

Professional Nurses as Global Citizens: Developing an Integrated Approach in Undergraduate Nursing Curricula

by

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Abstract

As university and nursing programs place more emphasis on global perspectives in their strategic plans and goals, it is frequently unclear how these perspectives are integrated into curricula. With globalization processes impacting health and education throughout the world, it is timely to understand the current context in order to move ahead to promote the development of professional nurses as global citizens.

The interpretive descriptive study explored the characteristics and qualities of global citizenship and global health from the perspective of 12 expert informant nursing education leaders from undergraduate nursing programs within Canada. The study also examined curricular and pedagogical directions that would promote the integration of global citizenship education within nursing programs. In addition to the interview as the main data collection tool, field notes and a reflective journal was used in data gathering. The findings are presented as qualitative description and were analyzed using the interpretive description method.

The findings of this study revealed several characteristics of global citizenship and curricular directions for global citizenship education, including particular courses, curricular lenses and a variety of concepts. Pedagogical strategies were described as well as the challenges to the integration of these approaches for nursing education.

Keywords: Interpretive description; global citizenship; global health; global citizenship education; undergraduate nursing education

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List of Acronyms

AACU	Association of American Colleges and Universities
ACE	American Council of Education
AIDS	Acquired Immune Deficiency Syndrome
ANA	American Nurses Association
BC	British Columbia
CAEN	Collaboration for Academic Education in Nursing
CAIN	Canadian Association for International Nursing
CASN	Canadian Association of Schools of Nursing
CIDA	Canadian International Development Agency
CNA	Canadian Nurses Association
CUSO	Canadian University Services Overseas
EdD	Doctor of Education
GCE	global citizenship education
HIV	Human Immunodeficiency Virus
ICN	International Council of Nurses
MDG	Millenium Development Goals
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
RHWD	Rural Health Worker Development Project
SARS	Severe Acute Respiratory Syndrome
SFU	Simon Fraser University
SIAST	Saskatchewan Institute of Applied Science and Technology
TRU	Thompson Rivers University
UBC	University of British Columbia
UN	United Nations
WHO	World Health Organization

Chapter 1. Introduction

An increased emphasis on the global perspective in the overall goals of educational institutions and their programs, including professional nursing programs, has occurred as the process of globalization continues to impact programs within university settings. It is frequently unclear, however, how this perspective is integrated and actualized within curricula of particular programs. This dissertation is the report of a qualitative interpretive descriptive study undertaken to examine the notion of global citizenship and the requisite curriculum development necessary to promote the development of undergraduate nursing students as global citizens in an integrated manner with an interest and commitment to global health issues. The context of universities, professional nursing programs and my personal background provide the platform for this study.

1.1. Organization of the Dissertation

This first chapter of the dissertation presents the background of the study considering the context in universities and nursing programs as well as my personal background and experiences that inspired the study. It includes the problem statement and a brief overview of the methodology. This is followed with a discussion of some key terms used, as well as a description of the limitations of this study. The chapter concludes with my views on the professional significance of the study.

Chapter 2 provides an overview of theoretical and empirical literature that guided this research and connects the literature to the purpose of the study. This chapter also clarifies the conceptual dimensions of the topic. The discussion begins with a focus on globalization, global citizenship, global education, global health, international placements for nursing students and cultural education. It concludes with a discussion of

professional nursing practice as it relates to the global context and the preparation of nurses as caring and moral practitioners.

Chapter 3 provides a description and justification for the choice of the research method and reports on the conduct of the study, data collection and analysis. It begins with a brief description of the history of the research process and discusses interpretive description as a qualitative research method. Then the chapter reports on the ethical considerations as well as the selection of the sample, the tools used in data collection and the process of analysis. The chapter concludes with a brief discussion on the credibility of the study.

Chapter 4 reports the results of the data analysis as the findings of the study. The findings are organized around the main themes with quotes from the data to illustrate and support the findings.

Chapter 5 provides a summary of the findings with my interpretations of their meaning. The next section is a discussion of the way that the findings corresponded with the literature that was used as the platform for the study. Additional literature emerging from the themes is also presented. The chapter concludes with a description of implications for nursing education and future research.

1.2. The Context within the University Setting

In recent years, discussions and documents relating to strategic planning and goal-setting for many universities illustrate the expansion of their mandates to include the preparation of students to become global citizens who will adapt to the global context throughout their careers. Martha Piper (2006), the former President of the University of British Columbia (UBC), stated:

increasingly our world is faced with challenges that transcend single locales or individual communities: poverty, economic equality, pandemics, toxic environments, and the abuse of human rights among them. How do we train our future generations to meet these challenges? By making the realities of global life part of our curricula, by making it possible for students to experience those realities first hand, and by instilling in them a sense of global responsibility. (p. 6)

Although the rhetoric suggests that universities are actively engaged in developing global citizens, it is often unclear how this is being enacted and achieved within curricula.

Universities are responsible for educating future citizens; however it appears that the focus of many courses is centered on preparing students for roles in professions and the development of other marketable skills. Education has tended to follow a pattern of development similar to the development of industries and corporations throughout the world by becoming increasingly driven in the direction of the market. "Increasing privatization and marketization lead to education becoming commodified or transformed into a service" (Henry et al. as cited in Allen & Ogilvie, 2004, p. 76). The main service that educational institutions provide is to produce students who will be productive citizens within the geographical areas served by the institution. Until recently, the area of focus was local, regional, provincial and possibly national. As a result of the increasing level of awareness of the impact of globalization throughout the world, the global perspective has now become a significant focus for universities and their programs.

The mission or vision statements and planning documents of a number of universities include the global perspective in various forms, however it is frequently unclear how such goals are enacted by faculty and administrators. Many students are becoming aware of themselves as possible players in the globalization process as it relates to economic realities but they tend to lack awareness of themselves as global citizens with responsibilities to broader issues such as social justice, poverty and other social determinants of health. Documents like strategic plans refer to the need to promote global awareness and the need to develop global citizens. As Thompson Rivers University (TRU) in Kamloops, British Columbia is my point of entry to this study, I profile and privilege TRU in various places throughout this document. TRU is similar to many universities in Canada in that they have been exploring the notion of global citizenship and seeking curricular and pedagogical strategies to enact this mandate.

One of TRU's strategic goals referred to TRU being the "University of Choice for Student Engagement" (TRU, 2007b, p. 4). It commented that TRU will "engage students in the quest for world citizenship through social and cultural learning opportunities, in a respectful and inclusive environment that provides a better understanding and appreciation of our global community" (p. 4). Another goal is for TRU to be the

“University of Choice for International opportunities” (p. 9). The document stated that the University will “review curricula to identify courses and programs where it is appropriate to incorporate international perspectives and increase awareness of global issues” (p. 6). Other goals included references to activities related to global citizenship such as the promotion of cultural awareness and sensitivity and leadership and stewardship of environmental issues. Furthermore, the document stated that TRU will promote the development of “characteristics of TRU graduates that will equip them for career success in a global economy by providing the knowledge, skills and experiences required to achieve academic excellence, personal growth, and international awareness” (p. 9). These statements point to a significant commitment to global perspectives within programs.

Faculty in nursing programs witness an increased level of interest and activity related to opportunities for nursing students to have an international placement as part of their program. This experience tends to be limited to a small number of students and several institutions do not have the resources to support these endeavours. Although it seems that such experiences do contribute to developing an awareness of global health and its issues, the experience is frequently an *add-on* rather than an integral part of the curriculum. For those students who do not have access to international experiences, there frequently are not complimentary experiences in the nursing program that focus on similar knowledge and experience gained in international settings. Consequently despite the presence of larger numbers of international students on campuses and the ongoing development of opportunities for a limited number of students to study in international settings, it seems that there is a lack of an integrated approach to the development of global citizens within nursing curricula. As part of the university community, it is important that nursing faculty critically examine how they are meeting the goals expressed in vision statements of their institutions and programs related to global matters.

1.3. The Context of Nursing Education Programs

Nurses are the main group of professional workers on the front-lines in most health care systems throughout the world. Consequently, nurses are expected to play a

key role to enable health care systems to function effectively to improve global health. To focus the actions of the world community on improving the lives of citizens, the United Nations' Millenium Declaration (UN, 2001) outlined eight goals. The eight Millenium Development Goals (MDGs) are aimed at the promotion of better health outcomes in areas such as reduction in infant and maternal mortality, a decrease in the incidence and impact of HIV/AIDS, malaria and tuberculosis epidemics, as well as reduction of poverty and hunger (Buchan & Calman, 2004). The goals aim to sustain the environment and to develop global partnerships for the purpose of development. Professionals of the future will require knowledge, skills, understanding, compassion and commitment to meet these goals. Ignatieff (as cited in Storch, Rodney, & Starzomski, 2004) stated that "Our moral perspectives must encompass the global as well as the local....our moral space can no longer be divided into those for whom we have responsibility and those for whom we do not" (p. 352). Nurses have a moral responsibility to encompass global perspectives as these views are critical to the work that needs to be done to achieve the aims stated in the MDGs.

The education of nurses in Canada has, similar to other professional schools and disciplines in universities, focussed on preparing nurses to work locally or provincially. Although efforts have been made to facilitate professional registration from one province to another, each province determines the requirements for nursing education in its jurisdiction. Consequently, there has been little emphasis on the requirements for nurses in the area of global issues. As nurses have always worked with individuals and families from a variety of cultures, nurse educators have dedicated time in the curriculum to teaching students about the need to be culturally sensitive to the diverse clients that they encounter. The focus of these discussions has tended to centre on patients from a variety of cultural backgrounds within the Canadian setting.

Nurse educators are charged with the responsibility of preparing professional nurses for the future. Nursing faculty members are diligent in their efforts to be aware of future trends in health care. This requires educators to have an appreciation for many aspects of nursing practice in expanded roles within an increasingly complex environment. This environment has expanded to include the global context. Thorne (2007) addressed the complexities of global health and identified the challenge for nurse educators.

Our task and our privilege is to provide them with the strongest educational base possible, enhanced by an appreciation for the multifaceted global health context into which their lives are being drawn, and to arm them with an attitude of confidence and inspiration that the part they will play in solving the world's health problems will make a meaningful difference. (p. 1)

For nurses to be able to make such a difference, there is a need to strengthen nursing curricula in order to create a sense of global citizenship within each student. This includes an awareness of global perspectives and the responsibility of nurses to become involved in global issues. There is a need to be clearer about the elements that constitute global citizenship so attention can be given to providing opportunities for learning those elements and values throughout the curriculum.

In an exploratory and descriptive study, Carlton, Ryan, Ali, and Kelsey (2007) set out to determine the integration of global health concepts in nursing programs in the United States. The authors observed that although there is an increasing level of recognition of the effects of globalization on global health and nursing practice, there are limited references to global health in nursing curricula. They sent questionnaires to all 473 schools offering undergraduate and masters' degree programs listed in the National League for Nursing Accrediting Commission. They only received 39 responses. In their analysis, they concluded that although nursing faculty support the inclusion of global health concepts in the curricula, there are many challenges to the integration of the concepts across the curriculum. The authors concluded:

it is a disservice to future nurses to fail to expose them to the impact of changing conditions on the various populations around the world. Including aspects of global health across the curriculum will strengthen awareness and appreciation for nurses everywhere.

(Carlton et al., 2007, p. 129)

Considering the impact of globalization, nursing education programs need to move beyond acknowledging the value of global health content to attending to the integration of concepts throughout the curriculum.

1.4. Personal Experiences Inspiring Research

As a personal perspective is important in a qualitative study, I am including descriptions of a number of significant experiences in my background that have led to my personal interest in pursuing this study. Prior to the early 1990s, my practice and teaching were grounded deeply in practice including oncology and palliative care. Since then, the curriculum that I was involved in developing and teaching focussed on a critical social theory approach with health promotion, empowerment, caring and social justice as major guiding themes. As I taught ethics to nursing students for many years, for me ethical considerations have been of central importance in nurses' decision-making processes and in their professional behavior.

In my role as an assistant professor, I was involved in global health issues and nursing within the School of Nursing at TRU. I was a member of an active International Committee for more than 10 years. Over the years the Committee helped to establish international experiences for students in Nepal, Thailand, Samoa, and Lesotho. In doing so, the group attempted to promote a sense of mutuality and reciprocity with the host country and their people whenever possible. One strategy focussed on hosting faculty members and administrators from these countries in Kamloops at TRU and that was accomplished for all four countries that were hosts to our nursing students.

I had the opportunity to be a participant in a project involving the faculty and students of TRU School of Nursing and the staff of a hospital in Dhulikhel, Nepal. In 1997, the Nepalese government outlined a plan to upgrade the skills of health workers. To support this initiative, the Canadian International Development Agency (CIDA) through the Canadian College Partnership Program funded the Rural Health Worker Development project in Nepal. The project focussed on an exchange of nursing staff and students between the agencies. Twelve Nepalese nurses came to Kamloops, BC, in pairs. Each pair spent a semester taking courses and participating in practical experiences in local health agencies. For 4 years, a group of four TRU nursing students went to Nepal for a practicum experience at the end of the third year of the baccalaureate program.

To evaluate the project, I worked with three colleagues to research and to determine the impact of the experiences on the participants. The findings pointed to an intense personal and professional impact for the Canadian students. The Canadian students reported that their experiences strengthened their cultural sensitivity. They became aware of the differences of the cultures and the need to be diligent in honouring these differences in nursing practice. They spoke about how the experience influenced their practices as professional nurses in Canada. In particular, they were influenced in their perceptions and care of multi-cultural groups of patients in their local health care agencies. They also spoke about the personal impact in relation to how they live their life. All of them stated that the experience created a strong desire to do more international nursing in the future and a number of them have done so. The Nepalese nurses reported a renewed commitment to nursing as a profession and an increased level of self-confidence and motivation to attempt to change practices in their local setting. All of the Nepalese nurses have pursued higher education since their experience in Canada and many of them have moved into leadership roles. Both groups experienced enhanced knowledge development and personal self-awareness.

During the first semester of my courses in the Simon Fraser University (SFU) doctoral program in the fall of 2004, I had the opportunity to hear Lieutenant-General Romeo Dallaire, a UN Force Commander in Rwanda in 1993. He delivered the president's lecture at TRU to students, faculty and other members of the community in Kamloops. He spoke passionately about the need to become more knowledgeable and sensitive to the plight of those who are less privileged in the world. He referred to the fact that 80 per cent of the world's population does not have access to quality health care and education. In criticizing the response of developed countries to major catastrophes such as Rwanda, he stated that "Some humans appear to be less human than others." He spoke passionately about the need of the individual to pay attention to global issues, to consider addressing the needs for education and health in under-developed countries and to consider becoming involved in non-governmental agencies (NGOs) to make a difference. He commented that the individual can make a difference and that there has never been a better time for individuals to become involved. Both he and Stephen Lewis, Special Envoy for HIV/AIDS in Africa at the time, who gave the first president's lecture

the previous year, spoke of the need for nurses and teachers in particular to become involved in this work (Dallaire, 2004; Lewis, 2003).

In the first theory course in the doctoral program, we were simultaneously reading *Plato's: The Republic* and discussing major philosophical ideas such as what is the *good* in an individual and what are the virtues that are central to a *well-lived life*. At that time, I reflected on my childhood, growing up on a farm on Prince Edward Island. I experienced both of my parents being active in their community and over the years, I have wondered about the nature and essence of such a commitment and their connection to the community. It seemed to me that they were demonstrating values inherent in the concept of citizenship and I was curious how the motivation for them to be involved may be related to the nature of global citizenship.

The concept of citizenship and how it is enacted has always been of interest to me, so it was a logical extension to pursue the idea of global citizenship and to explore if I could do something myself to attempt to help future nurses meet the moral obligations that were being suggested by Lewis (2003) and Dallaire (2004). I became involved in a group called the Canadian Association for International Nursing (CAIN) as well as the equivalent British Columbia (BC) group. As a member of the inaugural TRU senate from 2005-2008 I served on the Senate Committee that worked with President Dr. Roger Barnsley to develop the Strategic Plan for the institution. I was particularly interested in broadening the goal focussing on international initiatives to include developing awareness of global issues in other ways than simply having an international experience. In the process of the development of the strategic plan, my resolve to focus on this study became solidified.

1.5. Statement of the Problem

The premise of this study is that the impact of globalization has produced a need for nurses to develop as global citizens who embrace the global perspective in their nursing practice and who contribute to achieving the goals of global health initiatives. To achieve these goals, there are many challenges as the concepts and practices related to global health and citizenship are frequently unclear and the goals of nursing

undergraduate programs may not align with global perspectives. To this end the purpose of this study is to inform undergraduate nursing curricula and pedagogy with a synthesis of knowledge derived from expert informants understanding of the topic. The research questions are:

1. What are the values and qualities inherent in the notion of global citizenship, as well as the nature of global health?
2. What are the curricular development strategies and pedagogical tools that would promote the development of undergraduate nursing students as global citizens, in an integrated manner throughout the curriculum?

1.6. Overview of Method

The method that I used for this study is the qualitative approach known as interpretive description (Thorne, 2008). The findings are presented as qualitative description. The goal of qualitative descriptive studies is “a comprehensive summary of events in the everyday terms of those events. Researchers conducting qualitative descriptive studies stay close to their data and to the surface of words and events” (Sandelowski, 2000, p.334). This approach to description and interpretation was applied to data from nurse leaders across Canada who had considerable experience and expertise in nursing education and global health.

Thorne (2008) argued that by extending description of a phenomenon to interpretation, knowledge is developed by making meaning of the data for application to practice and for the discipline. Interpretation, thus, has an interest in application rather than obtaining deeper levels of abstraction, theorizing or development of hypothesis for later testing, which would be the interest of other research methods. The findings of my study are presented as qualitative description with an interpretive thematic organization.

The description and analysis in this particular analytic project has relevance for undergraduate nursing programs intent on a depth of understanding of notions and approaches to global citizenship for curriculum and practice. The application of findings from this study has the potential to contribute to the development of student nurses as

global citizens with the integration of global citizenship and global health concepts throughout nursing curricula.

The sample was a purposeful sample in that the participants were chosen from individuals who had extensive experience related to the global context of nursing. Thirteen semi-structured interviews were conducted and transcribed. The data analysis consisted of an inductive and iterative process of being immersed in the data in order to focus on an increasingly deeper analysis of the main themes that were present in the data.

1.7. Definition of Key Terms

Globalization, global citizenship and global health are terms used frequently throughout this dissertation. The meanings of these terms may vary across particular settings and disciplines. For the purposes of this research, I have conceived of these terms in particular ways. Consequently these terms are defined in this section and are discussed in more detail in the literature review in Chapter 2.

1.7.1. Globalization

Whenever educators discuss the need to prepare students who are globally minded, the discussion generally points to the impacts of globalization throughout the world as the impetus for such a direction. Although the term “globalization” is frequently used, it is a relatively recent phenomenon. Robertson (as cited in Currie, 1998) defined globalization as “a concept that refers to the compression of the world and the intensification of consciousness of the world as a whole” (p. 16). This definition refers to globalization as a condition and a process and is the definition used in this dissertation. In this study globalization refers to the notion of the world being compressed and this is commonly referred to as “the world has become a lot smaller.” In addition, the increased level of consciousness leads to heightened awareness and knowledge of world events and the human condition throughout the world. As it relates to university education, there are many elements of globalization including economics, culture, information and politics and these elements frequently overlap. Ideas and information flow relatively

freely and with ever increasing velocity throughout the world impacting the way institutions and individuals conduct themselves, including educators in programs that prepare professional nurses.

1.7.2. Global Citizenship

The notion of citizenship by itself suggests legal parameters that involve a specific national identity (Noddings, 2005). When citizenship expands to a global perspective, it is not defined by the legal rights and responsibilities of a particular nation and it becomes more amorphous and complex.

Martha Nussbaum (1997) spoke of the “world citizen” (p. 9) as someone “whose primary *loyalty* is to human beings the world over” (p. 9). She described three capacities that are essential: “the capacity for critical examination of oneself and one’s traditions” (p. 9). The second capacity is an ability to see themselves as not simply citizens of some local region or group but also, and above all, as human beings bound to all other human beings by ties of recognition and concern” (p. 10). And the third essential ability, which is related closely to the previous two, is called the “narrative imagination” (p. 10).

This means the ability to think what it might be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person’s story, and to understand the emotions and wishes and desires that someone so placed might have. (pp. 10-11)

This is the concept of global citizenship that is used as a guide throughout the study.

1.7.3. Global Health

The term global health has become somewhat fashionable. There has been a significant increase in university administrations, faculty and students being interested in global health with an increase in initiatives and programs focusing on it (MacFarlene, Jacobs, & Kaaya, 2008). They described the phenomenon as a reflection of the increased level of interconnectedness, more awareness of the plight of vulnerable populations throughout the world and “discomfort” with the inequalities of health issues between rich and poor countries. “The common thread among them is a desire, through

teaching and research, to address disparities in health outcomes and access to care, and to alleviate the disease burdens of populations that extend well beyond their own national borders” (p. 391).

Koplan et al. (2009) discussed the need to have a clear definition of global health in order to provide direction for those working in global health. With agreement from a panel of multidisciplinary and international colleagues who conducted an analysis of years of evolution of philosophical approaches, changing attitudes and practice initiatives related to global health, the authors defined global health as:

an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.

(p. 1995)

This definition is used as a guide to the study.

1.8. Limitations of the Study

This study has limitations which may limit the usefulness and the relevance of the findings. The context for the study was restricted to participants from Canada and the majority of the interviews were conducted by telephone. As I completed the study by myself, my values, assumptions and knowledge of the topic influence the process. The following is a description of these limitations in more detail.

The participants were all drawn from within Canada. Although I expect that there is the potential to apply many of the findings to nursing programs other than Canadian programs, the context for the study was strictly limited to the Canadian context. Consequently, recommendations that relate to, for example, suggestions for curriculum development may not be applicable to nursing programs in many countries throughout the world.

The collected data may be limited by the particular individuals who were interviewed. Their views and perspectives may not represent all of the views that exist on this issue but this study represents the views expressed within this study. As there is an ongoing discourse regarding global health and global citizenship occurring, the participants' responses are influenced by the current discourse. Consequently their views may be limited to this point in time rather than a future time and context for these issues. As well, it is possible that during the interviews, participants expounded on one particular point of view that became dominant thereby excluding other possible perspectives. As most interviews did require a significant investment in time on the part of the participants, however, it was impossible to discuss every point in excessive detail.

As all but one of the interviews were conducted by telephone, it is possible that in not being able to see their faces and note body language, I may have missed picking up on non-verbal behaviour that could influence their main message. However, I believe that as most of the discussion was not of an emotional nature, this limitation would have a relatively minor effect.

A major limitation is that I alone designed the study, conducted it and analyzed the data. Therefore, the reader needs to appreciate my particular professional stance. It is possible that the data would yield different interpretations by others but the nature of doctoral work requires the solitary approach. There is wide variation in global health content in nursing programs throughout Canada. Although I am familiar with a number of programs, particularly in BC, I am not aware of the details of curricular strategies related to global citizenship and global health in other provinces.

1.9. Professional Significance of the Study

This study will make a substantive contribution to scholarship in professional nursing education as there is a lack of literature that clarifies the meaning of global citizenship as it relates to nursing students and nurses. In addition, although there is an increasing number of articles focussing on the positive learning that results from international experiences for students and the need for the inclusion of global health perspectives in nursing programs, there is a distinct lack of research literature that

suggests how these concepts should be integrated across the years of an undergraduate curriculum. The findings from this research may assist the TRU School of Nursing and other nursing programs to include a comprehensive and integrated approach in the curriculum that promotes the development of global citizens. Such actions would contribute to achieving the goals of the institution, the goals of the nursing programs and meeting the health needs of populations throughout the world.

The results of this study may also contribute to the discipline and profession of nursing that are, like nursing education, immersed in concerns related to global health such as migrancy and global influences on health care. Nurses in practice are engaging in global initiatives and knowledge related to global citizenship and global health may be helpful to those endeavours. Similarly, other educational programs within university settings and other global health initiatives may also benefit from this exploration of global citizenship within nursing education at this time. Within university settings, the knowledge may be useful to programs such as education, social work, business and leadership, amongst other disciplines. Initiatives, such as university study abroad programs, that promote the development of a global perspective may find the results useful for application to practice. Ultimately the results of the study have the potential to strengthen the quality of nursing and other students or professionals in their contributions in practice and in their roles as agents of change and leaders in initiatives related to global health. To this end, the purpose of this study is to inform undergraduate nursing curricula and pedagogy with a synthesis of knowledge derived from expert informants' understanding of the topic. Specific research questions this study will seek to understand are:

1. What are the values and qualities inherent in the notion of global citizenship, as well as the nature of global health?
2. What are the curricular development strategies and pedagogical tools that would promote the development of undergraduate nursing students as global citizens, in an integrated manner throughout the curriculum?

In conclusion, a term that resonated with me during our EdD research classes was Dr. Tim Rahily's discussion of "bricolage" (Denzin & Lincoln, 2005, p. 4.). To me it presented a meaningful visual and descriptive representation of how I believed this

research process would unfold for me. Bricolage is the result of the bricoleur's or the researcher's work (Denzin & Lincoln, 2005). The bricoleur extends herself into the work and the resulting bricolage is like a quilt or a montage that is pieced together into a *life story*. This story uses many bits and pieces to generate a coherent whole. As the result of activities such as in-depth listening, detailed note taking and thoughtful reflection, the bricoleur uses esthetic and material tools to create the craft. She adds new colours and designs as she works so that her craft continues to be transformed. "The interpretive bricoleur produces a bricolage—that is, a pieced together set of representations that is fitted to the specifics of the situation. The solution (bricolage) which is the result of the bricoleur's method is an (emergent) construction" (p. 5). In a similar manner as described by this metaphor, I envisioned this research to be somewhat of an organic and creative process within the parameters of the research process resulting in the production of a meaningful bricolage.

Chapter 2.

Literature Review

The research problem led me to explore a range of literature primarily from the nursing discipline but also included other disciplines such as philosophy and education. The literature review provided a platform for the research with an understanding of the theoretical and empirical literature related to the central concepts being explored. The literature review also further focussed the research questions and identified specific areas for exploration. This chapter begins with a discussion of a range of literature focussed on globalization, global citizenship, global health, international placements, global education and learning, and cultural competence.

Notions of global health and global citizenship rely on an understanding of processes of globalization and the concepts are studied in overlapping and related terms. A review of the literature to expand comprehension of these notions was a critical place to begin this study, to both understand the norms and state of the science and to identify gaps in knowledge relevant to my research questions. Within nursing education and higher education generally, global health is understood within a context of internationalization of universities and practical international student experiences. An ongoing discourse of the benefits and challenges of internationalization and international student experiences is another body of literature informing my research project. Global education and learning and related pedagogical strategies also relate to the research problem and were literatures reviewed to focus the research questions and identify areas to seek further understanding. Within the literature on global education, various notions and practices of cultural competence were frequently identified as a major competency required for global health practice.

Concerned with the application of these major concepts to nursing education, the evolution of the nursing profession's involvement in global initiatives and evolving

discourses around such initiatives, are also addressed in the literature review. Dominant moral activities of citizenship and global citizenship are addressed and recurring concepts such as caring, compassion, moral behaviour, and a review of the role of nurses as caring and ethical practitioners is included.

2.1. The Process of Globalization

When administrators, policy-makers and educators discuss the need to prepare students who are globally minded, generally the discussion points to the impact of globalization throughout the world as the impetus for such a direction. Although the term globalization is in common usage, its meaning is frequently somewhat vague. The use of the term is a relatively recent phenomenon. It was coined in the 1960s and appeared for the first time in a scholarly paper written by sociologist, Robertson, in 1985. Robertson (as cited in Currie, 1998) defined globalization as “a concept that refers to the compression of the world and the intensification of consciousness of the world as a whole” (p. 16). This definition referred to globalization as a condition and a process. Subsequent writers expanded on the concept by focusing on the economic, cultural, and political dimensions of globalization (Currie, 1998). Other writers such as Giddens and Waters (as cited in Currie, 1998) distinguished between the economic, cultural, and political dimensions of globalization.

Levin (1999) referred to globalization as being multi-dimensional. He viewed it as linked to international economies, international relations, politics and culture. In his book *Globalizing the Community College*, Levin (2001) described the impact of globalization on higher education as consisting of four domains: economics, culture, information, and politics. The economic domain, which tends to be the dominant domain, affects state revenues which subsequently impact government funding and policies related to higher education. The domain of culture speaks to the social values imported from the external environment. International events such as political realignments and wars affect populations and influence the local culture. The domain of information relates to the acquisition and dissemination of information around the globe by electronic technology and other means. The political domain refers to the influence of government in the

organizational behavior of institutions and other societal structures. Levin commented that these domains are not exclusive of each other but frequently overlap.

The notion of globalization as the process whereby goods flow throughout the global community is a useful one, and one that seems to be utilized regularly in the literature to describe what is happening. The anthropologist Appadurai (2001) discussed the idea of global flows as a complex, dynamic process of objects, ideas, technologies and images circulating across cultures and borders. He concurred that most human societies in the past have interacted with other societies by engaging in various forms of exchanges. The scale and the velocity of global flows in the current context of globalization have resulted in major changes to the international order.

Crigger (2008) described globalization as “a complex, multi-dimensional yet powerful force that includes, among other things, three qualities: compression of the world, expansion of consciousness, and reflexivity” (p. 21). The author referred to the compression of the world as a characteristic of the notion of the global village with the world becoming “homogenized” (p. 19) as a result of increased travel, communication, and knowledge sharing. The expansion of consciousness occurs from exposure to the larger world either directly by being in the setting or indirectly through literature or the media. There are multiple forms of reflexivity such as intellectual, ethical, cultural, and economic. Crigger referred to Martha Nussbaum’s notion of cultural reflexivity as a “moral perspective through which one is drawn to see the point of view of the other” (p. 20). Crigger called for the need for global ethics and a focus on human rights and social justice “to encourage individuals, communities and society as a whole to promote human flourishing and better health for all people” (p. 21).

In summary, for the purposes of this study, globalization refers to a complex, multi-dimensional process that impacts global health and the role of nurses. The world has become compressed with the flow of goods leading to an ever increasing degree of interconnectedness and interdependence. The increased level of consciousness that results from all of these global connections leads to individuals and groups having a heightened awareness and knowledge of world events and the human condition throughout the world. Consequently, university education is influenced by many of the elements of globalization including economics, culture, information and politics and

these elements frequently overlap. Ideas and information flow freely and with increasing velocity throughout the world, impacting institutions, faculties, and students including professional nurses.

2.2. Perspectives on Global Citizenship

In recent years many universities and colleges have revised their mission statements and strategic plans to include the perspective of global citizenship. It seems that there is an underlying belief that this perspective is needed in order to prepare students to engage successfully with the globalized world and to contribute to solving some of the world's problems. In order to grasp the perceived positive benefits of the inclusion of global citizenship learning activities within educational institutions, I will highlight some discussions of the concept of global citizenship that have been meaningful for me as I engaged in this project.

The term citizenship dates back to the ancient Greeks and in general usage it referred to an individual working to improve and advance Greek society. The nature of the character of the individual was central to the discussion. In Book 1 of Plato's *The Republic*, Socrates mused on the nature of a virtuous life by asking Cephalus, the father of Polemarchus, in whose home the discussion takes place, to report on old age and whether or not it was a difficult time for him. Cephalus responded:

...there is only one thing responsible and that is not old age but your character. For those who are civilised and contented, then even old age is only a slight burden. Otherwise, for those who are not like this-both old age and youth prove hard to cope with.

(Plato as cited in Ferrari, 2000, pp. 3-4)

Socrates continued the discussion into the nature of justice. He mentioned that justice is "helping one's friends and harming your enemies" (p. 10), but later in the discussion, it was agreed that it was never appropriate to harm a person. Thrasymachus commented that "...justice is simply what is good for the stronger" (p. 15). These comments precipitated a discussion on the nature of injustice and the discussion changed to focus on justice being what is good for the weak.

Later, Socrates argued that the qualities found in cities must also be present in the soul of human beings. These qualities include the virtues of wisdom, courage, self-discipline and justice. The discussion concluded that a just man is a wise man and that in order to be wise there is a need for knowledge, including "...philosophical knowledge...practical experience and the rest of human excellence" (Plato as cited in Ferrari, 2000, p. 187). Plato used the analogy of the cave to describe how the soul can be transformed through education. "Education...would be the art of directing this instrument, of finding the easiest and most effective way of turning it around" (p. 224).

The above discussion suggested that it is the character of the individual that would determine his ability to live the *good life* and that having a well-developed sense of justice was central to that character. The discussion on the need to focus on those who are weak relates to modern approaches to social justice. His conviction that education was critical to the development of knowledge suggests that education has the potential to influence an individual's character and that ultimately, the individual will use his character and knowledge to contribute to practical experience (Plato as cited in Ferrari, 2000) that will benefit those in need.

Aristotle believed, like Socrates and Plato, that virtues such as justice and courage were central to the well-lived life (Plato as cited in Ferrari, 2000). He differed with Plato in relation to how an individual acquired an understanding of the "good." He believed that in order to live well, human beings must learn to appreciate goods such as pleasure, virtue and honour as a whole. In order to apply understanding to specific situations, individuals must acquire knowledge through upbringing and habits which would contribute to practical wisdom (Kraut, 2001).

Practical wisdom as he conceives it, cannot be acquired solely by learning general rules. We must also acquire through practice, those deliberative, emotional and social skills that enable us to put our general understanding of well-being into practice in ways that are suitable to each occasion. (p. 1)

Aristotle viewed "the good" as specific to roles in society (as cited in Scott, 1995). For example, what is considered to be *good* for physicians in practice would be different from

what would be good for politicians in their roles. Similarly, what is good for nurses in their roles will be different from other professional practices.

Aristotle's theory provides a useful method for health care workers to examine their practices, particularly in relation to ethical issues. The approach attempts to discover the essential nature of a situation by identifying relevant similarities and differences to other related cases and provides a base for moral reasoning and behaviour. In health care, such an analysis helps to clarify ethical issues such as those related to resource allocation and interprofessional relationships (Scott, 1995). Similarly, Aristotelian theory could guide the development of the character and role of the professional nurse in participation in activities related to global citizenship and global health.

Martha Nussbaum (1990) stated "Aristotle's position is subtle and compelling. It seems to me to go further than any other account of practical rationality I know in capturing the complexity and agonizing difficulty of choosing well" (p. 55). Nussbaum further described practical wisdom as being different from scientific understanding in that "it is an ability to recognize the salient features in a complex situation" (p. 74). Nussbaum goes on to examine the concept of compassionate imagination. She referred to Aristotle's views on compassion as having three thoughts: "that a serious bad thing has happened to someone else; that this bad event was not the person's own fault; and that we ourselves are vulnerable in similar ways" (Nussbaum, 2002b, p.4). She commented further that most people as they grow up believe that all humans are equal but that human emotions tend to not respond to this belief. With reference to Marcus Aurelius, a Roman Emperor philosopher, she questioned the ability of the personality to be able to motivate intense concern with people everywhere. She stated "we need to have a keen imaginative and emotional understanding of what our choices mean for people in conditions of many different kinds, and the ability to move resourcefully back and forth from the perspective of our personal lives and cares to the perspective of the distant" (p. 6).

In her book *Cultivating Humanity*, Nussbaum (1997) discussed the concept of the *world citizen*. She described one version as being a citizen who has a primary loyalty to all human beings in the world and who places all "local" loyalties as being of secondary

value. The second version was more relaxed and points to an individual being able to have a variety of loyalties; however, the individual recognizes the value of human life wherever it occurs and that he is bound to others in faraway places by nature of human abilities and problems. Nussbaum believed that there are three capacities that are essential to the cultivation of humanity: the need for critical examination of oneself and one's traditions as in Socrates examined life; the need to extend beyond the local region to feel bound to other human beings by ties of recognition and concern; and the need to go beyond factual knowledge to the *narrative imagination* which is:

the ability to think what it would be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person's story, and to understand the emotions, wishes and desires that someone so placed might have. (p. 11)

Nussbaum (1997) noted the tendency for an individual to judge a person's story from one's own values and experiences but emphasized that understanding the other's perspective is the first critical step required before moving to deeper understanding of the situation and acting in a responsible way. In deciphering the meaning of an action as a person intends it, one must utilize an imagination informed by scientific understanding and a liberal arts education.

Nussbaum (1997) stated that "the world around us is inescapably international" (p. 10) and argued that universities must pay attention to the development of a "world citizen" by educating for global responsibility in order to overcome the "narrowness of human psychology that I have depicted, rooted, as it so often is, in local culture and values" (Nussbaum, 2002b, p. 9). Nussbaum's perspectives are of particular interest for me in this study as they focused on the need to have a sense of compassion for not only family, friends and clients encountered in local settings but to have compassion for those who are *distant* as well. Her description of the narrative imagination seems to be a foundational perspective that is necessary for individuals to develop as global citizens and is appropriate for professional nurses as they evolve personally and professionally.

Other authors have emphasized that empathy and understanding are not adequate for the development of a global citizen (Davies, 2006). There must be outrage so that individuals are highly motivated to take action. She further suggested that in

order to accomplish this level of engagement, there are profound implications for the process of teaching and learning which will differ significantly from traditional pedagogical approaches.

Boman and Gustavsson in a discussion with Martha Nussbaum (Boman, Gustavsson, & Nussbaum, 2002) about the relationship of a liberal education to citizenship pointed to the fact that Nussbaum used Socrates' concept of the need for an examined life, Aristotle's ideas of reflective citizenship and the Greek and Roman Stoic notions of a liberal education. Such an education is liberal in that "it liberates the mind from the bondage of habit and custom, producing people who can function with sensitivity and alertness as citizens of the whole world" (p. 305). During the discussion Nussbaum raised the question about what citizens need to know and argued that universities have a major role to play to produce citizens who examine traditional ways of doing things in a self-critical manner. She described self-examination as a way of transcending tradition to take steps towards the possibility of being globally connected. She stated "democracy needs a community of citizens who genuinely reason together about a problem, and in order to create such communities, we need to cultivate our humanity which is why education is so important" (p. 306).

Dower (2000) discussed the differences between global and world citizenship. Whereas in the last century global citizenship was viewed as primarily an "affirmation of an ethical community" (p. 10), world citizenship was associated with the idea of a world government. However, in recent years this notion has been *decoupled*.

Prompted by the increasing recognition that global problems of poverty, environmental degradation, human rights abuses and widespread international and intranational violence require individuals to exercise global responsibility and to do so through effective institutions, the idea of world citizenship has increasingly been invoked by some in their attempts to exercise global responsibility and to encourage others to do so as well.
(p. 10)

Dower argued that being a global citizen is more than a moral concept, that the conditions for its application exist in the world and that it is a desirable state to aim for as it causes the exercise of global responsibility to be more effective. He also believed that there needs to be an acceptance of a global ethic of having rights and duties as humans

to one another. He concluded that those who do work as global citizens may view themselves as world citizens with global obligations. He described a world citizen as “someone who sees herself as ethically committed to global goals, to using existing institutions appropriate to this and/or to creating and strengthening institutions to the same end” (p. 20). Dower referred to four features of citizenship: equal rights, corresponding obligations to respect the rights of others, a commitment to be active in defending others rights, and promoting the common good and participation in the political life of the community. Whereas the notion of citizenship may be viewed as a legal status within a specific political community, the author believed that these features can also be applied at the global level. In addition, by extending the notion of global citizenship beyond a moral definition to including the need to push for adequately functioning institutions including international laws, he believes that the notion of global citizenship will be “ethically robust and pragmatically appropriate to our global situation as we enter the third millennium” (p. 20). This perspective of global citizenship expands the responsibilities of global citizens beyond individuals and groups to governments, including international law-making organizations.

As the result of a commitment to the role that the university plays in educating global citizens of the future, the UBC (2004) developed a toolbox for educator’s called *Road to Global Citizenship*. Their working definition of a global citizen was:

someone who feels a duty to respect and protect the Earth, the global community of fellow human beings and all other living creatures. We envision global citizens as individuals who have developed an understanding of the interconnected world and who deeply appreciate and value ecological sustainability and social justice. Global citizens are individuals who are willing and enabled to take action to make the world a fairer place for ourselves and other living creatures. (p. 7)

This definition focused on respect for others, an appreciation of the connectivity in the world and places an added emphasis on environmental concerns. As well, it called on individuals to move beyond understanding to action. The toolbox discussed key elements that are part of the development of a global citizen: knowledge and understanding of social justice, equality, diversity, globalization, interdependence, sustainability, environment, resources, and peace and conflict. Value and attitudes required are: self-esteem, empathy and respect, commitment to social justice and equity,

value for diversity, concern for environment and a commitment to action. Social skills relate to active listening, empathic communication, active participation on a diverse team, conflict resolution and leadership skills. Cognitive skills involve the ability to engage in critical thinking as well as analytical, strategic and reflective thinking. The intent of this comprehensive view of global citizenship was to guide educators to design their programs, courses, and activities to incorporate these elements and to evaluate their success in doing so.

Oxfam (n.d.) in their curriculum for global citizenship described the qualities of a global citizen as someone who:

- is aware of the wider world and has a sense of their own role as a world citizen
- respects and values diversity
- has an understanding of how the world works economically, politically, socially, culturally, technologically and environmentally
- is outraged by social injustice
- participates in and contributes to the community at a range of levels from local to global
- is willing to act to make the world a more sustainable place
- takes responsibility for their actions

(para. 3)

The notion of citizenship by itself suggests legal parameters that involve a specific national identity determined by boundaries. In her book *Educating Citizens for Global Awareness*, Noddings (2005) explained that as citizenship expands to a global perspective, it is not defined by the legal rights and responsibilities of a particular nation and it becomes more amorphous and complex. In discussing the challenges with global citizenship, the author commented on the high level of interdependence that exists and the increasing conflict between the need to appreciate and respect diversity while aiming for unity. In asking the question what is global citizenship, she described the common understanding of citizenship as referring to a national identity but that global citizenship cannot be described in a similar manner.

The emphasis on economics in globalization processes has led to practices that have had negative impacts on the physical environment and the economies of other countries. There needs to be as much interest in social justice as well as economic

justice. Noddings (2005) asked if there is a conflict between patriotism and global citizenship? She stated that peace must be a precondition to global citizenship and that:

a global citizen must see war as contrary to all of the concerns we have identified---to worldwide economic and social justice, to the health of our physical world, to the preservation of well-loved places, to the balance of diversity and unity, and to the well-being of all of earth's inhabitants.
(p. 4)

Noddings concluded her book by focussing on the need to utilize the local perspective to inform the global perspective as well as the global view to strengthen understanding of local issues:

When students learn to respect and befriend classmates from different background and cultures, they are learning an attitude significant for global citizenship. When they learn to study and care for their own backyards and neighbourhoods, they are preparing to study global ecology. Again, mastering the techniques of conflict resolution in classrooms should inform later approaches to world conflict. (p. 122)

Noddings (2005) emphasized the need to integrate notions of global citizenship throughout the curriculum rather than restricting it to individual courses. She argued for the need to regard gender inequality as a moral imperative and although difficult, discussion of religion is necessary in order to develop a critical appreciation of the world's religions. She concluded with a discussion of the need for students to consider the power of propaganda and patriotism and the need to reject war as a means of resolving human conflict.

Mindful of the challenges inherent in the broad concept of global citizenship, Pike (2008) offered six dimensions as *starting points* for the discussion of models of global citizenship education. There is a need for an expansion of loyalties to begin with one's family and extend to the planet, knowing that loyalties may shift over time and may conflict. The ethos must involve critical appraisal of nationalism and globalism, with a critical assessment of governments' and other agencies' perspectives of justice, equity and human rights. The development of global thinking should promote relational thinking in order to realize the deep connections and relationships among various phenomena. Citizenship must be understood as doing as well as being and knowing. Global

citizenship must entail moral responsibility with a commitment to ongoing assessment of personal values and behaviors that serve others. Finally, there must be an understanding of citizens' roles in determining the future health of the planet. This includes an appreciation for the interdependence, the bio-diversity and that the functioning of the planet is dependent on human decision-making. Pike's (2008) suggestions for citizenship education combine many of the previous points of other authors.

2.3. Global Education and Learning

Just as the terms globalization and global citizenship can be understood from a variety of perspectives, similarly the terms global education and learning connote a wide variety of possible sets of knowledge and experiences. Olson, Green, and Hill (2006) defined global learning as:

the knowledge, skills, and attitudes that students acquire through a variety of experiences that enable them to understand world cultures and events; analyze global systems; appreciate cultural differences; and apply this knowledge and appreciation to their lives as citizens and workers.
(p. 9)

This definition suggests that global learning involves learning about connections between the local and global perspectives and the application of the learning in students' lives as individual citizens and as workers.

For two decades the Association of American Colleges and Universities (AACU) has worked with post-secondary institutions to promote global learning as a key characteristic of undergraduate education. The Director of Global Initiatives at AACU (Hovland, 2005) stated that students must be engaged through global learning opportunities in discussing the most *pressing* questions in the world today. For example, what do we need to know about the world, what does it mean to be a citizen in the global context and how should we act to attempt to solve some of the major global problems? Global learning focuses on the relational nature of students with the dynamics that shape the interconnected and unequal world (Hovland, 2005). In a project called "Shared Futures: Global Learning and Social Responsibility," the objectives included: to

generate new knowledge about global studies, to spur greater civic and global engagement and social responsibility, to promote in faculty and students a deeper knowledge of the practice of democracy and to cultivate intercultural competencies (AACU, 2007). The authors emphasized that a liberal education has the biggest impact when students apply analytical skills and ethical judgement to issues beyond the classroom.

