) and provided with email addresses so that they could connect with each other and get acquainted. Where possible, the students were grouped according to the similarities of their clinical placements in order to facilitate exploration of a common health challenge encountered in their placements. The first three steps to the

assignment required an iterative process of discussion between the students to create a plan, followed by individual work and then re-connecting to compare and contrast findings. The first step happened after the students identified the health challenge that they would focus upon (e.g. living with diabetes, COPD, dementia) and the types of interview questions they would ask their respective patients. The students interviewed a person from their home country that they encountered during clinical placement and who was living with the agreed upon health challenge. This interview was conducted using the previously agreed-upon questions as prompts. The students then connected as a group of four using an internet-based application of their choosing (e.g. Skype, Face-Time; Google Docs) to compare and contrast the lived experience of the Canadian and the Danish patients.

Step two of the assignment involved exploring the health services available in local and/or national systems for persons living with the agreed-upon health challenge. Again the students independently explored the topic and then collaborated to compare and contrast the two health systems. The third step required each of the students to use the peer-reviewed scholarly literature to search for a nursing intervention that would support the restoration of health and/or enhance quality of life for persons living with the chosen health challenge. Students presented their chosen evidence based strategies to one another and then came to consensus on which of the four strategies would be feasible in both countries. This discussion required the students to consider the cultural appropriateness of the intervention, the way nursing is locally practised, and the structures within each of the health systems. The final step of the assignment was carried out individually as it required personal reflection on the learning and GNL experience. Over the fall of 2017 and the winter of 2018, six groups, each with two Danish students and two Canadian students completed the four-step GNL assignment (24 students in total).

**4. Methods**

All students who completed the GNL project during the fall of 2017 and winter of 2018 were invited to participate in the research. Prior to participant recruitment for the study, approval was obtained from the Research Ethics Board (REB) of the Canadian School and from the Danish Data Authority for the Danish school. Data sharing followed the REB approved methods and the European General Data Protection Regulation. Informed consent was obtained from those who responded to the emailed invitation to be interviewed. These participants provided biographical information, completed a semi-structured interview and consented to the inclusion of their written assignment and reflection as study data. The interviews were audio-recorded and transcribed verbatim. To ensure validity of the data and to ensure students did not feel coerced or unduly influenced, specific structures were implemented during recruitment and data collection. For instance, a researcher (first author) who was not teaching or grading the assignment conducted the Canadian interviews. The Danish participants were not students of the second author but she did grade six of the nine papers written by the Danish participants. All Danish students were interviewed after they were informed of their grade. All participants (Canadian and Danish) were encouraged to freely respond with both positive and negative experiences, as both data were very important to our research and to

further development of the assignment.

In total, six Canadian and nine Danish students participated in this study. Three research questions guide this study: 1. What are the students' experiences with Globally Networked Learning (GNL)? 2. How did GNL influence understanding of how culture, nursing care and health systems influence health outcomes? and 3. Can GNL support students to develop a global understanding of health and nursing?

Phenomenological methods informed the study and data analysis. Phenomenology is a widely used and well-established method to research experiences from a first-person point of view and was considered the most suitable method to explore the research questions. An underlying assumption of phenomenology is that the meaning a person gives to an experience, and the words they use to describe it are empirical data for research. The language (including symbolic language) used by informants can be analyzed through content analysis to explicate themes and patterns and assist the researcher to understand the lived experience and the experience itself (van Manen, 2014).

**5. Data analysis**

The data analysis is based upon three sources of data: i) biographical information to describe the sample, ii) face to face interviews using semi-structured questions which lasted about 30 min, iii) assignment and reflective writing that were guided by a series of questions. The data sources were read and re-read, and the themes were discussed amongst the first two authors (A & B) until consensus was achieved. These themes were then validated with the last two authors (X & Y). The interviews with the Danes were conducted in Danish, and therefore, they could not be read in their entirety by the Canadian researchers. However, the themes were discussed and significant quotes were translated so that they could be used as empirical data to support the findings and conclusions, which are presented next.

