

Students' experiences from a refugee camp: promoting new perspectives on nursing

Kirsti Henriksen

RN, MSc, Lecturer, Nursing Programme at University of Tromsø, Norway

Correspondence to:

Kirsti Henriksen

M-H bygget, N- 9037 Tromsø, Norway

E-mail: Kirsti.Henriksen@uit.no

Phone: +47 77660690, Fax: +47 77660612

Manuscript type: Scientific article

Word count: 5000

Short title: Students' experiences from a refugee camp

Summary

Increasing numbers of students are gaining international experience in developing countries. Previous studies have found that these students grew significantly in international understanding and personal development compared with students who had been placed in developed countries. Clinical placements in a refugee camp may be considered a unique type of experience that has not been described in the literature. The aim of this study was to explore how clinical placements in a Palestinian refugee camp in Lebanon may contribute to the development of nursing competence.

A hermeneutical empirical study of texts from 19 students was performed. Reflections of the students' learning were searched through a content analysis of the texts. Three main themes were found, namely, transformative experiences from a refugee camp, being the stranger, and new perspectives on nursing. The students' transformative experiences from the refugee camp promoted personal education and relational skills and yielded new perspectives on nursing. Placements in a refugee camp may contribute to the development of nursing competence by promoting development of the following essential elements of nursing competence: tolerance for diversity, relational skills, soothing, and agency.

Keywords: Developing Countries, International Placements, Cultural Sensitivity, Nursing Education, Nursing Competence, Diversity

Introduction

Nursing students from developed countries are increasingly having international experiences in developing countries. Do these experiences help to develop better nurses? Clinical placements in refugee camps, which may be considered special cases of experiences in developing countries, have not previously been described in the literature. This paper presents a study of clinical placements for Norwegian nursing students in a Palestinian refugee camp in Lebanon.

Background

International experiences in developing countries provide great potential for learning and improving international perspectives, personal development, and cultural sensitivity or cultural competence. Some studies suggest that these experiences may also contribute to the development of nursing competence. No studies have specifically examined how placements in developed countries contribute to the development of nursing competence.

Currently, there are four reviews of published academic papers on nursing students' international experiences. The review by Button, Green, Tengnah, Johansson, and Baker (2005) of literature from 1980 to 2003 identifies the primary effects of international experiences, such as personal development and enhanced cultural sensitivity. The authors recommended that educational institutions provide students the opportunity to participate in nursing care during placements. Few studies have examined the experiences of students placed in developing countries¹. Haloburdo and Thompson (1998) compared placements in developed and developing countries. They reported more similarities than differences in the

¹ A developing country is a nation with a lower living standard, underdeveloped industrial base, and low Human Development Index (life expectancy, education, and income) compared with other countries (Wikipedia, 2014).

students' learning from the two types of experiences. However, students in developing countries differed in two areas: their challenges in adjusting to the conditions and "their reconnection with caring as the essence of nursing" (Haloburdo & Thompson, 1998, p. 19). With limited resources, the students had only themselves and their relationships to offer as nursing care. Many of them came to value these experiences. Thompson, Boore, and Deeny (2000) reported that students placed in developing countries grew more significantly in their international perspectives and in their personal and intellectual development compared with students placed in developed countries. These differences were explained by students' contrasting experiences in living conditions, culture, and values. Many studies of international experiences have described different degrees of immersion in the culture and argue that immersion is important for students' learning (Bentley & Ellison, 2007; Hagen, Munkhondya, & Myhre, 2009; Haloburdo & Thompson, 1998; Levine, 2009; Thorsvik & Hedlund, 2008). Levine (2009) described immersion as living with local families, becoming part of their social network, and working with their local professional counterparts. The review by Kubolk, Mitchell, Glick, and Greiner (2012) of the literature from 2003 to 2010 revealed an increase in studies on the experiences of students placed in developing countries. Most of these studies evaluated short-term experiences² that were part of elective courses with a focus on cultural competence. In a literature review of study abroad programs from the late 1990s, Edmonds (2012) stated that although long-term placements have proven to be more beneficial, short-term intensive cultural immersion programs provide an alternative for learning cultural competence. The important factor is "...to encounter people of various cultural backgrounds beyond the level of a tourist" (Edmonds, 2012, p. 33). Harrowing, Gregory, O'Sullivan, Lee, and Doolittle (2012) conducted a critical analysis of cultural immersion experiences. The authors found the benefits to be more modest than suggested in the current literature, and they