The American Council on Education conducted three national surveys on international education in 2001 and 2002. The study used a very broad definition of global or international issues as any part of a course that focussed on perspectives, issues or events from countries outside the United States. In the analysis of the results, Siaya and Hayward (2003) found that despite strong support from faculty and students for the need to include global or international issues in undergraduate education, most institutions had not included global and international content in their curriculum to a significant extent.

Ann Kelleher (2005), professor of political science at Pacific Lutheran University, outlined four phases of a continuum for global education in an undergraduate program: introductory, exploratory, participatory, and integrative. The editor of the document commented that this continuum could serve as an overarching frame for liberal education. It linked first year inquiry seminars with core courses, study abroad experiences, internships, undergraduate research, and an interdisciplinary capstone experience.

Under each phase, Kelleher (2005) included behavioural objectives related to the following categories: knowledge and intellectual skills, cultural knowledge and skills, global perspectives and personal commitment. For example, under the introductory level for knowledge and intellectual skills, students were asked to give examples of current world trends and the systemic interdependence. At the integrative level, they were asked to describe the world's economic, environmental and political systems and for one issue facing humankind, to assess the complexities of the world systems that related to the issue. For cultural knowledge and skills, they were asked at the introductory level to describe cultural diversity with examples. At the integrative level they were asked to compare in depth one's own culture with a second culture. Over the 4 years, they were

asked to learn another language so that they were able to read, write and speak it. For global perspectives, they were asked under exploratory phase to explain two ethical perspectives that would impact responses to one world issue and at the integrative level, they were asked to utilize the two sets of ethical values to formulate alternative responses to one of the world's major issues. Under personal; commitment, they were asked in the exploratory level to articulate their personal commitments to a global issue. At participatory level, they were asked to engage in creating a just and healthy world. At the integrative level, they were asked to "demonstrate potential for distinctive leadership in a local community and internationally in the pursuit of a just, healthy, sustainable and healthy world" (p. 10).

Although this framework focussed on the political nature of the world, it included practical examples of activities that are levelled from an introductory level to an integrative one. The framework suggested objectives and goals across a curriculum that have the potential to engage students in developmentally appropriate learning and critical thinking in an incremental manner. Although it may appear to aim high, I believe that many of these activities could be achieved by nursing students if a curriculum was committed to the idea of developing global citizens.

McMaster University in Ontario published a document "Learning Without Boundaries" (2007). The article emphasized the need for an education in the liberal arts for the global world. It argued that liberal arts prepares students to make connections and to engage in problem-solving with new approaches.

As our world grows more complex and as nations and economies become more intertwined, a new generation of global citizens...is needed to look at issues through multiple lenses-psychology, health, literature, economics, political science etc.-to find creative solutions to problems that ultimately affects us all. (p. 4)

Noddings (2005) discussed strategies to promote global awareness in the classroom. The author focussed on the need for students to have a sound understanding of one's own environment, the need to value caregiving as critical to the promotion of global co-operation, the need to help students attend and listen carefully in discussions of religion, the need to develop a sense of global justice locally and globally

and to develop conflict resolution skills. One chapter focused on the need for curriculum integration of these issues and concepts. She argued that discussions of local issues can inform the global perspective and global perspectives help with comprehension of local issues.

Our best hope for humanity is to fully engage young people with this global reality in ways that interest and inspire them to understand themselves, others and the interdependent world in which they live; to come to love and believe in justice and peace; and to take active steps in their own lives to bring about a better world. (p. 121)

Although the content of this book primarily targets primary and secondary levels of education, it is applicable to post-secondary education as well, including the education of professional nurses.

To promote the development of global citizenship Starratt (2003) focused on the need for educational administrators to cultivate a sense of meaning, community and responsibility in students. He stressed that educational administrators must utilize transformational leadership skills to accomplish these goals. He suggested a focus on moral and professional responsibility which relates directly to citizenship. He emphasized that this responsibility relates to administrators as formal leaders and to individual faculty as informal leaders. The cultivation of meaning requires connecting the learning in classrooms to the issues in civil society, including societies beyond local borders. He commented “the cultivation of meaning implies that learning must be intentionally rooted in human concerns” (p. 41). The concerns of people in countries such as Africa with starving populations and the HIV/AIDS epidemic would be excellent examples of a study focussing on the cultivation of meaning.

In relation to the need to develop a sense of community, Starratt (2003) believed that rather than continuing to focus on the issue of individualism versus communitarianism, the challenge is “to create an ecology of community that promotes the richest form of individual life within the richest form of community life” (p. 81). He suggested that leaders must incorporate knowledge related to advances in the natural and human sciences in order to “ground new understandings of the symbiotic interconnection of all natural systems on the planet” (p. 81). This level of understanding

would contribute to richer forms of community life within civil societies with a focus on the global village in the 21st Century. He commented that for leaders to engage in this manner requires a lot of courage. “Educational administration is not for the faint-hearted” (p. 97).

Cultivating a sense of responsibility refers to “a continuous state of obligation or accountability...a continuous state of caring” (Starratt, 2003, p. 111). Social justice is included as part of responsibility. Starratt commented that to accomplish this would require a different type of leadership who “would seek to develop a culturally responsive faculty” (p. 104). Such a sense of social justice and responsibility would be key components in promoting global learning for students.

2.4. Global Health

As the notions of global citizenship and global learning have become terms that are referenced regularly in educational settings, such is the case also for global health. The term global health has replaced the term international health. Banta (2001) emphasized that with the evolution of the global economy and the increase in global travel, national boundaries fade. From a public health perspective and the possibility of pandemics, the need for cooperation, collaboration, and communication must be paramount. He pointed to the view of international health as outdated because it suggests that this view of health tends to look beyond local settings. He further commented that the global village confronts modern day public health with the problems of socioeconomic development and social justice issues confronting every nation. Due to globalization, these problems are interrelated and the new millennium is faced with the challenges of contemporary problems of global health.

International health tended to focus on epidemics and other health issues across boundaries (Brown, Cueto, & Fee, 2006). These authors outlined the transition from the term “international” to “global” and the role of the World Health Organization (WHO) in this transition. The general use of the word “global” is preferred and used more frequently now as it incorporates the local and international perspective whereas “international” did not. The global perspective suggests the inter-connectedness of all

settings which leads to consideration of the linkages and impacts world-wide on the health of individuals and populations

There has been a significant increase in the level of interest in global health by university administrations, faculty and students. This has led to an increase in initiatives and programs related to global health in academic settings (MacFarlene et al., 2008). These authors described the phenomenon as a reflection of “greater international connectedness” (p. 388), more awareness of the plight of vulnerable populations throughout the world and discomfort with the inequalities of health issues between rich and poor countries. The authors examined the mission statements of a variety of global health initiatives. They concluded “the common thread among them is a desire, through teaching and research, to address disparities in health outcomes and access to care, and to alleviate the disease burdens of populations that extend well beyond their own national borders” (p. 391). They challenged faculty in global health programs to focus on vulnerable groups within developed countries as well as those in a developing country. The authors also argued that the primary place for global health education is at the undergraduate level where domestic and international experiences can be integrated into the educational experience.

Merson and Page (2009) acknowledged the significant expansion of interest in global health within American universities. The authors suggested that the cause of this increased interest is the result of students’ heightened awareness of world issues as a result of the global media, increased awareness of the global health agenda including the need for more equity, and the expansion of resources directed at global health challenges by governments, foundations, and corporate and private philanthropic endeavors.

Koplan et al. (2009) incorporated a number of common elements from past definitions of public health and international health such as the emphasis on a population-based and individual preventive focus and multi-disciplinary approaches. However, their definition expanded the notion of global health issues as transcending national boundaries and placed an emphasis on the significance of access to health equity for all peoples and nations. As well there was an increased focus on the interdisciplinary nature of global health as it extends to a much broader range of

disciplines beyond health sciences, with increasing levels of cooperation in decision-making and implementation.

The Canadian Nurses Association's (CNA, 2009b) "Position Statement: Global Health and Equity" stated that global health is "the optimal well-being of all humans from the individual and the collective perspective" (p. 1). It commented further that health is a fundamental human right and that many groups and individuals are responsible for contributing to the achievement of global health and equity. The groups include governments, professional organizations, non-governmental organizations, volunteer groups and health professionals including registered nurses. The statement concluded that nurses as citizens of the world have the right and responsibility to act to improve inequities and to speak for those who do not have the resources to do so on their own behalf.

In order to address global health, a big question relates to the concepts that need to be included in a global health course and in an undergraduate nursing curriculum. Activity in recent years has resulted in the publication of a number of texts focusing on global health (Holtz, 2008; Jacobsen, 2008; Markle, Fisher, & Smego, 2007; Sear, 2007; Skolnik, 2008). These texts focus on global health concepts such as the determinants of health, the measurement of health status, the importance of culture to health, the global burden of disease including infectious and chronic disease, demographic and epidemiologic transitions and the organization and function of health care systems. Environmental health, health of women, mothers and children, nutrition, infectious diseases, war, catastrophes, terrorism, injuries, primary health care, human rights, social justice and the economics and politics of health. In most courses and curricula, the Millenium Development Goals (MDGs), mentioned in Chapter 1, are frequently referred to in discussions of global health concepts. These targets relate to many of the core issues of global health and are used by many agencies as an influence on policies and initiatives.

Similarly, the social determinants of health are central to discussions of global health and have been commonly used in nursing curricula to guide assessment and practice. The social determinants were first outlined by WHO's Ottawa Charter for Health Promotion in 1986. Raphael (2009) defined the social determinants as "the economic

and social conditions that shape the health of individuals, communities and jurisdictions as a whole” (p. 2). They include income, social support networks, education, employment, social and physical environments, healthy child development, gender issues, food security, and personal health practices. The CNA (2009a) promoted this broad approach to health that considers multiple factors within and outside of the health care system and endorsed a collaborative approach within disciplines and across various sectors in society to address the determinants of health.

2.5. International Placements

In line with the increasing interest in global health programs and other related initiatives by university administrators, faculty and students, educators have demonstrated an increased level of interest in the inclusion of global health perspectives in their curricula and courses. Years ago, possibly up until the last decade, this was usually in the form of add-on activities such as bringing guest speakers to class who had done international work. More recently there has been movement to include a separate course focussing on global health. TRU School of Nursing with nine collaborative partners developed a course that is taught in third year of the program called Health and Healing: Global Health Perspectives. This course focuses on chronic and episodic global health challenges as well as global issues (Collaboration for Academic Education in Nursing, 2011). In other programs, the focus may be on social justice with integration of similar concepts throughout the curriculum. The establishment of opportunities for international clinical placement programs or other related experiences such as exchange or study abroad programs has also increased in response to the need for development of the global perspective for nurses.

In an ethnographic study of nurses with an international perspective Thorne (1997) concluded that the nursing profession was failing to engage nursing students in global health concerns. This situation was concerning to the author as a global perspective was considered essential for effective leadership and for the provision of culturally competent care.

In a study focussed on medical schools in North America, Wilson and Pust (1999) reported that only a small percentage of schools offered curriculum related to international health, despite a significant level of interest in the topic. Their article advocated for the need to include information related to travellers' health, cross-cultural challenges, the moral imperative to serve those in need locally and globally, and the need to become involved in collaborative research with colleagues in other cultural settings.

In a study conducted in 1995 to 1996 on the international dimensions of nursing education in Canada, the researchers surveyed schools of nursing in Canada to obtain data related to international activities (Ogilvie, Paul, & Burgess-Pinto, 2007). Out of 119 respondents, 15 of them reported that undergraduate students had the opportunity for an international experience only 0.81% of students in 15 programs engaged in such an experience. The authors concluded that at the time that the article was written in 2007 that it was clear that in the 10 years since their survey was conducted, faculties and schools of nursing had been engaging in international endeavours in substantial numbers. They suggested that in addition to providing opportunities for international placements, there was a need to place more emphasis on global concepts for all students within the curriculum.

In recent years, several articles in the nursing literature discuss the use of international placements for nursing students as a key strategy to promote awareness of global health issues. Pross (2005) reported that there are numerous anecdotal and subjective descriptions of international student placements but few research articles reporting outcomes. The purpose of her qualitative descriptive study was to explore the nature and meaning of the international experiences from the student's perspective. The four essential themes identified related to the processes of: preparing for the experience; adjusting through a sense of shock, coping and eventually appreciation of the learning; caring through doing and being; and transforming. These processes were influenced by culture, values, and ethics. Some of the challenges included the realization of the impact poverty, ethical dilemmas, challenges with the language, and knowledge related to the role of women. These descriptive insights were to be used to assist educators to prepare students for future experiences.

In a study that evaluated nursing graduates 2 years after the international experience in their undergraduate program, findings indicated that the nurses overwhelmingly supported the opportunity for international education and described its ongoing personal and professional impact. The authors used an open-ended interview with 21 graduates of American schools. They utilized frameworks for intercultural sensitivity to assess cultural development. Learning in relation to cultural sensitivity was perceived as the greatest benefit. The knowledge gained from the comparison of health care systems was a highlight. They reported using their knowledge in their current practice and that they changed their practice to focus on public health, midwifery, medically underserved populations or international nursing (Duffy, Farmer, Ravert, & Huittinen, 2005).

Button, Green, Tengah, Johansson, and Baker (2005) conducted a critical review of the research literature from 1980-2003 on the impact of international clinical placements on the personal lives and professional practices of nurses. They found that the importance of cultural education for nurses has become increasingly evident. Some investigators found that these experiences heighten awareness of cultural sensitivity and make them more aware of subtle differences. There was also increased awareness about gender roles, local politics and global issues. The research provided evidence that students learn about the host country's health care system and tend to compare it to their own country's system, thereby, developing insight and enhanced understanding of their own system. In addition students were exposed to a variety of different approaches to nursing practice and developed more openness to alternative and complementary practices. International placements exposed students to other professions such as midwifery which had the potential to expand their options for their future practice.

The results of the research conducted by myself and three colleagues at TRU demonstrated some similar findings. From 1999-2003, the School of Nursing at TRU in Kamloops, BC, was involved in a Rural Health Worker Development Project (RHWD) in Dhulikhel, Kavre District, Nepal. Funded by the Canadian International Development Agency (CIDA) through the Canadian College Partnership Program, the RHWD project was a partnership with Kathmandu University and Dhulikhel Hospital in Nepal and two Canadian partners, TRU and the Saskatchewan Institute of Applied Science and Technology (SIAST). The project aimed to support the in-service development of nurses

and auxiliary health staff working with under-served rural populations in the Kavre District and to provide an opportunity for an exchange of nurses and students between the two countries. Twelve TRU students participated in a six-week experience in Nepal as part of this project. The research demonstrated that the experience had a significant impact on the personal and professional lives of the students. They developed an increased awareness of the significance of the social determinants of health and their relationship to the population. Knowledge development in relation to gender issues, the role of women and other differences in power was significantly strengthened. The awareness of cultural differences did translate into changing their practice when they returned back to Canada. The students reported that they engaged in serious self-reflection about their personal values and most of the students expressed interest in working as a nurse in an international setting in the future (Simpson, Abbott, Lyall, & Heaslip, 2006b).

In a second manuscript Simpson et al. (2006a) focussed on the selection and preparation of students and faculty for international experiences. Canadian students and faculty commented that the selection process for Canadian students was fair, appropriate and comprehensive. In relation to the criteria, students commented that they expected that students who were chosen would be flexible, adaptable, open and non-judgmental, appreciative of diversity in different contexts and be role models for Canadian nurses. Some students believed that the *average* student should have the same opportunity as excelling students and that excluding students who had been on a probationary contract was perceived as an unfair discriminator. The students who were selected were concerned about backlash from their classmates who were not selected. Faculty expressed the view that the opportunity for the intercultural experience should be presented to all students early in the program. The students reported that they were prepared and supported by the International Department and the School of Nursing. Students found it helpful to learn some Nepalese language from the Nepal nurses who were in Canada. They commented that they would have liked more preparation focussed on the extreme poverty and gender issues within the country.

There was satisfaction with the selection process for faculty members as it evolved to become a well-advertised transparent process. They were highly motivated to prepare for the experience and they benefited from the experiences of colleagues who

had accompanied students on previous international experiences. Faculty reported that it was important to choose faculty members who would be competent in agencies such as the acute care hospital. They must be sensitive to the culture and be capable of building strong relationships with the partners. As the project unfolded, they expressed concern that if faculty selection was handled poorly, there was the potential to sabotage relationships and the goal of the project. Faculty believed that the selected individuals had the expertise and personal qualities required for the experience. For students and faculty, it was evident that there was a need to ensure that the selection process was transparent and fair. Furthermore there should be a follow-up meeting with those who were not selected to explain the areas that could be strengthened to increase their chances of success for future opportunities.

In a qualitative case study conducted in a School of Nursing in the United Kingdom, students provided accounts of their international clinical experiences and their subsequent learning (Lee, 2004). The students believed that the experience impacted their development as a professional nurse and assisted with the transition from student to a qualified nurse. Students found that as a result of the language barrier, they focussed more on intuitive knowing and on non-verbal communication. This challenge was a dual benefit in that they also appreciated the challenges that patients and their families face when they do not understand the language being used by the health providers. The experience appeared to strengthen students' confidence level and promote their cultural learning through the immersion experience. The educators involved concluded that their challenge was to find ways to incorporate the learning into all settings.

Thompson, Boore, and Deeny (2000) compared the impact of international experiences for nursing students from Ireland in developed and developing countries. With a Likert-type of scale in their questionnaire, they received data from 89 fourth-year nursing students and graduates. For both developed and developing countries, the students reported enhanced personal and professional development as well as a strengthened appreciation for the impact of culture on health. Those in a developing country reported more impact overall on their personal and intellectual development. They also gained a broader view of international perspectives.

In relation to the effect of the length of the placement, Button et al. (2005) reported that there have not been many studies examining this aspect but that overall it had been demonstrated that both long-term and short-term placements are beneficial. The extent of the cultural immersion does influence the learning. The authors recommended that students must be adequately prepared prior to departure and be well-supported while in the host country. Students should be exposed to a wide variety of experiences while in the country in order to give them a broad view of the culture and nursing practices. There are limited studies on the long-term impact on the professional practice of participants.

Nursing faculty have debated the length of international clinical placement experiences that are required for the most effective learning. Anecdotally, faculty argue that longer experiences are needed to socialize into the setting, to go through the shock and adaptation phase that is required and still have time to accomplish the goals and expectations of the experience. A few studies comparing and evaluating the impact of a variety of lengths of experiences have suggested that students who have longer experiences are impacted the most. Zorn (1996) conducted a descriptive survey of all graduates of a school of nursing undergraduate program over 14 years. She received 27 responses. They had participated in programs of two to four weeks, three months, and 16 weeks (one complete semester). The participants in the longer programs reported more long term impact than those in shorter programs. DeDee and Stewart (2003) reported on a descriptive, retrospective correlational designed study of 100 nursing students whose international experience was two weeks long. The students also reported a significantly positive impact of the experience although they did not participate in hands-on nursing experiences. Both of these studies involved experiences in developed countries.

With the increase in international experiences for nursing students, researchers have been questioning the long-term benefits of such experiences. Zorn (1996) concluded that although the impact decreased over time, the findings of the descriptive study was supportive of the long-range value of international learning experiences. Two years after an 8-week exchange program between the United States and European Union countries in community health settings, Duffy et al. (2005) conducted an evaluation of the ongoing impact of the experiences. The participants overwhelmingly

commented on the increased level of cultural sensitivity as the greatest ongoing benefit. Evanson and Zust (2006) carried out a descriptive qualitative study to describe the effects on students' later personal and professional lives. They collected data from nine students 2 years after the experience in Guatemala. Their results revealed an overall theme of "bittersweet knowledge" (p. 412) suggesting that there were positive and negative impacts from the experiences. On the positive side, they described an increase in their level of understanding which included significant gains in cultural awareness, a broader global perspective and ongoing connections through continued contact with some people they had met and through memorabilia and memories. The second theme focussed on unsettled feelings related to whether they had helped or what they could have done at the time or in the future to help more. They also continued to feel unsettled about the inequities and how their own life had so many resources while others had so few. Students continued to reassess their own lives in terms of values of their own culture versus the values of the Guatemalan culture and wondered which culture was better off. The final theme related to advocating for change. The participants indicated that with their enhanced understanding of culture and global perspectives, combined with their unsettled feelings, they had attempted to be more active in advocating for change at personal, local and global levels. The authors concluded that the hands-on nature of the experience was necessary to create a lasting impact.

Although international clinical experiences for students present many opportunities for personal and professional growth, there are a number of challenges to their establishment. Based on an experience of American nursing students in Guatemala, Harrison and Malone (2004) described the challenges of planning and implementing such a program. They specified the need for clear learning objectives for the experience, careful planning with the host site participants, strategies in place to ensure faculty and student safety and attention to detail in the preparation of students. One challenge during the experience may be for the students to practice outside their professional scope of practice given that resources are limited but the need for health care is so great. At TRU, this possibility has been one of the challenges that has led the School of Nursing to always have an instructor accompany the students. The process for the selection of students and the accompanying faculty member can be critical to success. Mill, Yonge, and Cameron (2005) described a selection process that

contributed to a higher level of success in the placements. The authors also addressed the need for pre-departure sessions that included general knowledge about the country, the health care system, cultural beliefs, the role of nurses and common health conditions in the region. As much as is possible, language preparation is helpful. Mill et al. stated that with careful planning, as well as the development of a reciprocal teaching relationship with the host educational institutions the challenges can be minimized. Further research needs to be done to evaluate how to promote the success of these experiences for all participants.

2.6. Cultural Education

In the development of global citizens, the need for cultural education is significant. The level of cultural diversity has increased in recent years in most countries. Diversity exists within every group including nursing classrooms and the clients they serve. As such, nursing education programs must place an emphasis on cultural knowing.

In the discussion of global citizenship in her book, Noddings (2005) commented that the term diversity has become a “buzzword” (p. 12) in relation to political and social interactions and that it usually refers to racial, ethnic and religious differences. She contended that the most important reason for appreciating diversity is to recognize the differences, for not to do so is:

equivalent to not listening-hence to not caring. Where people not only claim difference but also celebrate it, global citizens cannot pretend that differences are unimportant. Diversity becomes important in all policymaking conversations, because we hear the voice of the other.

(p. 14)

Noddings argued that it is challenging to develop a global perspective without a clear understanding of the individual’s home environment. She emphasized the need to integrate discussions on important topics such as gender and religion throughout a public school curriculum to enable students to appreciate the similarities, differences and connections between the local and global perspectives.

For several decades, nurse educators have agreed that learning about cultures is an important aspect of nursing education. In my years as a nurse educator, there has always been a significant effort to include cultural education in nursing programs. Until the past decade, cultural education in nursing programs tended to focus on students becoming familiar with the knowledge and skills that were needed to work with individuals and populations from a variety of cultural backgrounds. Over the years, several terms have been used to refer to cultural education including diversity, cultural sensitivity, intercultural competence, transcultural nursing and, more recently, cultural safety. The similarities and differences related to the meaning of these terms have generated several discussions among nurse educators.

Leininger (1998) pioneered the promotion of transcultural nursing as a “necessary and formal area of study and practice in the 1960s” (p. 57). She defined transcultural nursing as:

focussed on comparative care, values, beliefs and practices of individuals or groups of similar or different cultures with the goal of providing culture specific and universal care practices in promoting health or well-being or to help people to face unfavourable human conditions, illness or death in culturally meaningful ways. (Leininger, 1995, p. 58)

In more recent years, there have been a number of critiques of the notion of transcultural nursing with concomitant philosophical tensions underlying various pedagogical approaches to cultural education in nursing (Campesino, 2008). The author synthesized the critiques of transcultural nursing for the past decade. She described the overall goal of transcultural nursing as a focus on using cultural knowledge to develop nursing actions that promote positive health behaviours in a culturally sensitive and congruent manner. She acknowledged the major contributions through research and scholarship of transcultural nursing and highlighted that the critiques have been helpful in the evolution of new theoretical and pedagogical approaches to cultural education for nurses. The major critique of the transcultural approach, from critical theory perspectives, was the lack of analysis of the differences in the structural systems of power that influence nursing education, research and practice. The author concluded that there is a need for nursing students to learn cultural competency concepts using a critical theory framework. “Confronting complex and entrenched social processes of

power in nursing is a daunting endeavour that nevertheless must be undertaken if disciplinary transformation and movement toward social justice in health care are deemed to be worthy goals” (p. 303).

In recent years, the focus of cultural education for nursing students has been viewed as education that leads to nurses being culturally competent. In the CNA's (2010) “Position Statement: Promoting Cultural Competence in Nursing,” cultural competence is defined as:

a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals, and enables ...[them] to work effectively in cross-cultural situations. (p. 1)

To support culturally competent care, CNA suggested a number of responsibilities for individual nurses, professional nursing organizations, accreditation organizations, governments and educational institutions. “Educators are responsible for integrating concepts of cultural competence and diversity into curricula. They are responsible for promoting cultural competence within the faculty and student populations” (CNA, 2010, p. 1).

Reimer-Kirkham (2000) argued that cultural sensitivity may be considered synonymous with cultural competence or it may be one aspect of it. It may refer to a beginning level of understanding of the differences of other cultures. The author argued that cultural sensitivity and competence are narrow constructions of culture in that they do not consider the structural forces influencing culture and the realities of racism. This relates to the issues raised in the critiques of transcultural nursing (Campesino, 2008).

To bring the critical perspective to cultural education for nurses, the theory of cultural safety was developed. Use of the term cultural safety was initiated in New Zealand as part of their nursing curricula in an effort to recruit and retain Maori nurses. It referred to the need for users of the health care system to feel safe in their interactions with health care providers. It allowed for the negotiation of power between the health care user and provider (Amini, 2004).

The Nursing Council of New Zealand (Transcultural Nursing Society, 2010) described cultural safety as health care practices that identify, understand, and respect:

bio-physical, economic, psychosocial, spiritual and cultural characteristics of the patient, the patient's family, the environment and the patient's community....[Safety] occurs within a process of respectful collaboration to reach agreed-upon health goals, to individualize health education to the individual patient and patient population, and to select and provide health care. Culturally safe practices by the nurse protect patients against devaluation or obliteration of their cultural histories, cultural expressions and cultural experiences. (p. 11)

The strength of this theory is that it encourages nurses and other health care providers to think beyond cultural practices and focus on the social, economic and political structures of groups.

Cultural safety encourages health care workers to engage with clients in a way that they reflexively acknowledge how their own cultural identity influences the interaction. Cultural safety provides a lens for nurses to attend to structural, historical and political dimensions of the health care system including the possibilities of racism and discrimination (Bearskin, 2011). "Cultural safety fosters the self-discovery of attitudes and biases by tracing them to their origins in nursing practice" (p. 553).

Duffy (2001) in her critique of cultural education in nursing commented that despite the inclusion of cultural theories and models in curricula and the increasing activities in students studying in other countries, there continues to be problems with cultural education. She believed that culturally-sensitive interventions are critical for health care workers to have an impact on the significant disparities in global health. She stated that "nurses have a moral and legal responsibility to give quality care and that quality care includes culturally appropriate care. In addition, universities have a social responsibility to prepare students who are learned and caring citizens in multicultural communities" (p. 488). She believed that existing models have roots in anthropology with a focus on historical traditions and that they fail to advance learning beyond differentiation of the self from others. She viewed this approach as obsolete, as it fails to acknowledge the existence of a global environment. She also critiqued current approaches as failing to address underlying social conditions. She suggested that principles of transformative education are needed and she presented general principles and a framework. The framework included the need for risk-taking and critical reflection

within an environment of uncertainty, conflict and debate. Nursing educators are expected to challenge perspectives that do not consider multiple points of view.

Scholes and Moore (2000) reported on a longitudinal evaluation of 79 exchange students who had international experiences in three nursing schools in Spain, the Netherlands and the UK. The aims of the course were to develop nurses with “culturally sensitive caring skills” for practice in a foreign country. They developed a program for the clinical exchange program based on transcultural nursing principles. They examined the triggers that led to critical reflection and transformative learning. Their conclusions summarized student accounts of the influence of the cultural exchange on their future practice in the categories of working with patients, colleagues, within the health care system and in the profession. Follow-up interviews after graduation indicated that these skills were enacted in their practice. Colleagues reported that these graduates were able to relate more easily to patients from other cultures whose first language was not English. The authors concluded that the experience had promoted making connections with individuals in a manner that acknowledged and celebrated cultural differences and focussed on finding mutually acceptable ways of working together and contributing to health. One of their conclusions was that a transformative learning experience is one model that has potential to achieve culturally competent nursing care.

In Finland, research was conducted to describe the impact of an international exchange program in the United Kingdom on the ability of 12 nursing students to learn intercultural competence (Koskinen & Tossavainen, 2004). The authors used an ethnographic methodology with a focus on reflexivity on the part of the researchers. They focussed on “three ethno-categories: transition from one culture to another, adjustment to the difference and gaining intercultural sensitivity” (p. 111). Their findings pointed to the need to link the orientation program, the main study abroad period and the de-briefing after returning home as a continuum of learning about intercultural competence. They emphasized the need for the individual student to explore their own cultural beliefs and values in the orientation phase, to engage directly with clients while in the country and to critically examine the host country’s health care challenges within a broad social context in the re-entry phase. Nursing faculty needed to be deliberate in tutoring and mentoring students with a focus on intercultural competence in each of these phases along the continuum. These authors also conducted an ethnographic

study of the tutor-student relationship during international exchanges. They concluded that a dialogic tutor-student relationship with shared responsibility and power in a co-operative manner was important for students to learn intercultural sensitivity (2003). Again reflexive skills were needed to reflect on their personal, experiential, and scientific cultural knowledge gained during the experience.

2.7. Historical Perspectives on Nursing and International Practice

Nursing as a profession has deep roots in international settings. Although nursing education programs have tended to focus on local perspectives and issues, the role of the nurse has historically been present throughout the world and groups such as professional nursing organizations have been involved in a number of international initiatives. Consequently the nursing profession and nursing programs are well located to embrace the strengthening of a focus on global perspectives. Also as caring and ethics are two major constructs of many educational programs and as these notions are frequently mentioned as significant components of a global citizen, I have included a discussion of these elements of nursing practice as part of the theoretical platform that leads to the development of nurses as global citizens.

Historically spiritual beliefs and religions played a primary role in determining the value of life, death and health. Frequently, it was religion that legitimized healers. In ancient times, the healer was thought to possess a spiritual gift. Early Hebrew teachings included health as a part of religion. The Hebrew high priest acted as priest and physician. Women sometimes served in the role of healer and priestess (Burkhardt & Nathaniel, 2008).

The role of the nurse has existed in some form in every culture with diverse types of groups holding the title of nurse. In the early Christian era, nurses were women of high social status who were independent practitioners. As religious beliefs changed from a focus on pagan and folk traditions to a single male god, the healing role of women evolved from sacred healer to subservient caregiver. In the Middle Ages, nursing was carried out by sisters from monasteries and other religious groups. For most of the

Middle Ages, the Roman Catholic Church influenced the credentialing of physicians, nurses and midwives in European countries. During this time, the status of women declined with the prevailing view being that women were meant to be helpers to men. During the Crusades, the women who belonged to nursing orders contributed significantly to health care (Burkhardt & Nathaniel, 2008).

When the medical profession was formed, women were excluded from universities and women in religious nursing orders were not allowed to act as healers. As physicians were trained primarily to serve people with money, peasant women were often the only healers for the sick poor. Women healers were perceived to be a threat to the Church and state and many of them were victims of witch hunts from the 14th to 17th Centuries. In a revolutionary quest for knowledge, the Renaissance brought in the scientific revolution and a new era for healers. Based on Descartes' work, Cartesian philosophy began to replace religious beliefs with a scientific approach to health and healing. This change resulted in the role of the nurse being revived. However, nurses' work was considered to be in the caring realm with the more respected realm of curing being reserved for physicians (Burkhardt & Nathaniel, 2008).

Nursing as it is known today began during the Modern Era with the founder of modern nursing Florence Nightingale. She was a nurse, statistician, sanitarian, social reformer and a consummate politician who significantly influenced health policy. She became famous in the 1860s following the Crimean war and she established a new view of the value of nurses in a military setting as well as the value of education of women (McIntyre, Thomlinson, & McDonald, 2006). Her influence was world-wide and eventually she influenced Canada through the British and American systems. Nightingale was responsible for beginning an organized system for nursing education throughout the world (Kerr & McPhail, 1996). The first Nightingale-model hospital diploma school in Canada began in 1874 at St. Catharines in Ontario (St. Catharines General Hospital, 1949). The first university program for nurses was established at UBC in 1919, granting its first baccalaureate degrees in 1923 (Zilm & Warbinek, 1994). In the early eighties, the CNA adopted the position that a baccalaureate degree should be the credential for entry into the profession of nursing and the provinces moved forward to recommend it or to make it mandatory.

McIntyre et al. (2006) described the characteristics of a profession as: “a specialized body of knowledge, a code of ethics, competent application of knowledge, standards of practice, self-regulation, a tradition of public service, autonomy, accountability and a professional association” (pp. 134-135). Professional associations exist to perform functions related to the individual practitioners, the profession and society in general. They also are charged with protection of the public. In Canada, there are individual provincial associations charged with protection of the public and the CNA is a federation of the provincial and territorial associations. The Canadian Association of Schools of Nursing (CASN) is the national voice for Canadian education, research and scholarship. The International Council of Nurses (ICN) represents the national nursing associations from a variety of countries. Given the presence of these organizations as well as others, nursing has a strong infrastructure to support and promote global activities.

Canadian nurses have a long history of being involved in international nursing. Records show that nurses were sent to places such as China and India over 100 years ago. They participated in both World Wars, and since then, have served in several international organizations such as Red Cross, the United Nations, and World Health Organization. At times over the years it seemed as if the international agencies such as WHO placed a high value on nurses and at other times, it seemed not to be so. For example in the 1970s, WHO eliminated the position of Chief Nurse (Baumgart & Larsen, 1992). Over the past several years, ICN has engaged in increasing its activism and involvement in political issues, particularly in situations where the health of populations is impacted. They have spoken out against human rights violations and continue to voice the message to the global community that health must be considered to be a basic human right (McIntyre et al., 2006).

In recent years, CNA and ICN have become increasingly active in contributing to the improvement of global health. They have done this by focussing on assisting nurses in developing countries with their educational programs and professional practice. The CNA now has a department focussed on international activities. Through the ICN Congress held every 2 years, with a major Congress every 4 years, there has been a growing awareness of the similarities and differences of the work being done and the challenges faced by professional nurses around the globe. I have attended several of

these international events and I am always struck by the commonalities that nurses share despite the significant differences in the contexts where we work. As information and resources are shared through the Congress and through other initiatives, my sense is that there is a strong belief that nurses definitely have a moral responsibility to act to improve global health. Consequently several agencies and individuals are ramping up their commitment to engage in activities focussed on global health.

2.8. The Preparation of Nurses as Caring and Moral Practitioners

Nursing as a professional practice emphasises the nurse's commitment to caring for others.

Nursing is acknowledged to be a major caring profession and internationally it claims to be guided by a commitment to help other people to help themselves and do for other people what they would do for themselves unaided if they had the necessary strength, will, or knowledge. (ICN as cited in Calpin-Davies, 2003, p. 3)

In recent years, there has been a significant focus in the literature on caring as a major feature of nursing. Caring is one of the major concepts that guides the curriculum for the TRU School of Nursing and this curriculum was shared with 10 schools in BC (CAEN, 2011).

In a discussion of the nature of practice, Alasdair MacIntyre (1985) defined a practice as being

...any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of that form of activity, with the result that human powers to achieve excellence and human conceptions of the ends and goods involved are systematically extended. (p. 187)

MacIntyre (1985) believed that in order to value internal goods, there are three core virtues: truthfulness, justice, and honesty. Sellman (2000) in a paper discussing

how MacIntyre's conception of practice relates to the professional practice of nursing suggested that the internal goods in nursing are related to the satisfaction of helping others. In addition, nursing plays a major role in the life of the individual nurse. To engage in nursing requires a significant ongoing commitment. Sellman stated that:

nursing as a practice requires a physical, emotional and intellectual presence. A presence that encompasses a commitment to the tradition of nursing, a commitment to the well-being of the individual and group of individuals in receipt of care and a commitment to the development of the practice of nursing. It is within these different commitments that the virtues can be identified as having specific purposes in helping to maintain the practice. (p. 29)

Sellman (2000) maintained that the combination of personal and professional life describes MacIntyre's "narrative unity" (p. 31). Sellman further described narrative unity as virtues and attributes identified as inherent within a practice that also contributes to the good life of the individual. These views point to the personal and professional life of a nurse being intertwined.

Noddings (1984) discussed caring as critical to ethics and moral education. She commented that caring in itself is not a virtue but that "the genuine ethical commitment to maintain oneself as caring gives rise to the development and exercise of virtues, but these must be assessed in the context of caring situations" (p. 96). She described an ethic of caring as practical rather than a romantic notion. Caring is about being in relation to others and as such is both "self-serving and other-serving" (p. 99). She stated:

my concern is for the ethical ideal, for my own ethical ideal and for whatever part of it others in my community may share. Ideally another human being should be able to request, with expectation of positive response, my help and comfort. (p. 101)

She argued that educators have a duty, perhaps no greater duty, than to promote this ideal. She concluded "everything depends then upon the will to be good, to remain in caring relation to the other. How may we help ourselves and each other to sustain this will?" (p. 103).

Consideration of the nature of nursing leads one quickly to the conclusion that an ethical dimension underlies most aspects of nursing practice and that students and practitioners must develop an ethical awareness early in their professional development.

The discipline of ethics is concerned with how people relate to each other and the nature of those relationships. Practitioners of nursing are relating to others on an almost continual basis, and the relationships between the individuals who are ill (patients) and the practitioners who care for them are seen to be of crucial importance to the healing process.

(Scott, 1995, p. 279)

In health care professions, there has been an increasing interest in teaching ethics to students by a process that, as well as focussing on the duties, rights and consequences of actions, also focuses on the character of the practitioner (Scott, 1995). For example, the ability to be compassionate is considered to be a desirable trait that can be promoted and developed in the practitioner's education. The Aristotelian idea of developing a virtuous character fits well with this approach. Aristotelian ethics suggests that as well as rules and principles to guide moral decision-making, context and perception influence the moral decision and action. Aristotle stressed that one can learn the habits of virtuous people. In nursing programs, educators could promote this type of ethical learning by identifying ethically sensitive role models and exposing students throughout the program to nurses with such virtuous characters.

The "Code of Ethics for Registered Nurses" (CNA, 2008a) provided the foundation for nurses' ethical practice. Since 1980, the Canadian Nurses' Association has developed and adopted its own code with each version being revised approximately every 5 years. The latest edition adopted in June, 2008 is composed of two parts. The first part focussed on seven primary values and ethical responsibilities: "providing safe, compassionate, competent and ethical care" (p. 3), "promoting health and well-being" (p. 3), "promoting and respecting informed decision-making" (p. 3), "preserving dignity" (p. 3), "maintaining privacy and confidentiality" (p. 3), "promoting justice" (p. 3) and "being accountable" (p. 3). These values overlap and serve as a guide for nurses in their self-reflection, dialogue and decision-making. The guidelines stated "for ethical practice, other elements are necessary such as a commitment to do good; sensitivity and perceptiveness to ethical matters; a willingness to enter into relationships with persons

receiving care and with groups, populations and communities that have health care needs” (p. 4). These statements have provided guidance to nurses providing care in local Canadian settings as well as in international settings. In relation to promoting justice, the code stated that “nurses uphold the principles of justice by safeguarding human rights, equity, fairness and by promoting the public good” (p. 17).

The second part of the code of ethics focussed on ethical endeavours to address “broad aspects of social justice” (CNA, 2008a, p. 3) that will create “greater equity for all” (p. 3). These endeavours appeal to nurses to advocate and work for the reduction of social inequities through a variety of approaches such as by using the principles of primary health care and health promotion, recognizing and addressing the impact of the social determinants of health, improving the lives of vulnerable populations and working as individuals or in groups for social change related to global health concerns such as “violations of human rights, war, world hunger, gender inequities and environmental pollution” (p. 21). These aspects of the code of ethics directly suggest that thinking and acting globally is a requirement of the type of moral agent that the profession and society expects of nurses.

In the 1800s Florence Nightingale, the mother of professional nursing, was concerned with the moral character of the nurse. In more recent times, as the education of nurses has moved to an academic approach to nursing focussed on scientific knowledge, research and models of nursing theory, ethical knowing continues to be critical to all nursing actions. As well, practicing nurses continue to be concerned about moral character as a central quality of a practitioner. Evidence of this stance is demonstrated when practitioners are asked to describe outstanding role models in the profession, the nurses identified are usually nurses who demonstrate high moral character in their professional practice (Sellman, 2000).

2.8.1. Nash’s “Real World” Ethics

Academic approaches to teaching ethics are varied. After years of teaching students the dominant philosophical approaches to ethical decision-making, Robert Nash (2002) moved to encourage “reflective, intuitive ‘involvement’ by students” (p. ix) in his book that was aimed at educators and human service professionals. He described

three moral languages for professionals to consider when faced with dilemmas in their workplaces. The first moral language was described as being the individual's background beliefs that support understanding of moral truth and concepts of ethical behaviour. Nash (2002) commented that he was attempting "to help students to develop a more conscious and articulable understanding of what Charles Taylor (1992) called each person's 'background of intelligibility', those moral horizons against which things take on a significance for us" (p. 39). Nash's main question for this reflective exercise was for the practitioner to consider the underlying beliefs that help to make sense of the world. He commented that reflecting on these beliefs is important as the individual tends to cling to these sources of moral authority.

The second language described by Nash (2002) was the language of moral character, a "thick description" (p.58) of language that incorporates virtue, community, feelings and ideals. He stated that it is a "complex amalgam of intention, thought, action, disposition, intuition and feeling" (p. 61). This language is formed in communities with their inherent political, cultural and professional influences. In order to focus on the second language, the main question to ask would be "Which decision has the most integrity in terms of the kind of person I either perceive myself to be or am striving to become?" (p. 63). Although there is interest in the emphasis of this approach, it is generally not accepted as a way of solving practical problems. I do believe however that it would be useful for nurse educators engaged in this dilemma to reflect on the questions posed by Nash. Such reflection combined with other approaches to ethical decision-making leads to a more thoughtful and meaningful ethical decision-making process.

The third moral language was based on the language of moral principles (Nash, 2002). Nash acknowledged that it is a useful framework for ethical decision-making as it is quasi-legal and comprehensive but that by itself it is somewhat limited. He recommended the need for integrating all three moral languages, resulting in "ethical bricolage" (p. 146) a process of retrieving several bits of information and reconfiguring into a meaningful whole. Although this process may not be practical for a group working through a dilemma, I believe that awareness of these levels of analysis could be useful for individuals to engage in such reflections on an individual level.

2.8.2. Kidder's Paradigms for Analysis of Dilemmas

Considering the serious challenges to quality of life for citizens throughout the world, several international groups are asking the question: How should we live together? These groups are attempting to determine if there are common ethical principles that can serve as a foundation in forming a "meaningful moral community to which every human being belongs" (Rorty as cited in Storch et al., 2004, p. 349). Rushworth Kidder (as cited in Wren, 1995) has been attempting to find "the moral glue that will bind us together in the twenty-first century" (p. 501). He interviewed several men and women who he considered to be people of conscience to find core moral values that were agreed to by the participants. He found that love, truthfulness, fairness, freedom, unity, tolerance, responsibility and respect for life were shared values (Kidder as cited in Wren, 1995).

Kidder (1995) outlined four models or paradigms to assist individuals to make choices when faced with an ethical dilemma of "right-versus-right" (p. 18): 1) truth versus loyalty, 2) individual versus community, 3) short-term versus long-term and 4) justice versus mercy. In relation to the first model of truth versus loyalty, Kidder addressed questions related to the nature of truth. Despite some views that truth is an individual's subjective view of the facts, Kidder described truth related to ethical dilemmas as being "based on accurate reporting of the world around us in terms that most would use to report it to themselves" (p. 120). Such a perspective requires that individuals must provide accurate, complete and relevant accounts of a situation. The development of a sense of trust is an important consequence of truth-telling. However, truth-telling does not stand alone as a guide to ethical behaviour. "Loyalty, by contrast, focuses not on statements of fact but on perceptions of allegiance...it typically involves some component of responsibility, dedication, and honour" (p. 121). Loyalty generates a sense of commitment and responsibility to a person or group.

Kidder's second model (1995) to consider, when faced with an ethical dilemma, is the individual versus the community. This model is particularly relevant to the issue of developing global citizens. The sense of individualism has dominated a lot of activity in the developed world in the 20th Century. Although there is a need to direct some activities at the individual level in order to encourage the development of compassion for

others, there is a tendency at the university level to focus on the development of the individual for its self-serving nature. The community perspective requires a focus on others, creating a tension between self and others. I believe that concern and compassion for others in the larger community is fundamental to becoming a global citizen.

The short-term versus long-term paradigm (Kidder, 1995) focussed on daily tensions within an organization. Kidder referred to the presence of a “transaction-based mentality” (p. 135) which places value on “the expediency of the short-term profit opportunity” (p. 135). As budgets for public institutions are squeezed, there is an increasing pressure to raise money through a variety of initiatives. Kidder suggested that tensions between “short-termism” and “long-term dilemmas” (p. 136) are very evident in issues related to economics and environmentalism and that there is a need to reconcile these competing forces. “The road ahead is littered with ethical choices, to reconcile what’s efficient with what’s prudent and fair” (Cleveland as cited in Kidder, p. 136).