**6. Sample**

Fifteen participants (six Canadian and nine Danish students) out of the 24 students completing the GNL Assignment, agreed to join the study. The demographics are provided in Table 1. The Danish participants were slightly older than the Canadian students and most of the Danish students entered nursing directly from high school. All Canadian students had some prior postsecondary education and more international travel experiences than the Danish students, while three Danish students, but no Canadian students, had previously participated in international student exchanges. Participants were assigned a code with the Danish students assigned a prefix of D and the Canadian students a prefix of C (e.g. D01; C01).

**7. Findings**

Three themes emerged from reading the transcripts and student assignments. Students detailed their experiences with GNL, how GNL helped them learn about culture, health care and the health system, and lastly, how GNL helped students understand the global reach of nursing. The similarities in how the 15 participants experienced GNL were striking and reinforced the confidence in our findings and conclusion.

**Table 1**  
Demographics.

Demographic	Canada (N = 6)	Denmark (N = 9)
Age between	18 and 32 years old	21 to 44 years old
Previous education	Prior postsecondary education = 6	Direct from high school = 7 Prior postsecondary education = 2
Previous international exchange	0	3
International travel experience	Between two and seven trips = 6	None = 5 Between one and four trips = 4

**Table 2**  
Illustration of the analysis leading to the themes.

Quotations	Significance	Themes
It was a positive thing. I thought it was interesting to see how another country handles their health care and focus on what they value. I thought it was very interesting and a good learning experience. (C03) I also love the idea of talking to people in Denmark. I also thought it was fun because no one had tried it yet. I found it all really interesting. (C02)	The novelty and chance to connect with other students was positive.	Positive experiences with GNL
It has been unbelievable rich on learning and I've gained a lot – it was something new and exciting compared to the ordinary semester. I needed to do something special – I love languages – it has been really a good experience (D05).	A positive learning experience with GNL and excitement to be a part of a teaching innovation	
It was helpful for understanding and considering how we are different, and how we are similar. So, it was interesting to compare and contrast the Denmark and the Canadian system. (C04) The project has opened my mind for considerations about cultural differences and how to cope with these differences. I don't think it will be possible to learn this by reading in the books. I am convinced that I'll remember this when I am in the next clinical placement. ... I thought, Canada and DK were much alike and they are, but there are differences – Canada is a huge country and there are differences in the country. We might only have an impression of a part of the country (D04).	Students were curious about the Danish health system and GNL provided opportunities to learn about another country and consider similarities and differences. Completing the assignment deepened understanding of culture, health and the structures of both Canadian and Danish health systems	Learning about culture, health and health system
It really starts to bring home that we are a community no matter where we are, and that as nurses, we can always help each other grow. We can always work as nurses and identify things that we can do better. You really start to understand how much nursing is about one big huge family (C01).	Understanding that they are part of an international network of nurses	The global reach of nursing
[Nursing] practice is becoming more and more international as more and more people are coming to Denmark from other countries. Maybe once, you will work as a nurse in another country, so you can always use it [what you learned from the assignment]. [Nursing] is practiced across cultures and countries (D03)	Understanding that investigating the cultural background of a patient is essential in nursing in every country	

Table 2 illustrates how the themes emerged from the data.

7.1. Positive experiences with GNL

The first theme is that participants had positive experiences with GNL and that they were pleased to be a part of a teaching innovation. All 15 participants stated that the positive experience far outweighed inconveniences or challenges such as scheduling times to meet and the time zones. Statements such as the following were common: “It was a really good experience. I found it was quite different because it was on more about you and your group to figure out when you are going to get things done, how you are going to get it done” (C04). The participants expressed that while they thoroughly enjoy their nursing programs, participating in something different and something that only a few students had an opportunity to experience made them feel special. They understood that they were contributing to nursing knowledge and this excited them.

The participants also identified their view that participation in GNL provided an advantage that they could display on their resume (Curriculum Vitae). One participant said: “I feel like [participating in GNL] has put me a foot forward in my learning. I am able to say now, I wrote a paper with students in Denmark, I have been through the process, I put the work in” (C02). Another participant said: “... the fact that GNL will be noted on my diploma [transcript] is an advantage. Later on, in the programme, I want to study abroad, so this is a kind of preparation” (D01). Others saw their participation as an opportunity to differentiate themselves and deepen their understanding of nursing knowledge. Having to explain something to a person in a different country and with no prior understanding prompted the students to deepen their comprehension first, so that their explanations would be clear.