² Defined as one to four weeks

suggested that the students matured more as a result of their experiences living under different conditions rather than as a result of the cultural immersion. In a study of a short-term placement in Zambia, Asenso, Reimer-Kirkham, and Astle (2013) concluded that the students' integration in the local context and relations with the local people were important factors in their learning. Hagen et al. (2009) studied an eight-week clinical placement in Malawi to examine cultural competence and found that the students increased their cultural competence. Their students also saw development of their relational skills as an important learning outcome. Evanson and Züst (2006) studied the long-term effects of international experiences. To achieve a lasting impact, they recommended that international experiences should involve hands-on nursing care. In a similar study, Smith and Curry (2011) emphasised the importance of participating in nursing care and recommended exploring such experiences. Another literature review from 2000 to 2009 aimed to describe the development of cultural competence and elucidate the learning experiences of nursing students during the exchange. The author noted that nursing skills were not necessarily developed during the exchange, but the students learned different methods of working and had an opportunity to discuss their experiences with local staff (Kokko, 2011).

This study explores how long-term clinical placements with immersion in a refugee camp may contribute to the development of nursing competence. Nursing competence is seen as more than practical skills. Relational skills are described as an essential aspect of nursing competence in the national educational regulations of Norway (Christiansen, 2009). In this study, nursing competence includes moral as well as practical and relational skills.

Clinical placements in a refugee camp

Since 2003, our nursing programme has arranged clinical placements in a Palestinian refugee camp in Lebanon in cooperation with a local nongovernmental organisation (NGO). In total, there are approximately 400,000 Palestinian refugees in Lebanon. Our students travel to a camp where approximately 20,000 refugees live together in close proximity (Elsayed-Ali, 2006). The camp was established when many Palestinians fled their homes after the declaration of the State of Israel in 1948. Today, these stateless refugees live in camps with poor housing and have neither citizenship nor civil rights in Lebanon. They face economic hardship because of limited opportunities for education and employment (Elsayed-Ali, 2006). The UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is providing social and primary health services to these refugees (Chaaban et al., 2010). Various NGOs are also providing health services, mainly through health clinics. The family is the cornerstone of this society and is considered the main caregiver. This tradition is increasingly challenged as some elderly people are left with little or no support network. Their children are unable to fulfil their obligations because they are dead, disabled, or living abroad. Many of the elderly depend on assistance from various NGOs because the priorities of UNRWA are focused on refugees younger than 60 years old (Raunsgard, 2009). Living in exile for 65 years through years of civil war, military incursions, and political tension, the refugees still hope to return home. Depression is relatively common among young people, who see no future, and elderly people, who are losing hope of dying in their homeland (Chaaban et al., 2010).

Placement in this camp is one option for a nine-week mandatory practice in community health and elderly care in the third year of our programme. The students participate in a home-based nursing service for elderly people provided by a local NGO. The students are hosted by families or stay in small flats in the camp. This arrangement, which allows the students to

interact with people of all ages in the camp, has become an important learning environment and enables placement “around the clock”. This placement is considered challenging.

Consequently, the students’ professional and personal qualifications are assessed through an application process. A mandatory preparatory programme addresses historical, social, and professional issues related to the placement as well as security measures. Upon their return, the students participate in a structured debriefing, which includes a written assignment.

Objective

The objective of this study was to explore how clinical placements in a Palestinian refugee camp in Lebanon could contribute to the development of nursing competence. The research questions were: 1. How do the students express their learning related to nursing? and 2. How does this placement help students to develop their nursing competence?