The final model for ethical analysis considered justice versus mercy (Kidder, 1995). John Rawls (as cited in Kidder, 1995) described justice as “the first virtue of social institutions” (p. 141). He commented further that a just society is one in which “the liberties of equal citizenship are taken as settled; the rights secured by justice are not subject to political bargaining or to the calculus of social interests” (p. 141). If one applied this description of justice to the global community, universities should be concerned with justice as it applies to all citizens of the world. Mercy was described as being focussed on compassion and urges “us to care for the peculiar needs of individuals case by case and to seek benevolence in every way possible” (p. 140). Justice was described as being of a higher order than mercy. Most professional codes of ethics include the need for both of these values. Although situations occur where there is tension between the two values when applying it to the need to educate global citizens, both of these values are important. The need to instill these values in students points to strong arguments for universities to consider initiatives that would encourage a higher level of justice and mercy for those in the world who are less fortunate than the majority of Canadian citizens. Considering these values would be useful when utilizing ethical frameworks as a guide to decision-making. In asking the question focussed on what values to teach Kidder (as cited in Wren, 1995) stated “answering this question, as we stumble into the

twenty-first century with the twentieth's sense of ethics, may be one of the most valuable mental activities of our time" (p. 508).

Ethical decision-making is a significant role for professional nurses. "The profession belongs to society and therefore is bound by the duty to competently meet the needs for which it was created. Individual nurses, therefore have a duty to fulfil the promise that the profession has made to society" (Burkhardt & Nathaniel, 2008, p. 20). Ethical principles, theories and decision-making models are essential for the nurse so that the process is comprehensive, cohesive, and logical. The principles that commonly guide deliberation and action are: autonomy, beneficence, non-maleficence and veracity. All of these principles assume that nurses adhere to the underlying principle of respect for persons (Burkhardt & Nathaniel, 2008).

Ethical theories are based on moral philosophy which considers what is right and wrong in relation to moral issues, and ethics which is the practical application of moral philosophy as it relates to the individual or society. Utilitarianism, a form of teleological theory, suggests that the right decision is the one that has the greatest usefulness. The consequences or end result of the decision is a key factor in the decision-making process. Frequently the question is asked does the end justify the means and will the decision lead to the greatest good for the greatest number? Deontological theory, sometimes referred to as Kantianism, is guided by the "categorical imperative" (Burkhardt & Nathaniel, 2008, p. 39). This means that there are moral rules with no exceptions as the rule is drawn from ethical principles. Each individual is considered to be an end only and would never be a means to an end result (Burkhardt & Nathaniel, 2008).

More recently, nursing ethics has been including virtue ethics as a framework for moral behaviour. Virtue ethics, also called character ethics, goes back to Homer, Aristotle and early Christian thinkers. In earlier times, the cardinal virtues included "wisdom, courage, temperance, justice, generosity, faith, hope and charity" (Burkhardt & Nathaniel, 2008, p. 42). Modern writers include "honesty, compassion, caring, responsibility, integrity, discernment, trustworthiness and prudence" (p. 42). Nursing students, guided by their practice throughout their education programs learn the virtues needed to practice their profession in an ethical manner. Nurses also must learn ethical-

decision-making frameworks to guide them when faced with moral dilemmas. These frameworks have the potential to be useful in their practice related to global health and their development as global citizens.

2.9. Summary

It was challenging to narrow the focus of a literature review relevant to the development of global citizens within an undergraduate nursing program. As one participant noted, the concept could encompass everything that happens in the whole program. However, the choices I made were based on my beliefs about the types of literature that would serve as a platform for my research as well as an effort to follow the ongoing discourse related to global health and global citizenship. The process of globalization was deemed to be relevant due to its impact on global health. One must appreciate this context in order to begin to understand the challenges facing global citizens. If the intent is to develop global citizens in nursing programs, an understanding of the nature of global citizenship was critical. Similarly, an understanding of the nature of global health and global education must be inherent in the process of curriculum development. The history of the nursing profession in global initiatives is relevant as it does situate the profession in a strong position for moving to embrace the notion of global citizenship. Although several aspects of nursing education could have been pursued as relevant to this issue, for practical reasons the need for cultural competence and ethical practice were two that were singled out to be included in the literature review. They seemed to have the most direct and particular relevance to global citizenship.

The majority of the literature accessed for this study was of a theoretical nature. There were a few empirical studies related to the inclusion of global health in curricula and the impact of international experiences on nursing students' learning. However, research related to specific approaches that would be desirable for the development of nurses as global citizens is lacking. This study is timely in that it highlights the need for nursing faculty to emphasize global citizenship in an integrated manner throughout the curriculum and the need for empirical research into the impact of such an approach to nursing education.

Chapter 3.

Methodology

In this chapter, I provide a brief history of the process of the research and discuss interpretive description as the qualitative method used for the study. Next I describe the ethical considerations, selection of the sample of participants and information related to the sample. Finally, I outline the data collection tools, transcription of the interviews and the process of data analysis.

3.1. History of the Research Process

My thesis committee approved the original proposal in June, 2010. Later, the SFU Office of Research Ethics approved the application for ethical approval in February, 2011. Documents outlining the details of the study and the letters of invitation to possible participants were sent out soon thereafter (see Appendices A and B). When the participants responded with their agreement to participate, they were sent copies of the appropriate informed consent. With the exception of one participant who I interviewed face-to-face, and who signed the documents in my presence, all of the other participants returned the appropriate documents with their signatures either by postal mail, fax or electronically. I was fortunate that the responses to my request for an interview were very positive so that I was able to proceed reasonably quickly to conduct the interviews. Establishing convenient times for the interviews was also accomplished relatively easily. Subsequently the data collection process including the interviews, field notes, and reflective journal began in March 2011 and the 12 interviews were completed in June 2011. Transcription of the interviews was completed by fall 2011 and then began the process of analysis. The final analysis and the writing of this dissertation began in January 2012.

3.2. Interpretive Description as Qualitative Research Method

Describing qualitative research succinctly is a challenge as it is complex in nature including a variety of traditions that have evolved over the years, changing with the period of time in history. All of these traditions such as positivism and post-positivism and the moments in history including traditional and postmodern add up to a complex web of terms, concepts and assumptions. However, Denzin and Lincoln (2005) offered a generic definition:

Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. (p. 3)

As qualitative research tends to make sense of the meanings that people bring to the phenomenon of interest, I decided that the use of a qualitative approach was appropriate for this study. After considerable examination of the various traditions of qualitative research such as biography, phenomenology, grounded theory, ethnography and case study as described by Cresswell (1998), I determined that the nature of my research question as well as my orientation to knowledge development fit with an approach called interpretive description (Thorne, 2008). Interpretive description was first described by Thorne, Reimer Kirkham, and MacDonald-Emes (1997). They referred to it as a non-categorical research approach. They argued that the methodological principles of qualitative research methods such as phenomenology, grounded theory, and ethnography reflect the foundations of disciplines that are different from the domain of nursing.

Experiences in nursing unfold within shifting physical, social and political worlds. The research orientation of interpretive description acknowledges the contextual nature and the shared realities of the nursing experience. Thorne (1997) referred to this approach as being suited to disciplines such as nursing where some form of interpretation and application of the findings to practice are expected outcomes of the

inquiry. It is drawn from a number of qualitative traditions including social science and educational methodologies including naturalistic inquiry (Denzin & Lincoln, 2005). Naturalistic inquiry takes place in a *natural* setting rather than a contrived setting and the observations made are not completely objective and detached observations but rather are influenced by the interviewer's perspectives. The background and experiences of the interviewer must be acknowledged so that the consumer has a sense of the assumptions that may influence the findings. The interpretive description method is designed for applied researchers including those with an education or health care focus. As for the type of research questions that are appropriate for the use of this approach, Thorne (2008) suggested "that it is best suited to those questions that beg an inductively derived description of a phenomenon, and one that deserves an interpretive lens" (p. 47). Thorne argued that description should be considered to be a "powerful resource" for knowledge development. When one asks "What does this mean?" the description must move to the level of interpretation. Patricia Benner (as cited in Thorne, 2008) called for the need for interpretation which goes beyond documentation to making sense of the research so that it can be applied to practice.

The use of description in research is a common component of the process. Sandelowski (2000) focussed on the merits of qualitative description and referred to it as being of a fundamental or generic nature. In the process of conducting research studies, there is frequently an attempt to describe a study as belonging to one of the more traditional categories in order to seek credibility. Sandelowski pointed to the fact that qualitative researchers have a wide array of sophisticated methods to draw from so one would wonder why the need to focus on a simpler method. The author commented "...it is precisely the increasing complexity of qualitative methods and the tyranny of the method in nursing research that makes the rediscovery of qualitative description necessary" (p. 334). Sandelowski (2008) and Thorne (2008) referred to their efforts in the research process to designate particular studies as having a structural frame such as ethnography, grounded theory and phenomenology to gain epistemological credibility but frequently the research did not fit the claims and methodological flaws were evident. To avoid such flaws, interpretive description offers another option within the qualitative domain.

“Qualitative description is a distinctive method of equal standing with other qualitative methods” (Sandelowski, 2000, p. 335). It provides a comprehensive description of the phenomena of interest. It offers an accounting of events that researchers and participants observe as well as an interpretation of the meanings that researchers and participants would agree on as a fair representation of the phenomena. The interpretive descriptive approach (Thorne, 2008) fits with this study by focussing on description with the added dimension of interpretation for the purpose of relevant applications to practice. Such an approach fits with the focus of the SFU educational leadership doctoral program and is particularly useful for researchers who are also health professionals. As a methodology, the researcher is encouraged to generate or extend knowledge that relates to practice in a way that ultimately improves practice. This study focussed on the educational process of undergraduate nursing programs related to the development of professional nurses as global citizens. The primary purpose of the research is intended to strengthen nursing education programs in a manner that ultimately improves nurses’ practice for the benefit of the people they serve.

Thorne et al. (1997) and Thorne (2008) described guiding principles for the design of interpretive descriptive research. Drawing from the work of Thorne and colleagues, in her doctoral thesis McPherson (2007) outlined a framework for the components of the design with guiding principles for each component (see Table 3.1).

The first principle speaks to the analytic framework. The research must be constructed considering existing knowledge related to others’ work in the field. Such a critical analysis provides a platform for the design and the foundational fore-structure to the inquiry. Thorne et al. (1997) stated that because this platform “represents a beginning point rather than an organizing structure for what is found in the inquiry, it typically will be challenged as the inductive analysis proceeds. However, because it is explicit in the description of the work, it will also provide a solid basis upon which the design logic and the inductive reasoning in interpreting meanings within the data can be judged” (p. 173). The analytical framework that served as the platform to guide the analysis was drawn from the theoretical and empirical literature presented in Chapter 2. My assumptions, biases, and preconceptions are identified later in this chapter.

Table 3.1. Principles Guiding Design Decisions in Interpretive Description

Analytic framework
<ol style="list-style-type: none">1. Locate the inquiry within the field of knowledge development.2. Make explicit the theoretical assumptions, biases and preconceptions that underpin design decisions.
Sample selection
<ol style="list-style-type: none">1. Sample theoretically and purposefully.2. Seek maximal variation on emerging themes.3. Foster a strong database to enhance credibility of claims.
Data sources
<ol style="list-style-type: none">1. Determine who experiences the phenomena of interest and who among them may be best able to convey that experience and variations in that experience.2. Scrutinize the relationship between data sources and the findings that derive from them.3. Actively seek a range of data sources.
Data analysis
<ol style="list-style-type: none">1. Analyze inductively rather than deductively.2. Sustain a comprehensive perspective of the data, avoid fracturing the data into small, decontextualized segments.3. Emphasize synthesis, theorizing, and recontextualization.

Note. Adapted from McPherson, 2007, p. 49.

The process of sample selection must adhere to guiding principles of the design. Sampling must be theoretical and purposeful. Morse (as cited in Thorne et al., 1997) described theoretical sampling as a sample that includes the “most predictable variations” expected within the focus of the issue being studied. There is a need to choose the sample to attempt to get maximal variation on the emerging themes in order to develop a strong database that lends credibility to the claims. In relation to data sources, the researcher must carefully choose the participants from among those who have experiences related to the phenomena of interest and who are likely to fairly represent their story. The researcher must be cognizant of the relationship between each data source and the findings that come from each source in order to reveal commonalities with other data sources. “Not all of the data derived from those who have experienced a phenomenon will reflect this common nature, and an effective interpretive description will be one that distinguishes eccentricities from commonalities within its process and outcome” (p. 174).

In choosing the sample, I focussed on accessing individuals who potentially would provide me with a strong database and who also would provide variation within the data. This was reflected in choosing participants from across the country, as well as individuals from a variety of educational settings and with a variety of experiences and expertise related to the phenomenon of interest. Some participants' experiences with global health have been relatively recent whereas others have been involved for many years.

For data analysis, Thorne et al. (1997) described principles drawn from qualitative traditions as an inductive process rather than deductive. The researcher must sustain a comprehensive understanding of the data to avoid "overly small units of analysis" (p. 174). There is a need to use analytic techniques as described by authors, such as Lincoln and Guba (1985), which point to repeated immersion in the data. Thorne et al. (1997) stated that the researcher must alternate between theoretical abstractions and concrete realities of nursing practice in order to be effective in producing sound knowledge. The researcher must focus on synthesizing, theorizing, and re-contextualizing the data in order to develop an interpretation that is meaningful.

The analysis of the data from this study was primarily an inductive process that involved repeated immersion in the data. The descriptions that resulted from the analysis were guided by the research question and the main concepts of global citizenship, global health, curriculum development, and pedagogy. During the analytic process, I was alert to concepts expressed by the participants that were potentially new concepts or negative cases also. After synthesizing, theorizing and re-contextualizing the descriptions, interpretations were made to make meaning of the data in a way that the results will be relevant to nursing education.

3.3. Ethical Considerations

Ethical approval for the study titled "Professional Nurses as Global Citizens: Developing an Integrated Approach in Nursing Curricula" was obtained from SFU. It was considered to be a minimal risk project so consequently it received expedited approval. The participants were 12 professional nurses from across Canada. Each potential

participant was sent an invitation to participate by e-mail. The invitation included information about the study including the premise of the study, my personal interest in conducting this study and the method that would be used. It described the approximate time required for the interview and the options for a telephone interview or face-to-face interview if possible, with the time, date and place to be arranged for their convenience. In the e-mail preamble, I suggested that if they wished to receive more details on the study, I would be pleased to provide that. Only one participant requested that information (see Appendix A). In the same e-mail, I provided copies of the consents for telephone and in person (see Appendix B). The consents identified the level of risk and provided information related to the audio-taping of the interviews and the transcription that would follow. The time required for the interview and the security processes of the data were outlined. The voluntary nature of the interview including the option to answer or not answer individual questions was presented. Efforts to maintain confidentiality were described. The consent included a statement that there was a possibility of a later request for a follow-up phone interview for the purpose of clarification and validation. However, I did not enact this request as I had a sufficient amount of data to respond to the research questions.

All of the expert informants were competent professionals who were able to provide informed consent. They expressed a strong interest in the study and although all of the participants had considerable research and ethics expertise, no concerns were raised regarding the details and process of the research including ethical matters. Only one interview was conducted in person. In this case, she re-read and signed the consent form at the beginning of the interview. All of the other interviews were conducted by telephone. The interviewees either returned the signed consent by postal mail, fax or by e-mail prior to the interview. Also, the individual who completed all of the transcriptions signed a promise of confidentiality (see Appendix C). This was an individual who had been a transcriber for other researchers' projects, including a previous doctoral student in this SFU program and who by reputation was professional, reliable, and ethical.

3.4. Sample Selection and Demographics

The key issue in selecting the unit of analysis for a study relates to what the researcher wants to be able to say at the conclusion of the research (Patton, 2002). As I considered my approach to this study, it became clear to me that I was interested in as broad and as sophisticated a perspective on the issue as I could obtain. Consequently I focussed on expert informants as participants so that the *weight* of the information obtained from them had the potential to be significant in relation to the implications for nursing education.

In interpretive description research, one of the principles for data collection focuses on the need for theoretical and purposeful sampling (Thorne, 1997). Researchers are expected to identify individuals who have knowledge and experience with the phenomenon of interest, yet vary in their views in a way that provides a broad perspective as the analytic process unfolds. The sample for this study was a purposeful sample of expert informants. The participants were chosen because there was the potential to learn from them a great deal about the issue that was central to the inquiry. In order to inform undergraduate nursing curricula and pedagogy with knowledge related to global citizenship and global health, I decided that the individuals selected for the sample would have had extensive professional experience with global citizenship, global health, international nursing, and/or nursing education.

There was also a reputational aspect to the selection in that the participants were individuals who had a professional reputation of having expertise in relation to global health issues. From my years of experience in nursing education and global health as well as my professional contacts with colleagues, I developed my own list of possible participants. The sample also evolved in the manner of a snowball sample or a chain. This process begins by asking *well-situated* people for their suggestions of possible individuals to interview for the specific purpose of the inquiry (Patton, 2002). As I attended professional conferences and meetings, I asked others for their suggestions. Consequently possible participants were identified by those who were familiar with the experts that I was seeking. In a number of cases they gave me the names of individuals who I already had listed as possible participants. The more an individual's name was suggested, the more validity it gave to that individual as an expert and potential

participant. Patton described the process of snowball sampling as producing a chain of recommended informants that diverges initially but converges later as some key names are repeatedly mentioned. This was clearly the case for me. I was impressed by the repetition of particular names of possible participants suggested to me from a variety of sources.

To adhere to the principles for sample selection for interpretive description research, I chose established nurse educators who would provide maximum variation. I attempted to obtain a cross section of participants from across Canada, and I was successful in doing that. Although it can be challenging to recruit and access participants for studies, this was a relatively easy task for this study. This may have been influenced by my own status as an experienced nurse educator and leader, by the perceived importance and timeliness of the focus of the study and by their interest in contributing to the increasing amount of evidence-based knowledge and science of the nursing discipline. The responses from participants were forthcoming very quickly after the invitation to participate was sent to them and their willingness to participate was more positive than I was expecting. Consequently, there was very little negotiation required with the participants prior to moving forward to obtaining their consent and scheduling the interview. As I was seeking eight to 10 participants, I sent out 14 invitations thinking that I would be fortunate to acquire eight positive responses. Twelve of those 14 responded positively. The other two did respond and expressed interest in being a participant but were unable to do so for health and other reasons related to their work schedules. They both strongly recommended alternate individuals from their institution who they believed would be excellent participants but as I had an adequate number, I did not pursue sending out further invitations. Not every province was represented but the sample was made up of individuals from Western, Central and Atlantic Canada. Five participants were from British Columbia, three were from Alberta, one was from Saskatchewan, one was from Manitoba, one was from Ontario, and one from Newfoundland.

In addition to being located in a number of provinces, the participants had a wide variety of backgrounds and sets of expertise. Consequently they shared some commonalities and some variations in relation to the phenomena of interest. All of the participants were female professional nurses and at the time of the interviews, they were

employed in educational institutions. The size of the institutions varied from large research-intensive universities in large urban centres to smaller teaching-focussed undergraduate universities in smaller centres. Most of the participants were located in major universities and as individuals have engaged in significant programs of research. Eleven of the 12 women were doctorally prepared and the other individual was prepared at the masters level. All of the participants had been in wide variety of leadership positions within their schools of nursing, their community, and/or provincial, national or international organizations. Three individuals had been a dean or director of nursing programs and two have held top leadership positions in national professional organizations as well as international organizations.

One of the participants was born in Asia and moved to Canada in her 20s. Two participants lived in other countries as children with their parents who were involved in international projects. Two participants had foreign experiences as nurses early in their careers with Canadian Universities Services Overseas (CUSO) or as nurse educators. One participant did her graduate work in a foreign country in a class made up of individuals from a wide variety of countries. Most of the individuals have had experience with global health issues in their teaching roles including developing and teaching global health courses. A number of them had been involved in international projects with organizations such as Canadian International Development Agency (CIDA) and the Aga Khan Foundation. Three of them had worked with foreign schools of nursing to evaluate undergraduate and graduate nursing programs and to assist with program development. Most of them had played leadership roles in the planning and implementation of students' international practice experiences. At least half of them had served in a leadership role within their university for a division that focussed on global issues such as a center for research that focuses on immigration and diversity. One person was the head of a program that focuses on the integration of aboriginal and international studies. All of the participants had conducted research and had published papers on a wide variety of topics. A few examples of these publications were focussed on critical thinking, social consciousness, students' international experiences, cultural diversity, and the changing landscape of nursing education. Most participants had been recognized for their exemplary contributions to the nursing profession and nursing education through major awards. Their ages ranged from early fifties to late sixties. Some of the

participants were in the middle of their career years whereas others were in the senior portion of their career paths.

3.5. Interview and other Data Collection Tools

After I obtained consents from the participants in the sample, the next steps in the study focussed on data collection. As Denzin and Lincoln (2005) suggested in their generic definition of qualitative research, the observer is situated in the world that becomes transformed and visible through a series of representations including interviews, conversations, recordings, field notes and memos to self. I utilized all of these tools in this study. The interview provided the platform for the use of the other tools. The questions led to a conversation about the issues which were all recorded. During the interview I wrote field notes and memos with questions or reminders of points to follow up on with that participant and others. After the interview, I wrote in a journal to reflect on my thoughts about the interview process. The interviews for this research were conducted over a four-month-period from March to June, 2011.

The use of the interview for qualitative research is based on the assumption that the perspective of the interviewees is meaningful and that the researcher is able to gain their perspective by listening to their stories and later interpreting it through the analytic process (Patton, 2002). Considering the high level of expertise of the participants in my sample it was critical to gain their perspectives in as much detail as possible and to fairly represent the meaning of their conversations with me. This required careful attention to the language used and the values and beliefs that were expressed through their language throughout the interviews.

In order to accomplish the task at hand, I developed guidelines for myself for the interviews related to how to proceed. Although all participants had signed and returned the consent forms prior to the interview, at the beginning of each interview, I reviewed information on the consent form reminding them of the research question, the efforts to ensure confidentiality, plans for recording and transcribing, the approximate time-line expected for the interview and their ability to refrain from answering questions, if they chose to do so. I found that this conversational time helped to remind them of the

information that they had received in the invitation to participate in the study. It allowed them to ask any questions if there was a need to clarify anything about the study and it was a time to test the recording equipment. It also served as a transition time for both the interviewee and myself to be able to move with ease into discussion of the more serious issues that were the focus of the study.

The interviews were semi-structured in nature, with an interview guide that outlined the questions to be explored during the interview. The general questions that I used to guide the semi-structured interviews were as follows:

1. Describe/tell me about your personal and professional experiences with global health.
2. Tell me about your involvement in education related to global health?
3. Throughout your own educational experience, is there anything that stands out for you as influencing/inspiring your interest in global health?
4. What does the notion of global citizenship as it relates to global health mean to you?
5. If we moved to an integrated approach to the development of global citizens who impact global health, how would you see that enacted within the undergraduate curriculum?
6. How should we encourage undergraduate students to become leaders in global health?
7. How do we create the conditions to inspire interest in global health for faculty and students?

For details of the interview questions, including suggested probes, see Appendix D.

The semi-structured interview is useful in situations where there are specific topics and issues that are of interest as compared to informal conversations where the questions emerge within the context (Patton, 2002). The semi-structured interview leads to a wider variation in responses than a more closed response interview; however, the variety of responses can make it challenging to compare responses during the analysis. Patton suggested that all types of interviews in a qualitative approach to research must “share the commitment to ask genuinely open-ended questions that offer the persons being interviewed the opportunity to respond in their own words and to express their personal perspectives” (p. 348). Throughout the interviews, I was cognizant of

attempting to gain their perspectives on the broad questions that I had identified but the semi-structured nature also allowed for each individual to expand on an area of interest for them that may not have been the case for others. I reminded myself throughout the interview to be respectful of the time commitment and to verbally show respect for their knowledge and experiences when the opportunity arose to do so. I also had a written reminder to myself to be careful not to engage in the conversation with my own thoughts and opinions in response to their comments as there was a need to convey a sense of neutrality to the content of their responses. This was a challenge for me at times as I had known most of the participants in some professional capacity during my career and it seemed natural to engage in that manner but having a note to remind myself not to do so, was helpful.

The questions began with finding out each participant's background in nursing including the roles and positions they had held and their personal and professional experiences with global health and global citizenship. They were questioned about influences in their lives that inspired their interest in the global perspective. They were asked about their understanding of the notion of global citizenship as it relates to nursing and health and how to develop an integrated approach within the undergraduate curriculum. The *crystal ball* question asked them to look into the future and from an ideal perspective to tell me about their ideal notions for the development of nurses as global citizens. They were asked what they thought should be priorities for implementation and to identify possible barriers and challenges to making their suggestions become reality.

Thorne et al. (1997) suggested that the selective use of a variety of data sources has the potential to add strength to the interviews. I chose to write field notes during the interview. Cresswell (2003) described this form of data collection as recording in an unstructured or semi-structured way observations of activities or other potentially useful pieces of information that are present during the interview process. Only one interview was conducted face-to-face as it was relatively easy to access that person. I offered the possibility of a face-to-face interview to a number of the participants who were close geographically but they all indicated that they were comfortable with the phone interview.

One limitation of the phone interview is that the researcher is unable to see facial expressions and observe body language directly. For this study, however, this was not a

limiting factor in a significant way as the content of the interviews did not evoke emotional responses where direct observation would have assisted with the analysis. Also, I was aware of the tone of voice used at times that indicated a strong feeling or a particular interest in the point being discussed. I made notes related to points they were emphasizing and some key words and phrases that they used. I also made notes to myself to probe further if I thought that elaboration would be helpful to illuminate their perspective. Frequently the participants suggested resources related to the issues and I made note of these resources. Thorne (2008) described field notes as a way to add to the powerful effects of the influence of the social context and language but as with other forms of data collection, one must be mindful of the strengths and weaknesses. The researcher must be cautious to focus on what the participants are doing or saying rather than conjecture on why they are expressing a particular point of view. Although I told the participants that I would make some notes during the interview, I was cognizant of not spending too much writing as it could convey that I was not listening intently to their comments and in fact while I was in the process of writing, some key points could be missed. I attempted to focus on using the notes to help me probe further to achieve more clarification or depth of understanding of their account.

To supplement the formal data collection, I used a reflective journal to document reflections as I moved through the data collection process. Such a journal is a form of the memos suggested by Denzin and Lincoln (2005) A reflective journal is described as “a journal maintained by qualitative researchers during the data collection and data analysis to document their self-analysis of both how they affected the research and how the research affected them” (Loiselle, Profetto-McGrath, Polit, & Beck, 2007, p. 511). While reflexivity is inherent in the process of qualitative inquiry, recording it is essential in order to be clear about the role of the researcher in the data collection and analysis process (Thorne, 2008). As soon as possible after each interview, I looked back at my field notes and reflected on my initial hunches, impressions and thoughts and possible pre-conceived notions and prejudices about each interview and the participant. I wrote these thoughts into my reflective journal. I also wrote my reflections on the main points that were expressed during the interview and how the thoughts expressed could relate to themes that were emerging during the interview process. As mentioned, I had personally met most of the participants over the course of my career. I therefore reflected on how

my previous knowledge and experience with them may have influenced my expectations of the interview or my personal reactions to their comments. I made notes on the main points they had expressed and how their comments may be similar or different from points made in previous interviews. If there was a particular point of interest that made me curious about what others might think of that perspective, I made a note to remind myself to pursue that point further in my questions in subsequent interviews.

As the audio-recordings were transcribed verbatim by a transcriber, I chose to listen to a number of sections to clarify the narrative and possible meanings. At this time I also checked for the accuracy of the transcriptionist's written text against the digital recording. I was pleased to know that the transcription was accurate and therefore I could rely on the accuracy of the transcription for all of the interviews.

3.6. The Process of Analysis

The analysis was conducted in keeping with qualitative traditions of exploration, discovery and inductive analysis. The process of inductive analysis that results in creative synthesis focuses on "immersion in the details and specifics of the data to discover important patterns, themes, and interrelationships. It begins by exploring, then confirming, guided by analytical principles rather than rules and ends with a creative synthesis" (Patton, 2002, p. 41). Specific pieces of the data from the interviews in this study were noted as significant in my field notes and in repeated reviews of the transcripts. Eventually the pieces build towards the formation of general inferences, patterns and themes. There was a tendency for a beginning level of data analysis to occur during the interview process in that as each participant spoke, I was comparing their thoughts to similar or different views of other participants or to the analytic framework arising from the literature. However, I frequently reminded myself not to focus on doing so as the main goal at this point was to elicit comments that could be probed for more depth and clarification and leave the analysis until later.

Thorne et al. (1997) explained the need to avoid "premature coding" (p. 174) and to focus on deeper analysis that results from repeated immersion in the data. They referred to the struggle of interpretation as focussing on questions such as "What is

happening here” and “What am I learning from this” (p. 174). Although there was a tendency to focus on the thematic structures that seemed to be apparent in the first few immersions in the data, I was cognizant of the ongoing need for me as the analyst to keep going back to the data to re-examine the themes in light of constructs that I believed were being illuminated. Consequently, there was the need to remain open to changing the way I was thinking about the emerging themes as I engaged in the ongoing process of comparisons of the particular pieces of data and their possible interpretive meaning.

As I read through each of the transcribed interviews for the first time, I made notes on the margins to highlight what I thought I was learning from the specific piece of conversation. I was noting the variety of issues and topics that was embedded in the data. I also noted parts of the narrative that I thought had the potential to be quotes worthy of inclusion in the dissertation. I reviewed the field notes I made during each interview as well as my reflective journal notes following each interview. I tried to remain open to a wide variety of ideas and opinions on the matters in question. As I worked through the interviews, I tried to challenge myself to be clear about the similarities that were being expressed and the differences. This activity involved assigning a code or category which is a word or phrase that serves as a label to pieces of data (Cresswell, 1998, 2003). These codes are used later in the analytic process to seek patterns, and relationships between the patterns for conceptualizing as findings (Thorne, 2008).

After the initial process of coding, the next step involved examining each code to look for similarities and differences. This process helps to organize the codes into categories after considering the properties that characterize each code (Thorne, 2008, p. 145). The text was examined further line by line with consideration of the initial codes while de-contextualizing the data from the individual participant and seeking new meanings from the way that the variety of categories related to one another. At this point, themes began to emerge. The next step in the process was re-contextualizing the data. This process involved examining the final construction of each theme, focussing on the underlying messages within the narratives and illuminating each theme with a few key quotations to assist the reader in grasping the meaning of the narrative description.

Thorne (2008) outlined the cognitive processes involved in data analysis and this description resonated with me as to the processes that I have described and experienced. The first step is comprehension. This requires the researcher to try to learn as much as is possible about the data gained from the participants during the interviews, through note-taking and writing the reflective journal and in the beginning of the analytic process. The researcher has to try to suspend judgements about what is happening here and passively attempt to understand. The second phase in the cognitive process is synthesizing. In this process the researcher looks for patterns in the data, sifts the significant pieces from the insignificant and extracts the common features from the data, thereby de-contextualizing the text from the individual participant. The final stage in the process is theorizing which involves coming up with *best guesses* for the meaning of the explanations derived from the data which leads to description of implications of the new knowledge. This process is not a lineal one but an iterative journey that requires time and diligence in order to make sense of the data. My process was iterative in that I went through all of the data four times before concluding my description of themes, and referred back to specific pieces of data as needed.

3.7. Credibility of Study

Patton (2002) discussed the credibility of qualitative inquiry as based on three separate but related elements:

rigorous methods for doing fieldwork that yield high-quality data that are systematically analyzed with attention to credibility; the credibility of the researcher, which is dependent on training experience, track record, status and presentation of self; and philosophical belief in the value of qualitative inquiry, that is a fundamental appreciation of naturalistic inquiry, qualitative methods, inductive analysis, purposeful sampling, and holistic thinking. (pp. 552-553)

In relation to rigorous methods, this study has closely followed the principles that are necessary for credible interpretive descriptive research (McPherson, 2007). The project was located within the existing field of knowledge leading to an analytic framework to guide the study. The sample selection did provide maximal diversity of informants and their experiences in that the participants were located from coast to coast

across Canada and from a variety of positions and institutions. During the snowball process, the number of times that each expert was suggested to me as a possible participant confirmed that these individuals are recognized by people familiar with the focus of this study as having related experiences and expertise. Thus, the database from such expert informants enhances the credibility of the findings and claims of this study. The analytic process followed a process that adhered to the principles of interpretive description through an inductive process that ultimately led to comprehending, synthesizing, and re-contextualization (Thorne, 2008).

As I was the only interviewer and observer in this study, and given that doctoral work is of necessity an individual enterprise, this study did not have the benefit of validation from an outsider. In the discussion of the results and findings of the study, I have included a significant number of quotes from participants. This is done with the intention for readers to be able to have some understanding of the process of interpretation. As well, the readers will be able to read the quotes, make their own interpretations, and compare their views to my conclusions.

As a researcher, my extensive background and experience described in Chapter 1 lend credibility to the study. With my many years of involvement as a nurse educator and in global health studies, I shared a common background with the participants. Consequently, the participants and I spoke a common language. They were readily able to understand me and I was able to understand their language. One piece of evidence of our common language was demonstrated when I sent out the information regarding the study details and the consent form, the response was very prompt, with very few questions asked to clarify the nature of my study. Also as I had met most of them during my career, the process of establishing trust and rapport prior to and during the interview was facilitated.

One barrier to the credibility of qualitative findings is the concern that the researcher determines the findings based on previous beliefs and biases about the issue in question (Patton, 2002). It is impossible to eliminate all biases but the researcher must be explicit about the possible influence of biases on the findings (Thorne et al., 1997). My involvement in global health studies and international initiatives and my convictions related to the potential influences and challenges of these experiences on the learning of

nursing students is a bias that had the potential to shape my interpretation of the research. In my 35 plus years as a nursing educator, I developed opinions about what I believed to be quality nursing education. Making such biases explicit acknowledge the value of the researcher's subjectivity in determining the emerging themes, theoretical linkages and conceptual framework that will result and contribute to the scholarship of nursing knowledge. An awareness of the possibility of biases and subjectivity need not be a liability but may provide added insight into the analysis. By the use of field notes and in particular in my reflective journal, I reflected on possible biases and made explicit notes to that effect. I was deliberate in looking for data that spoke to negative cases and gave them serious consideration.

For the quantitative researcher, the goal of objectivity is vigorously sought after. In qualitative studies, the inherent nature of the inquiry involves a degree of subjectivity. Whenever possible, the qualitative researcher must be aware of biases and try to be as objective as possible to counter those biases. However, Lincoln and Guba (1985) suggested replacing the traditional goal of objectivity with trustworthiness and authenticity in an effort to deal with the complexities of the human experience and to acknowledge multiple perspectives on a similar issue. I acknowledge that if other researchers read the data for this study, there could possibly be different perspectives. "The human world is not perfectly ordered and human researchers are not omniscient. Humility can do more than certainty to enhance credibility" (Patton, 2002, p. 555). I approached my study with an element of humility, respecting my dual role as educator and learner, and the extensive experience and expertise of my informants. I acknowledge that descriptive and interpretive research is informed by a variety of perspectives and that in the qualitative tradition, the researcher chooses particular perspectives whereas other researchers might have chosen different ones. However, it is my hope that colleagues and other consumers will view my choice of perspectives as credible and rigorous within the values of qualitative inquiry. As well the members of the supervisory team that guided me through this process have extensive expertise in education, nursing education and global health. The trustworthiness of the data and analysis is enhanced by the presence of these expert individuals throughout the process.

3.8. Summary

The research approach was chosen in order to respond to the research questions: 1. What are the values and qualities inherent in the notion of global citizenship, as well as the nature of global health and 2. What are the curricular development strategies and pedagogical tools that would promote the development of undergraduate nursing students as global citizens, in an integrated manner throughout the curriculum? Interpretive description was appropriate in order to obtain the rich descriptions provided by the participants. These descriptions revealed themes that, with an interpretive lens led to relevant applications for nursing education. As Thorne (2008) commented, this approach goes beyond documentation and description to application of the research to practice, in this case nursing education.

Obtaining a detailed understanding relevant to the characteristics of global citizenship contributed to further description and analysis of approaches for integration and development of these characteristics for undergraduate nursing curricula. The following chapter describes the findings related to global citizenship and global health and moves to identify curricular directions for specific courses, curricular lenses, concepts and pedagogical strategies that will assist with the integration of global citizenship education. Challenges to this process that arise from curriculum development processes, nursing faculty and the student population are highlighted.

Chapter 4.

Findings and Results of Analysis

Analysis of the qualitative data yielded a number of major themes including the characteristics of global citizenship, curricular courses and lenses needed to teach global citizenship, additional concepts, pedagogical strategies and challenges related to the integration of global citizenship in nursing curricula. The process of analysis, as described in detail in Chapter 3, involved an inductive process with repetitive sessions of immersion in the data. As well as focussing on the transcriptions of the interviews, I reviewed field notes that I wrote during each interview as well as reflective journal notes made following each interview. As I examined the data, I looked for words and phrases that suggested a pattern of responses. Similar responses were assigned a code or category which later was examined along with other codes to discover similarities and differences. This process led to the recognition of common elements within the data and the emergence of major themes. This chapter presents these themes within a narrative description with key quotations presented to illuminate the meaning and intent of the narrative description. As well, variations from the themes will be described to present the broader view of the complex phenomena being considered.

The analysis of the findings responds to the research questions. As participants began to respond, they frequently commented that the nursing profession is in a positive position to embrace global citizenship. Consequently, the first theme focuses on the current position of the nursing position that places it in an excellent position to embrace the notion of global citizenship. The first research question is: what are the values and qualities inherent in the notion of global citizenship and what is the nature of global health? Consequently, the first section focuses on findings related to characteristics of global citizenship which includes interconnectedness and social responsibility, ethical responsibility, and social justice. Ethical responsibility and social justice included the

need for caring and compassion. Challenges to global citizenship characteristics, concepts and qualities will be described.

The second research question is: what are the curricular development strategies and pedagogical tools that would promote the development of undergraduate nursing students as global citizens, in an integrated manner throughout the curriculum? The first major theme focuses on curricular approaches including global health courses, liberal arts and interdisciplinary courses, curricular lenses such as critical social theory, social justice and cultural knowing, and other content such as the social determinants of health, politics, policies and leadership development. The next discussion of a major theme focuses on pedagogical strategies which include the development of caring and compassion, the exploration of cultural knowing and local to global connections, facilitation of international experiences, mentoring and role-modelling and the provision of interdisciplinary opportunities.

The findings conclude with a focus on the challenges related to the integration of global citizenship education across an undergraduate nursing curriculum. This theme speaks to challenges related to curriculum development, challenges for nursing faculty and challenges presented by the student population.

4.1. Context of Nursing Profession: Well-Positioned to Embrace Global Citizenship Education

Although I did not specifically ask the participants to address the current position of the profession in relation to global citizenship, when asked about these concepts, a number of participants volunteered this perspective during the interview process. Several participants referred to the fact that the nature of nursing as a profession and current practices in nursing education in particular, place nursing in a positive position to embrace the notions of global citizenship and global health. They commented that nurses have already adopted a global perspective to some degree as they traditionally have had a sense of connection to *something bigger* and to world events related to health. Participant 1 stated:

I would say that for nursing this isn't a new idea, to think about issues of global health. Maybe we haven't consistently thought of ourselves as necessarily global citizens, or in the way that global citizenry is defined now, but this idea that we're part of something bigger, nursing has for many, many, many decades had this sense of what is happening in other places in the world.

In relation to the nature of nursing as a profession that places it in an excellent position to embrace these notions, Participant 6 extended the idea that nurses already have this perspective, to the point of view that others beyond the profession throughout the world understand and value nursing:

...we live in a global world, we nurse in a global world....nursing is something that is globally understood and valued and respected.

Through participation in international nursing organizations and other global initiatives, nurses have connected and worked with nurses in other countries. Frequently the impact of these encounters for myself and others has been the realization of the striking resemblances of the nature of our profession throughout the world. Participant 5 expressed the point of view that nurses throughout the world share similar challenges, yet it is important to recognize the differences in different contexts.

In different countries, health care faces similar challenges. I mean there are the same issues everywhere. It's just different degrees, different contexts and yet you see how it can differ from one country to another and it is important to recognize how it affects the individuals in similar and different ways.

Several participants advanced their perspective that nursing education has begun to embrace these notions in a variety of ways. Participant 3 emphasized that nursing programs already contain several elements that relate to global citizenship and global health but there is a need for faculty to grasp opportunities to make it more explicit:

I believe that all students need to be exposed to the key concepts and the values of global health and citizenship. I actually think that we already have a good deal of that within our programs. Certainly when we look at community health and we look at the social determinants of health, but I think what we haven't done is make it explicit that that pertains to global health. It's not just that we can take what we are doing and re-label it but we need to bring it home more. That, yes,

this is our local context but this also can be played out globally...it needs to be explicitly linked.

Participants commented that awareness of these issues has been on the periphery in nursing programs to some degree but that now there is a need to have these issues become more central and overt throughout the program. They expressed that to do so is timely and that there is support for this direction from the institutions. These ideas have become part of the public dialogue and many post-secondary institutions, possibly in response to the public discourse, are moving to include statements in their overall mission statements and strategic plans that relate to these notions. Participant 1 expressed it this way:

...this is part of the trend that we're engaged in and in nursing we're part of a larger flow that has caught the attention of higher education.

Participant 4 also commented on the public discourse and move to embrace global citizenship within the university:

I think the conversation shifted internally at a time when the idea of public citizenship was also an important part of the public dialogue. We have had two university presidents both of whom I think you would consider public intellectuals, people who were advancing the intellectual conversation of the country. I really don't know how the language of global citizenship came about...I think it started creeping into our institution...I believe it came out of International Affairs, which really did seem to be a specialty practice. It allowed for a way of bringing it into the larger conversation that everybody in our school of nursing was already totally familiar with, like social justice and equity and racialization and health care and free trade...the economic analysis of health care. It allowed us to really broaden our thinking. It shifted the focus into how does this kind of consciousness gets imbedded throughout the whole curriculum and integrated into all we do.

Speaking about the current popular usage of the term global citizenship, Participant 4 summarized it this way:

I believe it is one of those great concepts that works well because its time has come and there is something about the languaging that pulls a number of pieces together.

Given the interest and mandates of the public and post-secondary education, it is timely to move forward to embrace global citizenship in nursing programs. There were

suggestions from two participants that as nursing has been doing this for a while, nursing faculty are in a position to show leadership in advancing this direction within universities. It has been my impression that within the university setting, nursing faculty have had more experience than some other groups and are capable of providing leadership to others.

4.2. Characteristics of Global Citizenship

Before I could elicit the interviewees' ideas on strategies to be implemented in nursing programs to promote the development of global citizens, I had to first gain their perspective on what the notion of global citizenship meant to them. Thus, after initial questions focussing on their personal and professional backgrounds, I asked them about their conception of global citizenship as it relates to nursing and health. Their comments, based on their own experiences and personal learning highlighted particular characteristics of global citizenship

4.2.1. Interconnectedness and Social Responsibility

Most of the participants spoke of the interconnected nature of global citizenship and that as a result of the interconnectedness, there is a social responsibility to actively engage and contribute to global health. A number of participants referred to global citizenship as the sense of being part of something that is much bigger and broader than our own *little world*. Participant 2 stated:

For me global citizenship evokes the notion that we are not just citizens of [a province] or of Canada but really of the world and that we have some obligation beyond our local setting and I've encountered that in numerous ways in nursing.

As well as speaking to the notion of the bigger world, the above participant referred to the *obligation* that nurses have. This is addressed in the discussion of responsibility as a part of global citizenship.

Participants spoke of a sense of connection and interconnectedness as inherent in the notion of global citizenship and global health. As a consequence of the state of

interconnectedness, they expressed the need for nurses to be conscious of how our actions impact others and how we are impacted by others in the global village. Participant 12 described the impact of interconnectedness on health in this way:

Well, when I think of global citizenship, to me I really believe that the world has shrunk. There is a need now for us to seriously take a look at all the interrelated factors that we have between countries and continents that really impact the health of people. I think long ago people didn't travel as much, diseases perhaps were a lot more isolated and now we have no choice but to really take a look at banding together and helping each other out in the ways that we can and learning from each other.

Participant 3 also spoke of the impact of interconnectedness throughout the world and the importance of avoiding becoming isolated:

When we are talking about global citizenship, it is important that we don't allow ourselves to become isolated or insular, that we really recognize the impact of everything we do and how we are impacted by everything else in the world.

She also emphasized the need for us to make a deliberate conscious effort in all aspects of our practice to think globally.

Several participants commented that as a result of the interconnectedness through travel and technology, if there is an issue in one country in the world, it is likely that issue will also have an impact locally. Participant 5 stated:

Well, certainly the world is becoming smaller due to rapid travel, the internet...technology really brings us together. Instantly we get news from across the globe so it's not like we are isolated anymore. We are very interconnected because of the changes in travel. A disease from one country across the globe can be here in minutes, in hours. We've become a smaller village so I think if we say we are only from Canada, it's not applicable anymore...you become a citizen of the globe.

And more and more we're discussing the same issues and where the economy affects one country it will affect the rest of the world very quickly. The wars also...like the earthquake in Japan, it affects others. Oil prices...what the oil prices are in Libya is affecting the oil prices here and affecting the stock market. It is affecting us right away, even if something happens so far away. I think that because of that we are very interconnected.

A few of the participants referred directly to the Severe Acute Respiratory Syndrome (SARS) epidemic of 2002 and 2003 as a prime example of interconnectedness through travel. The disease began in China in November and by May there were several cases in Canada. This event seemed to heighten awareness for health care workers and the general public of the impact of interconnectedness in the global village.