7.2. Learning about culture, health and the health system

The second theme that emerged is that by completing the assignment, participants deepened their understanding of culture, health and

the structures within their own health systems. The comparing and contrasting portions of the assignment prompted the participants to learn about how patients experience a health challenge and the health system in the other country. These discussions promoted reflection and learning. One participant stated: “It [comparing and contrasting] really made me reflect on the way we treat our patients ... while much is similar, the way we see the whole patient is a little bit different than in Canada ... we focus more on each individual patient” (D01). Another participant stated: “It opened my eyes to our health care system here and that it is not as, not that it is not great, but that it is not as available as I thought it was. So that was good [learning] as well” (C05).

During the interviews, participants were asked if they carried this learning forward into their patient care while in clinical placements. Commonly, participants indicated that learning from students in the other country made them reconsider the health system in their own country and opened their minds to possibilities. This quote shows how the learning from participation in GNL translated into clinical knowledge: “Even while I was doing the project, it made me look at my patients differently and ... realize that there is a lot more going on than just them now in the hospital” (C05). Learning about the health system in another country assisted the participants to open their minds to new possibilities and consider ideas for local implementation. Participants realized that their own system could be enhanced and that alternative approaches were possible. One participant said: “I can see that Canada is good, but I found Denmark really went forward and they have done more with... handling primary prevention. And it makes me realize how much healthcare can be improved. Learning from other countries can take us in that direction” (C02). A Danish participant stated: “Cooperation across the world was exciting as I didn't know much of Canada before I got to know the Canadian students” (D02). One Danish participant detected the differences in how patients transition from hospital to home and stated: “It seemed that the Canadian Health System had overcome barriers in the transition between hospital and municipality care [home care]” (D04). This difference was an eye opener for Danish students, and they concluded that in the future, they could argue for a united health system, an issue that has been discussed

in Denmark for some time.

Through their explorations of nursing within the two countries, participants also recognized that nurses could increase their impact on patient outcomes. By discussing alternative approaches to nursing care and patient outcomes, participants again recognized the possibilities for knowledge informed nursing practice. This quote by a Danish participant illustrates the finding: “Nurses have a great influence on patients' health ... we have an obligation to support people to live in a healthy way, how we can promote health and prevent diseases?” (D01).

While all participants learned from the experience, the learning was slightly different for the Canadian and the Danish students. The Canadians were inspired by the Danish health system. The Canadian participants came to an understanding that the Canadian system was heavily focused on acute care and that the Danish system was more focused on prevention, rehabilitation, and home care. To understand the differences between the two health systems, two Danish students used the compare and contrast part of the assignment to explore the social costs of dementia. They found that the social costs per patient with dementia in Denmark are nearly twice the cost as compared to Canada. Noticing the cost difference prompted them to question their previous assumption that the two systems were similar and motivated them to learn more about the two health systems in order to reconcile the dramatic cost differences.

### 7.3. Global reach of nursing

Lastly, the third theme reveals how the experience assisted the participants to understand the global reach of nursing and that they are part of an international network of nurses. By interacting with nursing students from another country, participants recognized the similarities within nursing education and practice. This recognition enabled participants to develop a sense that they were part of something bigger. This made them feel proud to be a nurse. One participant eloquently stated: “It really starts to bring home that we are a community no matter where we are, and that as nurses, we can always help each other grow. We can always work as nurses and identify things that we can do better. You really start to understand how much nursing is about one big huge family” (C01). Another participant pointed out: “[Nursing] practice is becoming more and more international as more and more people are coming to Denmark from other countries. Maybe once, you will work as a nurse in another country, so you can always use [what you learned from the assignment]. [Nursing] is practiced across cultures and countries” (D03). Lastly this simple quote illustrates the finding: “Indeed, our understanding of nursing has been extended” (D02).