Methodology

Design and data collection

This was an explorative study with a hermeneutical approach involving an analysis of students’ texts, parts of their feedback forms related to this placement, and one transcribed seminar. The texts were written as assignments related to the placements in 2003-2008. The assignment was to write about a situation during their placement that made an impression on them or left them disquieted or puzzled, as well as their professional and personal reflections on the experience (Henriksen, 2009). As daily life in the camp was part of the learning in this placement and relevant experiences may also take place “around the clock”, the students were free to write about any situation they considered significant. According to Benner, Hooper-Kyrakidis, and Stannard (1999), experiential learning generates narrative memory that includes the emotional sense of a situation, which is significant and therefore remembered.

Benner et al. referred to Gadamer when suggesting that experiential learning involves a “turning around” of preconceptions, such as when one senses something disquieting or puzzling that generates a problem search. Gadamer (1988) stated that an experience consists of expectations that are not met and that it is always transcendent. Students with little experience are often exposed to unexpected events. The assumption was that experiences that have not yet been processed may be developed and made explicit through their accounts and reflections in these assignments. These texts may then reveal important learning experiences.

The questions included on the feedback forms were: To what extent has this placement contributed to your understanding of nursing? What do you consider as your most important learning experience? Data were collected over an extended period to obtain a large number of texts and a richer collection. Consequently, some of the data are old. This is of minimal importance though because neither the structure of the placement nor the situation in the camp has significantly changed. Nineteen students participated and provided their texts and feedback forms. Five students also participated in a taped debriefing seminar and discussed their assignments. This seminar was transcribed verbatim.

The context of the texts

Cullum (2003) noted that all research is conducted in a specific time frame, that it must be located in time and place, and that it is “embedded in specific social, economic, and political power relations”. Texts are part of a context. The students had been in a Palestinian refugee camp that has hosted many Norwegian volunteers since 1976. The students were generally perceived by the refugees as continuing a tradition of solidarity but were individuals with learning objectives. The texts were written as assignments in an educational programme; thus, they may reflect students’ personal expectations of learning.

Data quality and credibility

Graneheim and Lundman (2004) stated that credibility involves establishing confidence that the data and analysis address the focus of the study. Measures to ensure credibility in this study include describing the context of the texts, thoroughly presenting the findings with representative quotations, and attempting to provide a reflexive account of the researcher's pre-understandings. According to Gadamer (1988), it is important to be aware of one's pre-understandings so that the text can address these pre-understandings. With regard to pre-understanding, the researcher has a history as a volunteer with Palestinian refugees in the Middle East, introduced and developed the programme for this placement, and tutored the participating students. Therefore, my understanding inevitably influenced the students' understanding of their experiences. I have a substantial pre-understanding of nursing in the Middle East as well as tacit knowledge of Palestinian culture. This knowledge has been helpful in the data analyses but constitutes a challenge in establishing a critical distance to the texts. I may be led to overlook some parts of the texts as "obvious" or to attempt to confirm my own understandings. Gadamer (1988) believed the logical structure of questions to be negative, using the insight of not knowing. My closeness to the field of study made it challenging to read the data as "not knowing". Therefore, it was important to identify and investigate unexpected, contradictory, and strange elements in the data and to pay attention to sections that I initially considered irrelevant.

Ethical considerations

University approval to conduct this study was obtained. The participants provided their written informed consent to participate. The researcher tutored the students. The power relationship between the researcher and the students may represent an ethical dilemma; however, the students were informed that the researcher would not participate in the grading or evaluation of the students.