The participants overwhelmingly expressed points of view that supported the need for nursing programs to embrace and promote global citizenship. There will be more detailed discussion of this later in this chapter related to suggested curriculum changes and pedagogical strategies. There were differences in their ideas how this could be accomplished but generally they agreed that it was not one concept to be present in one semester or year but that it needed to be evident throughout the program. Participant 2 emphasized the point that faculty need to be continually seeking opportunities to relate discussions to global citizenship and global health:

So I see global citizenship intertwined with global health...being very important in community health teaching, in infectious diseases, well, everywhere. It's more like broad thinking where you're aware of it constantly and looking for it in everything you do.

As participants spoke of the nature and impact of interconnectedness throughout the global village, a third of the participants, spoke strongly about the significance of paying attention to the physical environment. Participant 9 emphatically made this point:

And so I think that in relation to global citizenship, we should not be ignoring the environment. In nursing we do very little about the environment, so that should be integrated into our courses, into our undergraduate curriculum way more than it currently is. I think that we need to really carefully integrate the content on the determinants of health...and not just the social determinants, because I believe that the physical environment is very important too.

The participants stressed that there is a need for a global citizen to be aware of the state of interconnectedness that binds us to the global world. It seemed that understanding and appreciating the notion of the butterfly flapping its wings in one country having an impact on other countries far away is a fundamental requirement of global citizenship.

In discussing their ideas of global citizenship, many participants expressed that as a consequence of the interconnectedness, the notion of a sense of social responsibility was inherent in the concept. Participant 3 stated:

When we are talking about global citizenship...I believe it is having a sense of responsibility that goes well beyond our own immediate environment.

Participant 8 expanded on the idea of the need for social responsibility. She also highlighted the change in language from *international* to *global* with global relating to local issues as well as those in far-off settings:

I think global citizenship, for me, includes the notion of being, thinking of humans as all part of a global community and taking responsibility and action for both those individuals in our immediate vicinity, at the national level and the international level. This is being socially responsible and for me the term global. whether it's applied to citizenship or global health, I like the term global...I would argue that it includes the local, national and the international perspectives, as opposed to the term international we were using 10 years ago that focussed primarily on international settings...I've read some good articles on the history of social responsibility in nursing...to me social responsibility is very closely related and overlapping with global citizenship. It's hard to pull them apart even. Again I think it's partly the reading and the theoretical knowledge that nurses need but then they need to see that link between the local and the global in how they need to be responsible as a citizen.

A number of participants also emphasized that as a global citizen, individuals needed to move beyond the awareness level of their social responsibility to taking an active role. Participant 10 commented:

Global citizenship for me personally, means that as a citizen I have an active responsibility to situate myself in the world. And to recognise that the experiences that I am having as a citizen link to and impact people, on a much broader context than my own community.

Others referred to the notion that a citizen should move to action as a contributing member of society through public engagement. Participant 1:

What I like about the notion of global citizenship is that it doesn't just say it is about vulnerable populations or it is not just about the marginalized. Global citizenship is about all of us and so civic

engagement is important...public engagement...towards an end within your community or country.

Participant 1 emphasized the element of a citizen being a contributing member of society:

...to me citizenship refers to being a contributing member of society in some way, so when we put global in front of that, it's this idea that somehow I'm part of something much bigger and in some way I'm a contributing citizen on a global basis.

Participant 6 spoke of the tendency for us to send money and then believe our responsibility ends there. She suggested that we have a responsibility to move beyond that level to try to understand the complexities of the events and not to underestimate that small actions may make a difference. She spoke of curiosity and humility being two important characteristics of a global citizen.

So I think if you're a nurse in our country, and I think we do live a very insular kind of existence in our Western world...we are comfortable we look around, "oh that's awful, that's just awful, we send some money to the Red Cross." But we don't have any understanding about the complexity of everything so when you start to talk about aid to Africa for example, our countries all send aid to Africa, we have billions of dollars going over to the continent every year. What happens to it? Where is it going and there's the simple answer, "oh the corrupt leaders are stealing it" or "it's not getting down to the people obviously because things are still the same"...so I think when you are a nurse or if you're a citizen of the world, you should have a sense of what's going on in the whole world and how you could make it better. And I mean like now...what's gone on in this time in history, Tunisia, Egypt, Libya and Yemen and everything that's going on in those countries. Those are people that lived oppressed, horrible lives and then there were people in their country who oppressed them and took the riches from the country, it wasn't just in Africa, the sub-Saharan Africa, it is in many, many countries of the world and that's not okay. I'm not saying you have to have a democracy everywhere....but as a citizen of the world we should be supporting the people who are oppressed to the point where they can't eat. You know what, Tunisia was sparked by a young man whose cart was basically taken by the police and so he had no livelihood, no way to earn his living. All he was trying to do was earn a living and that sparked that revolution in that part of the world. So I mean as a citizen it's not enough to just send your money to the Red Cross. We need to try to understand and we all have some capacity to give back for some of the privileges that we've been granted in our

lives....curiosity and humility are important characteristics to have as a global citizen.

Whereas the above participants spoke more generally about a global citizen having a sense of social responsibility and actively engaging and contributing, there were many references to ethical responsibility as a major characteristic of global citizenship.

4.2.2. Ethical Responsibility

Several participants spoke of ethics as being inherent in the notion of global citizenship. They also spoke of the need for nurses to convey caring and compassion at all times as part of the ethical responsibility. Ethical responsibility enters into every aspect of nurses' work, and in particular it is critical as they work with diversity issues and in advocacy work, always demonstrating a high level of respect in all relationships. They also expressed that the nurses' ethical responsibility to the global village derives from the moral mandate of the profession. The basis of this moral mandate is clearly identified in national and international codes of ethics for professional nurses. Participant 4 described her view of the moral mandate in this way:

...you know I think that nursing is the kind of profession that exists with regard to some sort of a moral mandate on the part of doing something good in the world...that acknowledges, justifies the privileged position that we have in society...it can be local, in your backyard, in your community, nation and beyond but that consciousness of the larger world is part of the package of the kind of values and attributes that is pretty requisite to being an effective nurse....and so really I think it is part of that general deeper moral mandate.

The above participant also spoke of the view of global citizenship being acted out locally and globally. The following comment by Participant 4 speaks to the need for an ethical nurse to attend to the diverse nature of her clients:

...I remember my student nursing experiences in public health, running into immigrants from all over the world and needing to know pieces of language from different communities and different foods...even at that time, that sense of an awareness of how the world works was there...what the world looks like for people coming from other places. So even if you never left your own country or your own

city, you know, it is inappropriate to be disinterested. And so really I think it is part of that general moral mandate of being a nurse.

Participant 10 spoke of nurses' ethical responsibilities including the need for nurses to engage in advocacy:

Well, I think being a global citizen comes out in advocacy...it comes out also in ethics and if you look at the profession that has a well-developed code of ethics, then advocacy is something that is expected. We interpret that very narrowly in our profession. We interpret that as advocating for an individual client or acting for an individual family or being an advocate within a community. In my career I've pushed very heavily for the whole idea as society as client. We have to do a better job of understanding that society is our client, the bigger picture...we need to advocate on a broader level. So what are the policy implications that will make a difference?

Participant 12 focussed on the need for the presence of respect in relationships as a basic ethical principle for a global citizen. She stated "...I think that there is a value and an ethical principle that has to be applied to global citizenship which is really based on respect in relationships, because that is very, very important."

In summary, participants emphasized that the ethical basis of nursing practice leads to a moral mandate for nurses as global citizens. Attending to diversity, being active advocates and always demonstrating respect for others in every relationship are critical elements to ethical nursing practice in all contexts. It seemed that participants simultaneously spoke of the need for nurses to demonstrate ethical behaviour and to convey caring and compassion as they discussed foundational behaviors of global citizens.

A number of participants spoke to the need for a global citizen to be a caring and compassionate individual. Participant 1 stated "I believe that compassion is a huge part of global citizenship."

Participant 4 discussed the possibility of the concepts of caring and compassion being similar, with a hint that they may be somewhat different also:

The caring curriculum and compassion...some similarities there for sure...every nursing program would have to think that through and it becomes a choice of language and so in some curricula you might

continue with the language of caring but show how that would be similar to compassion.

The need to focus on caring and compassion within the curriculum and in pedagogical strategies is discussed in more detail later.

4.2.3. Social Justice

There were several references to the fact that a sense of social justice is inherent within the notion of global citizenship but that it is often not clear how to address social justice in nursing programs. Participant 1 stated:

I think that social justice is definitely a part of global citizenship but the nature of social justice in and of itself can sometimes be fuzzy...you can get into a bit of a mode, quandary where you're deciding what is social justice and what should be done....

Participant 7 spoke of social justice as part of citizenship as well as the sense of interconnectedness and responsibility to others locally and beyond our borders:

I think that a big part of global citizenship is that we are not alone....it's more of a social justice, political awareness of how there are interconnections and that as nurses we have responsibilities beyond our borders but it is also that we've got responsibilities for the people who come from beyond our borders to settle in Canada, that social justice issues in Canada are often similar to somewhere else....and that we need to think about health in terms of things like environment, things like social justice, inequities, within and across countries. It's about becoming good citizens and that becoming good citizens is more than just becoming good citizens for your local area where everybody is like you.

Participants connected caring and compassion to social justice and emphasized that a focus on compassion should be a part of teaching social justice. Participant 4 reflected this view in her comment: I think teaching focussed on compassion would be a way to have a more balanced teaching of social justice and compassion. That would be excellent and it resonates back to our caring curriculum.

4.2.4. Challenges to Global Citizenship Characteristics, Concepts and Qualities

The notion of global citizenship and the use of this terminology have the potential to be a positive influence for professional nurses in moving forward to achieve goals related to global health; however, there is also the possibility that the term can be used and possibly abused as a marketing tool. Some participants expressed the opinion that there is potential to simply engage these ideas in order to promote the business model for universities with the hope of lucrative benefits. Participant 4 reflected this opinion by stating:

...the international connections between universities can be more along the lines of what is lucrative, it is very business driven. We in nursing are really trying to shape a more altruistic model of engagement and so that idea is sticking more at the central level of administration now. Not that they will ever give up the business connection, ...but the idea of it being more consistent with our kind of university, to be able to articulate the role we are playing...behind all of this, global citizenship could be high jacked and taken just for another model of bringing revenue to a university by bringing in international students...as a marketing tool, absolutely. But when you bring compassion and social justice in as curricular threads you are creating something different, shifting it....

Participant 10 expressed similar concerns related to the tension between the business model within universities, the market perspective of globalization and the goals of nursing initiatives.

I think the trick in higher education...I don't know how it unrolled at your university, but I have a smattering of understanding about different universities...the market sub-theme to me is a fascinating analytic piece to get at...it's fascinating to say "now, what is the impetus to this?" Nursing has been involved in health and illness around the globe for centuries right? For centuries we have had a sense that we have something to contribute to the idea of citizenship but once the universities, once the markets, once big business caught onto this idea of a global economy, we suddenly have taken hold of this and it has taken hold of us in another way... I have serious questions around that. So globalization can mean "rah rah," from a market perspective, "everything's great, this is good for everybody, everybody benefits from this right," but do they...?

One participant who is employed in one of Canada's largest universities with a focus on graduate programs and research expressed that their mandate in relation to

global responsibilities should not be focussed on projects for undergraduate nursing programs but in assisting other institutions to develop their research potential to develop knowledge and to assist them to influence health policy in their countries. Participant 4 said:

In [name of developing country] for example, the way our university has said it is that we really shouldn't be in the business of doing small partnership projects, one school to another school in undergraduate education. Our kind of university probably should be in the business of figuring out how to generate knowledge locally and how to help shape state and country health policy. So it's really in the research and application end which makes good sense.

Two participants cautioned that teaching social justice as part of global citizenship may have its challenges, as social justice may be viewed differently in different countries.

Participant 4 expressed it this way:

...social justice is part of global citizenship but social justice in and of itself...you can get into a mode where you're deciding what is social justice andThere is a slippery slope in social justice and not every society equally values social justice. Especially from ethics literature, justice has its home really in distributive justice and that can quite easily slide into a neo-liberal model where you are looking at resource allocation and who gets how much and what share. In some societies, in their thinking of social justice, they would put much more emphasis on compassion and on, generosity. First Nations communities in Canada often put more of an emphasis, I would say on compassion and possibly on generosity as a value to underpin what we do. Teaching compassion would be a way to have a more balanced teaching of social justice because social justice is not equally valued by all societies.

In addition to inherent tensions in the way that universities use the notion of global citizenship, a few participants also expressed the opinion that different views of globalization may have a negative influence. Participant 1 stated:

Globalization from other views can have a negative impact...but from a critical perspective you're starting to really bring in questions around neo-colonialism, neo-imperialism. Have we just found another way to colonize and exploit these people all over again and are we just benefitting from the resources of other countries rather than assisting? I worry when it's [the term global citizenship] is viewed in all "feel

good,” warm and fuzzythis is wonderful what we’re doing. I worry when we don’t ask questions about it and we don’t look at what are the underlying motives and assumptions of our actions.

In summary, the participants expressed that global citizenship includes a sense of interconnectedness to others throughout the world, a sense of responsibility and obligation to others, a sense of a moral mandate to contribute and to do so in an active way. Ethical behaviour must be present in all actions, guided by caring and compassion. A social justice perspective is inherent in the notion of global citizenship. Although global citizenship suggests a positive human endeavour, there is the potential for post-secondary institutions to use it as a marketing tool to advance the business model within universities.

To conclude this section I refer to two quotes from participants that I believe combine points mentioned above in eloquent and articulate ways. Participant 3 stated:

We can’t define exactly what global citizenship is or how we should be behaving as a global citizen that will necessarily continue on in a positive way. Inevitably, the world is going to continue changing so when I talk about a sense of responsibility...how that might play out will continually differ over time. Because I think if you look back at the history of nursing, we can see activities that were conducted with a sense of global citizenship at one period in history, but we might look at them now and think it wouldn’t seem appropriate today...not based on the values that we think it should be today It was almost the *noblesse oblige* approach...that we were being good to them from our high-minded position. It wasn’t at all collaborative in the same way we would think we would need to act today. It was *doing good* for somebody else. But at that time, I think in that context, that was global citizenship. So that’s why I think it’s important that we be careful to be open to change in terms of how we should act and be as a global citizen.

Participant 1 commented:

Why do I think that social justice and compassion are important to being a global citizen? Well it is because the motivation behind that is to create conditions for human flourishing, health being a big part of human flourishing. So I started to think through human flourishing. The Jewish term for human flourishing is Shalom, which is an amazing, amazing term when you unpack the meaning. I’ve heard somebody do a word study on Shalom from a Jewish perspective and it is just absolutely the richest term and it has to do with this notion of human flourishing. So why global citizenship, why social justice, why

compassion? It is the idea of human flourishing which includes that very profound, philosophic anchoring in the human dignity of the individual person. Yes, human flourishing...it's absolutely the most holistic view of health you could take,...human flourishing means that you need a community and it means that you need to have a purposeful sense of self and it means all these different things. It is very cool.

I am excited at the notions expressed in these comments; that nurse educators need to be continually evolving in their understanding of appropriate behaviour as global citizens and that as nurses, our role as global citizens is to play a role in creating the conditions that are necessary for human flourishing for our fellow citizens throughout the world.

4.3. Curricular Approaches for Global Citizenship Education

After hearing the participants' perspectives on global citizenship the participants were asked for their suggestions for theoretical frameworks, sets of knowledge or concepts that should be included in an undergraduate curriculum to promote the development of global citizens and global health. There was a wide variety of responses but there were a number of commonalities within the responses. I will highlight the curricular approaches that were commonly spoken of as well as some suggestions that were mentioned by only one or a few participants. These findings are clustered as courses including global health, liberal arts and interdisciplinary opportunities, curricular lenses including critical social theory and social justice, and the concepts of social determinants of health, cultural awareness and politics, policy and leadership.

4.3.1. Global Health Courses

During the interviews, when I posed the question focussed on their understanding of global citizenship, it seemed as if frequently participants would use the terms global citizenship and global health together. Most participants spoke of global health as being a part of global citizenship but that for nursing education, global health has a more specific focus than the broader concept of global citizenship. In their descriptions of content to be included in global health courses, there was some overlap with curricular lens and concepts mentioned in this chapter, for example, social justice

and social determinants of health. Participant 6 spoke of teaching global health in the classroom and relating it to becoming a global citizen:

I teach in the global nurse health course in the fourth year of the curriculum...and I am so excited about turning on the students to global health issues, and what a time of year to be teaching this, you just think what's going on in the world right now. Every day you can walk into the classroom and say "you see this is why you need to be a global citizen, this is what you need to know, you have to open your eyes and ears to what's going on in the world."

As it was for global citizenship, the notion of interconnectedness was mentioned as significant for understanding global health also. Participant 1 described it this way:

What it [global health] means to me is an awareness and the need to have some appreciation for our increased mobility, across the globe, that we now share many, many, illnesses, we travel much more quickly and frequently. Infectious illnesses spread. They come on airplanes and packing crates from all around the world much easier than they ever did before. Health care providers need to be much more aware of global factors and of a much broader range of circumstances that they will be presented with as health challenges.

Participant 10 mentioned the determinants of health and primary health care as two key elements of global health:

Well I think that Global Health means linking the determinants of health on a global level, helping students to understand in a nursing education context, how the determinants of health in relation to primary health care are impacted. How they influence health care on a local level and to link that globally.

Participant 3 also reinforced the importance of the social determinants of health as part of global health. She referred to global health as inclusive of local and global perspectives as well as individual and population health:

When I consider global health, it's really looking at anything that is transnational...it is common trans-nationally, common around the world. That is why we can think of global health at a local basis also...basically I think the social determinants of health is theoretically applicable all around the world and that we can learn from one another. I think of global health in terms of when we talk about one of the determinants of health, for example where we may be exporting health or conditions of ill health, ok like our regulations around tobacco advertising in Canada. Why wouldn't we hold North American

companies to the same standards when they are advertising in India or Africa? To me that's a sense of global health. I like the, the inclusivity of global health, in that it's both a population health and but it also brings in that individual level care. So it's like a public health but also at individual level.

Participants referred to another element of global health as the need to be cognizant of the increasing levels of diversity within our student population, our clients and in society in general. Participant 1 explained it this way:

Another important part of global health is that our population is so much more diverse in Canada than ever before. Our student body is very, very diverse now. I found that this has happened so quickly particularly in the last 5 years in our school. And the clientele that students and practitioners encounter in health care is so much more diverse now, that we cannot just assume that our way is the best way or that our way or our preferences will be understood.

Social justice and advocacy were identified as key elements of global health. Several participants commented that the global perspective must include the local context and about half of them commented on the importance of the inclusion of aboriginal issues. Participant 10 reported:

We are hinging global health initiatives in the new program on the concepts related to social justice and advocacy. That is the underlying conceptual approach that we are taking. There were other conceptual approaches in the curriculum such as cultural safety and primary health care which all tie in very, very much to global health care but we elected not to have a global health stream. We elected to pull those concepts through in relation to the underlying concepts of social justice, advocacy, primary health care. An aspect of those concepts would be pulled through in each of the curriculum courses, some to a more or less degree and that in pulling those through that they should be done in a global context. One major approach that we are using is to look at aboriginal ways of knowing. What we want to do is to be able to link, to develop a very clear understanding of aboriginal ways of knowing, because of our own social context. To me, you need to situate aboriginal ways of knowing very much in non-Westernized approaches to science and health and those kinds of things can be done using a global perspective.

Participant 12 highlighted the importance of discussing diseases that impact large numbers of the population throughout the world but do not occur in Canada. She

referred to them as “neglected diseases.” As well, analysis of world events is an important part of global health.

Well I have had the luck again, of teaching the global health course this year. It has done nothing but absolutely expand my views and reinforce the whole idea I had already of the world being connected and as nurses we can no longer be insular and isolated. We have to continually look at the world, climate change, from a global health perspective. And one of the things that I found particularly interesting is the neglected diseases that WHO has identified. They are called the neglected diseases. I have a list of about 23/24 of them. Most of them are tropical diseases that have caused extreme disability in many of the developing countries because most of them are parasites or they are from mosquitoes or tsetse flies or whatever ...integrating that into that whole course. I saw it opened the eyes of most students. We were learning about MS, we're looking at diabetes here and we're looking at CHF...all the regular diseases that there are here in Canada but all of a sudden it's like shaking it up and saying “do you know there is something called African sleeping sickness and how it impacts people?” Do you know what vitamin A deficiency does to kids? Do you know what Rift Valley fever is or what Yaws looks like or how you would be assessing somebody for cholera and what are the environmental issues with that. I think it is important for nurses to know because not only we've got more transient populations with travel, with business, with tourism and all the rest of it but also understanding the basic things that are important in other countries like water. Like being able to sleep without getting bitten by a mosquito that's going to give you malaria or a sand fly that's going to give you Rift Valley fever or Lassa fever or whatever it might be. The other thing that was really enlightening for me was that whole Copenhagen consensus report. There was a group of economists that were holed up together in a room and basically were given the task to say, “what in your opinion should be implemented that is going to be the most economically efficient way to improve health?” And so there's a whole list. That was in the 1980s, but that really helped me to conceptualize what are the key things that we really should be looking at for global health. Under diseases, obviously the control of HIV/Aids, micronutrients for malnutrition. But as well issues with trade liberalization for trade subsidies. The nature of international projects, good or bad. What is it that we should be focussing on that's going to make the most difference?

A few participants commented that when students are engaged in global health activities, they must learn the importance of being adaptable and doing so within their knowledge of safe, professional and ethical practice. Participant 5 stated:

...basically we have the same health issues across countries, so nurses with the education they receive, they can use it in a lot of situations,

but they should learn how to adapt it. The key issue for me is how to adapt it, to make it positive. For example if you do a dressing over here...you may have lots of resources here to do it but in another country you might have to modify depending on the resources you have. Or you don't have enough pain medication and you don't have all the people that support you. I think the person that survives is the one that can adapt quickly and think through to find an innovative way to adapt it to the situation without violating the principles.

Several participants spoke of global health as a very broad concept encompassing many elements and perspectives. Participant 12 reflected this in her comments:

We need to understand one another and focus on global health because the world is changing and we have to prepare our students for that. It has to be big in our curriculum...to me global health is...instead of looking at the province of BC, I see the earth, and I know BC is in there and there's issues here around whatever health issues there are based on the statistics etc. but we also really need to see the forest, right, all of the other parts of the world? That's what I think global health does. You can have these pockets of aboriginal health or other issues but really in the end it is all encompassing. Global health touches everything, from the water we drink to the ozone layer right now and the choice of cars we're going to have in 10 years...everything.

All of the participants agreed that global health and global citizenship need to be included in nursing curricula. Other courses that were identified as ones that would contribute to global citizenship education were liberal arts and interdisciplinary courses.

4.3.2. Liberal Arts and Interdisciplinary Courses

Over the years, most nursing programs have required elective courses beyond the core nursing courses. A program may have required one or as many as three to four electives. These courses have usually been designated as courses in other disciplines than nursing. Students were frequently given a list of choices of courses that were acceptable as credits towards the nursing program. One participant stated that her program required that one-third of the total credits of the program be from other disciplines. However, most of the participants expressed concern that we seem to have moved away from requiring as many electives, in particular the non-science courses, compared to what used to be required in a nursing degree. Most expressed that they did

not believe that this is a good idea but in reality, with a packed curriculum it is challenging to do so. When focussing on the development of nurses as global citizens, they readily expressed their beliefs that liberal arts courses in particular would be beneficial. Anthropology was the course that most participants identified as foundational to the notions of global health and global citizenship. Sociology, political science and philosophy were also mentioned. The value of learning a different language was mentioned a few times. Two participants expressed the point of view that with the advanced degree streams, which are programs for students who have previous degrees prior to entering the nursing program, students already have a broader perspective when they begin the program. Generally participants expressed that it seems that many educators do not embrace the value of liberal arts courses. They are more focussed on the need for nursing content and yet most of the participants bemoaned the lack of liberal arts courses. There is also tension within the nursing discipline to make every effort to get away from relying on other disciplines for knowledge and yet in so doing, the participants expressed that faculty and students are losing out on understanding valuable perspectives that tend to broaden one's world views.

In relation to elimination of electives, Participant 2 expressed her regret:

I have regretted for a number of years each time I see electives disappearing from the program particularly if they come from other disciplines. I see us becoming increasingly narrow in our focus...we just want our students to learn nursing, rather than a more general, liberal education.

Participant 3 spoke to a liberal education providing a broader understanding of the world:

I strongly support the notion of a liberal education because I don't think you can come out of any discipline specific program whether it is engineering or nutrition if we don't have that strong foundation for understanding the world, have the skills for understanding the world. My son is doing a general arts degree right now, and I love the way his thinking has changed with sociology courses and history courses and poli-sci. I see the questions that get transferred to different issues in our world and I just think it's so valuable. Otherwise if we don't expose our students to this, we're not in a university program, we're a technical school.

Participant 9 also expressed the need for the broad perspective that liberal arts courses provide, in particular they are foundational to critical thinking:

Unfortunately by cutting back on electives we've lost something...my idea of a university education is to broaden our thinking relative to several theories, to have these broad philosophical discussions. We end up instead making sure that they get all these other concrete things that they need so that they can go out there and function. But I do, believe that a liberal education is very important. How do we do that? It might mean adding another half a semester. I mean some people have proposed we should go back to the 5-year...so that these students know how to think philosophically...Unfortunately we have students who will say; "I don't know why I'm taking this or that." Well that's our job as faculty to let them appreciate the importance of a liberal education which is very foundational to thinking. I don't think we've done a very good job of that...there are certain things, skills that they need to know but I will tell you, skills will come. The critical thinking piece, if you don't have that, you don't have much. So I would say, having more opportunity for more of the liberal arts courses to be included would really help our students' understanding of these broad global issues.

Participant 10 also expressed the need for more social science courses:

The complexity of the clinical setting being what it is...from my perspective that's what baccalaureate education is all about, that broad based education. It is not about trotting them off to a university to be able to imbue them with science. They need science but as well it is about imbuing them in social sciences, and imbuing them in humanities. It is to expose them to a broad based liberal education, and I have fights everyday on this one.

As participants expressed a strong desire for liberal arts courses for nursing students, I asked them which courses they believed to be the most valuable. It was interesting to note that anthropology was mentioned more frequently than others, but several other course were viewed positively also. Participant 9 spoke strongly in favour of anthropology, while suggesting other courses as well:

I will tell you from personal experience, in my degree program I took some anthropology courses and I often think that that was what led me to where I am today...in wanting to understand difference, other people, the population, their culture, and I didn't take population health courses. It wasn't even around, but we were encouraged to take a religious studies course, sociology, and anthropology. We don't have that in our program now. I do think some of this would help a lot to shape thinking for our students. I've noticed that some of our students can be very black and white.

Participant 3 referred to medical anthropology:

I personally am drawn to medical anthropology but I think philosophy is important too, to help students to understand nursing theories and the broader world issues.

Participant 12 gave an example of how anthropological perspectives assisted her as an instructor in a specific situation:

I am big on anthropology because that particular study helps nurses understand so much...one example I can use is a situation where a nursing student was driving around with a community nurse in [name of country where the international placement was taking place] and she didn't have any children. In their culture not having kids is unusual. So they [the local nurses] started to make jokes about maybe her husband can't have an erection or crass things. The student was devastated and she said as the trip wore on it got worse and worse. She [the student] was upset and pleaded with me that she didn't go back again. Well I was surprised and I thought oh, my poor student, how come these nurses were like that, they're really good people, I've know them for many years, so I pulled her from the area and I talked to one of the nurses and she said "you know we just like to joke with one another but we didn't really mean to hurt the student's feelings."

I was surfing the net that summer around [----] culture and whatever I could find and I came across some anthropology report that spoke about the culture of humour in [----], in [----] people and what they use is one-upmanship. If you say a joke then the next person needs to top it with something else and then the next person tops it with something else so it, no longer becomes the person it becomes a competition of who can do the best joke and this poor student got completely caught in the crossfire of that. So I emailed to check out this anthropology article...and yet that nurse didn't really articulate it to me as a cultural thing...because when you are in this culture that's what you do."

Having a political science course was expressed as a perspective that would assist with understanding global health. Participant 8 stated:

I think political science courses would really help...if you look at political science it can sound a bit dry but when we talk about the influence of politics in this course on global health, I think having had a course in poli-sci would make it very relevant and meaningful for our students.

Participant 10 spoke about differences in faculty perspectives regarding the particular electives that nursing students need:

Our program says that students need "X" number of credits of social science which is fine, except that we have a significant core of our faculty who insisted that one of those social sciences had to be psychology. "Had to be psychology" and I said, "why?" And they said "students have to have psychology." I said "why do they have to have psychology any more than they have to have sociology or they have to have anthropology or they have to have native studies? What is the magic in psychology?" "Oh you couldn't be a nurse if you didn't understand—if you didn't have six credit units of psychology." To me it is too prescriptive....sure they can benefit from psychology but they could also benefit equally as much from an understanding of sociology. In the context I work in, that would actually be far more beneficial to them than psychology, understanding issues of culture and cultural safety and those kinds of things. To me that is an example of the kind of struggles we have in nursing, to break beyond...it's that whole business of looking at nursing in relation to society. I think we're really ambivalent about what it means to have a broad based liberal education, I think we spout that but I don't think we're very good at it.

Two participants expressed their views that learning another language was an excellent way of broadening one's perspective and appreciating the challenges that patients and families have when they speak a language different from the caregivers. Participant 12 expressed it this way:

I would say anthropology and learning another language would be very important. Take Spanish, take French, take Hebrew, take anything but you should understand another language. This is something I've been feeling very strongly about the last couple of years And even if you didn't go to that country and speak the language there, but just to gain the understanding of the challenges that people who speak another language have in understanding us and how different meanings can be misconstrued, different vowels, how sentences are made whatever it might be. Appreciating the differences and challenges in learning languages I think really broadens a person's perspective.

Although most participants thought that more liberal arts courses would broaden students' global understandings, two participants who have experience in advanced degree programs described the view that the program is already short so there is limited or no time for electives. Participant 3 expressed it as positive in that they come into the program with a broader perspective acquired through their previous degrees and work experiences. Participant 10 offered the opposite view that these students have even fewer electives, if any, and may not have had those liberal arts courses in their backgrounds. She explained:

Many of us have moved to accelerated programs, after degree programs and so we don't have a lot of time. In fact we don't have much in the way of electives at all. Students come in with a completed degree. We don't necessarily prescribe what that degree is. So in fact I think a lot of our students graduate from nursing without having that broad base that I think they need.

With regard to the tension of time within programs to have more liberal arts courses, Participant 7 suggested the strategy for nursing faculty to include discussion of readings from disciplines other than nursing:

It would be great to have more electives, more of a liberal education, but the practicality of the time and length of the program makes that very difficult...we need to look for opportunities to include readings from other disciplines and discuss the similarities and differences in perspectives compared to nursing.

However the challenge with this approach is that nurses do not have the knowledge to always do this in a comprehensive manner: Participant 7 expressed concern about nurses' abilities to comprehensively integrate knowledge from other disciplines:

I'd like to see more electives...we have integrated it all into the scenarios with nurses facilitating the scenarios but I worry that we don't have the theoretical background and we become out of date because we don't have the time to read a lot in all of those areas and keep up to date.

In conclusion, the participants expressed concern that nursing programs have moved away from requiring as many electives and that this has the potential to perpetuate a narrow world view for nursing students. Participant 12 explained this point of view:

We need more liberal arts courses...we need to be able to expose our students in a variety of contexts to people who have very different ways of looking at the world. I think that is very powerful. We are far too isolated and insulated in nursing from my perspective, in terms of sticking to our own discipline and not just our discipline but in terms of our own ways of thinking. Some of the research that I have done has been in relation to our acceptance as a profession of people who are different than from the central group in nursing. The centre in nursing in Canada and North America is white, middle class and female. And so you know we don't deal with difference in our profession as much as we should...we don't deal with differences in our ways of thinking and

approaching issues...we have a very very consensus kind of approach to nursing and we expect people to think in very similar ways and similar approaches as our white middle class females do. We need to broaden our thinking and liberal arts courses would help to do that.

Generally, most participants were concerned that as a result of many pressures, nursing curricula seem to be requiring fewer electives. They also acknowledged that liberal arts courses can be powerful tools to assist students to think critically and to acquire a global perspective and the lack of such courses potentially is impacting students in a negative manner.

Approximately half of the participants spoke at length about the positive benefits of students engaging in interdisciplinary classes or practical experiences. They spoke of the need to appreciate the perspectives of other disciplines and in doing so, nurses would be better able to work effectively in a wide variety of settings. Participant 12 stated:

We keep talking about the need for interdisciplinary and when we think about interdisciplinary, who do we talk about? We talk about the docs or physios. In my circumstance where I am dealing with students going into small communities, who are the movers and the shakers in the small communities? They maybe the docs, but often they are the pharmacists, the RCMP officers, the teachers, and the social workers. It is much broader than just health care workers. So to be able to expose our students in a variety of contexts to people who have very different ways of looking at the world, I think is very powerful. We are far too isolated and insulated in nursing from my perspective. In terms of sticking to our own discipline and in terms of our own ways of thinking, some of the research that I have done has been in relation to our acceptance as a profession of people who are different than the center of nursing. And of course the center of nursing in Canada and North America is white, middle class and female. And so we don't deal with difference. Within the profession we don't deal with differences in ways of thinking and approaching...we have a very very consensus kind of approach to nursing and we expect people to think in very similar ways and similar approaches from our perspective.

Participant 3 spoke of the need to look for opportunities to teach nursing students with other disciplines as that would contribute a lot to a broader understanding of global health:

When we talked about Millenium Development Goals, that was interdisciplinary and it had to be interdisciplinary to grasp the broader

meaning and impact of those goals...maybe in that upper level global health course or the electives...we need to look for opportunities that are clearly interdisciplinary because we have got engineers with their knowledge of clean water and sanitation, what is environmentally appropriate...and when we're talking about human rights law, really, I think interdisciplinary is the only way to truly understand global health.

Participant 4 also spoke of interdisciplinary studies as a positive way to help nurses understand their own profession better as well as appreciate different world views:

The advantage of interdisciplinary is that you begin to understand how it is that a nurse thinks like and nursing thinking, even in other countries that speak different languages, have different religions, live life differently, there's this common language of nursing that we have in common throughout the world. So you understand that through understanding—you understand yourself better, and your own identity better, and the nursing profession, when you've been able to reflect on difference.

The next grouping of content for global citizenship education focusses on theoretical frameworks or curricular lens that were identified as useful.

4.3.3. Critical Social Theory

Critical social theory was the theoretical framework that all of the participants suggested as a useful curricular lens to guide the development of a global citizenship perspective and to learn about global health. It was also usually the first one mentioned as critical to all analytical discussions related to cultural knowing, social determinants of health, health promotion, community development, population health and social justice.

Participant 7 stated: "Critical social theory is number one." Participant 1 commented on using critical perspectives to examine major concepts in the program such as determinants of health and that such an approach would help students understand the notion of equity as it relates to global health and the influence of power relations:

The theoretical frameworks that I think would need to underpin global citizenship being taught well would be theoretical frameworks that account for social determinants of health, population health type theoretical frameworks, and all of that to be considered using critical

perspectives...whether the critical perspective was post colonialism, feminism, post structuralism, whatever sort of angle you take. I believe that those kinds of critical theories would be very important in helping us understand how health and equity are differentially experienced around the globe. I don't think you can really get at that without having some theoretical, analytical leverage to get you at the social relations of power as a societal level.

Participant 6 focussed on the need to continually try to appreciate the perspectives of others by stating:

I am big on critical theory....we need to keep reminding ourselves we are not the expert. We must continually try to understand others' perspectives....and do it with a large dose of humility. We must always ask the question who is being served.

Participant 8 argued that critical social theory should be the foundation of a nursing curriculum:

I am a real strong supporter of critical social theory and I've written an article about that too and argued that it would be an excellent foundation for our nursing program.

Participant 9 supported the need for a critical perspective and emphasized that it teaches one to try to understand and to be continually cautious about our assumptions. She recounted her personal experience:

I can come into a room and sometimes I have gut feelings about what is going on and then it is interesting how then you talk to that person, it's not at all what you had imagined, not at all. We must be careful with our assumptions all the time.

In summary, the need to include a critical perspective as a major element in a nursing curriculum was the theme most consistently agreed to by all participants. Although not every participant mentioned the following, most did express the need for a social justice perspective, the inclusion of the social determinants of health, cultural knowing and ethical knowing. The findings in relation to each of these themes will be described separately below.

4.3.4. Social Justice

Participants were clear that an understanding of the nature of social justice is critical to nursing curricula. A few believed that it should be the dominant perspective guiding the total curriculum. Other believed that it could be present in a variety of ways including discussions of human rights, poverty and equity. Participant 10 discussed it as a foundational concept.

We are hinging the global health initiatives in the new program on the concepts of social justice and advocacy. That is the underlying conceptual approach that we are taking. There were other conceptual approaches in the curriculum such as cultural safety and primary health care which all tie in very, very much to global health care but we elected not to have a global health stream. We elected to pull those concepts through in relation to the underlying concepts of social justice, advocacy, and primary health care.

One participant spoke of her initial concern about a social justice perspective was that it would focus on social activism. However, she evolved to believe that social justice was important, particularly as it focuses on equity. Participant 2 commented:

Students need to be aware of inequalities...more than ever before. In recent decades, we know that we have a greater diversity in our populations, where we seem to have fewer people in the middle income, middle class category and many more people with very low incomes or very high income which impacts health, and standard of living. So it seems that the disparities between the haves and the have-nots are perhaps greater than what we had in the past. I have to honestly say that when I first started hearing about social justice as a framework my first response was "oh, gosh, are they trying to make social activists of us all but the more I've learned the more I've settled down on that." The focus on equity gives it a different perspective and it is so important.

Health promotion models have been present in nursing curricula for a number of years. One participant related that a health promotion approach is in effect a social justice approach. Participant 7 stated:

We're involved in health promotion to a great extent...but health promotion if you look at it very widely is very much as social justice model.

Participant 7 goes on to say that nurses must take a leadership role in social justice issues by being advocates:

I think some of our students are already doing a lot but I think we have to foster leadership in many areas, not just in social justice but in other areas. We should emphasize leadership more in relation to any aspect of health care. I can't see doing public health without some sort of a social justice focus...I mean students in their acute care clinical experiences, they look after immigrants, they look after aboriginal people, they look after people who live in poverty. How we model interacting with those patients probably has an influence on how our students view them. Leadership can sound like a highfalutin word but often it's just being an advocate, a strong advocate for that patient and their family."

In relation to social justice a few participants spoke of the need to include discussions on human rights issues and health as a human right, particularly from a social justice and equity perspective.

4.3.5. Knowledge of Cultural Awareness

Not surprisingly, most of the participants expressed the view that knowledge of cultural awareness was of major significance to global health and global citizenship. A frequent comment that tended to happen early in this part of the discussion was related to the need to ensure that cultural awareness not be taught as a "laundry list" or a "shopping list" in a way that promotes stereotyping cultures and behaviours. In order to avoid this trap, their comments related to the need to use critical social theory to guide discussions aimed at understanding culture.

Participant 2 expressed the need to be constantly cognizant of promoting cultural awareness:

...I am always trying to promote inclusion of cultural awareness, sensitivity, competence, call it what you will...in class I am often trying to focus on teaching awareness of cultural diversity within nursing. We need to examine the use of cultural competence frameworks...students need to have the chance to be actively engaged for transformative learning to occur in this area.

Usually participants moved quickly within this discussion to comment that cultural awareness needed to be taught from a critical perspective. Participant 10 stated:

It must be taught from a critical perspective, it would be a critical social theory type of perspective.

They expressed that the critical perspective would help students to appreciate how people's behaviour is influenced by a wide variety of contextual factors including culture and environment. Participant 5 described it this way:

They should know or keep in mind how people may think and how their behaviour is affected by their culture, by their environment, not only their condition. Their disease is affected by those factors, so in other words they should consider the determinants of the health within that particular context and how people adapt. In other words keep an eye open to various factors influencing behaviour rather than thinking in a narrow way. You may know only what you see in Canada and you think that everyone else has to be like that. People have a reason how they adapt, how they live and how they cope with their condition in their own way. Students should know that there is no one way to do things. They should look at the situation and the context and how it affects people's behaviour or adaptation to their challenges.

Similarly, Participant 3 expressed the need to be sensitive to the contextual influences:

I believe what is important is to gain the understanding that our lens is so contextually driven, different factors within different contexts...then that would allow us to examine any different kind of culture or difference with respect.

An important piece of the context is the historical influences. Participant 9 spoke of the need to examine the historical context from a critical perspective:

Sometimes the only thing different is their history...where did they come from, were they colonized by the British or the Dutch as that also impacts the way a country might be educated or how they see things.

Participant 6 described examples of details of contextual influences that require a critical perspective for nursing students to grasp and respect their possible meaning:

If you think about a Ghanaian, they view health in a very different way than we view health and so does an aboriginal person. We have our scientific view of health and we consider that to be at the top of the heap. An aboriginal would consider the oneness with the environment, the world and the creator as comprising the biggest elements of health and the scientific is just a small piece. Ghanaian people depending on their tribal affiliation absolutely would consider the witches and the

spiritual and the shamans and the other spiritual guiders and leaders that they have as their first line of health care. So if you broke a bone you would automatically go to a bone setter. If you were obstructed in labour you would go and see the local witch doctor in your village and then you may get to scientific medicine down the road but you don't go there first and most health care providers know that you've been elsewhere before you get to them. So I think it's just understanding and valuing some of those things.

Several participants spoke of the cultural safety approach as important in promoting cultural understanding and avoiding the approach where the focus is on the *laundry list* of cultural differences. Participant 19 suggested some specific resources for the cultural safety perspective:

Giddings is the most common person that I would cite if I was approaching cultural safety but also the Aboriginal Nurses Association of Canada and the CNA...they have just published their competency document. They have developed some aboriginal approaches which I think are very good examples of how you broaden it out to have a much broader cultural perspective. It is that whole business of avoiding your laundry list of..."this is what aboriginal people believe and this is what Indonesian people believe." It is more of the idea of culture as relational.

Participant 8 emphasized the need for a cultural safety approach and suggested additional approaches to be considered:

I would say from what I've read about cultural safety the work in cultural safety is really instrumental and helpful in that area....our coordinator of our aboriginal initiatives, that is certainly what she recommends...and certainly the work of Annette Brown and your colleagues in BC, I would say that is the most powerful and useful writings that I've come across. We need to be careful that when we are engaging students and learning to understand cultures, not to just have the laundry list of differences, so the cultural safety perspective helps to broaden that.

Several participants expressed the need to avoid the checklist or laundry list of cultural differences when addressing cultural knowing in the curriculum. Participant 7 expressed the concern that this approach can lead to unfairly stereotyping individuals from a particular culture. She said:

I get worried about scenarios that have cultural content, aboriginal content, etc., in that I am always aware that if they are not facilitated

appropriately they can become stereotypical and I get concerned about that type of teaching...we could have class discussions that really reinforce stereotypes which is actually probably worse than doing nothing.

Although the laundry list approach should be avoided, two participants expressed that it is useful to identify general trends of behaviours in particular contexts while emphasizing the need for caution related to the possibility of stereotyping behaviours. In discussing this issue, Participant 7 spoke of other ways of discussing differences. She expressed it succinctly:

Well I think there is a double edged sword to doing that because on the one hand, and I completely understand why we say don't generalize and don't want to say that all South Korean people act this way because you'll for sure find that not everyone from that culture will. But when you look at it in a broader perspective you can say "many Canadians..." or "there is a tendency for people in Norway" or "there is a tendency for this or that." You have to have some kind of base on a culture so you can begin to have some view of it and I think what [person who teaches cultural awareness] does it nicely in that she will identify a particular culture but she'll use terms like the high masculine, low masculine or high feminine or high masculine pole culture. So she is not specifically saying "in this country..." but she's instilling into the students an idea that there are cultures where women's roles are more respected or expanded and there are others that aren't so much that way. It doesn't mean that this is better or not, but you just should be aware of it as you work in the culture.

In conclusion, the need for cultural awareness was overwhelmingly mentioned as critical to the development of global citizens. In addition to the use of a critical perspective to guide students' understanding, the relational nature of communication courses in nursing programs was also viewed as a positive approach to cultural knowing. Participant 7 expressed it this way:

I think also because my expertise has been in the relational practice, to me that comes through as very important in teaching about cultures because you have to be sensitive to cultures in those courses....the communication courses, the relational aspects...when it is related to global citizenship, it is around power relations...how power impacts so many things, how it impacts nursing and the way you actually speak to people. That is huge to try to have students understand that.

As well as coursework and curricular lens, participants suggested additional concepts that they believed were foundational to the development of global citizens.

These concepts include the social determinants of health, politics, policies and leadership development.

4.3.6. Social Determinants of Health

Most of the participants referred to the social determinants of health as an important basis for global health. Their expressions suggested that it seems to be “a given” that nursing programs are using the framework consistently in discussions focussing on multiple elements of health in any setting. Participant 3 said:

I believe the social determinants of health are theoretically applicable all around the world.

Participant 7 broadened her comments to include suggestions that the determinants of health can be helpful when discussing inequities, education, housing, the environment as well as the potential impact of decisions by government on programs that determine health:

We need to talk about the determinants of health...they give you a huge leeway to talk about inequities, physical environment, housing, employment and education. One of the things that I would have talked about had I been teaching the global health course right now, for example is our provincial budget came out last week and they are cutting a bunch of immigrant services. One of the things they are cutting is the program for refugee children going into the school system. We have refugee children who come here who have never been to school and we had a program in [name of city] to help them adjust. It has just been cut. This is going to have a huge impact on the potential for their success in the school system, which will then have an impact on poverty and employment. Probably on justice issues as well...it seems short sighted, but it seems like those kinds of decisions do not get made with the same lenses that we as nurses have. They also cut the English as a Second Language budget and they cut the settlement service budget. That is one way of putting politics into what you discuss and it certainly fits with the social determinants of health.

