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Global partnerships in nursing – a qualitative study in lessons for success

Dawn A. Morley, Principal Academic in Adult Nursing, Bournemouth University, UK

Sheila Cunningham, Director for Learning, Teaching and Quality, Health and Education, Middlesex University, UK

Corresponding author:

Dawn A. Morley, Principal Academic in Adult Nursing, Bournemouth University

Mobile 07821902971 morleydawn@yahoo.co.uk

Abstract

Global nursing partnerships can develop cultural competence and standardisation across international nurse education programmes. Issues of context, cultural awareness and modes of engagement can influence the success of international collaboration.

The 'Supporting Internationalisation of Traineeships in the Healthcare Sector' project, funded from 2017, brought together nine international partners from Finland, Poland, Spain and the UK to develop a pan-European quality audit process for clinical learning environments. As part of the evaluation, eight project partners were interviewed about the project and their criteria for a successful global partnership.

The interviews allowed insight into previously hidden aspects of implementation. The importance of a scoping period for nursing global partnerships was highlighted that built on

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cultural diversity to explore common understandings. Attention to the use of prior expertise in internationalisation, or project objectives, could accelerate a global partnership to achieve a greater potential in its outcomes and cultural sensitivity. Framed in a clear structure, it is possible for global partnerships to embed ownership, autonomy and individual voice within partner organisations.

The research concludes that only by growing international champions through funded and well constituted projects, that a genuine impact on the global health and educational needs in nursing can be met.

Highlights

- There is a lack of guidance on what constitutes a successful nursing global partnership

- A scoping period builds on cultural diversity to explore common understandings.

- The use of prior international expertise enhances outcomes and cultural sensitivity

- Ownership, autonomy and individual voice can be structured into partnership working.

Keywords

Cultural sensitivity, Global partnerships, Internationalisation, Nurse placements, Standardisation

Introduction

Nursing, like many professions, is required to find broader, collaborative solutions to the increasing complexity of global issues that face health care and the education of students. Setting and achieving global competencies is a priority for nurse education as it faces the future (WHO, 2013).

Analysing the differences and future possibilities between global health care systems gives 'nursing education and research … an international focus … to spread knowledge and to benefit from multicultural experiences' (Ergin and Alkin, 2017, p.611). For some low-income countries, global partnerships are an as essential conduit to grow their own economies and ensure a nurse education that is comparable in the global higher education market (George and Meadows-Oliver, 2013; Naidoo and Sibiya, 2018; Nishimi and Street, 2020).

In particular, the importance of students to improve their cultural competence is acknowledged across global nursing professional organisations (AACN, 2008; NMC, 2017; CNA, 2018). Undertaking an international placement has the power to enhance students' awareness of cultural competence within an increasingly diverse population of patients and colleagues (Ulvund and Mordal, 2017).

> *Mutual cultural sensitivity, cultivated respect for diversity, enhanced awareness of health disparities and different health care systems, [that] promote critical thinking regarding complex health issues in resource limited settings, and support* (Gosse and Katic – Duffy 2020, p.5)

Partnerships between home organisations, and the partner institutions that students visit, are at the root of transcultural learning (Visovsky et al., 2016). However, variations occur

across this relationship 'with no clear consensus … on what structure, support and assessments lead to greater student learning' (Browne and Fetherston, 2018, p.10). The challenges of partner universities to find regulatory, administrative and quality assurance mechanisms, that are both locally and internationally relevant, span diverse areas from 'course material, monitoring, and evaluation strategies [to] staff calibre' (Naidoo and Sibiya, 2018, p.356) and are multiplied in their complexity due to the international context (Cunningham, 2017).

The ERASMUS+ scheme is a recognised exchange mechanism for European students to study abroad in more than 30 countries (UUK, 2017). The arrangements post Brexit mean funding is organised differently for the UK through the Turing scheme (British Council, 2021). For nursing, it provides an established framework for professional bodies, such as the Nursing and Midwifery council (NMC) in the UK, to audit student placements against their own quality standards (Marshall, 2017). Recognising that standardisation across international placements was both complex and lacking in transcultural principles (Hall, Higgins and Narayanasamy, 2019) universities in Finland, Poland, Spain and the UK successfully bid for funding to produce a robust pan-European quality audit process for clinical learning environments (Hall, Cunningham and Knight, 2019). The resultant 'Supporting Internationalisation of Traineeships in the Healthcare Sector' (HEALint) project began in 2017 and central to the project has been the positive experience of collaboration between international partners. During 2020, eight partners were interviewed on their lived experience of HEALint and what constitutes a successful global partnership.

Literature Review

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Successful partnership working is at the core of the nursing profession from working with clients, colleagues, communities, and other health care providers. The concept of 'partnership' and 'success' is, however, open to interpretation and can be measured via both process or outcomes (Dowling, Powell and Glendinning, 2004; Wildridge, Childs, Cathra and Madge, 2004).