Analysis

A content analysis was performed following the modification of Giorgi's method made by Malterud (1993, 2001). According to this modified method, four main steps are recommended: "getting a total impression, identifying meaning units, abstracting the contents of individual meaning units, and summarising their importance"(Malterud, 2001, p. 487). Several readings were performed to obtain a total impression of the entire text. The texts were then searched for meaning units that seemed to refer to the research questions. The meaning units were grouped following Malterud's elaboration of the second step. In the third step, the content of the meaning units was abstracted and condensed. In the fourth step, the insights contained in the condensed meaning units were synthesised and integrated into a consistent description (Malterud, 1993, 2001). The description was structured according to three main themes: "transforming experiences from a refugee camp", "being the stranger", and "new perspectives on nursing". These themes will be described in terms of their content in the following section.

Results

Transforming experiences from a refugee camp

The students gained new insight into the life of the refugees and depicted their life. They depicted encounters with social injustice, limited life opportunities, poverty, and limited health services. Visits to poor families were exhausting and affected the students both mentally and physically. One girl wanted to travel but had no passport. Another young girl had dropped out of school to take care of her mother, who was confined to a wheelchair after a stroke. A young boy had a large wound that did not heal, and the family could not afford proper treatment:

Nader was not the only one I wanted to bring home with me for help, and it was very hard to return to the welfare state. I have experienced the big differences and how unfair the world is. This experience will stay with me, and it is one, which I would not have missed.

One girl was not afraid of “bird flu” because it would liberate her from her miserable life. Many youths had similar thoughts. A meeting with an old man was described as illustrating “the hope and the talk of all the elderly people in the camp”:

The old man brightened up when we entered the house and went straight to his bookshelves. He then welcomed me, showing his identity card from Palestine. The old shabby card had a picture of a young man. He proudly told me that this was himself at age 15, and the proof that he was Palestinian. He cried when he talked about Palestine and how strongly he wanted to go back before dying. However, he knew that his life would soon end, and that he could never go there.

New insight about the physical impact of a life filled with hardship as a refugee was gained: “Their stories made me understand how this hardship life made them grow older faster”. The students also heard many stories about war experiences, and they made comparisons with their own life:

In the year 1987, I started school with a new schoolbag, new dress and two parents accompanying me. In the year 1987, the camp was under siege for 6 months and the inhabitants had to eat dogs and cats. Only women and children could leave the camp, and they were under fire while trying to bring water, food and medicine. Talking to youths my age made me realize the contrast between my life and their lives.

Experiencing all the hardship in the camp, the students were surprised to experience so much hope and joy of life; they spoke with enthusiasm about the hospitality. One student even described her host’s flat as a warm cave: “This encounter with two old people became a lesson about care and nearness. This experience has enriched me both as a person and as a future nurse”. A lesson about the human resources required for adjustment and survival was learned: “The most valuable part was living in the camp”.

The experiences from the camp gave the students a new perspective on life. Emotional involvement was displayed in their texts as they questioned what they had accomplished with respect to helping people. The students felt guilty because they could return to their comfortable lives. They found it comforting that their presence showed that the refugees were not completely forgotten. They made statements of advocacy: “They called themselves the forgotten people. I will never forget them and will do my best to tell others about my experiences”.

Being the stranger

Adapting to life in the camp was challenging, as they lived in close proximity with little privacy: “In retrospect, we realize that this was a challenge we mastered quite well. We understand now that this is one aspect of living in a refugee camp”. The students’ prejudices were challenged in their social interaction with people in the camp. Lessons were learned about the culture and the importance of family. Being a cultural minority made them vulnerable and led to new insights:

I experienced how it feels to be the stranger. I was the one who was messing with the food, who did not have a family nearby and who had this strange culture. I was the one they laughed at.

Some students reacted with anger and suspicion when they did not understand or when things did not function as they expected. In retrospect, these reactions were understood as expressions of vulnerability and were compared with the experiences of patients:

We want to defend ourselves against the foreign and unsafe. This is the situation for both patients in institutions as well as for people visiting foreign countries. It is, therefore, important not to perceive them as difficult patients but to overlook this aggressive behaviour and try to understand how they feel and what the real meaning is.

The students believed that these experiences would make them more helpful to strangers. Being a stranger and facing language barriers promoted new insights into themselves, and new resources and possibilities were discovered: “It is important to dare to challenge myself and allow myself to understand things in different ways.” Personal growth was regarded as beneficial for their future nursing practice.