Usually, at the same time as they spoke of the social determinants of health, participants spoke of the importance of discussing Millenium Development Goals. Participant 12 stated:

The Millennium Development Goals are huge. Every one of those eight goals is related to addressing poverty, addressing hunger, addressing

maternal health, moving towards improving health in many countries. I get my students to choose a country, any country, and they have to identify three MDG goals and the projects that have been implemented related to the goal. Then they critically analyze what are the problems with it, what are the challenges, is there progress happening and is that goal going to be met by 2015? How are we doing around the world in meeting those goals?

4.3.7. Politics, Policies, and Leadership

There were a number of other sets of knowledge or concepts that several participants expressed as important to the development of global citizens but they did not go into as much depth as they did for the previously mentioned ones. Politics, governments, the impact of wars, policy development, media relations, social marketing and leadership were all mentioned. With respect to the need for knowledge about politics, Participant 10 described nurses' ambivalence towards politics. She stated:

We in nursing have been in many ways naïve about the need for political knowledge in nursing...some of the leaders that I've talked to say that historically nurses really disdained politics. They were above that somehow and to me if we don't understand political action and I'm talking about small "p" political action...but we need to talk about large "P," as well...I am talking about the need to understand the political process, whether it is in our organizations or whether it is in our daily interactions with people or big governments. We are really missing the boat if we have students who do not understand anything about those kind of political processes.

Participant 6 described attempts to understand the political process and the many other influences as "peeling the onion." She also focussed on the need to get students engaged in the media to gain further understanding of the issues:

When I am teaching the global health course, I feel strongly about getting into the political, economic and cultural basis of the issue...we don't just talk about a topic and we're done...we have to keep the peeling the onion...so many layers of influence. We need to discuss all of them with our students, challenge our own world views to get a beginning understanding of what is happening for others....we need to push them to access the media to learn more about the world and politics.

Participant 12 referred to focussing on the impact of politics also:

Discussing politics with them is so important...for example, when we are in [name of country], we have an armed guard with a machine gun walking around through the night where we are staying. So I asked one of the nurses..."what is the political situation here" and he said "you must at all cost always support the government that is in power. Even if inside you don't believe in anything that they say, you will never, never voice that. And people who speak out are at risk." So I'm like, oh my goodness, think about our Canadian situation right now where on TV the government getting blasted for what they are doing ...somebody's not going to shoot you because of your political alliances. This is an opportunity to have a great discussion with the students to drive home the influence of politics.

Examining policies and their impact on individuals and society was mentioned as important. Participant 5 spoke of nurses needing to attempt to understand the impact of government policies, for example, those related to immigrants:

Government has to take a lead to explain to Canadians why they need more immigrants...how it is an advantage rather than a disadvantage, I mean all the big cities like Toronto, Vancouver, and so on, they thrive economically and I've been told it is because immigrants tend to stay there and set up business there and so on...we need to discuss this with our students. I have seen changes since I came here...it is getting better...I mean like in [name of Atlantic province] now they have multicultural week, they do bring people together and talk about how do we attract more immigrants, they give money to do studies on that, and more and more on the radio and on the TV everyday they are talking about it. You know simple things like people don't want to rent an apartment to someone from another country...this needs to change...young nurses need to know about it...get involved in their communities...as an individual, in a group...help to be more welcoming to immigrants and know what government policies are impacting these people.

Participant 9 also spoke of the need to examine policies and their impact on individuals and society:

Here locally, I am very intentional in talking about what kinds of policies we have here in [name of city, province], in Canada, nationally and internationally that affect global health. What are we doing about these issues? I look at a lot of these online, we do a lot of online discussions, blogs and it's incredible, that type of engagement. They get some data and then we start to talk about, put it into context, this is not just a local problem. Through that example then you get them looking at the policies and then possibly what some of the political implications are. What are some of the political implications and where is nursing in here? I'll say "look and see who is sitting on those boards. Are there nurses, any other health professionals besides nurses, who

else is there?" That is a good motivator that they actually think that they might actually be able to make a difference, they do have a voice....because that is where some of the big decisions that are made around health. And so even when I talk to them, for example, about H1N1 when that was a big thing, anything that is timely that is happening while I'm teaching, I am always looking to see what kinds of things are going on right now in our backyard. And I try to bring it to life...who is making these decisions and are they the right decisions for these populations? Aboriginal health is a big one. Have them think who is sitting on those boards and we have a number of students in our population that are Metis. I also look to my students to tell me sometimes what's happening on their reserves. And that can be big motivator for students to see who is advocating, or not, for these people. I believe it is really important, at least in undergrad to get them to start explore how policies get developed, how they influence so much and who speaks for or against them.

The presence of wars, their causes and effects were mentioned by two participants as something that needed to be included in classroom discussions. Participant 1 sated it concisely:

Do we ever take the time or have enough time to talk about the effect of war on the people in war torn countries?

Knowledge of leadership in various forms was mentioned as important. Participant 7 expressed the need to emphasize leadership including a focus on acting as leaders in health care settings, on social justice issues or as an advocate.

I think some of our students are already doing a lot but I think we have to foster leadership in many areas not just in social justice but in other areas. I'm not sure that we've done a good job of fostering leadership in our undergraduate programs. We should emphasize leadership more in relation to any aspect of health care. I can't see doing public health without some sort of a social justice focus....but I also think students in acute care clinical experiences, they look after immigrants, they look after aboriginal people, they look after people who live in poverty. How we model interacting with those patients probably has an influence on how our students view them....and how faculty take a leadership role to influence the care. Leadership can sound like a highfalutin word but often it is just being an advocate, a strong advocate for that patient and their family. Our students have to see themselves as leaders and develop skills in being leaders.

4.4. Pedagogical Strategies for Global Citizenship Education

As well as suggestions for theoretical perspectives that should be included in nursing curricula to strengthen the development of students as global citizens, the participants suggested a number of specific pedagogical strategies to advance these theories. During the interviews I heard many wonderful descriptions of ways for nursing faculty to incorporate these ideas in their teaching with the hope of motivating students to incorporate the knowledge into their practice. The first two categories that I will mention relate to the need for self-knowledge and the need to convey caring and compassion in their nursing practice. The next part of the discussion will focus on the need to provide opportunities for cultural knowing with a strong emphasis on the need to constantly be seeking opportunities to relate local situations to the global context. As there were many comments related to the role of international clinical placements as a strategy for cultural knowing, I will discuss it separately. Comments on the need to provide interdisciplinary opportunities, the need for role-modelling and some other specific strategies will conclude this section.

4.4.1. Developing Self Awareness

As discussed earlier in this chapter, most participants expressed strongly that students needed to understand and apply critical perspectives in their practice. The need for students to critically examine their own behaviour was identified as the basis for understanding others. Participant 1 emphatically described the significance of the need for self-knowledge:

So self-knowledge is so profound for students...to understand the impact of their world view or their cultural positioning ...and to try to locate one's self against the social context. The book *The Spirit Catches You And You Fall Down* puts a light on both the culture of biomedical health care and American culture. It is very powerful so that kind of book helps students to realize "oh goodness me, yes I do come from somewhere and that does have an impact on how I see the world." The author steps back and says "everybody needs to understand the impact of their own world view in learning new models"...that self-knowledge piece is huge for the students. It helps to protect from taking on that victim blaming and just telling somebody to "haul themselves up by their boot straps and get on with

it." I get deeply, deeply distressed. No it is not just about them making better choices in life, they didn't have the same life opportunities.

Towards the end of the interview, this participant emphasized this point again in a way that reflected others' views of the need for self-knowledge:

The piece around self-knowledge would be huge, if you were going to talk about what would you teach to get at this, the self-knowledge and the reflectivity would have to be big part of that....social knowledge and understanding social relations of power. That to me would have to be the starting point all the way through....There would need to be a consistent focus on "who am I in all of this?"

4.4.2. Developing Caring and Compassion

Throughout the interviews, there were many references to the need for a focus on caring and compassion in nursing curricula. My sense of their comments was that they assumed it would be a central part of the curriculum but the comments were more directly related to the role of faculty in emphasizing it, rather than as a theoretical perspective. Consequently, I have included it in this section on pedagogical strategies.

Participant 12 discussed caring as a foundational concept and explicitly discussed the many views of caring including that should be presented to students:

Our relational practice course has caring as the introductory topic...I believe you can't have caring without compassion, it is out of compassion comes caring...and there are different views of caring. There is the view that we are hard wired as human beings in order for survival to be caring. The example I use is that there was a caveman that had their broken leg splinted. They found an actual splint with the skeleton so there must have been someone who felt like "I've got to help this person because either they're valuable to cook or run or whatever it might be"....Then there's the behavioural trait which is the whole idea that the feeling you get from helping others is a positive one and so that is well entrenched in who you are because we like to be that kind of a person. And then there's the skill set. It is the application of interventions that demonstrate caring. So by doing a dressing you are actually caring for someone...and then there is the interpersonal view of caring where it is a give and take situation, where you get something out of caring for that person and that person gets something out of you so it is a reciprocal kind of thing. There are nurses who will say "I want to work in the OR, I still care about patients but I would rather focus on doing something about it, actually doing skill sets that will help people." And so by understanding that there are many different ways that you can show compassion and

caring...lots of ways to demonstrate it, this approach helps students' broaden their understanding of caring and compassion.

Participant 2 expanded on the need for a critical perspective in caring and compassion. She also referred to the need for a deep sense of humility with regards to one's own world views:

Well, I think that compassion is pretty fundamental to what it is that we're called to do as nurses. If we are going to be giving person-centred care, then it is imperative that we do it with empathy, with being able to situate yourself in the world of the other as much as that is possible. It is awareness of asking the question of yourself and the people you care for...and understanding that the world view of the persons you are working with, will very likely not be the same as your world view. Because your way is not necessarily right. This is actually a very important part of developing compassion and empathy, the humility of learning that you're not necessarily right. I can remember when it first dawned on me, "oh my gosh, I could be considered ethnocentric"...always assuming that other people saw through the same lens that I did' and it was a really, really humbling experience.

Participant 10 commented that we tend to view caring as something that happens between a nurse and the individual being cared for but that it can extend to populations and societies. She expressed that as a profession we have a responsibility to demonstrate compassion through actions:

Compassion speaks to the way we address the issue of caring and the development of our understanding of caring. And to me, it challenges us as a profession to move beyond caring as an individual act ...to actually recognize that caring and compassion are much broader than individual acts. It seems to me that we as a profession have a responsibility to carry that compassion forward in terms of action. We have used the word caring much more in our nursing curricula language and it is through my readings around this in terms of education that focuses on citizenship and what that means as a teacher....the word compassion seems to be coming up in relation to populations, societies. I think it is similar to what we talk about as caring, or is it? I see compassion as much more active. Caring can be a very passive act.

When caring and compassion were discussed by participants, several of them moved to questioning if it can be taught. Faculty members generally agreed that students need to gain an understanding of the nature of caring and compassion as evidenced in the quotes above. However these skills are not as concrete and readily

learned as is a skill such as sterile technique. Participant 3 explained that the focus of faculty needs to be in creating the conditions that encourage students to practice in a caring and compassionate way:

All we can do is create experiences by which students may develop compassion through knowledge and particular experiences that they have. In the same way as when we create experiences that may help to foster empowerment, we can't do it to somebody, we can't force it. We have to create the conditions to encourage its development.

With regards to teaching compassion, Participant 8 emphasized the need for faculty to serve as role models:

We can talk about compassion in class but we also need to model it. Role modelling by faculty is huge.

Clearly, all participants expressed the need for faculty to focus on caring and compassion across the curriculum. As well, the need for pedagogical integration of cultural knowing was acknowledged as central to the development of global citizens.

4.4.3. Exploring Cultural Knowing and “Local to Global” Connections

When most participants discussed ways of reinforcing knowledge of cultural diversity or cultural safety, they focussed on the need to seek learning opportunities locally and to relate local knowledge to the global situation. Participant 1 suggested a wide variety of experiences that have the potential to address cultural understanding:

So that's where I would love to see a course to get at this stuff more broadly....if there was a course called global citizenship and in your list of placements, some places are international, some are in a remote northern community, some are in any place where access to health care services might be a challenge, and some are in a downtown urban core. That to me would be a very cool way to teach global citizenship in a more integrated way and that way the students are starting to see that stronger link between local and global. It isn't just about getting on a plane and going somewhere. This is also about what happens next door. I think that in our nursing curricula if we could be more coherent in that, that would be a good step forward. Whether or not that becomes part of what a community health course or other courses...our curricula would look very different if we were to do that. You really need to learn these concepts around population health,

primary health care, health promotion, social determinants of health, social justice health and equities and you don't need to go far to experience these concepts.

Participant 9 spoke of homeless shelters as an excellent learning opportunities:

It is important to provide them with opportunities locally. I'll give an example...I take students to the homeless shelters. We have 1200 people a night there, which is only one of 5 homeless shelters we have in [name of city]. Many of these students come from privileged backgrounds, so they have never been in a homeless shelter before and I don't think they realized who these people are. Some of these people are like you and me, university educated. These people often have mental illness...their husband died and now they're 65 and they have no home because nothing was put into place. So there is a big motivation right there for students to begin to understand this word homelessness. We talk about vulnerable populations, vulnerable children, our aging population, our mentally challenged etc. These things come to life when they actually have these experiences. And I think from there it moves into teaching around advocacy. Who are the voices for these people, what do we mean by advocacy, how do nurses become a part of this process?

Participant 7 highlighted the need to include experiences with immigrant and aboriginal groups:

In our first year we have a faculty member who has organized students once a month to go and prepare the food and serve the food at the [----] which is an inner city religious organization that provides a dinner for people from the inner city. We've got students involved in doing that and faculty involved in supervising them. We've got clinical placements with immigrant groups and with aboriginal groups. That is another way to focus on the local situation and relate it globally.

There is good Canadian literature out there now...because the Canadian context is different than the context of some other places in terms of cultural safety, cultural competence...we've got our aboriginal population, we've got our immigrant population that you have to think about ...20% of our population are immigrants. That is much higher than most places. The only place that is close to us is Australia. I just looked at the figures and the US is something like 13%.

She continued by speaking about the opportunity for faculty to discuss the immigrant experience in class by considering students' personal experiences:

We need to tap into the expertise of our students too. Many of them or their parents have had the immigrant experience...and, so again, raising awareness through discussion of students' personal

experiences. And you could have guest speakers who are immigrants come in and tell their stories. We tend to forget how challenging it is for people to come to this country and live in our culture and we have more and more of them.

Participant 9 further described the need to focus on the immigrant experience locally:

I get students all the time, they're wanting to understand, to have other experiences. Granted most of them want to leave Canada to have those experiences. That's where I am trying to shift it and say how do we tell them that even when you are caring for patients in the community here, a client in the community, you need to acknowledge where this immigrant came from. And I always stress to them, that you have to be thinking about this, it might be someone that has just come from a war torn land and that it is important to try to understand, that it's amazing to hear their stories...hearing their stories and getting informed about what types of things they've been involved in throughout their life.

Participant 3 also referred to the opportunity to focus on vulnerable populations locally:

...to me global health is both local and international and I have been really impressed by programs...they tend to be medical but I've seen it in nursing programs as well, where students aren't permitted to have an international experience unless they've had a local global health experience...working with vulnerable populations, whether it is aboriginals or a very remote population that don't have equitable access to health care services. So whether it is access to health care services or access to the determinants of health, students need to understand that first, in their own backyard, they should have some experience or otherwise they can end up romanticizing the international experience or getting into the *do good* mode.

The need to be cognizant of opportunities to relate local to global experiences was repeated several times by participants. Participant 6 summarized this point and pointed to the value of interdisciplinary classroom opportunities:

I think we are finally starting to do a better job of focussing on global type of issues locally. I think we paid lip service to it for many years. One of our faculty members who does research and works with aboriginal populations has been instrumental in saying well "global is fine and international is fine but many of those same issues live right around us and we need to make sure the students know that and have the opportunity to practice in those places as well." So I think that is an important point and we have started doing that with the cultural safety concepts. We are finally incorporating interdisciplinary aboriginal culture workshops throughout our 4 years.

Further suggestions related to interdisciplinary activities will be discussed towards the end of this section on pedagogical strategies.

4.4.4. *Facilitating International Experiences*

Most participants spoke of international placements as valuable experiences with rich opportunities for learning, although it can be challenging cost-wise for students. There were some concerns expressed and these will be described also. Participant 2 spoke generally about the benefits of international experiences:

It is very consistent with the need to promote ideas of global health and citizenship, cultural awareness, etc. with our students, to provide international experiences for them. I think that the experience of learning in active situations is so much more powerful than seeing a movie or talking about it in class.

Participant 7 described how an international experience helps students to better understand the experience of immigrants when they work with them locally:

I think that international experiences for students help them look at immigrants in different ways. They learn what it is like to be the *other*. You're the one that is different when you're working internationally, you're the one that doesn't understand the language, doesn't understand the culture, doesn't know how to act in certain situations. I think these experiences really help you to gain an understanding of what it's like to be a newcomer and out of your own culture and comfort zone.

Several participants spoke of the financial challenges for students and that they believed that institutions should be more supportive than they currently are. About half of the participants expressed that the institution should be more supportive. Even though they have the words in strategic plans and mission statements, they are not generally supportive financially. Participant 12 commented:

I believe that a priority for the future is providing funds so students can go abroad if they wish to. Because many students are hungry for these experiences but they can't afford it. Anytime you're put into any kind of a culture that's different you have a better understanding of others. So there needs to be more funding from the institution, more support for the students because it is expensive you need to be able to stay somewhere safe, you need to be able to travel to get there and students right now seem to be stretched enough in whatever life style

their at right now. If we feel that this is important and that kind of an experience is valuable, then we need to support them and advocate for more funds from the institution.

Two or three participants expressed their reservations about the focus on the positives of international experiences. Participant 1 expressed caution related to students seeing it as an “exotic” experience. She also clearly expressed the need to be cautious in establishing the partnership with the host agency so that there were mutual benefits rather than just mainly benefits for the visiting students:

...if we are going to have a global international experience, the students need to be clear “who am I in that,” so it’s not about voyeurism and going off somewhere and seeing something new and exotic. It’s not about going as the helper...it’s not about “what can I do to help these poor people’ that need my help.” My other big hobby horse always in all of this teaching global citizenship through international experiences is to ask for whose benefit? So is this just to benefit us more in North America to know about these people? If we are going to have an international placement, what about the host agency? What is the benefit for them very tricky these relations of power. Are we talking about a partnership? Where is the mutuality around that?

Participant 10 indicated that she believed that international experiences had the potential to be positive but there needed to be caution related to the avoidance of an *educational tourism* approach and a charity perspective:

One of the things that I really argue with in nursing education is the idea of focussing on sending students on international experiences, going neat places to do cool stuff. To me the importance of linking that with a social justice agenda sometimes get lost. How does the understanding of the global experiences that the students are having relate to the local context? So for me, Global Health must be a 2-way street. It’s not about charity and it’s not about educational tourism. It’s an encompassing context in which we understand health and that should lead us to understand how the health issues in the 3rd World link very directly to the health issues in the 1st world.

One participant expressed her concern that students may not transfer the knowledge learned in international experiences to their local context. Participant 6 stated:

There is no guarantee that the students are going to take what they saw internationally and actually know how to apply that when they're going to work back in a home setting.

Participant 6 also expressed the need to constantly seek opportunities to incorporate global health and global citizenship ideas, as well as the need to prepare students well prior to departure so that they go with a sense of humility and respect:

I think it doesn't have to be a separate course or that you have to get all students going to different places in the world to practice these things, although those experiences are invaluable. I believe that you need to bring it through in every single thing you teach in nursing. Now of course when you've got students actually going and practicing in those countries, you have a huge responsibility to prepare them and I don't mean just to prepare them so they don't see the angst and the sadness and the flies in African children's eyes which is what you see on TV all the time. It is to prepare them as to how to be in another culture and how you can be respectful at all times, how you need to be open to always learning. You can't just fly in and think "I've been here now so I know what I'm doing." I never, never will understand all the layers of African, Ghanaian northern culture, ever. And I know that and I accept that and I just have to say, "I'm here with the best intentions, help me be what I need to be." So you need to be in a major humility kind of place. And you know our Western ways are not always the right ways. So we do have some things to offer, but I can assure you that every time I've offered something to others, I've learned way more myself.

The comments of Participant 8 expressed her dream to have a wide variety of placements available:

I guess what my dream is I would like them all to take a course in global citizenship that included the practicum experience as well. I would like to have enough resources to have that available and a practicum that would include...most would be in a local practicum, some would be perhaps in an aboriginal community or a community in the north, a rural practicum but also the international experience would be an option...they would all be learning about it, focussing on global health and citizenship but having these different experiences from local to international...learning so much about other cultures...that would be my dream.

4.4.5. Mentoring and Role Modelling

When participants described pedagogical strategies that would promote learning for students in relation to global health and global citizenship, frequently they referred to the need for faculty to be keen about these notions and to role model the desired

behaviours. In speaking about the need for nurses to show respect and compassion towards whoever they are caring for, Participant 9 expressed it this way:

I just try to role model it in everything I do with students. Students have a lot of issues, a lot of things going on in their lives and the way that I model responding to them and mentoring them, is what I'm hoping they will also do when they are experiencing people with different problems or experiences, like looking after the homeless or working with people from different cultural backgrounds.

Participant 5 also emphasized the need for role modelling and the need to discuss compassion rather than simply assuming that it happens:

The instructor has to behave in a way that shows the compassion that students need to see...in the post clinical conference, the instructor should take the opportunity to discuss that. Compassion has to be discussed, not assumed.

Participant 6 expressed the importance for faculty to serve as role models particularly in relation to demonstrating an interest in politics and public engagement:

Faculty need to role model public engagement and an interest in politics...a nurse is a professional 24/7...public engagement is a part of our life.

Most participants expressed a strong need for nursing faculty to role model appropriate behaviours as global citizens in a similar manner as they need to role model other professional behaviors.

4.4.6. Other Suggested Pedagogical Strategies

Four participants referred to the value of the use of case studies in the classroom as a way to engage the students in global health issues. Participant 3 explained it this way:

I think case studies are invaluable...if the students were given a case study locally and then another one for an international scenario...then you bring those responses back together and say "look at how similar these are!" I think the old case study is still very useful but it is important how you build it and how you draw the conclusions, for the individual and in group discussions.

One participant spoke in detail of her use of films and novels as a teaching tool to help understand other cultures and the challenges they face. Participant 7:

I think stories are very evocative, the use of films...there are some good movies out there. Also there are some excellent novels and literature in Canada written by immigrants and aboriginal people. For example a recent film *Incendies* and a novel I just read, *Cutting for Stone*...films and novels are a great way of getting at that. It is something we haven't done a lot of in nursing. I think that is a way we can integrate liberal arts into our nursing education.

What I have done with some of my courses now...for their final paper, they've got a choice...they can do a book review and I give them some suggestions but I also let them go and look through what they want to do. Some of the suggestions I have given them as possibilities: Patricia Benner's *From Novice to Expert*, Gladwell's books, *The Tipping Point*...stories of nurses standing up for themselves, their patients and their profession, Rankin and Campbell, "Managing to Nurse: Inside Canada's Health Care." And students have sent me emails saying I found this other book, and this is what it is, and can they use that instead, yes, sure...and I ask them to connect it to the themes of the course. I do say I want a short summary of the book but I also want a 10- to 12-page critique of a specific book or seminal report in relation to its relevance for the transformation of nursing practice.

Several spoke of guest speakers as another way to hear the stories of others. It could be an immigrant, a refugee, someone engaged in working on global health issues, nursing organizations or someone who is involved in civic activities. Participant 9 suggested bringing in an immigrant or refugee and also having students present their understanding of others' experiences through creative means:

Bring in somebody that is a refugee, immigrant or whatever...hear their stories. Hearing their stories and getting informed about the types of experiences they have had. Encourage the students to talk about their different experiences...whether they do it through storytelling or doing a skit or having them work this out in some way...encourage creativity, have them really unpack it for us.

Participant 7 suggested a focus on encouraging the students to learn how to debate, how to disagree with one another and to learn to do it in a way that is respectful. She expressed that this type of dialogue is necessary to expand one's thinking and to appreciate other points of view:

I have tried to do this...to tell the students at the beginning that I'd like them to disagree with each other. I'd like them to disagree with me. Everything I say isn't the absolute truth. I have opinions and so do they and we will have a much more interesting class if people share them. Generally speaking students will. This is significant for analyzing what is happening in the world, the political systems...whatever generates discussion. And there you are again role modeling that it is safe to do that and it's a good thing to do. That is how we stretch ourselves and our thinking.

Two participants spoke of team teaching as a way of strengthening the possibility of integrating global health and global citizenship concepts throughout the curriculum. Participant 4 expressed it this way:

We are team teaching most of those courses now...that way there is more oversight than there used to be when we had everything divided up into little courses and you got your own little parcel,....because this is an incredibly integrated curriculum, and most things are team taught so that there are very few things you have happening in isolation. Therefore there is actually less of that *slippage* that can often happen with pulling concepts through the total curriculum.

In the interviews, when discussion focussed on ways to integrate global citizenship across all years of a curriculum, several participants referred to the need to look for the opportunity to do so in everything you teach. Participant 6 stated:

It doesn't have to be a separate course or you don't have to get all students going to other places in the world to practice these things, although those experiences are invaluable, I think you bring it through in every single thing you teach in nursing. I always did that because I had an interest in it so for me it is easy to talk about these things. If you are talking political action well, you can bring the global angle into political action. If you talk about change, you can bring it in many, many ways.

Similarly, Participant 7 emphasized that faculty need to be constantly vigilant in looking for the opportunities to integrate these concepts:

I think there is a lot of things that we can do, that raise awareness of global health issues. Most of our students come from middle class families. They have not been exposed to a lot of things, a lot of differences and they've got a lot of preconception. We can do it in any clinical setting, in acute care in particular. We need to think carefully about who we assign the students to look after and how we process what is happening with their patients in that clinical situation. I think

part of it is that we just have to look for the opportunity to focus on it and discuss it with students everywhere.

4.5. Challenges Related to Integrating Global Citizenship into Undergraduate Nursing Education

Although every participant believed that it was important to integrate global citizenship and global health throughout nursing programs, several of them identified a number of challenges to this process. The challenges pertained primarily to curriculum development issues as well as the nature of the group of faculty members within each program. Although current students appear to possess a variety of abilities and interests that would contribute to their development as global citizens, participants also expressed concerns about their interest in doing so.

4.5.1. Curriculum Development Challenges

There were several suggestions from participants focussed on strategies for integration of global citizenship and global health throughout the curriculum. Most of them believed that global citizenship needed to be a thread or a main concept that was pulled through wherever and whenever possible across all of the years. Others suggested that as well as a thread, there needed to be a stand-alone course to emphasize it as they believed that it was too important just to be a thread. Several participants suggested that the content must be clearly levelled across the curriculum and as with other concepts, there is a need for oversight to ensure that these concepts are being included by faculty in their teaching according to the intent of the curriculum framework. Most of the participants expressed that a significant challenge relates to the fact that nursing curricula are already “crowded” with little room or time for the addition of new concepts.

With regards to the need for global citizenship to be a curricular thread, Participant 2 commented:

I think that with students need to have it introduced from the very beginning. We talk about other basic things such as communication,

which becomes a thread all the way through and then is revisited again and again in an increasingly complex way as the years go on. Cultural awareness and global citizenship should be introduced very early and repeatedly dealt with in a similar way.

Participant 5 expressed a similar point of view:

It should be organized as a thread. For example in first year, we talk about the role of the nurse and discuss how it may be different in other countries. We have students explore a particular country...we look at three to four countries, their similarities and differences...the different roles in different countries. Later we look at the global perspective on death and dying, different rituals, even in big Canadian cities, various ethnic groups, there are significant differences there...lots of discussions like that all the way through the program.

Participant 9 also believed that these notions needed to be introduced as a thread early:

It needs to be a thread throughout...some language is new, changing, dynamic...we need to introduce these words and ideas as early as possible in the program.

A few of the participants felt strongly that in addition to global citizenship being a thread, it also needed to be emphasized in a separate course. Participant 8 described it this way:

When we were conceptualizing what we would do, a couple of years ago, like how do we give this content to all our students, we thought we needed both. We needed the integration or the threading across the years and across courses but we needed a course to develop the depth of knowledge. So that's why we felt that both are needed. I would really like all students to get these perspectives in both ways.

The importance of levelling the complexity of these concepts across the curriculum was also highlighted. According to Participant 1:

We are seeing our students coming out of high school and they are already fired up about a ton of this stuff so I think that it should be introduced in some way in the first year to let them look at what they already know and value, and start doing that through a nursing lens. The complexity of it would become more and more obvious as they head into the upper levels of a program but I think they sure could be introduced to it early. It would be pretty neat to hear how they view it as first year students and then later as fourth years.

Participant 5 reiterated the importance of levelling across the years:

Global health issues should be a thread to go through all 4 years...it should be clearly spelled out, otherwise it will be easily forgotten. In other words if it is a thread in your curriculum then how you address that in the first year in each course, how do you do that in second year in each course etc. it should also be clearly spelled out, and in third year and fourth year and so on. There has to be evidence that it is there.

As with any major curricular concept, there was concern expressed that the concepts may be included in the curriculum framework and within the individual courses, but there needed to be an evaluative component and oversight to ensure that faculty are doing it and if they are not, to encourage them to do so. Participant 5 explained:

In order to push ahead with global health and global citizenship, the curriculum has to show that clearly, and all faculty members have to make an effort to focus on it with the students and to evaluate the students, whether they show those characteristics or know that content when they get out. I mean all across Canada I don't see how we can move away from doing this in a significant way because Canada is the country of immigration.

Participant 4 illustrated the benefits of team teaching with faculty supporting one another to adhere to the intention of the curriculum guidelines:

Because this is an incredibly integrated curriculum, and most things are team taught, so there are very few things you have happening in isolation. Therefore there is actually less of that *slippage* that often can happen with pulling concepts through the curriculum. [Faculty member name] is one of the program coordinators and is part of the curriculum committee so she has been involved in the monitoring process as well. In my whole career I don't think I've ever seen a group be so, rigorous about that ongoing curriculum development, about pulling these concepts all through relatively consistently.

Participant 1 offered an interesting perspective in that if one thinks about the content of an undergraduate nursing program, virtually every topic or concept potentially can relate to global citizenship:

And thinking about topics to be included, there's just such a wide range and this is where I get a bit confused...basically everything relates to social or global citizenship right, so if you started to put a human rights, social economic standards view and how that relates to

health, HIV and infectious diseases, tuberculosis, malaria, all those infectious diseases could be put under it, women and children's health, access to health care services, health promotion, public health, environmental concerns. I mean if you start to bundle all of that into global citizenship, when you go through that kind of a list then it becomes the whole program.

Participant 1 raised a different perspective at one point in the interview as she questioned whether global citizenship was too complex to be addressed satisfactorily at an undergraduate level. She wondered if it fit more with advanced nursing practice at the graduate level:

I almost wonder if some of this, is it undergraduate competency we are talking about or is some of this more of a graduate level of competency? I just think that some of this is actually high level skills and in nursing we are very used to...you know that classic article, the idea of borrowed knowledge. We are very used to borrowing knowledge in nursing...we've taken a lot of concepts and taught them, not always very well. And so I worry a bit about this, because it's not one concept it is many concepts and is this really undergraduate business? I've not ever actually taught in community health nursing and population health so that is a big gap in my role as a nurse educator but how much of what we're talking about is what individual nurses know and should know and should do something about and how much of this is what a profession needs to engage with, at the level of our professional organization and then how much of this is about graduate education and something that is advanced nursing practice?

With regard to graduate programs, Participant 9 commented that the timeliness of these notions is evident in the fact that there are an increasing number of graduate programs available now focussing on global health whereas in previous years there were "zero" programs.

When participants were asked about challenges to the integration of global citizenship into the curriculum, if they had not already done so to some extent, most of them commented that finding the time and place to add in new concepts was a significant challenge. With regard to challenges in general, Participant 4 vividly illustrated this point by saying:

Oh time, money, energy, sure there are lots of barriers, the complexity, but if you don't want complexity, global health isn't the gig to be in.

Participant 1 commented on the crowded curriculum and the possibility of scepticism by faculty that global citizenship might be viewed as another fad:

The crowded curriculum is one big barrier, to know how to take this on and is it just going to be seen as yet another, is it just the latest fad? Are we going to do it for 7 years and then move onto something else?

Participant 10 expressed a humorous but realistic point that nursing educators tend to keep adding to the curriculum but not eliminating anything:

I actually heard somebody say, and you may have heard this too, but I thought it was priceless. Somebody said 20 years ago when I was at a nursing education conference that the only thing that nursing education has ever stopped teaching is the mustard plaster. We just don't give things up...and I think that is still true.

Any change to nursing curricula presents challenges related to curriculum development followed by implementation and evaluation. In addition, the nature of the faculty group in each program varies significantly and the differences can “make or break” the successful integration of these concepts.

4.5.2. Challenges Related to Nursing Faculty

Several participants expressed the fact that when introducing any new perspective into the curriculum, it is a challenge to get consensus and *buy-in* from faculty. There are many legitimate reasons for this. Individual faculty members have their own particular areas of interest or research programs. There were some suggestions that resistance to global citizenship may derive from generational differences. With regard to building consensus, Participant 8 stated it succinctly:

We have a very large faculty...and many partners at other sites...it is always difficult to get consensus on changes to curriculum.

With regard to getting faculty to *buy-in*, Participant 5 commented:

You have to get the faculty buy-in...and if they don't think that this is important, then you never get that content happening. They probably just sense there is so much already and how can we add something else. I think people need to be educated on these issues, why this is

important. They really have to buy into it...if they don't see it as important then they aren't going to put the effort into it.

There is always a challenge to attain all faculty members' commitment to a new direction in curriculum development, and even if faculty agree, faculty development is critical to successful implementation. Participant 10 stated:

It is dependent on faculty, especially it is dependent on faculty's commitment to it and people have other areas of interest and focus. We need to do a lot of faculty development in this area and we have started to do that. We do have faculty agreement for the global health structure that we have...but when it actually comes to implementing this in a clinical setting, it is going to be a challenge. I don't think it's going to be any easier in this curriculum than it has been in previous curriculum. It is hard to get everyone on the same page and thinking broadly.

Participant 10 spoke about the possibility of nursing faculty having fears of new directions and such fears may serve as a barrier:

I think we create our own barriers in terms of our fear. I think as a profession there is still an element of insecurity. That is one of the reasons we hang onto doing things the way we have done them. Because to us they are tried and true and so we don't want to entertain new ways of thinking and doing because we're not really confident as a profession. We're still very much reliant on the ways that were carved out in years past. So I think we need to develop more confidence as a profession, we need to embrace ambiguity...and realize that there are a wide variety of perspectives on any issue and that we no longer can feel confident that we have the right answers, the right way of doing things...we need to take more risks to move ahead. We don't like going into uncharted territory. I understand that given the nature of work that nurses do, you need some fairly concrete guidelines and concrete direction in many, many ways but I think that we really have a tension with that in nursing in how do we balance the sort of specificity versus that ability to think on a broad level. That's a tough one, that's a tough way to balance. And part of the fear is from practice, are they going to criticize us? And you don't want to set your students up to not be able to survive in the real work. That's what I think keeps us teaching everything but the mustard plaster. We don't want them to go out there and be subject to criticism....we have to kind of get a handle on that.

A few of the participants referred to the reality of faculty members focussing on their individual research programs as a challenge to the group's interest in the broader views of the curriculum. Participant 2 commented:

Well, I think awareness of these issues for the teachers will be a big part of it. I think there will be resistance and when you asked the question earlier about was I meeting resistance...I did have an experience where I was speaking with one of our leading researchers, someone having recently achieved a particular status with regard to research and recognition and so on and then I asked about potentially mentoring an international student the answer I got was "what would be in that for me?" And I understand where that came from...the academic model is very much about getting a research agenda established, publishing. So this will be very dependent on faculty...their knowledge of curriculum development and their commitment to these concepts. Faculty have specific research programs, pressure to publish so it can be a challenge.

One participant spoke of her personal experience a few years ago where she was discouraged from doing international work and focussing on global health, as it was believed that this focus would not be viewed positively in her efforts to obtain tenure. This participant commented further that she believes this attitude has changed in recent years.

A few participants thought that the aging professoriate could be an influence in resisting adopting the global citizenship perspective. Participant 1 stated:

If we are seeing this as complex and if you think of the average age of the nurse educator in Canada as 53 or whatever it is, how are we going to teach it, from a generational perspective? Can we gear ourselves up to really teach this in a way that has meaning today and for the future?

Participant 7 commented that there will possibly be more diversity in new faculty and possibly more experience with global issues:

I think the other piece of this is that there is going to be a generational shift in who is teaching ...and lot of this awareness is going to be there in the newer people coming out...there will be more diversity in faculty. They will have taken more courses as well related to global issues and had the experiences that have promoted diversity....so I don't think it's going to take that long actually because there is tremendous interest in the students in these issues and that will push it forward.

Participant 4 expressed a need to attend to diversity of faculty when hiring:

I think that we have come to feel that actually the obligation is “what are the set of attributes that we would consider part of a liberal education and do our faculty have those?” Because if faculty members don’t have it, then sending the students off to take History 101 is not going to do it. Do we support a faculty that are actively engaged in inter-professional, interdisciplinary literary studies, you know the full spectrum. Have we built over time a faculty that have knowledge in various disciplines? If all their academic degrees are in nursing, what have they been reading, what do they bring into their work? So it’s really more of being part of a culture of people who are enthusiastically engaged in a world of liberal education. So there is a need to focus on the faculty and their background and the breadth of their experience...because if you’ve got just a bunch of people who have never really studied much outside of nursing and are all doing physiological research you can easily imagine how a curriculum starts to shift in that direction. But when we look and say okay, strategically as we look for and recruit for new faculty, what is it that we’re missing, could we benefit from somebody who has that historical lens, or literary lens or whatever?

One participant referred to knowledge about global citizenship as being in an evolutionary place so it is reasonable to expect that older faculty may not embrace it as quickly as one might hope. Participant 9 said:

We have to remember that we have lots of educators out there who have been teaching for 20, 30 years, maybe even doing all sorts of really neat international places and all that, but this whole notion of global citizenship is kind of new to them. So I would say that because of my windshield sort of survey across Canada, knowledge about global citizenship is evolving....it is a huge challenge to get buy-in for global issues from faculty. Some faculty are skeptical...the biggest barrier may be a lack of understanding and that takes time.

A few participants commented on current activities of nursing faculty in global settings that broaden the perspective and the contributions of nursing education to global health. Participant 3 was one of a few who commented on the need to look for opportunities for curriculum development and research with global partners:

We need to focus more on faculty collaboration in curriculum development and research with global partners.

Participant 4 is an administrator at a large research intensive university with a large graduate school focus. She suggested other ways of engaging with global partners:

Many of us are not simply going to conferences in other countries and presenting a paper but going and doing visiting scholar workshops, meeting with faculty, developing graduate programs, reviewing programs. That kind of work which is really spreading it that way and you think, boy actually the amount of international engagement that we have as a whole department is phenomenal. There are very few of the professors who don't have some aspect of that kind of involvement like helping another country figure out how to do accreditation. And there's a strong sense of that is the more useful place for us...trying to get their nursing education from diploma to a degree level at an internationally recognizable standard and we've accomplished that in that region but I think trying to figure out what's the next step and how to create a research infrastructure in health.

While the nature of faculty members has strong potential to enhance or inhibit the integration of global citizenship, the nature of the current student population also presents potential positive and negative influences on their development as global citizens.

4.5.3. Student Population Challenges

I did not directly ask a question related to the nature of current nursing students that would predispose them to viewing global citizenship issues positively or negatively, however, several interviewees commented on this point. Students are entering the program with a wide variety of backgrounds. Their comments indicated that the current student body is more diverse including aboriginal students, international students and students who are immigrants themselves or whose parents were immigrants. They are from different age groups with an assortment of previous work and educational experiences. Also gradually the numbers of males entering nursing is increasing. According to the participants' reports, current students enter the program with a broader understanding and are keen to learn more about global health and global citizenship. They are more interested in social justice issues, have more of a global mind-set and generally are more aware of the broader world. More of them are sharp critical thinkers when they enter the program. There were also some negatives traits and behaviours discussed including the tendency for students to express a sense of entitlement, self-centredness, self-absorption and a lack of focus in class as they multi-task with technology.

Participant 1 spoke of the awareness of global issues that students glean from travel and the media:

We are seeing our students coming out of high school and they are already fired up about a ton of this stuff...I think if we could really tap into that, so to the extent that our students of this generation do have a global mindset, I mean they've grown up watching TV from around the world on and on...and they've travelled a ton. So I think to the degree that we could tap into that...most of them have travelled internationally and it's not just to Hawaii. They've done some pretty neat stuff already.

Participant 2 explained that many of them have come into nursing because they had worked with vulnerable populations in the past and already had some understanding of the issues.

Many have come from working with vulnerable populations...these are the kind of people that find their way into our program and they are often those sort of sharp critical thinkers that have been able to see what nurses do in a particular context and that is what has inspired them to find their way...We had a meeting last year for a new group of undergraduate students. We asked anybody who is interested in global citizenship to come to the meeting. More than half of the students already had some experience internationally we were surprised the number that came, they were incredibly well informed like they'd been on the board of the NGO and I couldn't believe it.

Participant 8 also expressed that current students come into the program with more awareness and are ready to take it to a higher level:

I would say they are more ready and in fact when I went to our undergraduate leadership team about this whole notion, their response was students are doing this in high schools and elementary schools already, we must carry on that learning. They didn't see it as an option and they are the ones who are with undergraduate students day in and day out. They really got it and that was so gratifying to see how supportive they were about this, this notion of global citizenship and global health...I think because of the communication tools that are available now they are very aware of the world out there. They are not necessarily always engaged in acting as a global citizenship, but they are definitely aware of things happening throughout the world just like we all are.

Participant 3 spoke specifically about students in the advanced degree programs coming in with extensive work experiences as well as previous degrees that enable them to already have a critical perspective of the world:

So that's why I think that we couldn't possibly have this condensed program if we weren't getting such strong students...they are certainly coming in with that very wide and critical perspective on the world.

With regard to negative tendencies of current students to go along with the positives, Participant 2 spoke of the sense of entitlement, self-absorption and the distraction of multi-tasking on technology:

...the students that we have now, well you've heard the stuff about the generational differences, the students come with a much greater sense of entitlement than I have ever seen before ...and they are multi-tasking at a rate that I never saw students do before. They've got their computer in class and they can be trolling Facebook...on the other hand students have already seen more of the world than certainly students of the past and they have a greater awareness of some cultural differences It could be different kinds of food...those kinds of things, so in some sense I think they are open to a bigger world than students were in the past on the other hand they are incredibly self-absorbed...so they still need a lot of help to get outside themselves. I can't substantiate this with research although I am working on it...I really feel that when students have that exposure to a culture outside their own and to a situation of being in the minority, I think for many it does have a transformative nature.

Participant 1 spoke of a possible backlash towards global health issues from students who came from privileged backgrounds and who tend to believe that circumstances of life and health are the result of personal choices:

There's possibly some backlash from students taking this stuff, from students themselves and this is where...a lot of these topics can be taught in the course on health, equity and social justice. I have found when looking at these issues from a social justice perspective, students may say "you know what, those people just need to get off the street and get on with their lives" or that kind of thing...the students just plain give backlash to this stuff because they don't want to hear that they live in a position of privilege or that our society is structured in a way to disadvantage some and advantage others. Not all students want to hear that, so there's backlash...I guess backlash isn't quite the right term but maybe resistance, social resistance and judgement.

Participant 12 also spoke of students' sense of entitlement but added that they also have knowledge and sensitivity to world events, ethical practice, and the interconnectivity of the world:

You'll see different flavours of characteristics in different students but I think generally they may have a sense of entitlement but I also see serious thought about the impact on populations, ethical practice, sensitivity, and I think just because of the way that the world is with this global health change and some of the disasters that are happening, there is this insidious underlying feeling that they know we really are on this planet together and it could be finite. There may actually be a finite end and so we need to know as much as we can about this stuff because you know what, you could have the earthquake in Vancouver as well as Japan so I really need to know. It's like this free floating anxiety of being interconnected and the fact that we are not only alone anymore.

Nursing classes are currently comprised of students from diverse cultures. Participant 7 spoke of the number so students who are immigrants and the need to grasp opportunities to learn from them:

Because people are travelling a lot more...a lot of our students have travelled with their parents as kids ...and a lot of our students are immigrants or children of immigrants....so that's the other piece. There is an increased diversity in our student body. We could capture their knowledge, and that, if we do it well, sometimes they don't like to talk about it, and that's okay too, but we've got amazing diversity within our nursing students now, especially in the cities...faculty need to focus more on valuing that and encouraging them to share that in class.

Participant 10 spoke of the presence of increased numbers of aboriginal students in the program and the experience for white students visiting a reserve:

Yes, certainly in our context, we have a significant number of aboriginal graduates in our program so we're making headway there. But by the same token I would say that although we are graduating aboriginal nurses, in many ways we are graduating aboriginal nurses who have succeeded in a Western paradigm. And we haven't had the kind of critical conversations with those students in the groups with other students to really get at some of the differences. We maybe talk to them in an academic sense, in terms of colonialism that type of thing but whether we truly take the opportunity to look at the diversity of our student body and to not just assume that they are all, even though they aren't, all white middle class and female. Actually I had an interesting context, an interesting example of that...I sent two of

them up to [----] River and they were literally the only white people in the whole hall through the whole thing and that was a really powerful experience for them. And you know they said we don't get that experience very often and one of the students in the group was male and he said try being a man and nursing. So that whole business of how do we deal with difference, how do we see difference as *other*?