## 8. Discussion

The learning and collegiality from participation in GNL was impactful for the students (and faculty) involved in the project. The assignments and interview transcripts indicate that the GNL project was successful and supported participants to achieve meaningful learning about nursing, culture, health systems and nursing practice. The participants also enjoyed the opportunity to work in a group to enhance their organizational and collaborative writing skills, and refine research utilization. Participants benefitted by explaining nursing theory and practice to someone from another country, as it required them to first deepen their own understanding. There was also a sense that students wanted to put their best foot forward to proudly represent their country. Participants recognized that involvement in the GNL project was contributing to nursing education and the profession. The fact that the participants were putting this project on their resume indicates that the experience impacted them and that they considered participation in GNL as beneficial. All students recommended the continuation of the GNL assignment and project.

The depth of reflection on cultural identity and the social construction of nursing knowledge are influenced by the available sources

or stimuli for reflection (Hermansen, 2003; Scheel, 2005; Scheel et al., 2008; Sherwood and Horton-Deutsch, 2012). International experiences and exchanges are useful learning strategies to stimulate reflection (Philips et al., 2017) and participation in GNL was stimuli for reflection and learning. The encounters between the Danish and Canadian students through GNL provided an opportunity for students to reflect and deepen their understanding on the influences of culture on nursing practice. Students also realize the span of influence of nursing through the GNL project. The interviews provided another opportunity for the informants to revisit the experience and learn from GNL. Recognizing the impact of culture on nursing education, nursing scholarship and nursing practice promoted self-awareness and great sensitivity to culture. In turn, this assisted the participants to consider how nursing education and practice are socially constructed and mediated by culture. When the participants recognized that nursing was bigger than their own local experience, they were energized and motivated, realizing that the culture of nursing spanned across two countries and therefore beyond. This enabled them to consider wider opportunities, such as how health systems could be reformed to promote health and autonomy.

Learning experiences that include reflection and interaction can also support deep exploration of power and privilege, and aid in the development of culturally safe care (De and Richardson, 2015). The participants' description of their learning suggests that this GNL experience was transformational for them and contributed to their understanding of how culture intersects with healthcare. Recognizing culture as a social process that influences both the delivery of health care, and how the person receives that care assisted to the participants to identify culture as an important consideration in nursing practice. Understanding that culture influences the ways the patient receives nursing care can prompt cultural humility and the need to further consider the individual needs during care (Dourich et al., 2014). The various quotes from the participants demonstrate a heightened awareness of and the need to consider that the patient's experience is more than this particular episode of acute care. Participants also acknowledged how discussing the patient's lived experiences and the organization of the health systems between the two countries, assisted them to recognize the importance of individualized care.

### 8.1. Limitations

There are limitations to this study. The small sample size limits generalizability of the findings. Furthermore, while Canada and Denmark are separate countries, there are many similarities. These similarities likely eased the experience and learning as students could identify with each other and understand each other's context. It is possible that such an assignment between second year students in more distinct countries would not yield the same type of learning.

## 9. Conclusion

Participants benefitted from their experiences with the GNL assignment. GNL is an accessible and affordable strategy that provides an inter-cultural learning experience without the need to leave home. Working with students from another country assisted the participants to build a broader understanding of nursing as a global profession and raised awareness of how culture influences health and the health system. Learning about another health system also strengthened the participants' understanding of how they could change and improve the system in their respective countries. The ease of implementation and the benefits to participants suggest that GNL is a promising practice in nursing education and that further use of this strategy should be pursued. The time zones and different semester structures are minor challenges to overcome given the benefits to the GNL participants. Participants were enthusiastic about their learning experiences and recommended offering this opportunity be continued.