New perspectives on nursing

Nursing in the context of other health issues, limited health services, and limited resources was challenging but also educational. “The situation there put things in perspective and triggered many reflections. Good nursing is possible with few resources.” The students realised the difficult life of their local colleagues and admired their nursing care and their kind manners. They learned lessons about creativity and flexibility: “We benefited from experiencing that other methods can also function very well. Our method is not always *the right way*”. The students learned to look for new solutions and to reflect more on their actions and procedures and question their rationale.

The students found the nursing services to be highly influenced by culture and religion and were focused on the importance of family: “It made me think how different the need for closeness with family and friends is across cultures. This should be respected in nursing practice”. The families’ active involvement in caring for the patients at home was not merely a cultural issue. As many families could not afford hospital treatment, the patients were treated at home despite the scarcity of resources and competence. One old woman with a broken leg was cared for at home with her foot in a homemade traction device and was described as neglected. It was challenging to witness such cases, as the students recognised the suffering of the patients.

The language barrier made the students more aware of body language, enabling them to improve their observational skills. As cooperation and communication with relatives played important roles in the nurses’ practice, the students learned more about the human relational aspects of nursing and improved their relational skills:

It was good to perceive the human relationships without much difficulty. I expressed my care for the patient by grasping her hand and rubbing her arm softly. I noticed that her daughters were touched by this gesture. It seemed to me that they understood that I cared about the situation of their mother. It was natural to hug each other when I left their house.

The students' texts reveal empathy and a desire to contribute. "I felt that the most important thing for the patients was to talk, how little I understood was less important". Reflections on different methods of contributing were found:

I think it is important to keep in mind that one will not always manage to save lives. Still, a little contribution from you could mean a lot for the patient. One could always strive to find hope and something meaningful for the patient.

The students described performing acts of soothing, but some did not recognise their own achievements. The students differed in their assessment of their learning related to nursing. Some students described new insights but did not relate this to nursing: "We have not learned any new procedures; we have not learned any real nursing, things you do". Others articulated their new insights: "I learned that nursing can mean lots of things and may be as simple as just being there". "Time is the most valuable commodity that one can give to another person. This is something I was thinking about before I came to the camp. I am now convinced".

Learning more about culture is important, and the students were surprised to find so much in common and to be able to come so close to the refugees. The students link this learning to enhanced tolerance to diversity: "I feel much better prepared to meet people from other cultures or people who are different in whatever way, with tolerance and understanding".

“The experiences here have helped me to understand better anyone who is different at home”.

“I feel more confident now to approach people in spite of cultural differences, language barriers or other differences”. The students learned the importance of being more open to anyone who thinks and acts differently and willing to see things from the perspectives of others.

Discussion

The students’ learning related to personal growth was significant, which was also found in previous studies (Evanson & Zust, 2006; Hagen et al., 2009; Haloburdo & Thompson, 1998; Smith-Miller, Leak, Harlan, Dieckmann, & Sherwood, 2010). Personal growth is vital in nursing education. Nurses must manage encounters with many people whose backgrounds and expressions differ from their own. The ability and willingness to get involved, to invest in relationships, and to make a commitment to do one’s best has been called person-oriented professionalism by Martinsen (2006). This objective may be challenging. Most students’ life experiences are insufficient to cope with these professional challenges. Students need to cultivate their relational capacity. Benner, Sutphen, Leonard, and Day (2010) used the term “formation” to describe the personal educational process for nurses. Hagemann argued that this process is important:

It is not sufficient to learn the technical aspect of nursing. One must simultaneously work on one’s own person, to become a good person. In other words, the student, if she has not still done it, has to start to perform a task of fostering her own character (Hagemann, 1930), translated by Nordtvedt (1993).