As partnerships become wider, there is an assumption that they become more complex and that global partnerships have unique issues related to geographical distance and cultural differences. Despite this, the nature of 'best practice' in international partnership working is under explored (Birch et al., 2013; Karam et al., 2018). Leffers and Mitchell (2010) believe that the lack of guidance on global partnership working can lead to the distortion of power and ethical principles within collaborative, international projects.

A systematic literature review was conducted using MEDLINE complete, Academic Search Ultimate, CINAHL complete, Complementary Index and APA Psycinfo under the search terms of 'global partnership' and 'international partnership' in the context of nurse education. In order to aid relevance and currency, exclusion criteria meant that articles had to be published in the last 10 years (2010- 2020) and were peer reviewed. Out of the 399 results, 11 articles were selected due to their ability to comment on academic partnerships to improve student nurse clinical education. Some references, outside of the exclusion criteria, were followed up due to their emerging relevance through a secondary literature search of the 11 articles (Figure 1).

Figure 1: Systematic literature review papers

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1. Birch, A. P., Tuck, J., Malata, A., & Gagnon, A. J. (2013). Assessing global partnerships in graduate nursing. *Nurse Education Today, 33*, 1288-1295. doi:10.1016/j.nedt.2013.03.014

2. Breda, K. L., & Wright, M. (2011). Enhancing nursing knowledge through democratic cross-national collaboration. *Texto & Contexto Enfermagem, 20*(3), 392-398. doi:10.1590/s0104-07072011000300022

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5. Hu, J., Yang, Y., Fallacaro, M. D., Wands, B., Wright, S., Zhou, Y., & Ruan, H. (2019). Building an International Partnership to Develop Advanced Practice Nurses in Anesthesia Settings: Using a Theory Driven Approach. *Journal of Transcultural Nursing, 30*(5), 521-529. doi:10.1177/1043659619846248

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7. Leffers, J., & Mitchell, E. (2010). Conceptual model for partnership and sustainability in global health. *Public Health Nursing, 28*(1), 91. doi:10.1111/j.1525-1446.2010.00892.x

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agencies: A scoping review of the literature. *Journal of Professional Nursing, 36*(3), 147-157. doi:10.1016/j.profnurs.2019.08.010

9. Powell, D. L., Gilliss, C. L., Hewitt, H. H., & Flint, E. P. (2010). Application of a partnership model for transformative and sustainable international development. *Public Health Nursing, 27*(1), 54. doi:10.1111/j.1525-1446.2009.00827.x

10. Spies, L. A., Garner, S. L., Faucher, M. A., Hastings - Tolsma, M., Riley, C., Millenbruch, J., . . . Conroy, S. F. (2017). A model for upscaling global partnerships and building nurse and midwifery capacity. *International Nursing Review, 64*(3), 331. doi:10.1111/inr.12349

11. Stringer, M., Rajeswaran, L., Dithole, K., Hoke, L., Mampane, P., Sebopelo, S., . . . Polomano, R. C. (2016). Bridging nursing practice and education through a strategic global partnership. *International Journal of Nursing Practice, 22*(1), 43. doi:10.1111/ijn.12362

Five themes emerged: commitment to global work, understanding the context or partners, selection of skilled influencers, agreement on engagement in collaboration, recognising the opportunity for cultural exchange and evaluating the outcomes of global partnership working and its sustainability.

a. Commitment to global work

A precursor to successful global partnership is a commitment by all partners to the ethos of global working and the scale of change that can result. This needs to be made explicit from core mission statements through to educational provision (Powell et al., 2010; Spies et al., 2017)

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b. Understanding the context of the partners.

Having an a priori knowledge of the context of partners' health care challenges was recommended to accelerate change. Stringer at al., (2016) initiated an exchange month for partners from Botswana reciprocated by a fortnight's return visit by American colleagues. Both sets of partners were prepared to invest time, and administration of travel and housing, early into the partnership. Powell et al., (2010) made a similar commitment to partnership during a consultative phase that established the needs and objectives of the partners. Funding is influential to the accessibility and sustainability of these types of cultural exchange (Spies et al., 2017) and the equity of resources between partners are influential to the sustainability of global projects (Leffers and Mitchell, 2010). The lack of a comprehensive preparation phase for a global partnership, from discussion ranging from finances to an equitable partner commitment, will have significant implications for future success (Birch et al., 2013).

Authors point to the destructive legacy of ethnocentrism in global partnerships where traditionally nursing knowledge from the northern hemisphere was transposed to the south (Powell et al., 2010; Breda and Wright, 2011). Powell et al., (2010, p. 60) recognised the need for the development of 'dissimilar exchange'; 'a collaborative process yielding unique beneficial outcomes to each partner' in the ethics of global partnerships in nursing. George and Meadows-Oliver (2013), in highlighting the specific issues of global partnership between high and low income countries, instigated DeSantis' (1995) counterpart concept where disparities between partners were made transparent and became an instigator to develop greater equity within the partnership.

c. Selection of skilled influencers within the individual partner teams

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Selecting appropriately skilled staff to support a global partnership allows a greater chance for intellectual capital exchange of knowledge, expertise and resources (Spies et al., 2017). Highlighting both the specialisms required for the partnership, as well as partners' abilities to influence ongoing change and dissemination, were crucial to outcomes (Powell et al., 2010; Stringer et al., 2016).