## References

- Bohman, D., Borglin, G., 2014. Student exchange for nursing students: does it raise awareness? A descriptive, qualitative study. *Nurse Educ. Pract.* 14, 259–264.
- Carlson, E., Stenberg, M., Chan, B., Ho, S., Lai, T., Wong, A., Chan, E., 2017. Nursing as universal and recognizable: nursing students' perceptions of learning outcomes from intercultural peer learning webinars: a qualitative study. *Nurse Educ. Today* 57, 54–59.
- Chan, E., Nyback, M., 2015. A virtual caravan – a metaphor for home-internationalization through social media: a qualitative content analysis. *Nurse Educ. Today* 35, 828–832.
- Chan, E., Lai, T., Wong, A., Ho, S., Chan, B., Stenberg, M., Carlson, E., 2017. Nursing students' intercultural learning via internationalization at home: a qualitative descriptive study. *Nurse Educ. Today* 52, 34–39.
- Chen, H., Jensen, F., Measom, G., Bennett, S., Nichols, N., Wiggins, L., Anderton, A., 2018. Factors influencing the development of cultural competence and undergraduate nursing students. *J. Nurs. Educ.* 57 (1), 40–43. <https://doi.org/10.3928/0148434-20180102-08>.
- De, D., Richardson, J., 2008. Cultural safety: an introduction. *Paediatr. Nurs.* 20 (2), 39–44.
- De, D., Richardson, J., 2015. Ensuring cultural safety in nursing education. *Nurs. Times* 111 (39), 17–19.
- Doutrich, D., Dekker, L., Spuck, J., Hoeksel, R., 2014. Identity, ethics and cultural safety: strategies for change. *Whitireia Nurs. Health J.* 21, 15–21.
- Ergin, H., Morche, B., 2018. Internationalisation of HE through distance learning. In: *Higher Education Teaching and Learning*. 505. pp. 1–4.
- Garone, A., Van de Craen, P., 2017. The role of language skills and internationalization in nursing degree programmes: a literature review. *Nurse Educ. Today* 49, 140–144. <https://doi.org/10.1016/j.nedt.2016.11.012>.
- Garrett, B., Cutting, R., 2012. Using social media to promote international student partnerships. *Nurse Educ. Pract.* 12, 340–345.
- Hermansen, M., 2003. Omlæring [Relearning]. KLIM (Denmark), Århus.
- Iwasiw, C., Andrusyszyn, C., Moen, A., Østbye, T., Davie, L., Støvring, T., Buckland-Foster, I., 2000. Graduate education in nursing leadership through distance technologies: the Canada-Norway nursing connection. *J. Nurs. Educ.* 39 (2), 81–86.
- Kokko, R., 2011. Future nurses' cultural competencies: what are their learning experiences during exchange and studies abroad? A systematic literature review. *J. Nurs. Manag.* 19, 673–682.
- O'Dowd, R., 2007. Evaluating the outcomes of online intercultural exchange. *ELT J.* 6 (1), 144–152.
- Parse, R.R., 2014. *The Humanbecoming Paradigm: A Transformational Worldview*. Discovery International, Pittsburgh, PA.
- Paterson, J.G., Zderad, L.T., 2008. *Humanistic nursing*. Retrieved from The Project Gutenberg eBook <http://www.gutenberg.org/files/25020/25020-8.txt>.
- Paterson, J.G., Zderad, L.T., 1976. *Humanistic Nursing*. John Wiley & Sons, New York, NY.
- Philips, L., Blum, T., Gainey, T., Chiocia, M., 2017. Influence of short-term study abroad experiences and community health baccalaureate students. *J. Nurs. Educ.* 56 (9), 528–533.
- Scheel, M., 2005. *Interaktionel sygeplejepraksis [Interactional Nursing Practice]*, 3 ed. Munksgaard Denmark, Copenhagen.
- Scheel, M.E., Pedersen, B.D., Rosenkrands, V., 2008. Interactional nursing a practice-theory in the dynamic field between the natural, human and social sciences. *Scand. J. Caring Sci.* 22 (4), 629–639.
- Sherwood, G., Horton-Deutsch, S., 2012. Reflective practice. In: *Transforming Education and Improving Outcomes*. Sigma Theta Tau International. Honor Society of Nursing.
- Strickland, K., Adamson, E., McInally, W., Tiittanen, H., Metcalf, S., 2013. Developing global citizenship online: an authentic alternative to overseas clinical placement. *Nurse Educ. Today* 33, 1160–1165.
- van Manen, M., 2014. *Phenomenology of Practice: Meaning-giving Methods in Phenomenological Research and Writing*. Left Coast Press, Routledge, NY.