Hagemann (1930) is a major figure in Norwegian nursing scholarship. Her view of nursing includes moral, relational, and practical dimensions. The development of the capacity for concern and compassion is important to understand the needs of the sick. Martinsen (2003) considered Hagemann's programme to be disciplinarian training in taking responsibility for oneself and others and in obtaining self-knowledge. The data from this study suggest that this placement contributes to such a formation process.

Previous research (Evanson & Zust, 2006; Hagen et al., 2009; Haloburdo & Thompson, 1998; Smith-Miller et al., 2010) suggests that cultural sensitivity is an important learning outcome. Several scholars have criticised the concepts of cultural sensitivity and cultural competency in nursing (Dreher & MacNaughton, 2002; Gray & Thomas, 2006; Gustafson, 2005). Some of the main points in this critique are that the concept of culture is seen as static, obscuring other socio-economic factors that have impacts on people's life and often tend to focus more on differences than similarities across cultures. Dreher and MacNaughton (2002) stated that cultural group knowledge is too often assumed to be valid for individuals. They called this an ecological fallacy, which imply drawing of conclusions about the wrong unit of analysis.

Cultural (group) knowledge may help us to understand the behavior of our individual patients and families so that we do not regard it as pathological. It does not allow us, however, to make assumptions about their behavior clinically (Dreher & MacNaughton, 2002, p. 183).

This study suggests that this placement has enhanced the students' tolerance for diversity: "for anyone who is different in whatever way" as one student stated. I see this as an important element in nursing competence and agree with Dreher and MacNaughton, who argued that cultural competence is really nursing competence: "It is the capacity to be equally therapeutic with patients from any social context or cultural background"(Dreher & MacNaughton, 2002,

p. 185). Nordtvedt (1993) regarded the recognition and acceptance of differences in others as a requirement for empathic understanding and caring. Compassion makes us responsive and receptive, which is important to enable us to see in an especially informed and competent manner. This “seeing”(Nordtvedt, 1993) requires openness and sensitivity toward a person in his/her own situation. The students learned that human emotions, such as hope, sorrow, and joy, could be transferred wordlessly across cultures. Martinsen (2006) described seeing likeness in difference as “the nurse’s attentive eye” and called it “an act of meeting”(Martinsen, 2006, p. 95). This meeting gives the patient significance and may strengthen the patient’s will to live. It involves acting to meet the needs of the patient and requires knowledge and practical skills. The experiences as the stranger make the students more reflective about their own cultural background. I believe this to be a more powerful factor in developing sensitivity toward diversity than collecting general information about diverse cultures.

The students’ texts displayed empathy, relational skills, and soothing acts. However, some of the students stated that they had not learned “real nursing”. “Real nursing” may suggest a view of nursing that is still limited and that reflects a stage in their educational process. A study of nursing students by Beckett, Gilbertson, and Greenwood (2007) showed that the students’ emphasis on technical skills obscured their achievements in other areas of practice. This situation was attributed to the heavier emphasis placed on measurable and technical skills in the clinical area. In this placement, the lack of resources and language barriers challenged the students’ ability of flexibility and creativity in clinical practice. Consequently, the students saw their previous experiences with clinical nursing in a new perspective.

The students wanted to help. This drive to help was considered by Hagemann (1930) to be the core of all nursing. However, the students' expectations of being able to help people were not met. The students found that many of the health problems of the refugees were related to their situation as refugees, and the healthcare services available had very limited resources. The issues at stake are the students' perceptions of what helping may imply. Does it always imply the ending of suffering? It was not in the power of the students to end the suffering. The students addressed their feelings of helplessness by giving of themselves. Consequently, the drive to help led the students to look for other ways to contribute, such as by finding something meaningful for the patient, listening, being there, and giving their time. These experiences made the students recognise the importance of soothing in nursing; nursing may also mean making a difference while suffering is endured. I regard this insight as vital to all clinical nursing. Benner et al. (1999) used the term "agency" to indicate the ability to act upon or influence a situation. They regarded agency as being at the heart of the development of good clinical judgement. Enhanced creativity and flexibility together with recognition of the importance of soothing will strengthen the students' ability for agency.