Although the participants expressed the belief that students are exposed to more diversity than previous generations, Participant 10 expressed caution that this may not necessarily contribute to more understanding:

I don't know that they are as tolerant as we think they are. They've certainly been exposed to difference more, you look at our own kids. I am talking about a [name of prairie province] context. They have only recently started to have any kind of immigrant population so I mean we certainly are coming from a very different place than Vancouver and Toronto. But we have our own difference in that we have aboriginal populations. I've been in nursing education for 32 years and I still, honest to god, I still get the, this is going to sound awful but I still get the white middle class young woman, off the farm, who really has never thought about any of these issues and really in some cases doesn't really want to think about any of these issues. You know, there are still students like that. For the most part I would say students have more awareness that multiculturalism exists, whether they understand it, whether they embrace it, I like to think we are in better shape than we used to be but I am not entirely sure that is true. We still assume, a key job for us is to get them to develop some of that awareness of their own world views, perspectives, etc.. They need to reflect, they need that critical reflection and they need it to be guided and we need to develop that critical reflection in our own faculty also.

Given that students are more diverse, Participant 10 spoke of the challenges and potential negative reactions if nursing faculty attempt to honour differences within the class:

I would say that the students we are getting now are more diverse and there is recognition that the students are more diverse but there is still an expectation that they are coming to my or our world ...So we're bringing in students who are more diverse but we don't actually acknowledge that diversity. We have a tendency in nursing education to treat, to think that it's important that we treat everybody the same. We talk about equality but it's not equality...it's treating everybody the same. So it doesn't matter if your students have different needs. We can't seem to meet those needs individually because that wouldn't be seen as fair sometimes. You have to treat everybody the same. I look at that even in terms of our male students. We don't do anything

different for our male students than we do for our female students except maybe we limit them more but we don't approach them to say, ok you're entering a predominantly female profession that has a history of predominantly female ways of thinking and doing. That has to have an impact on you, in terms of how you develop your own practice. We just assume that all nurses touch patients in the same way but for a male student their touch may be perceived very differently than for a female student. But we don't actually deal with that we just assume oh, we're all the same we're just going to send them on in there. So I am using the male student ...it's the same kind of thing with other cultures, which we don't acknowledge difference. We are afraid that we are going to get dinged with, "well you treated that person differently" but maybe it can be argued that we needed to...in fact, I think their needs are different. If we are truly being student-centred we have to recognize what their needs are to be able to help them to meet those needs.

Participant 12 provided a story to highlight that occasionally as faculty, we may discuss another culture in class but that discussion may be upsetting for someone who is present from that country or culture:

What is a really interesting dynamic now is that in our classes we have international students, so in this global health class I had a student from Africa. She has immigrated here and she has a family living here for the last couple of years. Her first experience in Canada was living in a very impoverished First Nations Community, because her husband had a job there, doing a study. He was a biologist of some kind and she said I saw more poverty there in Canada than I was exposed to in Africa. But the neglected diseases and many of the things we study in global health are directly related to Africa. Africa, Africa, Africa...I pulled her aside at the end of the class one time and I said to her I wanted to ask you about how you're feeling about so much focus on Africa and she is the only black person from Africa sitting in this class when we're talking about it. I mean Africa is big, there are lots of different areas and all but what's it like? And she said to me, "I'm so happy that you talk to me about this because I was starting to feel like I'm just going to come to class and I'm not going to say anything because everything is going to be focused on Africa and the films are not depicting things that are how Africa always is. These diseases are not rampant all over. It seems like this course is painting an idea that Africa is in this terrible shape that has all these diseases that these people are all struggling and there I sit. And I had even one student say to me 'Did you have your genitals mutilated?'" She said I didn't know what to say to her, of course I didn't.

It was the assumption that it happens everywhere and to everyone. So that taught me a lot around how I have to be very sensitive to any international students who are in the class when you are teaching global health because really in the end I can't be everywhere in the world and this is the author's perspective of some of the things that

are happening. So I told her that I would pay particular attention to balancing out the views of what some of these things are, although when you really look at Africa and south Asia are the most problematic areas in the world for health. For global health issues, they are the ones in most distress. So we had a good conversation about that and she wrote me an email and thanked me for being sensitive to her position in that class. I felt sad that she had endured four classes where she sat there. That was really big learning for me.

4.6. Summary

The results from the analysis of the data in this study identified several themes related to global citizenship. First of all, given that historically the nursing profession has been involved with global perspectives, nursing education is well-positioned to embrace the notion of global citizenship. The characteristics of global citizenship includes a sense of interconnectedness, social responsibility, social justice, and concern for ethical practice at all times. Caring and compassion were integrated as inherent in ethical responsibility and social justice. Global health courses were identified as needed in global citizenship education. For nurses, concern for global health is inherent in global citizenship, but nursing educators must attend to additional concepts and information, such as a focus on the impact of world events on health and the spread of infectious diseases including those that are not prevalent in Canada but in developing countries. In addition to global health courses, nursing programs need to look at increasing possibilities for more liberal arts courses and interdisciplinary opportunities.

Theoretical perspectives or curricular lenses that should be utilized to promote the development of global citizens are: critical social theories, social justice, and cultural knowing. Other concepts such as social determinants of health, political theories, and content related to policy and leadership development should be included as well. Pedagogical strategies that were considered useful to teaching global citizenship and global health include a focus on strategies related to self-awareness, caring and compassion, cultural knowing and international experiences. Educators need to continually seek opportunities to relate the local knowledge to the global setting. They need to be consistently role-modelling global citizen behavior and promoting opportunities for interdisciplinary experiences.

There are many potential challenges to the process of integrating global citizenship throughout a curriculum. Nursing curricula are already packed and curriculum development work requires significant time, energy, and resources. Not all nursing faculty will be champions for the need for it to be included in the curriculum. Although the student population is more diverse and may have had previous global experiences, they may prefer a focus on the local setting where they will work after graduation. None of these challenges are insurmountable, and there are many positives within the context of nursing education to enable educators to overcome the challenges. It seems that the time has come for nursing education to take the lead and move forward to embrace global citizenship within the nursing curriculum.

Chapter 5.

Characteristics of Global Citizenship and Curricular Directions: Summary, Links to Literature, and Implications

The focus of this chapter is to provide a summary and discussion of the findings described in Chapter 4. The first section of the discussion includes a summary and my interpretation of the findings. The second section relates the findings to current literature, considering literature used as the platform for this study as well as additional literature that was accessed with a focus on the findings. The chapter concludes with a description of implications for the practice of nursing education as a consequence of this study and suggestions for further research related to it.

As an aid to the reader, this final chapter of the dissertation begins with a brief overview of the statement of the problem and the method used to conduct the research. As outlined in Chapter 1, the premise of this study is that the impact of globalization has produced a need for nurses to develop as global citizens who embrace the global perspective in their nursing practice and who contribute to achieving the goals of global health initiatives. To this end, the purpose of this study was as follows:

- to develop a clearer understanding of the values and qualities inherent in the notion of global citizenship, as well as the nature of global health
- to identify strategies for curriculum development and pedagogy that would promote the development of undergraduate nursing students as global citizens, in an integrated manner throughout the curriculum.

Due to the descriptive and interpretive aspects of this study, a qualitative approach to the inquiry was appropriate. The research method that I used is a qualitative approach called interpretive description as outlined by Thorne (2008). Thorne argued that by extending description of a phenomenon to interpretation, it moves knowledge

development to making meaning of the data in a way that is suitable to the nursing discipline. For disciplines such as nursing, the results of the study are expected to lead to interpretation and application in a way that will contribute to the development of the discipline. Data were collected through interviews with expert informants who were nurse leaders across Canada with significant experience and expertise in nursing education, as well as global health and/or international nursing initiatives. The sample was a purposeful sample in that the participants were chosen from individuals who had extensive experience related to the phenomenon of interest. Twelve semi-structured interviews were conducted and transcribed. The data analysis consisted of an inductive and iterative process of being immersed in the data in order to focus on an increasingly deeper analysis of the main themes that were present in the data.

5.1. Summary and Interpretation of the Findings

As I began this study, I seriously questioned the level of nurses' interest in the notion of global citizenship. Although in recent years, there has been more of a focus within institutions and programs on the need for students to engage as citizens and to be more globally minded, I was expecting the participants to be more tentative in their positive support for integration across a nursing curriculum. I also was aware that the exposure to global initiatives through my personal experiences may have caused me to view it more positively than others. I was surprised at the overall positive response of the participants. This was manifested initially by the response to my invitation to participate. As I was seeking eight to 10 participants across Canada, I initially sent out 14 invitations thinking that I would be fortunate to have eight of them agree to participate. All of them responded quickly and positively but two of them were unable to do it for reasons of health and other commitments. The tone of their initial responses to me indicated that they were very interested in the focus of my study so were keen to be a participant. These initial responses confirmed to me that others are concerned about how nursing education is addressing global citizenship issues. It also assured me that they were looking forward to the interview rather than viewing it as something they believed they should do as an obligation to the research ethic. Consequently, it seemed that their enthusiasm led to detailed and thoughtful responses to the questions posed in the interview. I also believe their enthusiasm and apparent commitment to these notions

enabled me to acquire comprehensive perspectives from them which has enabled me to conclude my study with the sense that the themes that emerged and the subsequent recommendations are based on *solid ground*.

5.1.1. Nursing Well-Positioned to Embrace Global Citizenship Education

Although I did not specifically ask participants to comment on the context of the nursing profession in relation to global citizenship, many of them began the interview by suggesting that the nursing profession and nursing education have historically demonstrated an interest and involvement in global health issues. Having done so, the profession and educational programs are in an excellent position to embrace the notion of global citizenship and to advance it as a key tenet for practitioners of the future. Nurses have traditionally been connected to world events related to health and in more recent years, these connections have been manifested overtly through world-wide epidemics such as SARS. As larger numbers of nurses attend international conferences and engage in initiatives with nurses from other countries, as individuals and collectively, we realize that the profession of nursing is valued and respected around the world. In some respects, the challenges are similar and these commonalities provide a base for nurses to start from a common ground to build a shared relationship. However it is also important to develop awareness of the significant differences in different contexts and to come to understand and respect those differences.

In more recent years, it seems that many nursing programs have included content related to global health issues but frequently it is on the periphery of the program. Considering that the idea of public citizenship is now a larger part of the public discourse, and that institutions have moved to include citizenship and global perspectives in their mandates, the time has come to make these notions more central and overt throughout nursing programs. As nurse educators have engaged in a number of global initiatives, there are several individuals who have the ability to play a leadership role in advancing this direction within their own programs and the universities. Nurse educators are engaged in a trend within post-secondary education and given the history, traditions, and current practices of professional nurses, educators are poised to embrace these notions and to lead the way.

5.1.2. Characteristics of Global Citizenship

In general, participants spoke of global citizenship in similar ways as others would use the word citizenship by itself. For example, they spoke of the need for nurses to have a sense of social justice and to fulfill their professional obligation to society. It seems that the notion of citizenship is inherent in global citizenship. As participants spoke of the nature of global citizenship, it was clear that it is not one concept but that it is multi-faceted consisting of several different elements or characteristics that are inter-related. The key characteristics that I identified from the data are: a sense of interconnectedness, social responsibility, attention to ethical practice, caring and compassion for others, social justice, curiosity and humility. Although the notion of global citizenship as a lens for nursing practice has the potential to advance goals related to global health, there was an acknowledgement that the idea could be used as a marketing tool and for business purposes of post-secondary education. Such an approach may lead to tensions and sabotage the genuine intent behind the promotion of global citizenship as a worthy effort.

The first level of awareness required for an individual to engage as a global citizen is to possess a clear sense that individuals are a part of something much bigger and broader than their own locale. As a result of increased travel and technology, the world has appeared to *shrink* and frequently references are made to the effect that 'the world seems much smaller'. Through the process of globalization, ideas, material goods, and technologies flow freely across borders and continents. Through the media, awareness of world events happens instantaneously. As a result of the interconnected nature of the world, economies are impacted, environmental impacts have a ripple effect and diseases spread much more quickly than in the past. Several interrelated factors throughout the world impact the health of individuals and societies.

Through technology, professional nurses now have access to a wide variety of resources for educational purposes. As well, nurses living and working in different countries can work together on projects or research in ways that were only imaginable a couple of decades ago. For example, instead of trying to figure out how to ship old textbooks to a nursing school as has been the case in the past, now through computers, nurses in Nepal and other countries can have access to the same library resources as

nurses in Kamloops. Several participants spoke of the need for nurses to avoid not becoming isolated or insular and the need to make a deliberate conscious effort to think globally and to acknowledge the complexity of the interconnectedness that binds people together throughout the world. Nurses must be conscious of how their actions impact others and how they are impacted by others in the global village.

It seems that given the nature of professional nursing, that nurses have a social responsibility to initiate, promote and support actions that contribute to the health of people. Most participants who spoke of social responsibility as an important part of global citizenship referred to it as an obligation or part of the mandate of nursing. It seems that in the past, nurses spoke of this as their professional duty rather than social responsibility. Consequently, the idea of social responsibility has been inherent in the values of the profession historically but social responsibility extends the notion beyond the focus on the individual to society. Similarly, there is a need to extend it to the global context.

Participants spoke of social responsibility as the process of situating oneself in the global context, understanding the complexities of events, acknowledging that actions have the potential to impact and moving beyond the comprehension stage to action. The need for a global citizen with a sense of social responsibility to move to action was stressed several times with an appreciation for the possibility that small actions may make a significant difference. Others spoke of actions as fulfilling nurses' mandate of being contributing members of society through public engagement in local areas, countries or in global settings. In order to fulfil the social responsibility expected of nurses, they must become engaged in actions that contribute to the health of societies locally and globally.

Professional nurses are expected to be ethical in all aspects of their professional behaviour. Consequently, it was not surprising to find that a theme emerged related to nurses having a moral mandate that leads to ethical responsibilities inherent in global citizenship. The basis of the ethical mandate is well outlined in codes of ethics developed by national and international nursing organizations. Most participants spoke briefly of ethical practices related to global citizenship. They emphasized its critical place

in relation to global health but did not go into great detail as it seemed to be assumed that it would be at the forefront of all global health practice.

A few examples of nurses' ethical practice as a global citizen included: the expectation to attend to diversity matters/issues, the need to engage in advocacy when appropriate and the need to consistently demonstrate respect for others in every relationship. When participants spoke of ethical behaviour it seemed that, simultaneously, they spoke of the need for caring and compassion as foundational for global citizens.

The participants spoke of caring and compassion as central concepts in the notion of nurses as global citizens. The findings suggested that these qualities are required as foundational building blocks in order for an individual to engage in citizenship activities. Many nursing programs currently do have caring as a central concept in the curricula. Participants suggested that the use of each of these words may be a choice of language by nursing faculty, although the language of caring is used more frequently than compassion.

Participants spoke of caring and compassion as being similar but there were suggestions of difference also. It was suggested by one participant that a feeling of compassion for the other person happens first and that caring happens as a result of compassion. Others suggested that compassion implied more of a sense of action than caring, and that the notion of caring seemed to be appropriate for nurses' interactions with individuals during transactional events but compassion was a broader concept and could relate to populations, societies, and countries. Compassion was described as a feeling similar to empathy or sympathy extended to vulnerable populations anywhere in the world. Compassion may be inherent in the concept of caring but it seems that the use of both words as important elements of global citizenship expands the concepts to a more comprehensive level. As they did for ethical responsibility, participants spoke of caring and compassion as an inherent part of social justice.

Most participants referred to a sense of social justice as inherent within the notion of global citizenship. The findings pointed to social justice as inter-related with other elements of global citizenship including inter-connectedness and social responsibility.

Although it can be challenging to determine the nature of social justice as it applies to global citizenship, participants spoke of it as the need to demonstrate concern for equity, rights, and fairness for others. Without a sense of social justice, the motivation driving global endeavours has the potential to take on a negative mantle.

The notion of global citizenship implies *good*. When universities include it in mission statements and strategic goals, it seems to be a positive and worthy endeavour. Similarly when professional nurses embrace it for the purpose of contributing to global health goals, it appears to be a positive perspective. However, several participants expressed concerns related to challenges associated with the integration of global citizenship into the curriculum. There is the potential to use this notion as a marketing tool and to promote a business model in order to help the bottom line of university budgets. Nurse educators argue for a more altruistic approach focussed on concern for assisting others with knowledge development, development of their own education and practice models, as well as research endeavours. Nurse educators appreciate that economics plays an important role in the function and operations of a university, but they argue for a more balanced approach between the economic drivers and those that are concerned with, for example, social justice or community development. If educational leaders wish to act as global citizens, they must bring a sense of social responsibility, ethics, social justice, and compassion to bear on their decisions. This would shift the dialogue and create something different from the initiatives that focus on the business model.

Curiosity and humility were spoken of as two necessary qualities of a global citizen. One requires curiosity in order to extend oneself to learn about the global perspective and to become informed at the level that is required to engage professionally and appropriately. There is a need to keep one's eyes and ears open in order to be aware of world events and their impact on the health of people. A sense of humility reminds practitioners on a regular basis that they must be open at all times to learning from others and appreciating the limitations of their ways of knowing and being. Similarly they must be open to constant change with regard to how to engage as a global citizen. One participant spoke eloquently about past approaches following the *noblesse oblige* model. At the point in history, they would have thought they were being excellent global citizens but on hindsight their actions may be viewed as high-minded

and patriarchal. Their actions did not arise from a place of humility. The context changes constantly and nurses as global citizens must be constantly mindful of the shifting sands in order to create the conditions that are necessary for human flourishing for fellow citizens of the world.

5.1.3. Curricular Approaches for Global Citizenship Education

Participants suggested a variety of curricular approaches for global citizenship education. In the findings, I organized the themes into courses, curricular lenses or theoretical approaches and other related important concepts. The courses suggested included global health courses, liberal arts courses and other courses that provided opportunities for interdisciplinary opportunities for students. The curricular lenses that were suggested were critical social theory and social justice. Other concepts that were considered critical to global citizenship education were the social determinants of health, cultural knowing, knowledge of policies, politics, the use of the media and leadership development.

When asked about global citizenship, most participants spoke of global citizenship and global health together. As the discussions proceeded, it became clear that there is overlap between the two concepts. Global citizenship was spoken of as a broader concept, although the term global health can also be considered from a broad perspective also. In the broadest sense, global health could include almost everything included in a 4-year nursing degree program. However when the term is used, it tends to have more of a specific focus although the concepts and content that are addressed under the guise of global health may vary significantly in each nursing program. The following discussion includes suggestions of content for global health courses.

The sense of interconnectedness was one of the main qualities identified as inherent in global citizenship. Similarly, participants spoke of the need for students to be constantly curious about world events and to appreciate the interconnected nature of global health. The interconnected nature of global health leads to the need to gain an understanding of the impacts of the globalization process. One of the main examples is the increased level of mobility around the globe which leads to rapid spread of infectious diseases.

Participants expressed clearly that they consider the social determinants of health and primary health care as two key elements of global health. The social determinants of health framework provides a useful framework for discussions of a variety of elements of health in any context. Primary health care is an approach to the delivery of effective health care, focussing on the prevention of illness and the promotion of health. Social justice and advocacy were identified as central to global health as well as the need to appreciate diversity and difference. Participants also referred to the need to be cognizant and sensitive to increasing levels of diversity in societies, individual clients and in student populations, including nursing classes.

Discussion of prevalent diseases that impact significant numbers of populations in this country and others is central to global health. It is important to extend discussions beyond the local setting to diseases that do not occur in Canada but are widespread in other countries. One participant spoke of these diseases as “neglected diseases” with examples such as Rift Valley Fever and cholera. Neglected tropical diseases are tropical infections that occur in low income populations and that do not receive the attention and funding compared to common diseases in developed countries. Canadian nursing programs tend to focus on diseases that are prevalent in the Canadian context. Although it is necessary to do so, engaging in a global perspective would result in expansion of discussions beyond diseases that are common locally to those that impact and may be devastating for populations elsewhere in the world.

The findings strongly suggested that in global health courses as well as other courses, educators need to constantly seek opportunities to relate the local situation to the global context as well as global issues to local context. It seems that the word “global” includes the local setting but in classroom discussions, reference to local and global can be useful to clarify the context. The global focus must include a focus on the local content as well as beyond. The need for strengthening the inclusion of a focus on aboriginal issues is paramount in global health courses. Students must be exposed to discussions that attempt to parse out similarities and differences in health issues locally and beyond these borders. In practice settings, students must learn the importance of being adaptable in a wide variety of settings and to do so in a safe, professional, and ethical manner.

The findings suggested a strong desire for the requirement of more liberal arts courses in nursing curricula. The participants expressed regrets at the loss of electives, particularly the non-science courses, from curricula and believed that the lack of liberal arts courses tends to perpetuate a narrow world view for nursing students. This is the opposite effect that is hoped for with efforts aimed at developing global citizens who will have a positive impact on global health. Concern was expressed that efforts to focus on the nursing perspective rather than *borrowing* from other disciplines has the potential to increasingly isolate and insulate nurses from broader world views. There are many tensions related to the inclusion of more liberal arts courses, primarily the time constraints of a *packed* curriculum, but it would seem that the benefits outweigh the risks as the profession of nursing is increasingly impacted by globalization and global trends. An educational program that is specific to a discipline such as engineering or nursing requires a strong foundation with exposure to a wide variety of perspectives in order to understand the world in which professionals will live and work.

Over the years, nursing programs have tended to require two to four elective courses beyond the core nursing courses. Programs have required one or two English courses and for other elective courses, the students may be given the choice of courses they choose to supplement their education or there may be a recommended group of courses from which to choose. There has been a wide variation in these requirements and that continues to be the case although generally participants agreed that there are fewer electives required now than in the past. This has been the result of the expansion of nursing knowledge, and the pressures from the work environment to have graduates *job-ready*. Consequently there is more of a focus on the concrete knowledge required in local work settings.

The participants expressed the view that students should have the choice of a wide variety of liberal arts courses. They discussed past experiences where students had to take psychology but faculty believed that other perspectives could be just as valuable and objected to the limitation of choice. The course that was mentioned most frequently as valuable to the development of global citizens was anthropology. Some participants spoke passionately about their belief in the potential of anthropology to broaden world views. Philosophy, sociology, political science, and religious studies were mentioned as courses that would contribute significantly to understanding global

perspectives. Learning a second language was also proposed as significant in gaining appreciation of others and the challenges that people face as they try to learn or understand English.

Some participants who had experience with advanced degree programs which are shortened nursing programs for those who have a previous degree, argued that these students enter the program with a broader perspective so liberal arts courses would not be necessary for them. Others argued that they may not have had liberal arts courses in their previous degrees so it cannot be assumed that they have done so.

In conclusion, it appears that nurses are somewhat ambivalent about liberal arts courses. Whereas most nursing faculty would espouse the value of liberal arts education and the need in a nursing degree program to engage in discussion of wider and different perspectives, when it comes to making these courses a priority in the curriculum, they seem to be falling off the table in favour of more nursing content. Maybe the time has come to recognize that factors such as the diversity in the student body and clients, the complexity and wide variety of practice settings, and the increasing need to have a global perspective all signal the need for more liberal arts courses for nursing students.

More than half of the participants spoke about the positive benefits of nursing students engaging in interdisciplinary courses, including classroom and practice experiences. These courses, combined with a critical approach, enable students to appreciate diverse perspectives which will contribute to their abilities to work with a wide variety of people in a various contexts. A few participants spoke of nursing being somewhat insulated and isolated as there has been a tendency to emphasize knowledge from the nursing discipline. One participant spoke of the center of nursing in Canada as white, middle class and female. This focus has the potential to indoctrinate students in a way that does not acknowledge the value and differences of other perspectives.

Frequently when an interdisciplinary focus is suggested, there is talk about the need to work with other health care workers such as physicians, pharmacists and physiotherapists. However, the findings suggested there is a need to move beyond careful consideration of the roles of health care workers because in many communities, the “movers and shakers” include people from groups such as the RCMP, municipal

politicians, teachers, and social workers. In relation to the Millenium Development Goals, for example projects focus on clean water, sanitation, environmental or human rights issues, nurses may work with engineers, environmental activists, and lawyers. Consequently, interdisciplinary opportunities enable nurses to understand others and themselves better. When one attempts to come to understand how others perceive and react to a situation, one's own responses are examined also. Pedagogical opportunities that promote such understanding will assist nurses to appreciate their own identity as part of a profession as well as the differences in the perspectives of other professions.

Critical social theory was the one theoretical perspective or curricular lens that all of the participants mentioned as important and for most of them it was the first one that came to mind. One participant believed strongly that critical social theory should be the foundation of a nursing program. If not the foundation, others believed it should be a dominant perspective guiding curricula. As a lens to comprehend the impact of the social context on people and societies, critical social theory is useful in examining major concepts in nursing programs such as health promotion, social determinants of health, population health, community development, social justice as well as cultural and ethical knowing. Critical social theory helps students in their understanding of equity and power relations. The central value of critical social theory attempts to go beyond objective appearances to consider the underlying social relationships of power. Critical perspectives such as the feminist perspective, post-colonialism, and post-structuralism were also mentioned as useful.

In discussing these perspectives, participants focussed on the need to motivate nursing students to practice in such a way that they are continually trying to gain the perspective of the other and to employ a consistent effort to attempt to understand the other's context and situation. To accomplish this level of understanding, it must always be done "with a large dose of humility" and nurses must continually ask, "Who is being served?" Nurses must be continually cautious about assumptions. There may be a tendency to go with one's "gut feeling" but often if one takes the time to dig deeper with the help of critical perspectives, the situation is very different than it originally appeared to be. To be mindful in this way would be a significant behaviour in the development of global citizens. As nurses provide care to people from many cultures, many countries of origin and diverse personal circumstances, the use of a critical perspective is mandatory.

Participants also strongly expressed that social justice should be a dominant perspective in nursing curricula. A few expressed that it should be the main theoretical approach guiding the whole curriculum. Others argued that it could be one of the concepts that is threaded throughout the curriculum. Social justice could also be a portion of discussions on equity, human rights and poverty. In one participant's curricula, social justice was the foundational concept in the program. The curricula outlined the need to base global health discussions and initiatives on the concepts of social justice and advocacy, with an emphasis on cultural safety and primary health care.

The findings suggested that a social justice perspective is gaining ground within nursing curricula. Nursing programs have utilized health promotion models in curricula for many years. It seems that the health promotion perspective shares similarities with a social justice perspective. In the past, some nurse educators reacted to the notion of social justice as a perspective that focussed on social activism, and some faculty feared that direction. But as faculty have come to gain a deeper understanding of the concept combined with an increased level of awareness of global health issues, they appreciate that as a result of greater diversity in populations throughout the world, concepts inherent in social justice such as advocacy, equity and human rights must be a priority within curricula.

In addition to courses and curricular lenses, the findings pointed to the need for other concepts to be essential for global citizenship education. Nursing faculty agree that the social determinants of health framework is a useful guide for discussions of global health. It enables students to discuss multiple elements of health in any setting, anywhere in the world. For example inequities, the quality of education and housing, employment status, the state of the environment and decisions made by governments may be considered within this framework as they potentially impact and determine levels of health in the population. The social determinants of health framework is also useful in discussing the Millenium Development Goals. Students must engage in critical analyses related to efforts being made to attempt to meet the stated goals, the success achieved so far in meeting them, and the challenges that are present in these initiatives. Although this framework is being utilized in the majority of programs within Canada, in order to promote global citizenship, there is a need to focus the discussions more on the global perspective as well as on the individual, family, and local populations.

All participants expressed the view that knowledge of cultural awareness is of major significance to global citizenship and global health. Among the participants, several terms were used to refer to the development of cultural awareness including cultural knowing, cultural sensitivity, cultural competence, and cultural safety. In discussions related to cultural awareness, several of them referred to the need to avoid teaching a laundry list or shopping list approach. However they pointed out that it is possible to discuss the general tendencies of each culture with awareness that this approach can be a “double-edged sword.” By focussing on cultural patterns such as behavioural traits, there could be a tendency to stereotype all individuals from a specific culture as being similar in the way the particular pattern suggests, whereas in actuality there would be a wide variance in behaviours amongst the individuals and groups. However if the discussions are facilitated in a way that cautions against such stereotyping, it is possible to discuss general tendencies of a group to gain more understanding with positive outcomes. For example, understanding the role of women in a particular culture could be presented in general terms and would be a major component of understanding the culture. Again, students need to be cautioned that behaviour related to this tendency would vary with individuals and groups within the culture.

The findings suggested that the primary approach that participants believed would assist with avoidance of stereotyping cultural behaviour is the use of critical perspectives, in particular, critical social theory. Through its use, students would be assisted to realize that people’s behaviour in adapting to their circumstances is influenced by a wide variety of contextual factors. It would help students understand that the lens they use is contextually driven and that examining other cultures with a critical social theory lens allows examination of different cultures with respect for differences. The view of health and illness in each culture varies significantly and these views will influence the way people adapt to health challenges. Students must be mindful of these differences when engaged with people of different cultures either in a local or global setting.

Examination of historical influences with a critical perspective can contribute a lot to understanding the culture. For example, questions related to colonization and current governance structures are critical to understanding the culture. Classroom discussions

then should move to discussing possible influences of the background and other contextual factors on behaviour. The level of education in a country is significant to the culture and it is frequently determined by historical events. Consequently, many current behaviours related to education have their basis in the particular historical background of the country.

Several participants spoke of the cultural safety approach as important in cultural understanding. Others suggested that the use of cultural competence frameworks can be helpful. If students examine their own culture based on a framework of values prior to examining other cultures, they are actively engaged in the discussion in a way that again leads to enhanced understanding of differences. As well, the communication courses or courses that focus on relational practice provide a basis for approaching cultural understanding in practice with sensitivity and respect for different values.

The findings of this study strongly suggested that the development of nurses as global citizens requires a comprehensive understanding of cultural ways of being and empathy for cultural differences. In order to accomplish this level of understanding, a critical social theory approach will help students gain an understanding of contextual influences. This approach will help to avoid the 'shopping list' discussion of differences in cultures. Other theories such as cultural safety will contribute significantly to the level of cultural knowing for professional nurses.

The findings suggested several other sets of knowledge or concepts as useful to the development of global citizens but the participants did not discuss them in the level of detail as they did for the course, curricular lenses or concepts already discussed. These concepts included politics, policy development; engagement with the media and leadership development.

In relation to politics, nurses have tended to feel ambivalent and see themselves as not being interested. They tend to believe that politics is the domain of the top leaders in nursing. However, such views can result in naivety as politics occurs at every level of a nurse's work life and understanding of political influences is necessary to understand the political and cultural world of their clients and their work environment.

Undergraduates should have a beginning understanding of the process of policy development as they inevitably will have opportunities to contribute to the shape of policies. Nurses have the ability and opportunities to influence policies and with that realization, students should learn to question if nurses are at the table for policy development that influences their work or contributes to global health. They also can learn to question the representation of voices when policies are being shaped. For example, in decision-making related to Aboriginal health, is there an aboriginal voice at the table? If not, nurses can play a significant role as an advocate for fair and appropriate representation during the policy development process.

To gain understanding of political perspectives, the impact of policies and world events in general, students must be switched on to realizing that they must attempt to engage with the media. Usually time constraints have been a reason for not doing so but with the presence of social media and the latest technologies, world events are more readily available and possibly unavoidable. Knowledge of world events is necessary for global citizens to begin to understand and critically examine the situation of others beyond our local setting. It is foundational to the development of empathy, compassion and a sense of social responsibility. For example, the presence of wars and their impact on people would be a worthwhile class discussion, but it is not a discussion that happens as frequently as it should in nursing classrooms. In addition to accessing the media to enhance understanding, nursing students should learn how to use the media to add their voice on issues. Content related to how to do so in a professional manner would be helpful. Access to the media through e-mails and Twitter accounts enable nurses to express their opinions and possibly have an impact more easily than in the past.

Undergraduate nursing students must be prepared to be leaders at several levels. It may be at an informal level in the form of advocacy for their client, or it may be related to social justice issues. It could be as a team leader, the chair of a committee or in a formal leadership role. In recent years, undergraduate nursing programs have been incorporating increasing amounts of leadership content for students but that drum needs to continue to be beaten even more loudly so nurses will gain the confidence to believe in their abilities to be leaders and to seize the opportunities to do so, as their potential to be leaders in global health is significant.

5.1.4. Pedagogical Strategies for Global Citizenship Education

The research findings suggested a number of specific pedagogical strategies to advance theoretical perspectives related to the development of global citizens. Participants obviously were passionate about their teaching as they became very animated in describing strategies that they hoped would motivate students to incorporate particular knowledge into their practice. The first two categories discussed relate to the need for students to develop self-awareness, and the need to develop and convey caring and compassion in nursing practice. The next part of the discussion focusses on the need to explore cultural knowing with a strong emphasis on the need to constantly be seeking opportunities to relate local situations to the global context. The role of international or global clinical placements as a strategy for cultural knowing will be discussed, as well as the need for role-modelling by faculty. Descriptions of a few other specific strategies will conclude this section.

Participants believed that students must first critically examine their own values, beliefs and behaviours prior to understanding others and they should do this through the use of critical perspectives. Classroom activities that encourage students to understand their own world views and the potential impact of their views in understanding others should happen very early in the curriculum and be encouraged throughout the program. From a global perspective each student must be challenged to question their position in the world and to do so with humility. There needs to be a consistent focus on questioning “Who am I in all of this?”

For several years, caring has been a foundational concept in many nursing programs. Frequently participants spoke of caring and compassion together and spoke of the need for more emphasis on them in relation to global perspectives and global health. They spoke of different views of caring and touched on possible similarities and differences between caring and compassion. Although there was not clear agreement on the similarities and differences in the nature of these two concepts, they spoke of them as foundational for global citizens. They also expressed the need to use a critical perspective to assist students in their understanding of caring and compassion.

Participants suggested that although there are always arguments as to the ability to teach caring and compassion, there was agreement that discussion of these concepts

is critical and that faculty must constantly seek opportunities to create conditions and opportunities for students to develop compassion through their knowledge and experiences. Role modelling is discussed later as a pedagogical strategy and it seems that faculty must be careful to role model caring and compassion to students, as well as other professional behaviours. Participants also commented that the profession has a responsibility to move compassion forward to action on global issues and that the development of this sense of responsibility must begin in the classroom.

Participants suggested a wide variety of learning experiences that have the potential to enhance cultural understanding. In classroom discussions and in clinical settings, there is a need to continually look for opportunities to relate local knowledge to the global setting. As Canada is a country with many immigrants, students should focus more on hearing immigrants' stories and coming to understand their backgrounds and the influences on their lives in this country. The make-up of nursing classes is also diverse. If students are comfortable doing so, they should be encouraged within the classroom to share their personal perspectives when cultural issues are discussed.

More emphasis should be placed on students working with vulnerable populations and marginalized groups. In particular, there is a need to focus more on cultural knowing related to the aboriginal population. Many programs do provide these type of opportunities but frequently it is the student's choice and the findings suggest that all students should have more exposure to non-traditional settings such as homeless shelters. These sites are excellent opportunities for learning related to population health, primary health care, health promotion, social determinants of health, social justice issues, and equity issues. One participant suggested a course focussed on global citizenship where the students had a choice of placements including a reserve, a remote northern community, an international placement or a downtown urban core agency. Bringing these students together for on-line clinical seminars and discussing the similarities and differences could be so valuable to learning. It would emphasize the local to global connections that are prevalent in these varied practice settings. As participants made several comments on international placements as a strategy to promote cultural knowing, they will be discussed as a separate entity.

The findings suggested that international clinical experiences are valuable in assisting students to focus on issues related to global citizenship and global health, particularly in relation to cultural understanding. A few participants expressed some reservations about them and those points will be described also. Generally participants believed that the immersion in another culture is beneficial and that students frequently describe these experiences as transformative. They spoke of the need to prepare students well prior to departure as well as the need for careful de-briefing and follow up sessions on their return home. Pedagogical activities aimed at facilitation of international experiences are an important responsibility of nursing faculty that must be given serious consideration and diligent effort.

Students express to faculty that these experiences teach them what it feels like to be the *other*. Often for the first time in their life, they are the ones who cannot speak the language, who look different in a crowd and who do not understand the culture or what is happening around them. They have to learn to adapt their usual ways of being to the ways of the practice setting. In doing so, they come to know themselves in ways that they had not done previously and they realize that they have adaptation abilities beyond. Students also report to faculty that this discomfort helps them gain more understanding and empathy for the immigrant experience in Canada and that, after their return, they continue to contemplate how it is for others here in Canada and integrate that knowing into their practice.

A few participants expressed the need for caution in embracing international opportunities for nursing students. Frequently these experiences present a financial challenge for students as they must pay out of their own pocket. Several participants expressed that the institutions should be providing more financial support for such initiatives if they truly want to advance their stated goals related to citizenship and global awareness.

One person expressed that these experiences may be viewed as exotic or charitable rather than an experience that leads to mutual benefits for the Canadian students and the host agency. A few participants expressed the need to avoid clinical experiences that could be described as educational tourism. Such experiences tend to be short in length, students may be not be accompanied by a nurse educator, and not

actively engaged in nursing practice but are in an observational role most of the time. The findings suggest that faculty must attend to the notion of mutuality and in doing so, be sensitive to power relations. Students must not view the experience as an opportunity to show others how to practice in the North American way. They must be diligent in using a critical perspective in learning about the people and the local context. As well, the use of other theoretical perspectives such as the social determinants of health and a social justice lens will assist students to practice in a professional and ethical manner that will have mutually beneficial results for all parties.

One participant expressed concern that there is no guarantee that students will transfer the knowledge to the local situation when they return. However, when others were asked to respond to this view, comments suggested that in this regard, the transfer of learning from international experiences did not differ significantly from knowledge transfer of other experiences throughout the program. The degree of knowledge transfer is not clearly known for other sets of knowledge and experiences such as public health experiences.

International activities should not center on students' experiences alone. A few participants suggested that possibly there is greater impact if faculty engage in initiatives that assist with curriculum development, professional development, development of professional organizations, or development of infrastructure for research.

In conclusion, it seems that if international experiences are well planned, of reasonable length and supported by the presence of instructors that they contribute significantly to the development of global citizens. Participants strongly believe that students must engage in these experiences with a deep sense of curiosity, humility, and respect at all times. One participant's dream course is a course focussed on global citizenship that included practicum experiences in a variety of settings, such as an aboriginal community, a rural practicum and an international experience. Through comparative analyses, the students would gain a better understanding of the similarities and differences in the challenges for people in varied contexts and it could provide opportunities for the development of powerful insights and learning. It would reinforce the local to global connections that have the potential to impact one's practice in any setting. In addition, nursing faculty should seek opportunities to engage in activities that

help to create infrastructure for education, practice or research. The results of such actions would be sustainable and have a long term impact on the development of the discipline within the country.

Traditionally, it has been expected that nurse educators model professional behaviours for students and that such role modelling is critical to their learning. It is assumed that role modelling would also be important in the development of nurses as global citizens but there were suggestions from participants that there may be several opportunities where faculty could be more conscientious in doing so. As well as role modelling in the presence of clients, nursing faculty need to role model respect and compassion for nursing students in their responses to students issues. As well as their diverse cultural backgrounds, students have a wide variety of challenges and experiences happening in their lives that require faculty to respond with respect and compassion. In doing so, the faculty role model behaviour that is similar to behaviour that would be role modelled in response to clients with different challenges or backgrounds such as the homeless. The conveyance of compassion is central to these responses and as such it requires discussion regarding its nature in post-conferences or other pedagogical opportunities.

Participants were clear that part of being a global citizen is active engagement in the public sphere as well as in politics. They expressed that the responsibility of public engagement becomes an inherent part of one's life. They concluded that nursing faculty must role model appropriate behaviours as global citizens in a similar manner as they would for other professional behaviours.

Participants suggested a variety of other specific pedagogical strategies that would be useful in global citizenship education. The use of case studies, films novels, book reviews, story-telling, debates, team teaching were highlighted. Also, nurse educators should constantly seek opportunities to integrate global perspectives into their teaching. To engage students in global health issues, participants believed that the use of case studies was useful. It was suggested that one case study could focus on local issues and another one on international issues. The class discussion would then discuss the similarities and differences between the two. Participants emphasized that the manner in which faculty constructed the cases was critical and that faculty must be

cautious in the process of drawing conclusions to the discussions. Although this is an old pedagogical method, case studies were viewed as invaluable in discussions of global health.

The use of people's stories was referred to as a powerful way of conveying life situations and experiences of people locally and globally. Movies or parts of movies may be utilized as a learning tool as they convey a vivid image of people, their environment and their situation. Participants suggested the use of foreign films and Canadian films. Fictional novels, such as *Cutting for Stone* (Verghese, 2010), are another way of getting at descriptive cultural information. As well as novels, books written by nurses, such as Pat Benner's (1984) *From Novice to Expert*, or one of Malcolm Gladwell's (2000) books, such as *The Tipping Point*, could create great discussions. Canadian films and novels that are written by immigrants with a focus on other cultures including the Inuit or aboriginal populations would be valuable also. It was suggested that as an assignment, students be given a wide choice of literature to write a book review that connected the central points from the book to the themes of the course on global health. This approach also promotes the integration of liberal arts into the coursework.

Hearing the stories of others through guest speakers is also valuable. It could be someone who is an immigrant, a refugee, a marginalized local person, or someone engaged in global activities, civic activities or a non-profit organization. To encourage creativity, the story could be presented as a skit or through some other creative endeavour such as art work. Although the use of guest speakers has been commonly used in nursing classes, it has a particularly rich potential for the promotion of understanding of global health issues. As for other pedagogical strategies, the skill and expertise of the faculty person utilized in relating the class discussions to global health issues and the nature of global citizenship is critical.

The findings suggested that it would be helpful for students to learn the process and skills required to debate someone with a different point of view. Frequently the discussion of global health issues results in disagreement so it is important to learn how to be articulate in disagreement and to do so in a respectful manner. Debates have the potential to expand one's thinking and to appreciate other points of view. Debates could be an assignment or class presentation or the faculty member could establish debate as

one of the rules of engagement in the classroom. Students are encouraged to disagree with classmates and in particular the teacher in a thoughtful and respectful manner. Discussions of several global health issues such as current world events or the impact of political systems on global health could lead to such a debate. The teacher would be role-modelling that it is safe to disagree and assisting students to do so in a way that they are able to articulate their point of view in an impactful way that is comfortable for others.

In order to integrate concepts such as global health and global citizenship, it was suggested that team teaching is a helpful strategy. Often different faculty members have varying levels of interest in these concepts, so in a team-teaching situation, there is an increased likelihood that at least one of the team would be interested in championing or promoting global health. Team teaching enables faculty members to learn from one another and provides a level of oversight with regard to integrating these concepts wherever possible. Consequently there should be less *slippage* happening throughout the process of integration of these concepts through the curriculum.

Discussions with participants led to a variety of comments such as the need for a separate course on global health or the use of global citizenship as a thread throughout the curriculum. However, several of them agreed that regardless of the approach used in a particular curriculum, the primary need is for nursing faculty to be constantly vigilant in all of their teaching to recognize opportunities to focus on global health. This can be done by seeking similarities and differences of the local situation to the global context and vice a versus. It can be done in classroom discussions, assignments, and clinical experiences. Such vigilance will ultimately result in increased awareness and understanding of global health for nursing students.

5.1.5. Challenges Related to Integration of Global Citizenship

Although all participants expressed the belief that there is a need to integrate global citizenship and global health throughout the undergraduate nursing curriculum, they acknowledged that there are a number of potential challenges to making this happen. The main challenges relate to curriculum development, the level of interest and nature of the faculty group and the possible responses of students.

Curriculum Development Challenges

All nursing curricula are currently tightly packed in such a way that the addition of new courses such as liberal arts courses or new concepts such as global citizenship presents a major challenge. The time and money required to make curricular changes, as well as the energy and interest level of faculty to do so are all potential barriers. Some faculty may view a move to integration of global citizenship as another fad. One participant made an excellent and somewhat humorous point by commenting that over the years, nursing educators keep adding concepts to curricula but do not eliminate anything, with the exception of the mustard plaster. Clearly, the inclusion and integration of global citizenship and global health in curricula would need to be timely in terms of the faculty group's commitment to curriculum development with revisions.

With regard to the way to integrate global citizenship and global health into the curricula, participants believed that it needed to be a main concept or thread that went across all of the years of the program. It was strongly recommended that it be included early in the program. One reason for doing so is that many students enter nursing programs with a lot of content and experiences from high school or other programs that relate to global citizenship activities. They tend to be keen at this stage so to introduce it early capitalizes on their previous knowledge, experience, and enthusiasm. For example, the inclusion of global perspectives related to beginning communication skills and examination of the role of nurses would enrich these discussions. The thread of global citizenship and global health must be pulled through in courses across all years whenever and wherever it is possible. As is the case for other conceptual threads across a curriculum, these concepts would need to be levelled in a clear manner that indicates the complexity of the concept that is addressed and the pedagogical strategies utilized at each level.

The findings suggested that the ideal approach to integration of global citizenship would be to have it as a thread as well as a separate course that focussed on global health. The rationale for a separate course is to place an emphasis on its significance and to focus on major concepts related to global health that may otherwise not be discussed adequately in the curriculum. However there were other various approaches suggested such as a curriculum that is based on social justice. One participant

expressed that such an approach readily allows for integration of global citizenship and global health. Another expressed view is that almost every concept or topic addressed in a nursing program relates to global citizenship, for example human rights, infectious diseases, women and children's health, access to health services, health promotion, and environmental concerns. Although this is the case, there is a need to highlight and connect this information to the global citizenship.