Factors that contribute to learning

Living in the camp and sharing the daily life of refugees opened the students' eyes to the situation of the refugees and challenged their prejudices. The accommodation itself became a lesson about survival and adjustment and facilitated close relationships with the refugees, thus promoting empathy. The students' empathy along with their disruptive experiences of the social injustice fuelled the students' drive to help. Asenso et al. (2013) also found that the relational engagement together with disruptive experiences ignited transformational learning: "...the process of learning which affects change in a person's frame of reference that defines their world" (Asenso et al., 2013). Another important learning factor was the students'

participation in the nursing care. Their striving to find ways to help with few resources made them recognise and develop essential elements in nursing.

Study limitations

A possible limitation regarding the reliability and validity of the study is that only one researcher was involved.

Conclusion

Long-term clinical placements in a refugee camp may be challenging but also have significant potential for learning and developing nursing competence. The current study suggests that placement in a refugee camp promotes the development of the following essential elements of nursing competence: tolerance for diversity, relational skills, soothing, and agency. Similar experiences may be developed in other refugee or minority communities worldwide. To enhance the learning potential and avoid reinforcing social inequalities, close cooperation with local organisations is recommended. The necessary resources may make it challenging to sustain such a programme. However, students' learning and the value of increased understanding of health disparities globally may provide rewarding motivations.

References

- Asenso, B. A., Reimer-Kirkham, S., & Astle, B. (2013). In real time: exploring nursing students' learning during an international experience. *International Journal of Nursing Education Scholarship, 10*(1), 1-10.
- Beckett, A., Gilbertson, S., & Greenwood, S. (2007). Doing the right thing: nursing students, relational practice, and moral agency. *Journal of Nursing Education, 46*(1), 28-32.
- Benner, P., Hooper-Kyrakidis, P. L., & Stannard, D. (1999). *Clinical wisdom and interventions in critical care: A thinking-in-action approach* (1st ed.). Philadelphia: W.B. Saunders Company.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses. A call for radical transformation*. San Francisco: Jossey- Bass.
- Bentley, R., & Ellison, K. (2007). Increasing cultural competence in nursing through international service-learning experiences. *Nurse Educator, 30*(2), 207-211.
- Button, L., Green, B., Tengnah, C., Johansson, I., & Baker, C. (2005). The impact of international placements i nurses' personal and professional lives: literature review. *Journal of Advanced Nursing, 50*(3), 315-332.
- Chaaban, J., Ghattas, H., Habib, R., Hanafi, S., Sahyoun, N., Salti, N., . . . Naamani, N. (2010). *Socio-economic survey of Palestinian refugees in Lebanon*. Beirut: American University of Beirut.
- Christiansen, B. (2009). Cultivating authentic concern: exploring how Norwegian students learn this key nursing skill. *Journal of Nursing Education, 48*(8), 429-433.
- Cullum, D. L. (2003). *Narratives at work. Women, men, unionization, and the fashioning of identities*. St .Johns, Canada: Iser Books.