One participant questioned if these notions were too complex for undergraduate students but others believed strongly that it deserves a central place at the undergraduate level. There is evidence that there is increasing level of interest in global perspectives with the rise of several graduate programs focussing on global health whereas in years past, it would have been challenging to find a graduate program with such a focus.

A final challenge related to curriculum development is the need to include an evaluative component for students related to global citizenship and global health at each level of the program. Finally, following implementation, curriculum evaluation by nursing faculty is critical to determine the level of success of integration of these concepts.

Challenges Related to Nursing Faculty

A significant challenge with nursing faculty for any suggested curricular change is to gain consensus amongst the group. As previously mentioned, curriculum development requires a lot of time and energy, and faculty are already feeling overloaded with work responsibilities. Also to gain consensus on the need to integrate global citizenship and global health is a challenge as each faculty person has her own research programs or area of interest that is of particular interest to her. Consequently it may be difficult to get *buy-in* regarding the need to integrate these concepts.

The findings suggested that the focus on global citizenship may be more challenging to implement currently due to generational differences and the presence of an aging professoriate. They believed that older faculty members may be more resistant than younger faculty who may be more diverse in their backgrounds. There was also a suggestion that the older faculty who have had many years of experience in nursing education appreciate the need for a broader view which is inherent in a move toward

more liberal education and global citizenship. However, the move to a broad view co-exists with the tension that the practice areas require very specific knowledge and may be critical of a nursing program that does not meet their expectations. It was suggested that as a professional group, nurses are somewhat insecure which may lead to fears of new directions, and the need to continue to follow established patterns. These perceptions and behaviours could serve as barriers.

However in looking towards the future, there were strong suggestions that faculty members need to embrace ambiguity and that, as the profession gains more confidence, in an evolutionary manner it will be able to engage more in broader thinking rather than focussing on specific and concrete knowledge. Participants suggested that there is an increasing obligation for administrators to hire faculty with sets of attributes and backgrounds that are broader and more diverse than in the past. Faculty should have knowledge in a wide variety of disciplines and have engaged in inter-professional and inter-disciplinary studies or initiatives. For example, do they have a historical lens or a literary lens? If the group of faculty members have a breadth of educational backgrounds and experiences, they will create a culture with more connections to the roots of a liberal education. This will enable them to enthusiastically engage in broader thinking that would embrace the concept of global citizenship and other “big picture” ideas.

Student Population Challenges

As my interviews with participants progressed, inevitably they commented on the nature of the student population today and their potential to embrace global citizenship. They referred to attributes that would enable them to embrace the notion in a positive manner and there were other attributes that might hinder them doing so. With regard to qualities that would set the stage for global citizenship to be embraced, the make-up of the current student body is significantly more diverse than in the past. There are aboriginal students, international students, students who have parents who are immigrants, or the students themselves are immigrants. They enter the program with a wide variety of educational and employment backgrounds including previous degrees from a variety of disciplines. They come from different age groups and gradually the number of males entering the program is increasing. The diversity of the student

population provides an excellent base to consider diversity in other people's experiences throughout the world in the nursing program.

Students generally have more awareness of the broader world, global issues and the multi-cultural nature of Canada and other countries. Many of them have travelled to a wide variety of countries, including countries in the developing world. As well as their travel, they have had exposure to global issues through the media. Through their high school experiences or other university programs and work, they seem primed to embrace a global perspective and are keen to advance their knowledge to a higher level. Consequently it is timely for nursing faculty to tap into this level of enthusiasm around these ideas and issues.

Similarly, many students are primed with a sensitivity to social justice issues. Many of them have had experiences working with vulnerable populations and frequently it is a pivotal experience with vulnerable populations that motivates them to enter a nursing program. Also more students already have a critical perspective of the world. They may have developed this perspective in their educational experiences, particularly those students who enter a nursing program with a previous degree. The presence of these attributes enables new nursing students to hit the ground running as they embrace the concepts of global citizenship and global health.

Another challenge inherent in the diverse nature of the student population relates to the presence of pedagogical strategies that focus on equality or on the need to treat everyone the same. In the past when the majority of nursing students came from white middle class Canadian families, it was easier to do so. Participants spoke of the tendency for faculty to avoid allowing individual students to be treated as special cases in case other students would be upset that someone received special treatment. It seems that the tension between equality and student centredness requires more attention. Diverse students are similar to diverse clients in that faculty need to figure out the best strategies to help them meet their educational needs.

Participants also spoke of negative qualities of students that could impede adopting a global perspective. They spoke of some students conveying a sense of self-absorption or entitlement and they do so by expecting faculty to give them what they

specifically want rather than being willing to be open to other ways of being and thinking. In classrooms there is the ongoing challenge of students being distracted as they multi-task with technology rather than becoming fully engaged and attentive in classroom discussions. Also, some students who come from privileged backgrounds or adhere to particular ideological perspectives tend to cling to the notion that life circumstances related to health are primarily the result of personal choices. These students may resist adoption of a critical perspective or examination of issues using a social justice lens. However, participants believed that a main role for nursing faculty is to challenge all students through the process of critical reflection to develop awareness of their world views, various perspectives, and values so they can move forward to understanding others' life experiences and perspectives. As practicing nurses they will then function as compassionate global citizens who make a difference in global health either locally or beyond local borders.

5.2. Discussion of Findings in Relation to the Literature

As mentioned earlier, the participants were eager to share their views on the issues central to this study. Although they were a special group with a significant level of expertise in nursing education and global health, it seems that their enthusiasm for global citizenship and global health is shared with an increasing number of nurse educators and leaders. Since I entered the SFU doctoral program in 2004 and began to search for articles related to global citizenship and global health in nursing curricula, the number of related writings has increased significantly in the last few years. This is a clear indication of the escalating level of interest in the need to consider global perspectives in the education of professional nurses. This section considers the themes resulting from the findings as they relate to the literature review that formed the platform for this study. As well, I consider additional and more recent literature that supports or challenges the findings.

5.2.1. Nursing Well-Positioned to Embrace Global Citizenship

The role of nurses and the impact of their role on the health of the public have been present on a global stage throughout history. The long-standing historical

involvement of nurses in global health initiatives, combined with the nature and focus of nursing, places professional nursing in an excellent position to make a major contribution to global health in the future. Burkhardt and Nathaniel (2008) described the history of the role of the nurse as present in some form in every culture since the early Christian era and during the Crusades. During the Renaissance, as the scientific approach to healing began to take shape, nurses were expected to be more in the caring role rather than the curing role. In the Modern Era, Florence Nightingale became famous during the Crimean war and is considered to be the founder of modern nursing. She led the way with her performance of various roles including caring nurse, statistician, social reformer and politician (McIntyre et al., 2006). She also influenced the development of nursing education throughout the world (Kerr & McPhail, 1996). As well as Nightingale, Lillian Wald and Lavinia Dock were nurse leaders and activists with a strong sense of social responsibility in the late 19th Century and early 20th Century. Dock linked the work of nurses to social responsibility (Tyer-Viola et al., 2009). She believed that the caring aspect of the profession should be expanded beyond the individual and family to the community and society. Her social activism transformed the concept of caring to include a sense of social responsibility with a commitment to the larger stage which included the global perspective (Tyer-Viola et al., 2009).

Lillian Wald is considered to be the founder of public health nursing (Buhler-Wilkerson, 1993). She is viewed as a visionary for her work in establishing the Henry Street Nurses' Settlement in New York's Lower East Side in the late 1800s. She recognized that illness should be considered within its socioeconomic context. She also believed that the nurse must consider herself in the situation of the patients. She expressed a need to conceptualize the profession of nursing differently so that the broader context of social concerns was included. She encouraged nurses to accept personal and professional responsibility to do what they could to provide a comprehensive health care system with equal access for all (Buhler-Wilkerson, 1993). These views reflect modern approaches of the role of social responsibility for nurses and the need to utilize a critical approach to their practice. Her view of the need to place oneself in the situation of the other is similar to Nussbaum's notion of the narrative imagination (Nussbaum, 1997). Wald was against war and was a strong advocate of women's rights and Afro-Americans. Her progressive ideas for reform led her into activist

and political roles with other progressive reformers including government officials who were focussed on the improvement of global health (Wentling, 2010). Professional nurses have been fortunate to have several exemplary nurse leaders in the past and present who have role-modelled a commitment to global health by taking risks and fighting for new approaches that would increase the chances of health for all.

In 1978 the Alma Ata Declaration was a major milestone in the history of public health by calling for health for all in the world. It called on all governments, all health workers and the world community to take action to protect and promote global health (International Conference of Primary Health Care, 1988). It recommended primary health care as the preferred approach to accomplishing this. The Declaration raised the level of awareness of the need for health care workers to move forward to address issues related to global health and nurse educators included it in their teaching as a benchmark of the need to focus on a global perspective in addition to local needs. Since Alma Ata, many documents have included the global perspective. For example, the “Code of Ethics for Registered Nurses” (CNA, 2008a) included descriptions of challenges and opportunities that affect nurses and health care systems in the current context as well as in the next decade. It referred to the “widening and deepening of local, regional and global inequities in health and social resources and in access to health care based upon gender, class and race” (CNA, 2008a, p. 31). The CNA (2009b) statement on global health and equity focussed on health as a global human right and the need for individual health care workers as well as groups to contribute to the achievement of global health and equity. In recent years, professional organizations such as ICN and CNA have increased their activism in the political arena in attempts to promote global health. For example, ICN has opposed human rights violations and called for health to be considered a basic human right (McIntyre et al., 2006). The CNA has contributed to the development of professional organizations, professional practice, and educational programs in several developing countries.

Despite the recognized need for professional nurses to accept the challenges of embracing the global perspective, global citizenship and global health have not occupied a central place in most nursing programs. Thorne (1997) conducted an ethnographic study to determine the perspectives of 20 nurses of their ability to apply global awareness in their working lives. Although nurses were positive about the possibilities of

contributing to global health, they encountered difficulties. It seemed that the nurses recalled almost no formal learning in their educational program focussed on global perspectives, other than some cultural sensitivity content which they found inadequate. There seemed to be a dominance of content related to local issues and Western perspectives which they believed to be “narrow”.

As I conducted this study I was struck by the similarities in the nature of global citizenship and the values of nursing. Both global citizens and nurses have a sense of social responsibility and a sense of social justice. They are caring, compassionate, and practice with an ethical mandate. Based on the evolution of the profession and the nature of the role of the nurse throughout the world, the nursing profession is in an excellent position to play a leadership role in advancing the state of global health. Mill, Astle, Ogilvie, and Gastaldo (2010) stated that “professional nurses must not only participate in examining global challenges but must also contribute to the development and implementation of solutions to these challenges” (p. E2). To accomplish this, educational programs must engage all students in global citizenship and global health. These concepts need to become more central in curricula to enable professional nurses to play the role that they are so well suited for on the global stage. They have the potential to be leaders in advancing and improving global health for all.

5.2.2. Characteristics of Global Citizenship

The literature supports the findings from this study that suggested global citizenship is a complex notion made up of many inter-related elements. The key characteristics identified in the data are: interconnectedness, social responsibility, ethical practice, caring and compassion and social justice. Before considering the literature that relates to these elements, I will consider the relationship of my findings to the discussions and definitions of global citizenship in my literature review as well as additional literature accessed since I completed that review.

When considering my foundational literature for this study, the qualities of a citizen as discussed by the early Greeks, Plato, Socrates, and Aristotle, provided a solid basis for global citizenship. Socrates argued that human beings must possess the qualities of wisdom, courage, self-discipline and justice (Ferrari, 2004). Aristotle spoke of

justice and courage as central to the “well lived life” and the need to focus on those who are weak (Kraut, 2001). These discussions foreshadow modern approaches to social justice, a key element of global citizenship. Aristotle spoke of practical wisdom. He believed that education was critical to one’s development and that understanding must be acquired through deliberative practice where skills are put into practice in a way that is suitable to each occasion. His ideas speak to the need for nurses to be educated in global health and then to move forward to apply their new knowledge with concern for the particulars of a specific situation. Aristotle spoke of the need to discover relevant similarities and differences in situations. This form of thinking is relevant to moral reasoning, and ethics is identified in this study as a major element of global citizenship. Consequently, the ideas of the early Greek philosophers provided a relevant basis for the development of nurses in their roles as global citizens.

Martha Nussbaum (1997) spoke of three capacities that individuals must possess to develop as world citizens or global citizens and to contribute to the cultivation of humanity: the need for critical self-examination as suggested by Socrates in his reference to the “examined life”, the need to extend oneself beyond the local context to feel bound to other human beings through deep concern, and the need to go beyond factual knowledge to “narrative imagination”. Narrative imagination refers to the ability to be able imagine oneself in the situations of others and to attempt to understand their emotions and experiences. Nussbaum’s ideas speak to the need for nurse educators to be constantly seeking to expand their teachings beyond the local settings. The findings strongly suggested that faculty constantly seek opportunities to relate the local experience to a global context. Nussbaum’s focus on the need for reflexivity and self-examination also relates to the findings of this study. This can best be accomplished through the development of critical thinking skills (Chavez, Pete, & Gastaldo, 2008). Nussbaum’s (2002b) narrative imagination requires compassion and caring on the part of the nurse in order to imagine oneself in the other’s situation. Nussbaum’s views on global citizenship place the findings of this study that relate to her description of a global citizen on a solid philosophical base. It seems that before one moves to engage in activities that promote global health, the individual nurse must possess these capacities.

Dower (2000) referred to the features of global citizenship as: equal rights, an obligation to respect the rights of others, a commitment to be active in defending rights

and the common good, and participation in political life. The participants expressed a strong need for nursing curricula with a global health focus to give serious consideration to rights, primarily human rights, and for nurses to go beyond the knowledge level to engage in activities that promote global health. The need for civic engagement including political action was also identified as a critical element for nurses acting as global citizens.

The UBC (2004) definition of a global citizen spoke to the sense of a global citizen understanding the nature of the interconnectedness of the world with a high level of respect for others. There were similarities in the qualities of a global citizen mentioned in this document with those mentioned by other authors such as an understanding of social justice, diversity, equality, globalization, interdependence and the need for a commitment to action. It placed added emphasis on sustainability, environmental concerns and the need for attention to the impact of peace and conflicts. The identified values, attitudes, social skills, and cognitive skills for the development of a global citizen were similar to those identified in the findings of this study.

Similarly, Oxfam's (n.d.) description of the qualities of a global citizenship were reflected in the findings. Participants supported the ideas in Oxfam's descriptions by identifying the need for students to become aware of the wider world and how it functions, to respect and value diversity, to be outraged by social injustice, to take action to make the world more sustainable, and to take responsibility for one's actions.

Noddings (2005) emphasized the need to reject war as a means of human conflict. The findings spoke to the need to consider the impact of war on human health. Noddings also focussed on the need to utilize the global perspective to inform the local perspective and the local to inform the global. This relates to the finding that called on nurse educators to seek opportunities every day to connect the local and the global perspectives in their teachings.

Pike (2008) focussed on the need to critically appraise one's sense of nationalism in comparison to globalism and to critically assess others' perspectives of justice, equity, and human rights. He spoke of the need to promote relational thinking in order to appreciate the deep connections amongst various global phenomena and of

citizenship as involving knowing, being and doing and always with a sense of moral responsibility. Pike believed that individuals must develop a deep understanding of their role in the future of the planet and that it will be human decision-making that determines the bio-diversity and the functioning of the planet. The findings support Pike's ideas including a focus on perspectives of social justice, equity, and rights. Nursing programs frequently utilize a relational approach to teaching communication and the learning objectives include objectives related to knowing, being and doing (Collaboration for Education in Academic Nursing, 2011). Although a few participants spoke to the need to appreciate environmental concerns, there were not many specifics suggested with regard to how to accomplish this. The findings did not emphasize the need for understanding bio-diversity and the functioning of the planet in the way that Pike did.

Cabrera (2010) argued that the legal dimension of global citizenship would require a set of global governing institutions. However, without this, there is a need to move towards more comprehensive and concrete global citizenship practices to discharge duties related to human rights. His emphasis on attention to human rights as a significant element of global citizenship, called on global citizens to seek to protect the core rights of others who do not share a similar country of citizenship. He called for the strengthening of education for global citizenship with the hope of creating a system in which the rights of all people of the world be adequately protected and efforts to secure those rights would be equitably distributed. A few participants touched on human rights as important but did not emphasize it. It seemed that they expected it to be part of the social justice perspective that was emphasized.

Byers (2005) spoke of global citizenship as complex and contingent. As it is a relatively new term, he challenged UBC students to help in forming the concept to be what they wanted it to be. He presented one possible definition:

Global citizenship empowers individual human beings to participate in decisions concerning their lives, including the political, economic, social, cultural and environmental conditions in which they live. It includes the right to vote, to express opinions and associate with others, and to enjoy a decent and dignified quality of life. It is expressed through engagement in the various communities of which the individual is a part, at the local, national, and global level. And it includes the right to challenge authority and existing power structures-to think, argue and act- with the intent of changing the world. (p. 8)

This definition fits with my findings and clarifies specific elements such as global citizenship including the right to vote, to challenge authority, to express opinions and to live decent and dignified lives. Some of these activities are not found in many countries in the way that we experience them in Canada and it is good to remind oneself of these privileges that Canadians may take for granted, when engaged in global health work.

Chavez et al. (2008) supported the use of Nussbaum's views of global citizenship as an integral part of undergraduate nursing curricula to increase the competence level of nurses as they work in a global health care economy. As a consequence of global interdependence, Crigger, Brannigan, and Baird (2006) called for all people to extend their moral responsibility beyond local communities to become citizens of the world. Nurses as world citizens must critically reflect on their own values and behaviours and as well of others in the world. They stated "as compassionate professionals, nurses are called to collaborate with peoples of all nations to seek a better future and health for all" (p. 25). The use of the word "compassionate" fits with the findings as participants tended to use the terms "compassionate" and "caring" together or compassionate by itself when speaking of the role of a global citizen. The call to be deliberate in focussing on the global context as well as the local context supports the findings related to the need to constantly seek teaching opportunities to relate the local situation to the global context.

When participants were asked about the nature of global citizenship, they spoke immediately of the interconnected nature of the world and the need for nurses to understand its impact. With increased travel and technology, the world seems *smaller*. Information on world events flows freely but diseases also move rapidly from one country to another. The literature on globalization supports the idea of interconnectedness as a central element of global processes. Globalization refers to the "compression of the world and the intensification of consciousness of the world as a whole." (Robertson as cited in Currie, 1998, p.16). In her description of globalization, Crigger (2008) added the notion of reflexivity to world compression and the expansion of consciousness. She referred to Nussbaum's notion of cultural reflexivity where individuals engage in seeing other points of view which leads them to an examination of their own.

Levin (1999) referred to the complexity and the multi-dimensional aspects of globalization. He described the impact on higher education as consisting of four

domains: economics, culture, information and politics. All of these domains influence the education of nurses and they are connected and overlap with each other in the delivery of programs. Crigger et al. (2006) referred to globalization as networks of interdependence. The authors commented that globalization blends well with nursing as the profession has long had a tradition of social concern and inclusiveness. Chavez et al. (2008) also referred to the interdependence nature of globalization that impacts global citizenship. The interconnected and interdependent characteristics of globalization processes must be understood for nursing students to move forward to appreciate the other elements of global citizenship.

The findings revealed that social responsibility is a major element of global citizenship for nurses. The participants spoke of nurses having an obligation to initiate, support and promote actions that contribute to global health. They spoke of social responsibility as the process of being situated in the global context, understanding the situations of others and the complexities of events, and moving beyond comprehension to action.

Oxfam (n.d.) definition of a global citizen included the need to take responsibility for actions, to be “outraged by social injustice” (para. 3) and to contribute to making the world a more equitable and sustainable place. Starratt (2003) appealed to educational administrators to cultivate a sense of responsibility within their teachers and students. He believed that if individuals had an ongoing sense of obligation, it would lead to a continuous state of caring. He included social justice issues as part of social responsibility.

Kelley, Connor, Kun, and Salmon (2008) described how a school of nursing embodied social responsibility as a core value. They commented that there are strong links between social responsibility and professionalism, resulting in a deep and complex relationship between social responsibility and nursing itself. They related social responsibility to humanistic constructs such as human rights, social justice and community engagement. As a definition, Kelley et al. cited Pitzer College’s definition:

social responsibility is awareness, knowledge and behaviour based upon a commitment to the values of equity, access and justice; a dedication to

civic involvement and environmental responsibility; and a respect for diversity, pluralism and freedom of expression. (p. 2)

The authors emphasized that the definition suggested that the crux of social responsibility includes obligations and actions based on commitment that leads to civic or social engagement. These comments support the findings that social responsibility for nurses is an obligation that leads ultimately to action.

Tyer-Viola et al. (2009) described social responsibility as advocacy for the needs of others and the implementation of programs that impacted social issues in global societies. They referred to nurses having a social contract that committed them to address issues affecting the health of people of the world. They believed that the future of social responsibility for nurses included the need to establish a global agenda for nursing education. With technology, there is the potential to unite nurses globally in a way that could embrace the challenges and possibilities for global health and nursing education. To accomplish this, social responsibility and its application to the role of nurses must be addressed in academic and clinical settings.

The CNA (2008b) held a conference focussed on the role of nurses in relation to social responsibility. The report produced at the conclusion of the conference identified the need to strengthen the teaching of global social responsibility in nursing education. Given the context of an increasingly connected world, it was recommended that education strengthen “self-awareness, professional awareness, ethical values and social awareness” (p. 2) in the context of global social responsibility. The participants believed that the profession of nursing has the potential to contribute a great deal to nursing globalism and that nurses need to move forward to share lessons learned, conduct research on social responsibility and collaborate in the development of “evidence-informed and values-based global practice” (p. 6). This report from CNA supports the notion of social responsibility as a major part of the role of nurses as global citizens working to improve global health.

Ethical practice is an integral part of the practice of nursing. As such, I expected that the findings would yield that ethical practice is critical for global citizens as they

engage in global health activities. The participants referred to ethical practice as if it were an assumption that it would be central to the notion of global citizenship for nurses.

Ethical issues or dilemmas are examined with consideration of ethical principles. Ethical principles are moral truths that provide guidance to nurses as they deliberate and move to action. There are many ethical theories and the major ones utilize similar principles but may place a different meaning or emphasis on some particular aspect of the principles (Burkhardt & Nathaniel, 2008). Many models utilize the four basic principles of biomedical ethics, autonomy, beneficence, non-maleficence and justice. The rationalist theories of utilitarianism and deontology have been taught in nursing programs. The question “What ought we to do?” is the basic question. More recently virtue ethics, feminist and relational ethics theories have been used by nurse educators. Virtue ethics shifts the focus in moral dilemmas from action to the character of the actors. The focal virtues include compassion, discernment, trustworthiness, integrity and conscientiousness. Relational ethics, including feminist ethics, challenges traditional approaches to moral dilemmas by emphasizing the significance of the relationship among the people involved in the dilemma (Burkhardt, Nathaniel, & Walton, 2010). There is also a theory focussed on caring ethics (Keatings & Smith, 2010). This approach may include the integration of justice with care. Nurses need knowledge of the various ethical theories in order to make the best decisions on ethical issues. These models facilitate discussion and provide frameworks for nurses’ ethical decision-making as they attempt to make decisions on individual situations related to global health.

Most developed countries with professional nursing organizations have developed their own code of ethics for professional nurses. The last edition of the Canadian “Code of Ethics for Registered Nurses” was developed in 2008 (CNA, 2008a) and work is underway to revise the current one. This code is widely used in nursing programs throughout Canada. One could argue that the whole code relates to the role of a global citizen but there are several aspects that relate directly to global citizenship and global health. The description of the foundation of the code referred to the need for nurses to be aware of and to promote aspects of social justice related to health and well-being. This included the need to safeguard human rights, equity and fairness for the public good. The first part of the code outlined the specific core values and ethical responsibilities expected of Canadian professional nurses. The words that particularly fit

with these findings are the need to provide safe, compassionate, competent, and ethical care and the need to promote justice.

The second part of the code (CNA, 2008a) addressed possible endeavours that nurses as individuals or as a collective group may partake in to address social inequities. The use of a primary health care approach, health promotion frameworks, and the social determinants of health are suggested as useful in working to improve the quality of life for vulnerable groups. It called on nurses to advocate for broad global health concerns such as poverty, homelessness, and violence and to maintain awareness of major issues such as the violation of human rights, war, gender inequalities, and environmental challenges.

The Canadian code of ethics (CNA, 2008a) selected the Oberle and Raffin model as it promoted reflection, was useful in practice and was applicable to a wide variety of ethical situations. It outlines five steps in the process:

- “Understanding the ethics of the situation: relationships, goals and values” (p. 37)
- “Reflecting on the range of available choices” (p. 37)
- “Maximizing the good” (p. 38)
- “Taking ethical action” (p. 38) and
- “Reflecting on and reviewing ethical action” (p. 38)

The code (CNA, 2008a) also commented on the nurse’s role when there are situations that result in a conflict of conscience. Such an occurrence may result in moral distress. Storch et al. (2004) described moral distress as occurring when nurses are constrained in their actions as moral agents in such a way that leaves them feeling frustrated, inadequate or powerless. If not resolved, moral distress has the potential to undermine the quality of nurses’ practice. Global health presents complex ethical challenges. Practitioners must have a sophisticated grounding in ethical education to be able to practice as global citizens in a wide variety of settings, in order to reduce the level of moral distress.

The ICN “Code of Ethics for Nurses” (2012) also referred to the elements of global citizenship identified in the findings. In describing the standards of ethical conduct

for nurses, it speaks to the need for nurses to work to create an environment where values, human rights customs and spiritual beliefs are respected. Nurses are expected to advocate for equity and social justice in relation to access to health care and other services. Professional values such as respectfulness, compassion and integrity must be consistently demonstrated in nursing practice.

MacIntyre (1985) referred to truthfulness, justice and honesty as critical core virtues in a practice that leads to “goods internal”. These virtues are consistent with the values espoused in the code of ethics (CNA, 2008a). Noddings (1984) discussed caring as critical to ethics and called on educators to promote this ideal. This fits with the CNA’s ethical guideline that referred to nurses’ responsibility to always provide caring and compassionate care to their clients.

Nash (2002) commented on the need for students to be intuitive and reflective in their practice. His three moral languages relate to the role of a global citizen. The first moral language requires the practitioner to consider the backgrounds and beliefs of others. He referred to Charles Taylor’s notion of moral horizons in that students must attempt to understand the significance of others’ backgrounds. The second language incorporates community, virtues, feelings and ideals. This language focuses on communities with their inherent political and cultural influences. The third language is the use of a framework of moral principles. The three languages result in an ethical bricolage. Although Nash’s framework is not as practical as others that nurses may use, it clearly validates the values inherent in other models. As a professor of education and social services, his suggestions are clearly in agreement with the essence of ethics as conceived and practiced by the nursing profession and relevant to global citizenship.

Kidder’s models (1995) for the analysis of dilemmas continue to have the potential to provide useful guidelines for nurses facing an ethical dilemma. For example, the tension between the good of the individual and the good of the community is a significant issue locally and globally and must be considered during the resolution of such ethical dilemmas.

As the interest in global health and global citizenship increases, there are references in the literature focussing on the need for a global or universal ethic (Austin,

2001; Crigger, 2008; Crigger et al., 2006; Pinto & Upshur, 2009). Crigger (2008) commented that globalization and technology have raised awareness of extreme social and economic disparities. Nurses as global citizens have a responsibility to work to reduce or eliminate this unfairness and to become more active in social justice issues. To do this, she outlined qualities that she believed would be helpful in the application of a global ethic. These characteristics are discussed in more detail in the section on theoretical perspectives later in the chapter. Discussions on a global ethic overlap with other discussions on ethics but present alternative views to help to focus ethical decision-making in relation to global issues.

The findings illustrated that caring and compassion are necessary qualities of a global citizen. Caring is frequently referred to as the essence of nursing. Nightingale laid the foundation for caring and nurse theorists such as Madelaine Leininger and Jean Watson played major roles in advancing nurses' understanding of caring (Ray, 2010). The notion of caring has clearly been identified as central to the nursing profession and many nursing programs have it as a central concept in the curriculum. It is a major concept in the TRU School of Nursing curriculum that is shared with 10 schools in British Columbia (CAEN, 2011).

Ray (2010) defined caring as "authentic presence, availability, attendance and communication which includes interest, acceptance, touch and empathy" (p. 46). In her foreword to Ray's text "Transcultural Caring Dynamics in Nursing and Health Care," Leininger commented that with the rapid changes in the global context, there is a need to understand the dynamics of human caring as it relates to the global context. Ray outlined a framework for caring with a particular focus on cultural competency. The framework was based on the main ideas of compassion, advocacy, respect, interaction, negotiation, and guidance. These ideas are an excellent fit with the findings as many of the participants mentioned these words in identifying the critical nature and behaviours of a global citizen.

Participants frequently spoke of caring and compassion together. Crigger. et al. (2006) commented that the meaning and use of words that evoke a similar emotional response such as empathy, sympathy, and compassion are often used interchangeably. In my experience, this is true. And although caring may have been used more commonly

in curricula, it is my impression that with reference to the global context, the word compassion is used more frequently. Crigger et al. described empathy as the ability to “feel with” (p. 19) whereas sympathy refers to one’s ability to feel the other’s distress. They described compassion as “an empathetic identity with the sufferings of all human beings” (p. 20). Crigger et al. commented that nurses as compassionate professionals are called on to seek a better future and health for all people of the world. They emphasized that compassion is not an inherent skill but must be an important component of education, professional organizations, and research if nurses choose to act on their strong commitment to global health and social justice.

Nussbaum (1997) described her idea of a world citizen as one who has a primary loyalty to all human beings in the world. Nussbaum (2002b) appealed to the education system to seize the opportunity to produce “Socratic citizens who are capable of thinking for themselves, arguing with tradition, and understanding with sympathy the condition of lives different from their own” (p.302). She believed this approach would move away from a focus on political correctness to the cultivation of humanity. Nurses as global citizens must develop their caring and compassionate ways of being in order to impact global health for all.

Although I did not pursue literature focussed on social justice in my original literature review, it was referred to in the discussions of the early Greek philosophers’ views on citizenship. As translated by Ferrari (2004), Socrates argued that the souls of human beings must include the quality of justice as central to one’s character. He believed that education had the potential to influence character and the combination of character and knowledge would lead the individual to help those who are weak or in need. This philosophy directly relates to modern approaches to social justice.

Boutain (2008) searched the nursing literature from 1990 to 2006 to explore how social justice was conceptualized. She found that the literature revealed a lack of a coherent understanding of its implications for education related to societal health and lack of understanding the complexity of the concept. She noted that social justice tended to be tied in with discussions about ethics, care of diversity in populations, global consciousness and human rights education but few programs use social justice as a framework for undergraduate students, although one of the participants stated that her

program did so. The ethical principle of justice is evident in nursing programs. Justice was viewed in half of the publications reviewed as “What is fair or what is deserved” (p. 40). Boutain concluded that without a more complex understanding of social justice, nurses are less capable of addressing social justice issues for their clients and health care systems.

Bekemeier and Butterfield (2005) reviewed the code of ethics produced by the American Nurses Association (ANA) as well as two other documents “Nursing’s Social Policy Statement” and “Nursing: Scope and Standards of Practice.” They concluded that these documents presented an “inconsistent, ambiguous and superficial conceptualization of social justice” (p. 152). They also found that the documents reinforced the focus on nurses’ care for individual patients rather than actions aimed at the broader health care system. The authors were critical of the documents not providing direction to nurses who engage in social reform or not supporting nursing actions related to social justice.

Reimer-Kirkham and Browne (2006) described nurses’ conceptions of social justice as “incomplete and inconsistent” (p. 324). They argued that the use of a postcolonial feminism framework would make a significant contribution to understanding social justice as a “3-dimensional concept requiring a combination of redistribution, recognition, and parity of participation, depending on the particular context and situation. It enriches our understanding of how health disparities and inequities are created through institutionalized patterns....” (p. 334). They emphasized that such a critical understanding of the concept would provide a “moral compass” (p.337) to refocus nurses to move beyond their individual perspective to examine broader issues of oppression, poverty and health disparities. Ultimately, a broader understanding of social justice will influence nurses’ abilities to respond to the issues.

The findings revealed that there is a clear interest on the part of nursing faculty and students for equity, rights, fairness, and justice for others and they spoke of social justice as inherent within the idea of global citizenship. Although one participant spoke of social justice being the overarching concept that guided their curricula, others did not speak of specifics with regard to how to focus on it in their teaching. In line with the comments of the authors who have critiqued methods of inclusion of social justice in

nursing programs, it seems that work needs to be done to address social justice in a more comprehensive manner if students are expected to play a significant role in global health.

In conclusion, in addition to the major characteristics of global citizenship that have been described above, two qualities of global citizens that were mentioned a few times by participants referred to the need for the individual to be curious and to possess a sense of humility. Later in this chapter, I will discuss the need for a critical theory framework to inspire students as critical thinkers. Curiosity would be a pre-requisite to critical thinking and reflexivity would also be part of one's curious nature. Although I have not found literature that speaks to the importance of curiosity, it seems that it would be a foundational quality of a person who was interested in engaging in broad global issues and acting as a global citizen.

Although the participants embraced the idea of the need to develop nurses as global citizens, several participants expressed the idea that the positive nature of the notion of global citizenship can be hijacked as a marketing tool by universities to promote their international activities. Although it was recognized that to a certain extent, such marketing can be helpful and positive, if that is the focus, the 'good' can be lost. Participants gave accounts of their institutions promoting global citizenship in their mission statements but not supporting faculty and students in initiatives that related to global health.

In the book *Global Citizenship Education in Post-Secondary Institutions*, Hamdon and Jorgenson (2011) commented that "universities need to reclaim and redesign higher education institutions as positive and creative places for global citizenship" (p. 269). They referred to the need for the policy makers at the institutions to clarify their definition of global citizenship and "to make it distinct from international education and internationalization" (p. 270). Policymakers also need to reflect on their own ideological and cultural beliefs that influence decisions and attend to the connections of equity and social responsibility with global citizenship education (GCE). They also emphasized the need to link the local context with the global context with special attention to voices outside the dominant groups in a university setting. It is clear that there is considerable

work to be done to strengthen the commitment and level of institutional support for the development of global citizens rather than just a focus on internationalization.

Participants frequently spoke of global citizenship and global health together. It is reasonable to assume that when speaking of nurses as global citizens, their knowing, being and doing would be focussed on global health. As they did for global citizenship, participants spoke of the interconnected nature of global health that has resulted from globalization. MacFarlene et al. (2008) described the impact of global connectedness on nurses as they develop an increased awareness of vulnerable populations and concern about the inequalities of health resources throughout the world. They challenged nursing faculty in undergraduate programs to focus on vulnerable groups in developing and developed countries.

In discussions with the participants on the focus of global health courses, it was mentioned that the whole nursing program could be considered as relating to global health. Clearly there is overlap in many of the concepts, for example when I consider the principles of health promotion, critical theory and social justice, social determinants of health and primary health care, there are overlapping perspectives and commonalities. The participants identified the social determinants of health and primary health care as two key elements of global health, as well as social justice, advocacy, and cultural competence with attention to diversity. The findings also suggested that as well as discussions on common prevalent diseases throughout the world, attention should be given to diseases such as Rift Valley Fever and cholera, those that are present in poorer countries but that do not receive attention in nursing programs.

Thorne (1997) conducted an ethnographic study with 20 informant nurses to gather data about the experiences of nurses in applying their global consciousness to the work setting. She concluded that they encountered difficulties in applying their knowledge of global awareness in their professional lives. In her analysis Thorne commented that reasons for this difficulty were the focus on Western philosophies and less concern with culturally diverse populations. She called for efforts to combine the culture of professional nursing with global consciousness if nurses are going to make a significant contribution to the next phases of global health. Although Thorne conducted her study in 1997, and although it is hoped that progress has been made towards the

end that Thorne envisioned, there were some similar sentiments expressed by participants in this study regarding the focus on the local context and lack of global health as a central concept in curricula.

In their effort to identify nursing faculty's perceptions of global health competencies for undergraduate nursing students, Wilson et al. (2012) is this the first time this group of authors were mentioned? reported their findings from a survey of nursing faculty in the United States, Canada, Latin America, and Caribbean countries, they concluded with six categories of competencies. These include: global burden of disease, health implications of travel and displacement, social and environmental determinants of health, globalization of health and health care, health care in low resource settings, and health care as a human right and development resource. These authors used the definition of global health put forth by Koplan et al. (2009) which seems to have been picked up in the literature as a useful definition for health care workers including nurses. Their background research indicated that although faculty are in agreement with the significance of global health, most schools do not focus on global health as a central concept in their curricula. They recommended that global health competencies should be integrated into nursing curricula if students are to assume their role as global citizens.

Archambault (2010) explored the need for incorporating global health concepts within undergraduate nursing programs. She concluded that programs need to address concepts related to global citizenship, social justice, health equity and determinants of health. She recommended the inclusion of determinants of health, health care systems policy, primary health care, culture and health care, politics, epidemics, communicable diseases, and non-communicable diseases as components of curricula to promote understanding of global health. As well, she suggested specific teaching strategies for specific global health content. These recommendations support several of the findings of the study as important concepts to be taught and go further to identify more specifics for global health content. She also emphasized that educational programs must find multiple ways in addition to international student experiences to promote an understanding of global health as well as utilize this knowledge in practice. This supports the findings of this study that pointed to the need to constantly seek opportunities to focus on the global perspective in classroom activities and in local practice settings.

Riner (2011) presented a model for designing, implementing and evaluating global experience education. She commented that although there is an increasing amount of literature on global education for nursing students, there was little evidence of program design or the results from evaluations of the experiences. She conducted a literature review of experiences in global health in nursing education including global health core content, program and student characteristics and possible assessments of transformation in students' perspectives. She identified global learning as learning to work effectively in international settings, awareness of global issues, knowledge of global organizations and businesses, capacity to communicate across cultural boundaries, and ability to adapt to diverse cultures. Many of her suggestions overlap with my findings related to content of global health. Courses. She also referred to the need for students to accept their social responsibility and to shift the focus on cultural competence locally to global cultural competence. She suggested development of skills in another language as important for cultural competence, although it would be a challenge for nursing programs to schedule such a course. If not possible, she recommended taking short courses that would have the effect of increasing appreciation for the challenges of learning and functioning in a different language. A few of the participants in my study suggested that learning a second language would contribute to students' abilities as global citizens. Riner's idea of taking a language as an elective or enrolling in short courses fits with their suggestions.

Merry (2012) examined the literature to determine how conceptualizations of global health fit with the discipline of nursing. She concluded that definitions of global health from a nursing perspective should concern "not only the eradication of disease but also quality of life and well-being and that the means for achieving health are holistic" (p. 25). She identified activism and advocacy as important elements and stated that global health education should include:

learning about interconnectedness and wholeness; justice, human rights and social responsibility; social determinants and disparities; environmental issues; economics, demographics, and politics; respect and tolerance for difference and openness to learning from others; GH concerns (e.g., MDGs); and burden of disease. (p. 30)

All of these components of global health education were suggested by participants in this study.

Increasingly, authors who write about global health are calling for the need to conduct more research on nurses' roles in global health (Edwards, Nakanyike, Okomono, & Yazbek, 2012; Merry, 2012; Schultz, 2004; Thorne, 2006). Schultz (2004) spoke of the challenges of culture and language in generating new knowledge and incorporating it into global practice. She called for the need for collaborative research with other institutions and countries, the need to establish culturally sensitive guidelines for research and the need to mentor novice researchers throughout the world. She emphasized that nursing research is critical to "constructing global healthcare in the 21st century" (p. 141). Edwards et al. (2012) questioned if "we are adequately preparing the next generation of nurse researchers for this challenging arena of inquiry and how we might contribute to the development of integrative methods, contextual analytical approaches, and synthesis techniques that are essential for this work" (p. 18). A few participants spoke of the need for research. One participant expressed the belief that assisting faculties in other countries to develop their research capabilities had the potential to accomplish more than student exchanges. As global health becomes more central in nursing curricula, there is a need to advance knowledge development through evidence-based research.

5.2.3. Curricular Approaches for Global Citizenship Education

Participants identified several curricular lenses and concepts that should be included in nursing curricula to promote the development of global citizens. In the above discussions on the findings and related literature on the nature of global citizenship and global health, several concepts have been identified. The need for a strong grounding in global ethics in curricula was evident. Various suggested frameworks and approaches for the inclusion of ethics have been discussed under the above section on ethical practice as a critical element of a global citizen. This section will further the discussion as I consider the background literature and more recently accessed literature related to critical social theory, social justice, social determinants of health, cultural knowing, politics, policies, leadership, and liberal arts courses.

When participants were asked to suggest theoretical perspectives, all of them enthusiastically mentioned critical theory and for most of them it was the first major curricular lens that was mentioned. Consequently, the findings strongly recommended that critical theories are required as a base for nurses to understand human experiences. Critical perspectives are foundational within the TRU curriculum that is shared with 10 other schools of nursing throughout BC and the Northwest Territories. The “TRU School of Nursing BSN Student Handbook 2007-2008” (2007a) outlines critical perspectives as the feminist perspective, the critical social theory perspective and the postcolonial perspective. The feminist perspective examines systems considering gender issues with the common thread being the oppression of women. Critical social theory is described as a “commitment to penetrate the world of objective appearances in order to expose the underlying social relationships that are often concealed” (p. 8). The postcolonial perspective focuses on social conditions related to racism and colonization.

Mill, Allen, and Morrow (2001) engaged in a comprehensive examination of critical theory’s implications for the discipline of nursing. They concluded that whereas it appeared that the use of critical theory was somewhat on the margins in nursing programs, they argued that it should be placed in a central position. They stated that “predicated on the assumption that knowledge development should not be constrained by a singular view nor methodology, critical theory challenges our traditional views and conceptualizations of knowledge and provokes us to re-examine how we come to know” (p. 123). It is my impression that in the past decade, critical theory has taken a more central place within nursing curricula, including the TRU School of Nursing curriculum. Clearly the participants indicated that it is central to their teaching. In addition to being a foundational curricular perspective, it has been used as a research approach to guide the development of knowledge in nursing (Mill et al., 2001; Reimer-Kirkham & Browne, 2006). In agreement with these authors, the findings clearly identified that critical theory is necessary to assist students to understand equity and power relations which are critical to understanding of global health issues.

The background literature to this study identified the social determinants of health as central to discussions of global health and the findings confirmed this. The social determinants as defined by Raphael (2002) referred to the economic and social conditions that influence health for individuals and populations. They suggested a broad

approach to assessments for nurses by the inclusion of many aspects of life including elements such as social support networks, level of education, employment, environments and gender issues. The social determinants of health framework has been endorsed and promoted for use by CNA (2009a) and is generally accepted as a useful framework for nurses' work. It was clear from the findings that participants believed that it would also be useful in relation to nurses' work in global health.

The need for cultural education as central in nursing education was a strong finding of this study and is supported by the literature. Several terms were used by the participants to refer to cultural knowing including cultural sensitivity, cultural awareness, cultural competence and cultural safety. Out of concern for clarity of the term cultural competence, Rosenjack-Burchum (2002) used concept analysis to describe an evolutionary perspective on the term. She concluded that cultural awareness has many attributes and dimensions including cultural awareness, knowledge, understanding, sensitivity, interaction, skilled proficiency. It seems that understanding of these terms presents challenges. The evolution that I have witnessed in cultural education has been that when cultural education began to be considered in nursing programs, the terms cultural awareness and sensitivity were more common whereas now, the ideas of cultural competence and safety reflect more current thinking.

In my background literature, Noddings (2005) explained that global citizens must appreciate diversity and difference, and accept the challenge of developing an understanding of the home environment of others. Leininger (1995) pioneered the promotion of transcultural nursing for nurses and cultural theories for nurses have evolved since her theories were presented. Campesino (2008) argued for nursing students to learn cultural competence by using a critical theory framework. CNA (2008b) supported nurses' role in the delivery of culturally competent care. Reimer-Kirkham (2000) articulated that nurses need to go beyond narrow constructions of culture to consider the influence of racism. In recent years and particularly in Canadian literature and in Canadian schools of nursing, there has been interest in the cultural safety approach to cultural education. This approach utilizes a critical perspective to understand economic and political influences and promotes respectful collaboration to reach common goals in agreement with those of clients.

Although there is agreement that cultural education is important, there are challenges in determining the best approach or framework to use in nursing programs. Duffy (2001) argued that existing models were rooted in anthropological traditions and failed to address underlying social conditions. With the move to the use of critical theory approaches to teaching cultural education, Duffy's concerns are addressed. Similarly, critical analysis should lessen the concern in my findings related to the *laundry list* approach to teaching cultural education. Out of concern for nursing students developing the laundry list approach to cultural competence, Slade, Thomas-Connor, and Tsao (2008) engaged with English faculty in assignments to challenge nursing students to read descriptions of complex cultural interactions and to analyse them using relevant nursing concepts to provide care. It was a project in a setting where more than half of the community was foreign born. They focussed on patient situations and challenged students to go beyond the laundry lists of cultural characteristics to consider how the experience of illness intersects with so many elements of their lives including race, gender, class, language and family background. The presence of this article in the literature confirms nursing faculty's concerns related to simplistic and stereotypical explanations for cultural behaviour and the need to be conscious of this approach and to avoid it.