- Dreher, M., & MacNaughton, N. (2002). Cultural competence in nursing: Foundation or fallacy? *Nursing Outlook*, 50(5), 181-186. doi: <http://dx.doi.org/10.1067/mno.2002.125800>
- Edmonds, M. L. (2012). An integrative literature review of study abroad programs for nursing students. *Nursing Education Perspective*, 33(1), 30-34.
- Elsayed-Ali, S. (2006). Palestinian refugees in Lebanon. *Forced Migration review*, 26, 13-14.
- Evanson, T. A., & Zust, B. I. (2006). "Bittersweet knowledge": The long-term effects of an international experience. *Journal of Nursing Education*, 45(10), 412-419.
- Gadamer, H. (1988). *Truth and method*. London: Sheed and Ward Ltd.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105-112. doi: <http://dx.doi.org/10.1016/j.nedt.2003.10.001>
- Gray, D. P., & Thomas, D. J. (2006). Critical reflections on culture in nursing. *Journal of Cultural Diversity*, 13(2), 76-82.
- Gustafson, D. L. (2005). Transcultural nursing theory from a critical cultural perspective. *Advances in Nursing Science Theory and Practice January/March*, 28(1), 2-16.
- Hagemann, E. (1930). *Sykepleieskolen etikk (Ethics of the school of nursing)* (P. Nordtvedt, Trans.). Oslo: Gyldendal Norsk Forlag.
- Hagen, L., Munkhondya, B., & Myhre, K. (2009). Similarities and mutual understanding: Exchange experiences in Malawi for host and guest students. *International Nursing Review*, 56, 476-482.
- Haloburdo, E. P., & Thompson, M. A. (1998). A comparison of international learning experiences for baccalaureate nursing students: Developed and developing countries. *Journal of Nursing Education*, 37(1), 13-21.

- Harrowing, J. N., Gregory, D. M., O'Sullivan, P. S., Lee, B., & Doolittle, L. (2012). A critical analysis of undergraduate students' cultural immersion experiences. *International Nursing Review*, 59(4), 494-501. doi: 10.1111/j.1466-7657.2012.01012.x
- Henriksen, Kirsti (2009) Hvordan kvalitetssikre studentpraksis i den tredje verden?
Klinisk sygepleje 23. årgang · nr. 2, 4-13
- Kokko, R. (2011). Future nurses' cultural competencies: what are their learning experiences during exchange and studies abroad? A systematic literature review. *Journal of Nursing Management*, 19, 673-682.
- Kubolk, P. A., Mitchell, E. M., Glick, D. F., & Greiner, D. (2012). International experiences in nursing education: A review of the literature. *International Journal of Nursing Education Scholarship*, 9(1), 1-21.
- Levine, M. (2009). Transforming experiences: Nursing education and international immersion programs. *Journal of Professional Nursing*, 23(3), 156-169.
- Malterud, K. (1993). Shared understanding of the qualitative research process. Guidelines for the medical researcher. *Family Practice*, 10(2), 201-206.
- Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet*, 358(9280), 483-488. doi: [http://dx.doi.org/10.1016/S0140-6736\(01\)05627-6](http://dx.doi.org/10.1016/S0140-6736(01)05627-6)
- Martinsen, K. (2003). Disiplin og rommelighet. In K. Martinsen & T. Wyller (Eds.), *Etikk, disiplin og dannelse: Elisabeth Hagemanns etikkbok - nye lesninger*. Oslo: Gyldendal Akademisk.
- Martinsen, K. (2006). *Care and vulnerability*. Oslo: Akribe.
- Nordtvedt, P. (1993). Emotions, care and particularity. *Vård i Norden*, 13(1), 18-24.
- Raunsgard, G. (2009). *Keeping them alive - humanitarian assistance to Palestinian refugees in Lebanon, and the role of NGOs*. (Master's Thesis), University of Bergen, Bergen.

- Smith-Miller, C. A., Leak, A., Harlan, C. A., Dieckmann, J., & Sherwood, G. (2010). Leaving the comfort of the familiar: Fostering workplace cultural awareness through short-term global experiences. *Nursing Forum*, 45(1), 18-28.
- Smith, K., & Curry, K. (2011). Is it worth it? Measuring the long-term effects of an international experience for nursing students in Ecuador. *Journal of Community Health Nursing*, 28(1), 14-22.
- Thompson, K., Boore, J., & Deeny, P. (2000). A comparison of international learning experiences for nursing students in developed and developing countries. *International Journal of Nursing Studies*, 37, 481-492.
- Thorsvik, M., & Hedlund, M. (2008). Cultural encounters in reflective dialogue about nursing care: A qualitative study. *Journal of Advanced Nursing*, 63(4), 389-396.
- Wikipedia. (2014). Developing country. Retrieved March 11, 2014, from http://en.wikipedia.org/wiki/Developing_country