In an effort to describe challenges for the preferred future of nurses as they focus on global health, Dickenson-Hazard (2004) synthesized results from seven conferences held throughout the world. The focus of the conferences was on conditions that affect nursing and health care, the actions needed to address issues and recommendations for the nursing profession. Her conclusions centered on the need for nurses to be able to deliver "holistic, humane and culturally-appropriate care" (p. 10). In five of the conferences, recommendations called for strategic actions to create nursing education programs to address these concerns. Clearly, the need for nurse educators to develop a curriculum with a focus on cultural competence is critical and fits with the findings of this study that identified cultural competence as essential.

Although the concept of cultural safety is relatively new, Browne et al. (2009) described it as useful in nursing education. However, the concept presents some challenges in practice, and the authors believed it useful in translating knowledge related to social justice issues into practice settings. As the concept of cultural safety was

developed in New Zealand with a particular focus on the Maori population, it has particular relevance to aboriginal populations in Canada and elsewhere.

Calvillo et al. (2009) commented that many existing models for cultural competency fall short for nurses. They argued that cultural competence must be integrated throughout the curriculum rather than in a single course as cultural competence is only gained through “cumulative educational processes” (p. 138). They emphasized that there must be strong administrative support and commitment to sustain the energy required to fulfil a mandate of cultural competence. They also argued that faculty must be committed and willing to engage in faculty development to develop their competence. They supported the idea of faculty and students being encouraged and supported to learn a second language. And finally, they called on professional nursing organizations to develop clear guidelines regarding expectations of cultural competence in accreditation programs and to strengthen the evaluative processes for students within programs to assess their progress towards competence. They believed these steps were necessary to create an environment where students attain a level of cultural competence that meets the expectations that the public has of professional nurses.

Douglas et al. (2012) offered their suggestions for standards of practice for cultural competence for nurses in practice, research and education. They based it on a social justice framework. Clingerman (2011) responded to the suggestions of Douglas et al. (2012) with arguments that a social justice framework is useful for teaching culturally competent care. She also spoke of the need to avoid cultural stereotyping and biases (Clingerman, 2011). She believed the use of a social justice model would contribute to reciprocal relationships that would encourage advocacy and other leadership type of activities that would assist with resolving inequities and injustices.

In conclusion, it is critical that nursing curricula focus on cultural competence as a foundational way of knowing, being and doing throughout their program. It seems that critical theoretical approaches combined with a social justice approach would assist in accomplishing the goals of cultural competence for nurses. The notion of cultural safety within a critical perspective also offers a potentially useful approach to cultural competence. As it was developed in New Zealand with a focus on the Maori population, it seems to have particular relevance to the Aboriginal population in Canada and

elsewhere. The combination of these theories would contribute a great deal to cultural competence for professional nurses as global citizens.

Liberal Arts Courses and other Disciplines

The findings resulted in participants speaking of their desire for more liberal arts education in the nursing program. Martha Nussbaum (1997) referred to the early Greek philosophers' ideas of citizenship and their belief in a liberal education fostering a sense of citizenship. In her description of the world citizen, she argued for liberal education as critical to the development of someone with loyalties to others throughout the world. Other documents produced by AACU (2007) and McMaster University ("Learning without boundaries", 2007) emphasized the need for liberal arts courses to prepare students for the global world. In a recent book, Nussbaum (2010) emphasized the need for humanities and the arts in a democracy. She articulated her beliefs that they are necessary for the cultivation of critical thinking skills and for the "ability to think well about a wide range of cultures, groups and nations in the grasp of the global economy...and to enable democracies to deal responsibly with the problems we currently face as members of an independent world" (p. 10). Nussbaum commented that such education is necessary for employment and meaningful lives as well as citizenship.

Marnocha and Marnocha (2007) argued that the presence of humanities in nursing programs had the potential to promote the development of self-awareness and openness to broader perspectives as students engage in critical thinking skills. The authors commented that although outcome studies were lacking, reviews indicated that in both medicine and nursing, the humanities offered benefits in ethical reasoning, values clarification, empathy, and self-care. They believed that separate humanities courses ended up being detached from practice whereas if incorporated into teaching in the nursing classes, the thinking led to students' professional development. The project added specific humanities components including an introductory workshop on the relationship of the humanities, patient care and mindfulness. This was followed by exercises in visual arts perceptions, guided imagery, writing, and responses to poems focussed on illness, loss, and personal development. These methods were also included in clinical conferences. Student evaluation of the content was favourable with strong recommendations to continue to include it.

Calvillo et al. (2009) in their article focussed on the development of cultural competence referred to the need to have a strong foundation in a liberal education in order to develop cultural competence. They referred to liberal education as a background to understanding the experiences of others in a culturally diverse global world. It assists with ethical knowing and it helps to develop an appreciation of heritages and awareness of global issues. They also spoke to the value of nurses having proficiency in another language as it promotes empathy for others' experiences who do not speak the dominant language.

Wilby (2011) argued that although empirical knowledge is central to nursing education, there must be room for the arts. She believed that the value of arts is underestimated in nursing education even though nurses acknowledge that nursing is clearly an art. She discussed the use of story and visual arts in discussions of topics such as mental illness, losses and death. Stories provide a base for understanding human experience and visual arts such as paintings may provide a rich opportunity for the discussion of life transitions including death. Classical writings on health and healing can be useful in discussing the significance of major life events within the modern context. She concluded that "the use of art allows the students to experience reality in a variety of forms, helping to prepare for the variety of experiences that they will encounter when they leave the classroom...." (p. 32).

McKie (2012) explored the relationship of student nurses' reading of literature and poetry to the development of ethical practice. The results indicated support for the presence of the arts and humanities in nursing programs. He argued that these pedagogical practices challenged the more predictable type of learning in the program. He also noted that there were benefits to the inter-professional opportunities in these courses. He concluded that although liberal education is somewhat precarious within universities as it does not contribute to employment and enterprise directly, it is necessary for nurses given the rapidity of cultural and social change in the world. He stated "in view of the complex nature of professional nursing practice and its considerable demands upon practitioners *qua* human beings, a liberal education should be considered as essential...." (p. 809).

The findings supported the need for efforts to infuse more liberal education into the curricula, as not to do so perpetuates a narrow view for nursing students whereas for global health activities, students need to develop broader ways of thinking and understanding the world and its people. Although it is challenging to add to a packed curriculum, it seems that the complex and diverse nature of global citizenship and global health demands that attention be given to the inclusion of liberal arts in nursing programs.

5.2.4. Pedagogical Strategies

The findings pointed to the use of a number of pedagogical strategies that would promote the development of nursing students as global citizens. Many of the strategies related to curricular approaches already discussed and within those discussions there were comments relevant to pedagogical activities that would be useful to promote the integration of knowledge into practice. The findings suggested teaching strategies related to the need to develop self-awareness, the need to convey caring and compassion, and cultural understanding. The use of international placements as a strategy was discussed frequently. Role modelling by nursing educators was mentioned as critical and interdisciplinary opportunities should be made available whenever possible. Other suggested strategies included the use of case studies, films, novels, book reviews, story-telling, debating, and team teaching. In this section I will focus on literature related to the need for self-knowledge, caring and compassion and the development of cultural awareness and cultural; competence.

The Need for Self-Knowledge

Before nurses can begin to comprehend the situations of others, they must come to a comprehensive understanding of their own values and behaviours. Nussbaum (1997) drew on the philosophies of the early Greek philosophers' suggestions of the need for an examined life by describing the first necessary capacity of a world citizen as the need for critical examination of oneself and one's traditions as in Socrates' examined life.

Caring and Compassion

Crigger et al. (2006) stated that major goals for the development of nurses as global citizens and compassionate professionals is to “develop nurses who think reflectively about themselves and others, understand other’s point of view...” (p. 230). These views confirm that the nurse must critically examine herself and come to understand the situation of others in order to convey a sense of caring and compassion. The authors also identified that a sense of social justice contributes to compassion. The authors argued that nurses must be exposed to other cultures, either in their own community or outside of the country. Guest speakers telling their stories of various cultural beliefs and practices would encourage evaluation of their own beliefs and practices. They concluded that being compassionate as a professional is not an inherent skill, so it needs to be a strong educational component.

A research study utilizing a mixed methods approach with two groups of students examined the benefits of interdisciplinary seminars with social work students and nursing students (Chan, Mok, Po-ying, & Man-chun, 2009). The authors concluded that the students developed a deeper understanding of caring in practice. The discussion suggested that through learning about the subjective world of students in a different discipline, the students reported that they gained respect for the need to listen carefully to the other’s views in the same way as they would need to do with patients. This study supports the value of interdisciplinary pedagogical opportunities in nursing curricula.

Cultural Knowing Through ‘Local to Global’ Connections

Several participants referred to the need for nurse educators to continually seek opportunities to relate the local context to the global issues. One can imagine that in most classes, there would be an opportunity to question similarities and differences in the issue under discussion when considering the local situation in comparison to that of other countries. Richter and Botha (2012) commented on similarities in the homelessness situation in Canada and South Africa. Although many of the challenges are similar in both countries, the extent of the problem and the strategies and policies used to address it are significantly different. The authors supported the need for collaborative and comparative research to enable researchers and humanitarians to learn from each other. Although such research will be helpful to nursing faculty in their

teaching, from knowledge of factors such as demographics, disease prevalence and governmental ideology, the possibility of lively and thoughtful discussions comparing and contrasting local and global situations is possible and to be encouraged as an inherent part of everyday teaching.

Cultural Competence

With consideration for the current multicultural and multigenerational student population, and concern for the need for educators to teach cultural awareness in a way that avoided cultural misunderstandings, the researchers designed an evidence-based interdisciplinary one semester course called “Culturally Congruent Care for Clinical Health Care Professions” for health profession students including nursing, pharmacy and allied health sciences (Hawala-Druy & Hill, 2012). The study used both qualitative and quantitative methods with two groups who took the course. They concluded that the level of cultural competency improved following the course. The students reported that rather than discussing the differences in cultures, the course focussed on developing a deeper understanding of their own culture, including their biases and stereotypes, which enabled them to consider other cultural contexts with a different perspective. The authors concluded that the approach to teaching cultural competence in an inter-professional group were the keys to the success of the course. They also emphasized that educators must be culturally competent with a high level of sensitivity and understanding of the cultural diversity within the class, including the differences presented by millennial students.

As the population in the United States becomes increasingly diverse, there is a need for nurses to provide culturally appropriate care. Burger (2011) described a diversity project that utilized novels as a tool to help nursing students understand culture. Novels were selected based on the diversity of the settings and characters. Students were instructed to reflect on the novel based on discussion questions and then share with classmates in seminars. The evaluation of the project revealed that the students did demonstrate enhanced awareness of the impact of the culture on the individuals and that the novels presented a safe way to explore the values and choices of people in other cultures. Burger concluded that the humanities have significant potential to assist

nursing students to understand cultures. Literature and other art forms evoke an emotional response and may be a useful alternative to immersion experiences.

With similar motivation to assist students in the process of becoming culturally competent, Halloran (2009) described her cultural discovery project where nursing students could choose to read novels from an approved list. Students responded in a variety of ways to the assignment. Many believed that it was helpful in exploring a different culture while others reacted negatively to more reading and the assignment not providing clear-cut right answers to questions. A few students were challenged to think critically about the novel and resented the possibility that they had prejudices. The authors emphasized that it was important to relate the new understandings to clinical practice experiences by thinking about what they would do differently in practice with these new understandings.

In an effort to promote cultural sensitivity and reflective thinking, students in a maternal-child course were asked to read one of two selected novels (Newcomb, Cagle, & Walker, 2006). The authors conducted an analysis of forty female students' journals with their impressions of the readings based on a series of questions. The questions related to themes in the novels that were relevant to nursing practice, assumptions and beliefs that were challenged by the novel, differences with the student's own culture and the values, ideas and behaviours of the particular group in the novel. They were then asked how these values fit with the values of professional nurses. The students reacted to the themes of new immigrants in the novels feeling excluded and struggling to find a sense of belonging. They also related this feeling to their own life experiences. The authors recommended that fictional or imaginative literature is a useful tool for fostering cultural sensitivity. They expressed concern that traditional pedagogies for teaching cultural knowledge are inadequate and may on some occasions reinforce students' prejudices.

A book on cultural anthropology, *The Spirit Catches You and You Fall Down*, by A. Fadiman was used a case study to teach transcultural and other concepts to nursing students (Anderson, 2004). This article is of particular interest as one participant in my study referred to it as a pedagogical tool that she uses to teach cultural awareness. Students were given questionnaires focussed on their beliefs, attitudes and values prior

to the assignment and after completion of the assignment. The results showed development in students' self-awareness and cultural skills, and the authors acknowledged the difficulty in determining the level of change in cultural competence. They concluded that works of literature can provide powerful lessons in cultural knowledge which can be applied to clients. This supports the finding that suggested the use of novels as a way of helping students develop cultural awareness.

5.3. Implications for Nursing Education

Given the enthusiasm and commitment of participants for global citizenship and global health as major components of undergraduate nursing programs, it is clear that there is a need for these concepts to occupy a more central position in undergraduate nursing curricula than they currently do. The impact of the forces of globalization demands this, as well as provides a platform to enable it to happen. Given the nature and history of the nursing profession, global activities undertaken by professional nurses and the evolution of nursing education programs to include the global perspective, nursing education is well-situated to embrace the notion of global citizenship education.

In the past, citizenship has been thought of as a sense of belonging to a particular locale and as such, has not been emphasized as an important concept in nursing programs. However, within the current context and with a broader understanding of the many inter-related elements of global citizenship, nursing students should be expected to understand the role of a global citizen and to engage as global citizens in their nursing practice. One of the elements of global citizenship that participants of this study emphasized as important for nursing students to understand is the inter-connected nature of the world. An understanding of the complex processes and impact of globalization is basic to this understanding. Crigger's (2008) description of globalization provides a basis for such understanding. He stated that globalization is "a complex, multi-dimensional yet powerful force that includes among other things, three qualities: compression of the world, expansion of consciousness and reflexivity" (p.21). If nurse educators provide students with an appreciation of the inter-connected nature of globalization and these three qualities, students will have a solid base for their global citizenship education.

A second important characteristic of global citizenship that students must come to appreciate and enact is a sense of social responsibility. Participants strongly expressed that engaging as global citizens is an obligation for nurses and a part of the mandate of the nursing profession. As such, responsibilities must extend beyond a focus on providing care to the individual, family and society to the global perspective. The results of this study emphasized the need for students to appreciate that this is not a passive notion and that action is necessary. Nursing educators have a responsibility to help students to become familiar with the wide variety of possible ways that future professional nurses can engage in actions as a global citizen in local and global settings.

The third significant characteristic of global citizenship that must be emphasized to nursing students is the need for global citizens to be particularly vigilant about the need for ethical practice with a deep respect for others at all times. Although attention to ethics is a central element in nursing programs, with the global citizenship perspective, nursing educators need to focus on the need for students to develop their cultural competence so they are ethical in situations such as in their roles as advocates, activists and in dealing with issues such as access to resources in contexts that vary significantly from the students' home cultures.

The presence of caring and compassion is critical for nurses to function as global citizens. Although most nursing programs do emphasize caring as a central notion in curricula, it seems that the notion of compassion, as Nussbaum (1997) suggested in her description of narrative imagination would be useful to expand nurses' concerns, empathy or sympathy for vulnerable people in any setting throughout the world.

Nurse educators also must emphasize that a sense of social justice is inherent in the role of a global citizen. Social justice is inter-twined with the other elements of global citizenship such as interconnectedness and social responsibility but focuses on equity, rights and fairness for others. Finally, two additional qualities that this study revealed as critical qualities for a global citizen is the need for curiosity about the global perspective and a sense of humility. Without a deep sense of curiosity, students will not tend to invest the time and effort required to gain a deep understanding of the lived experience of others. Without a sense of humility, nurses may be tempted to engage with others in a patriarchal manner which may not be helpful to those they are attempting to serve. It is

critical to avoid the “noblesse oblige” approach which may have been utilized by nurses engaging in global work in the past. Participant 3 referred to this approach as “...we were being good to them from our high-minded position. It wasn’t at all collaborative....” The goal of nurse educators would be to instill in students that such an approach is unacceptable.

The notion of citizenship and global citizenship is frequently mentioned in academic institutions’ strategic documents but within a specific program such as professional nursing, it is unclear how nursing students develop themselves as global citizens. It is time to make global citizenship a major concept in nursing curricula so that students gain the necessary understanding of its nature and move forward to integrate it as part of the way they view themselves in their roles as professional nurses. In addition to developing the quality of professional nurses that are required in the current global context, nursing programs will be contributing to the mandates of their institutions. Considering the nature of the profession in caring for vulnerable populations, the profession’s historical involvement in global initiatives, and the wide variety of global initiatives undertaken by nurse educators, nurse educators have the ability to play a significant leadership role in mobilizing their academic institutions to achieve the lofty goals related to global citizenship that are outlined in strategic documents.

Although there is significant overlap in the notions of global citizenship and global health, a curricular framework would need to outline how the two relate. Whereas, global citizenship does not appear to currently be a clear notion in nursing curricula content related to global health is present in many programs in a variety of ways. It is frequently only emphasized in a portion of the program and in some cases, may be accessible for only select students. It is timely for global health content to exist as a separate course or courses and to be integrated throughout the curriculum in such a way that all students are required to gain an in-depth understanding of global perspectives for application in their practice in all settings where they will work. Although it is possible to view the whole nursing program as relevant to global health, it is important to identify how content throughout the program relates to global citizenship and global health.

In addition to global health courses, this study revealed participants’ strong beliefs that liberal arts courses and courses in other disciplines outside nursing have the

potential to play a major role in broadening the views of nursing students in ways that would be desirable for global citizen development. Programs committed to global citizenship must examine their curricula to determine if opportunities for these courses are currently available and how they could be strengthened throughout the program. In particular, nursing faculty need to discuss the opportunities for nursing students to take liberal arts courses or courses from other disciplines and to determine if there are possibilities for expanding these opportunities. Increasingly institutions identify that interdisciplinary opportunities for students are desirable. The results of this study supported this direction, but identified the need to expand the focus beyond health care workers to other key players in communities such as police, politicians, activists, environmental groups, and human rights workers.

The study revealed various curricular lenses that are central to the development of global citizens. The dominant perspective that was suggested by all participants was critical social theory. This perspective is strongly recommended as a foundational lens for nursing students to understand the context and perspectives of the people they serve. Social justice was also identified in this study as a curricular lens for global citizenship. Whether it be in the form of a curricular lens or as a major concept in the curriculum, this study demonstrated that social justice must be central to global citizenship education.

It is critical that frameworks that promote the development of cultural competence are central to the curricula. Cultural competence has been a component of many nursing programs in varying degrees but the results of this study lead to the conclusion that cultural competence should be a more central aspect of curricula if the aim is to develop global citizens. The cultural safety approach is one such approach with particular relevance to aboriginal populations in Canadian settings. Other concepts that the findings in this study identified as critical to the development of global citizens included social determinants of health, understanding of political processes, impact of policies and policy development, engagement with the media, and the development of leadership abilities. Participants were keen to suggest a variety of pedagogical strategies that they believed were helpful to motivate students' learning related to global citizenship and global health. Pedagogical strategies that encourage students to reflect and to develop knowledge of their own values, biases and world values are critical. Student must

challenge themselves in all situations to question their position in the world and to do so with curiosity and humility. Theoretical perspectives such as critical social theory would be useful to guide this reflection.

Although it is frequently debated if one can teach caring and compassion, committed nurse educators believe that it is possible to assist students to develop these qualities. Discussions of the nature of caring and compassion as they relate to global citizenship and global health is the first important step in the process. Several participants spoke of the critical importance of role-modelling by nursing faculty. If students witness faculty acting as compassionate and engaged global citizens, it has the potential to impact their learning significantly.

The use of pedagogical strategies aimed at strengthening the cultural competence of nursing students is critical. Within Canada, the diversity of clients and the diversity of individuals in nursing classes, many of whom are relatively recent immigrants, provide many rich learning opportunities for nurse educators to seize teachable moments related to cultural understanding and competence. Repeatedly, participants expressed the need for educators to avoid the laundry list approach of teaching cultural differences with the potential result for further stereotyping cultural behaviours in a way that may be detrimental to the client. There is a need for nursing programs to provide more opportunities for students to work with vulnerable or marginalized populations, in particular the aboriginal population. It seems that these opportunities have increased in many nursing programs but work needs to be done to examine ways of expanding these opportunities in order to strengthen the level of cultural competence of students.

Nursing programs need to continue to work towards expanding opportunities for students to have international experiences. Most participants believed that such experiences were invaluable. Although such an experience is not an absolutely essential component in the development of global citizens with an understanding of global health, the results of the study revealed that these experiences do frequently lead students to report their experiential learning as being of a transformative nature. Educators involved in planning these experiences must be diligent in providing a comprehensive pre-departure program as well as debriefing and follow-up sessions on their return. This

would include efforts to assist students in the process of transferring lessons learned from international experiences to their local practice. If possible, it would be ideal to have students who had experiences in settings such as an aboriginal community, a rural environment and an international experience meet to do a comparative analysis of the similarities and differences in the challenges in these varied contexts.

Short international experiences that are of an educational tourism nature are to be avoided. Longer experiences such as four to six weeks are desirable and students should be accompanied by an instructor who can provide supervision and assist students on a daily basis in a similar manner as they would for clinical experiences in local settings. Instructors can also guide students in such a way that the experiences result in mutual benefits for all participants. In addition to experiences for students, nursing faculty should seek opportunities to engage in activities with faculty and nurse leaders in other countries to create infrastructure for practice, education and research. Such efforts would contribute to the sustainability and ongoing benefits of initiatives.

As these experiences frequently financially challenge students and possibly faculty, there is a need for nurse educators to lobby for increased institutional support for such endeavours. Although international opportunities are expanding, it seems that only a small proportion of the student population have these opportunities in undergraduate programs. If institutions wish to develop global citizens, the provision of support, financial and otherwise, is critical to the achievement of this goal.

To develop global citizens one of the main pedagogical strategies suggested by participants was the need for faculty to constantly seek ways of integrating global citizenship and global health into their teaching. Faculty need to be vigilant to seek opportunities to relate the local situation to the global situation and to compare and contrast the similarities and differences between the different contexts. Other helpful pedagogical strategies included the use of case studies, films, novels, book reviews and story-telling by guests. Learning how to debate issues in a thoughtful and respectful manner is a useful skill for global citizens. Finally, as individual faculty members have varying levels of interest in global health, team-teaching was suggested as a strategy that is helpful to integrate concepts throughout the curriculum. Faculty members learn

from one another and in addition provide a level of oversight for the implementation of the curricular framework.

Challenges Related to Integration of Global Citizenship

Although integration of global citizenship and global health throughout the curriculum is desirable, there are several challenges associated with doing so. The main challenges relate to the process of curriculum development, the nature of the faculty group and possible responses from students. The already packed curricula of nursing programs present significant challenges to the addition of new concepts or courses. Curriculum development work is time consuming and costly. As well as determining how to include these concepts in the curricular framework, the need to level the concepts across the curriculum and to provide evaluative measures for global citizenship behaviours will be challenging.

The faculty must place a high value on the integration of these concepts to make it happen and although they may recognize the value at some level, the focus of individual interests and specific research endeavours may preclude the commitment to global citizenship that would be required to make it happen. Also as there is always an expectation that nursing programs are preparing students to be job-ready, a broad concept such as global citizenship may be viewed as not directly relevant to the current clinical setting contexts. There would need to be individual members of the faculty who act as champions to advance the positive values of the integration of global citizenship. Participants believed that nursing programs need to consider their hiring practices and aim to hire faculty members with a wide variety of backgrounds. This would create a faculty culture with more connections to other disciplines and a liberal education background which would lead to increased acceptance of the need for students to gain a broader perspective such as that suggested in the notion of global citizenship.

The results of this study suggest that nature of the current student population may be such that they embrace global citizenship. The diversity of the student population, including a wide variety of cultures, aboriginal students, students whose parents are immigrants and international students has the potential to provide a rich environment for learning about global citizenship and global health. Also, many students have previous employment and educational experiences that would add variety to the

perspectives they bring to the group. Many students enter the program having travelled and been exposed to global issues. Some students may have already engaged in social justice activities or other experiences that relate to global citizenship and are ripe for the continuation of those perspectives in their nursing career. However, in addition to these positive attributes, participants expressed that there may be resistance to the broad perspective of global citizenship. This would result from current students conveying a sense of entitlement and expecting faculty to give them specific and concrete knowledge that can be readily viewed as useful and directly applicable in the clinical setting. There may be resistance to the use of a critical perspective or a social justice lens if students come from a privileged background. However, despite the challenges of the curriculum development process, the lack of interest by some faculty, or resistance by some students, the results of this study strongly suggested that the time is now to move ahead to integrate global citizenship in nursing programs.

5.4. Directions for Future Research

This research has uncovered future lines of inquiry to influence nursing education. Implications of the study extend to strategic plans and curricula within universities and schools of nursing or nursing faculties. This research invited engagement from nurse leaders and faculty from across the country. A positive outcome of this study was the indication of a strong interest in deepening the understanding of global citizenship and the curricular directions needed to advance it within undergraduate nursing curricula. All expert informants invited to participate did so, indicating their interest in the analysis which contributed to a fulsome collection of data. The timing was right for this foundational study that sets the stage for future inquiry.

The results of this study provide a strong conceptual understanding of global citizenship and curricular directions for undergraduate nursing curricula. It also creates a platform for more specific questions to be investigated with the use of qualitative, quantitative or mixed method research. Important questions for future research might include:

- Do these qualities and characteristics of global citizenship resonate with undergraduate nursing students, nurse leaders and faculty? Is there a grounded theory of “becoming a global citizen” for nurses?
- How can we best evaluate the learning outcomes of global citizenship education, focussed on particular qualities of global citizenship?
- How does global citizenship education influence characteristics of global citizenship in nurses in the short-term and longer term?
- What differences in outcomes occur if the characteristics of global citizenship and curricular directions are incorporated as stand-alone courses or integrated into existing courses?
- If global citizenship is included as a conceptual thread in undergraduate nursing programs, how does it impact learning outcomes?
- Should global health be taught as a curricular thread or as a stand-alone course?
- How do curricular lenses such as critical social theory, social justice and cultural competence shape the outcomes of global citizenship education?
- What are faculty and student attitudes towards global citizenship? Is the changing demographic of the student population influencing this attitude?
- How do interdisciplinary opportunities, liberal arts courses, and international nursing practice experiences shape the education of global citizens?
- How is global citizenship changing in a digital world?
- What are the levels and types of institutional support for global citizenship education?

Advancing these studies with traditional methods and innovative methods such as longitudinal studies or video ethnography would be appropriate for future research. The exploration of short term or longitudinal; outcomes of educational interventions such as liberal arts courses, focussed on global citizenship education would be of interest. Disaggregating the impacts of global citizenship education for different populations such as age groups, ethnicity, immigration status, gender or perceptions and attitudes of faculty and students would also be interesting questions for future exploration.

5.5. Conclusion

As universities and educational programs place an increasing level of emphasis on global citizenship and global perspectives in their strategic plans and goals, there is a pressing need to understand more about the characteristics of global citizenship as it

impacts nursing education. This research focussed on understanding the nature of global citizenship and global health as well as curricular and pedagogical strategies to promote global citizenship education in undergraduate nursing programs. The study utilized interpretive description as the method. This qualitative approach is useful in making sense of the phenomenon of interest, in this case global citizenship in nursing education. Through interpretation of the descriptive data, the researcher is able to relate the findings to applications for the practice of nursing education.

Twelve expert informants, nurses with expertise as leaders, in nursing education and global health, from across Canada were interviewed. They expressed that nursing education is in an excellent position to embrace global citizenship education, in part due to the ethical and moral expectations of the profession (CNA, 2008a). Further, the caring role of nurses relates to education informed by ethics and moral standpoints (Noddings, 1984).

The informants for this study illuminated a picture of global citizenship as consisting of the characteristics of interconnectedness, social responsibility, ethical responsibility, caring and compassion, social justice, curiosity and humility. These characteristics fit with Martha Nussbaum's (1997) conception of the global citizen as someone who is educated for global responsibility and who feels bound to other human beings through ties of recognition and concern. Robertson's (as cited in Currie, 1998) definition of globalization emphasized the interconnected and compressed nature of the world which leads citizens to an increased level of consciousness of the state of people throughout the world.

Curricular approaches for global citizenship education included the need for particular courses, the use of specific curricular lenses and a variety of strategies for stand-alone and integrated course work as well as interdisciplinary approaches and others. Participants emphasized the need for global health courses to be strengthened across nursing programs. As well, they pointed to the need for more of an emphasis on liberal arts and interdisciplinary courses to broaden perspectives in ways that are desirable for global citizens. Critical social theory was identified as the main curricular lens to be utilized, as well as social justice and cultural education perspectives. Other concepts or topics recommended were the social determinants of health, politics, policy

development and leadership. Several pedagogical strategies were highlighted including the need to develop self-awareness through reflexivity, the need to explore cultural knowing and to be diligent in all teaching to make connections between the local and global context. Whenever possible, it was emphasized that international experiences should be facilitated as well as experiences with aboriginal populations. Mentoring and role modelling of desirable global citizenship behaviors was described as an important faculty role. Further to these possibilities, many challenges to the integration of global citizenship education were also expressed. Challenges to global citizenship education practice including: curriculum development challenges, faculty member's wide variety of pedagogical and research interests and the changing demographics of nursing students.

A strong purposive sample of informants with considerable expertise in the phenomena of concern is a strength of this study. One limitation of the study is the experiences of the researcher which both contributed to the interest and direction of the research, but biased the analytic directions taken. Other interpretations of the data will have yielded potentially divergent findings, however the volume of data from the informants and consistent themes lent trustworthiness to the results.

Results of this study point to a variety of directions for future research. and open up many new questions for study. For example, following this analysis, it can be asked: do these characteristics of global citizenship and curricular directions resonate for nurse leaders, educators and students? How does global citizenship education influence the development of professional nurses in the short term and longer term? And how can we evaluate the outcomes of global citizenship education? The results of this study invite other nurse leaders and faculty in nursing education to examine their approaches to global citizenship education. These results and the questions that emanate from the results may be relevant to other educational programs such as the field of education or business and throughout universities interested in global perspectives for their students and in realizing institution-wide goals for global citizenship. The concept of a global citizen is no longer an idealized notion and the time is right for universities to take up the lessons learned from this research and the questions that emanate from the results herein.

A few key comments from participants resonated as exceptional expressions of the need for global citizenship education and I would like to conclude with reference to their wisdom.

Participant 4 expressed the significance of the role of global citizenship education in nursing as relevant and timely:

I believe it is one of those great concepts that works well because its time has come and there is something about the languaging that pulls a number of pieces together.

With respect to the urgent need to move forward with global citizenship education, in the words of Participant 6:

... we live in a global world, we nurse in a global world... and nursing is something that is globally understood and valued and respected.

And finally, Participant 1 may have best summarized the characteristics and purposefulness of global citizenship education for nurses when asked to explain why she thought social justice and compassion were particularly important characteristics:

Well it is because the motivation behind that is to create conditions for human flourishing ...it is the idea of human flourishing which includes that very profound, philosophic anchoring in the human dignity of the individual person. Yes, human flourishing...it is absolutely the most holistic view of health you could take.

Nursing education is primed and the world is primed and ready to invest in global citizenship, with a current and strong conceptual understanding and with directions for curriculum and pedagogy ready to be explored and tested.

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Appendices

Appendix A.

Details of Study

The premise of this study is that globalization has produced an evident need for professional nurses to develop an understanding of global citizenship as it relates to nursing and health and to develop competencies in their practice that will enable them as professionals to function as global citizens and contribute to the improvement of global health. To this end, the question for this study focuses on gaining a clearer understanding of the values and qualities inherent in the notion of global citizenship and the curricular implementation strategies that would be desirable in order to promote the development of undergraduate nursing students as global citizens who are competent to engage in global health issues.

This study will involve qualitative research following an approach called interpretive description (Thorne, 2008; Thorne, Reimer Kirkham, & MacDonald-Emes, 2007). This research orientation acknowledges the contextual nature and shared realities of the nursing experience and is suited to disciplines such as nursing where some form of interpretation and application of the findings to professional practice are expected outcomes of the inquiry. It draws from a number of qualitative traditions including Lincoln and Guba's (1985) *Naturalistic Inquiry*. It is designed for applied researchers including those with an education focus. It is suited to research questions that result in an inductively derived description of a phenomenon and an extension of the description to interpretation of the results to "make sense" of the data. The data from the interviews will be analysed using an inductive process. Thorne (2008) drawing on the work of J.M Morse, outlines four cognitive processes that contribute to the conceptualization that interpretive descriptive approach requires. The first is *comprehending*, i.e., one learns as much as one can about the experience of the participants while holding judgement and looking for new questions that could deepen the understanding of the phenomenon. The next process is *synthesizing*, i.e., the merging of patterns in the data and the sifting of the significant from the insignificant data. The third process is *theorizing*, i.e., developing "best guesses" about the meaning of the data and the final process is *recontextualizing*, i.e., where the researcher translates what has been synthesized into a form that articulates how theoretical perspectives can be translated into practice. This process will be iterative throughout the data collection and analytical processes.

This study will not expose participants to any risk of physical or psychological stress. The study would be considered minimal risk as there would be no more discomfort experienced than in everyday life. If there is any discomfort with the questions, the participant will have the option of not responding to the question.

The sample will be a purposeful sample of expert informants, i.e., the participants will be chosen because there is the potential to learn from them about the issue that is central to the inquiry. (More details on participants below). All participants will be adults who are able to sign the written consent. As all participants are individual professional nurses and capable of giving individual consent, and as I am not currently employed by an institution, I will not seek ethical approval from other health authorities or universities.

The participants will be 8-12 expert informants, i.e., individuals with significant professional nursing experience with global citizenship, global health, and/or undergraduate nursing education. The sample will include a sampling of participants from across Canada but may not include a representative from every province. Having identified a number of individuals from my own professional contacts and knowledge of these individuals' professional areas of expertise, I am also utilizing a snowball approach by asking "well-situated" nurses who they would recommend as participants for my study. In order to gain a broader perspective of the issue, there will be an attempt to choose participants who provide maximum variation. Although they will have commonalities in relation to the phenomena of interest, their backgrounds and expertise will vary.

Letters of invitation to participate in this study will be sent by e-mail to identified potential participants. All of the participants are expert informants who hold leadership roles in the field of nursing education at public institutions in Canada. These leaders have their contact information publicly available on their institutional web-sites and I will be accessing their contact information from publicly available information. As well these participants are leaders who routinely make themselves available for research and commentary, providing their opinions on a variety of issues in the spirit of academic freedom. They will be requested to inform me of their inability to participate or lack of interest in doing so by e-mail or telephone. I will send them the consent form by e-mail with the letter of invitation and if they are willing to be a participant, ask them to return the signed consent to me by mail or fax by a specific date. This will enable me to verify the participants. As confidentiality of identities cannot be guaranteed in phone interviews, there will be 2 consent forms, i.e., one for telephone interviews and one for in-person interviews. Each consent form will include a brief preamble to the study, the purpose of the study, the process of the research as well as their right to privacy and confidentiality, their ability to not respond to questions if they choose not to do so and their ability to discontinue participation at any time.

The interviews will be of a semi-structured nature. An outline of the general questions that will guide the interview with possible probes is attached to this submission. I plan to write field notes during each interview. This will consist of an unstructured written recording of observations or other potentially useful pieces of information that are present during the interview process. In addition, I plan to use a reflective journal to document reflections as I move through the data collection process. These reflections will focus on how I believe I may have personally affected the research and how the research process affected me.

The interviews will be conducted either face-to-face or by telephone. It is my preference to conduct the interviews face-to-face if possible. Face-to-face interviews will be arranged in places that allow for privacy and that are convenient and comfortable for the participant. Each interview will be approximately an hour long. The interviews will be taped and will be transcribed later by a transcriber, using a pseudonym that will be used in the writing of the dissertation so that the participant will not be able to be identified. Possible identifiers such as gender references, names of places and titles will be removed from transcripts and other written materials such as field notes. In order to seek clarification and validation, there will be follow-up interviews for 1-2 of the participants after the analysis is done. This follow-up interview will be no more than an hour in length and will be transcribed later. All research tapes, transcripts, field notes and reflective journals will be kept in a locked filing cabinet for 3 years following completion of the dissertation, and will be destroyed thereafter.

I believe that this study will make a substantive contribution to scholarship in nursing education as there is a lack of literature that clarifies the meaning of global citizenship as it relates to nursing students and nurses. In addition, although there has been an increasing number of articles focussing on the positive learning that results from international experiences for students and the need for the inclusion of global health perspectives in nursing programs, there is a distinct lack of research literature that suggests how these concepts should be integrated across the years of an undergraduate curriculum for all students. Hopefully, the findings from this research will assist nursing programs to include a comprehensive and integrated approach in the curriculum that promotes the development of global citizens to fit with the goals of the institution, goals of the nursing programs and the health needs of populations throughout the world. Ultimately the results of the study have the potential to be significant if the recommendations contribute to strengthening the quality of nursing graduates so that they become agents of change and leaders in initiatives related to global health.

As I am a *seasoned* nursing educator who is currently a Professor Emeritus in the Thompson Rivers University School of Nursing and who has been involved in a number of international initiatives, I have a degree of expertise in this area. This expertise should assist me in negotiating the content of the interviews with the interviewees and in the analysis of the data. It may also create challenges as I will have to be very careful to not let my biases cloud my thinking as the

interviews proceed and in the inductive analysis. Although I have accumulated a number of names as possible contacts and will continue to do so, ultimately the sample of individuals who are interviewed will be limited by their willingness to be involved as well as their availability. Also, my sample will be drawn from Canada partly for convenience purposes but also to narrow the study to nursing programs in Canada to provide a more specific focus than the inclusion of the international perspective might permit. This may place limitations on the applicability of the results to nursing programs in other countries but I expect that there would be some themes that have the potential to apply beyond the Canadian environment.

This study will be carried out in Canada. Copies of the results of this study upon its completion may be obtained by contacting Sharon Simpson, [REDACTED] or [REDACTED].

Appendix B.

Consent Forms

Informed Consent for In-person Interviews

Page 1 of 2

Professional Nurses as Global Citizens:
Developing an integrated approach in undergraduate curricula
SFU REB approval number- 2010s0693
Fax number [REDACTED]

Informed consent for in-person interviews

Title: Professional Nurses as Global Citizens: Developing an
Integrated Approach in Undergraduate Nursing Programs
Investigator: Sharon Simpson
Department: Graduate Student in the EdD program, Education, Simon Fraser
University

This study seeks to understand the need for professional nurses to function as global citizens and the impact on competencies in an undergraduate nursing program.

There are no foreseen risks for participating in this study. The study will not expose participants to any risk of physical or psychological stress. You are being asked to engage in approximately a one hour interview either by phone or in person. The place and date of the interview will be arranged for your convenience and comfort. The interviews will be tape-recorded and later transcribed by a third party. There is a possibility that for purposes of clarification and validation, there may be a follow-up phone interview for 1-2 participants. This follow-up interview will not exceed one hour and will be transcribed also. All research tapes, transcripts, field notes and reflective journals will be kept in a locked cabinet and destroyed three years after the completion of the dissertation.

You may withdraw their participation at any time and there will be no negative repercussions from doing so. As well, you may choose not to answer any question that is asked. For the purpose of confidentiality, pseudonyms will be used in the transcription process, in any written documents, publications or oral presentations related to the research. Possible identifiers such as gender, names of places and titles will be removed.

I have obtained approval from the Simon Fraser University Research Ethics Board for this study. I will not be obtaining ethics approval from your agency or institution.

If you have any questions about the study or the findings, participants may contact the Primary Investigator at Sharon Simpson, [REDACTED] or [REDACTED]. If you have any concerns or complaints, participants should contact Dr. Hal Weinberg, Director, Office of Research Ethics, Simon Fraser University, [REDACTED] or 778 782-6593.

Copies of the results of this study upon its completion may be obtained by contacting Sharon Simpson, [REDACTED] or [REDACTED].

Your signature on this document signifies that you understand the procedures that you are being requested to engage in as a participant of this research and that you voluntarily agree to participate in this study.

Please fax to [REDACTED]

Signature: _____

Date signed: _____

Informed Consent for Telephone Interviews

Page 1 of 2

Professional Nurses as Global Citizens:
Developing an integrated approach in undergraduate curricula
SFU REB approval number- 2010s0693
Fax number [REDACTED]

Informed consent for telephone interviews

Title: Professional Nurses as Global Citizens: Developing an Integrated Approach in Undergraduate Nursing Programs

Investigator: Sharon Simpson

Department: Graduate Student in the EdD program, Education, Simon Fraser University

This study seeks to understand the need for professional nurses to function as global citizens and the impact on competencies in an undergraduate nursing program.

There are no foreseen risks for participating in this study. The study will not expose you to any risk of physical or psychological stress. You are being asked to engage in approximately a one hour interview either by phone or in person. The place and date of the interview will be established based on the convenience and comfort for you. The interviews will be tape-recorded and later transcribed by a third party. There is a possibility that for purposes of clarification and validation, there may be a follow-up phone interview for 1-2 participants. This follow-up interview will not exceed one hour and will be transcribed also. All research tapes, transcripts, field notes and reflective journals will be kept in a locked cabinet and destroyed three years after the completion of the dissertation.

You may withdraw your participation at any time and there will be no negative repercussions from doing so. As well, you may choose not to answer any question that is asked. Although in a telephone interview, confidentiality of identities cannot be guaranteed, every effort will be made to maintain confidentiality. For the purpose of confidentiality, pseudonyms will be used in the transcription process, in any written documents, publications or oral presentations related to the research. Possible identifiers such as gender, names of places, positions and titles will be removed.

I have obtained approval from the Simon Fraser University Research Ethics Board for this study. I will not be obtaining ethics approval from your agency or institution.

If you have any questions about the study or the findings, you may contact the Primary Investigator at Sharon Simpson, [REDACTED] or [REDACTED]. If you have any concerns or complaints, participants should contact Dr. Hal Weinberg, Director, Office of Research Ethics, Simon Fraser University, [REDACTED] or 778 782-6593

Copies of the results of this study upon its completion may be obtained by contacting Sharon Simpson, [REDACTED] or [REDACTED]

Your signature on this document signifies that you understand the procedures that you are being requested to engage in as a participant of this research and that you voluntarily agree to participate in this study.

Please fax to [REDACTED]

Signature: _____

Date signed: _____

Appendix C.

Promise of Confidentiality

Attachment: Confidentiality Agreement

I, [REDACTED], have had an opportunity to discuss confidentiality protocols with Sharon Simpson, the principal investigator, and I understand the protocols for the treatment of data as it pertains to the research project Professional Nurses as Global Citizens: Developing an integrated approach in undergraduate curricula.

I recognize the importance of maintaining confidentiality and anonymity when dealing with the research data. I will comply with the assurances the researcher has given the participants, and will ensure that the treatment of data adheres to the protocols outlined in the approved ethics application.

Signed: _____

Date November 15, 2011

Witness: _____

Date: Nov 15 / 11

Appendix D.

Interview Questions

Questions to Guide Thesis Semi-structured Interviews

The questions and possible probes that I plan to use to guide the semi-structured interviews are as follows:

1. Some beginning questions: How long have you been a nurse? How did you become interested in nursing/decide to become a nurse? Where have you worked and in what roles?
2. Describe/tell me about your personal and professional experiences with global health/global citizenship, i.e., where you are situated
3. Throughout your personal and professional experience, is there anything that stands out for you as influencing/inspiring your interest in global health/global citizenship?
 - Your personal background?
 - Was it a key experience or multiple experiences?
 - An individual, a speaker, client, instructor?
 - A course, an experience?
 - How did your interest evolve in your career? Key turning points, trends?
4. Tell me about your involvement in education related to global health/global citizenship?
 - Curriculum development?
 - Other experiences?
5. What does the notion of global citizenship as it relates to nursing and health mean to you?
 - Values, principles associated with it? Compassion for others?
6. In undergraduate nursing curricula, in order to promote an integrated approach to the development of global citizens who impact global health, how would you see that enacted within the curriculum? How do we motivate/inspire students to connect their classroom learning to civil society?
 - Particular skills/attributes to be developed? Personal and professional?
 - Sets of knowledge, theoretical frameworks/models?
 - Pedagogical strategies-particular theory and/or practice courses?
 - Levelling/integration?
 - Need for personal reflection? How to encourage/develop?
 - Specific concepts, e.g., ethical issues/approaches, diversity, cultural competence/safety, human rights, social justice, equity, accessibility, determinants of health, advocacy, gender issues, economic and political issues, the need for public engagement, sense of community, compassion for others locally and globally.

7. How should we encourage undergraduate students to become global citizens?
 - Promote development of leadership skills? A sense of the responsibility to act? Political skills? At what level?
 - How much to include related to the 'big picture', e.g., health care systems, local, national and international governments, international organizations, development work, that all play a role in global health?
 - Is it possible to teach or is it inherent within the individual?

8. Crystal ball question...given your experiences, knowledge in this area, as we look into the future, tell me ideally what you believe are the priorities for implementation? What are the barriers/challenges?

How do can we as nurse educators create the conditions to inspire interest in the development of nursing students as global citizens? How can leaders facilitate this work?

 - How to promote 'uptake'/knowledge translation considering varying degrees of interest?
 - How to develop perspectives on parallels with, e.g., inner city and aboriginal populations in developed countries and populations in developing countries?

9. Do you have any additional thoughts or suggestions?

Sample of Follow-up Interview Questions

1. In the last interview, you talked about_____. Could you please clarify for me what you meant when you discussed_____?
2. Could you please expand on your comments related to____?
3. When you discussed _____ in our interview, I understood that the premise of that discussion was_____. Am I correct interpreting your comments that way?