Leffers and Mitchell (2010) identify the additional role of a 'cultural broker' who has a specific function to aid cultural bridging between partners that may go beyond a simple translating function. 'Servant leadership' roles (Greenleaf, 2008 cited in Spies et al., 2017) were found to be helpful to the collaborative process where group leadership focuses on individual and group development; conducive to partnership working, as opposed to leaders' personal power and status.

d. Agreement on engagement in collaboration

Although collaboration differed across the global partnerships reviewed, a recognised structure was recommended with clear rules for engagement in communication (Stringer et al., 2016; Spies et al., 2017). Formal agreements can underly the mutuality of a global partnership (Spies et al., 2017).

Most partnerships aimed for 'open' and 'respectful' exchange where roles and time commitments were agreed (Stringer et al., 2016). Spies et al., (2017) focused on the concept of 'cultural humility'; the antithesis of power and inequity, where deeper perspectives include 'openness, self-awareness, egoless, supportive interactions and self-reflection and critique' (Foronda et al., 2015, p.1). Karam et al., (2018) argued for face to face interaction where mutuality, trust and the balancing of power differences were more likely to occur. In some instances, this was too complex to achieve and a partnership between Canada and

Malawi was hampered by time zone and language barriers as well as connecting online (Birch et al., 2013).

The ability to agree a common language for engagement, was critical to respectful and understandable communication. Visual mediums can mitigate against language barriers (Capitulo, 2007). Careful affirming of understanding between partners was essential and the mutual understanding of common concepts (Birch et al., 2013). Powell et al., (2010) found expert translators were required for their partnership working but, ultimately, the lack of common language effected the reach of the project.

George and Meadows-Oliver (2013) highlight the deficit of joint publications between partners from high- and low-income countries.

d. Recognising the opportunity for cultural exchange

'Building a highly functioning global team requires dedicated work and recreation to provide opportunities to build caring, functional relationships,' Stringer et al., (2016, p.47). Creating time away from work to cement relationships, and appreciate partners' cultural heritage, was an additional opportunity that global partnerships could bring. In turn, this emphasised the similarities and differences of scopes of practice that could inform the subject of the global partnership. Capitulo (2007) urged participation in cultural events during a global exchange to strengthen socialisation within the partnership.

e. Evaluating the outcomes of global partnership working and its sustainability

Evaluation of the outcomes of a global partnership project varies dependent on the tools for measurement and often the projected timescales involved. Nishimi and Street (2020), in

their literature review of 28 global nursing partnerships, found that evaluation was lacking and hypothesise that this could be due to projects being in their early stages.

As the result of a global partnership between Botswana and USA, change was measured by establishing protocols and models that provided frameworks for sustainability and quality assurance (Stringer et al., 2016). Spies et al., (2017, p.339)'s development of a theory of change model explicitly linked interventions to 'moving forward from activities or moving backward from effects' which, over time, evolved into the development of core strategies for sustainability.

Hu et al., (2019) recommend 'early wins' to enhance partnership confidence, ownership and dissemination in global projects. For Powell et al., (2010) ongoing dissemination of partnership outcomes were marked by joint, interdisciplinary annual conferences that brought together 150 regional health and social care leaders in joint dialogue.

Leffers and Mitchell (2010) caution that a global partnership only becomes sustainable; in their view; with the ability to survive, by maintaining outcomes, the continuation of programme activities and growth in capacity. This may mean a recognition of a step change in the project where leadership or outputs may take a planned and different direction for the original project goals to be met long term.

Methods

An interpretative qualitative research study was undertaken through a series of six individual, and one joint semi structured interview over the telephone, with eight members of the HEALint global partnership project. The aim of the research was to identify partners'

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lived experience of the HEALint project and more specifically their involvement in a global nursing academic partnership.

Participants were recruited through one member of the global partnership who acted as a gatekeeper to seven of her partners in the HEALint project. The partners originated from Finland, Poland, Spain and UK universities and had been working together on the HEALint project since 2017. Although European Commission (via Ecorys in the UK) were the funding body for HEALint they played no part in the research study or subsequent article.

As a result of a pause in the HEALint project due to COVID -19, the global partners took the opportunity to be interviewed by an independent nurse researcher. The HEAlint project had passed ethical approval through the Health and Social Care Ethics Sub Committee at Middlesex University, London (no. 5682). Every partner of the project was made aware of the project and gave verbal permission for the nurse researcher to contact them. All partners, except one, participated and all countries in the partnership were represented. Participants completed a consent form prior to their interview and received a copy of the questions, so they had an opportunity to reflect on their responses before the interview began.

Following the interview, the audio recording was transcribed and using qualitative analysis software NVivo 12 pro, coded for an essentialist thematic analysis of partners' responses using an inductive approach (Braun and Clarke, 2006). Overall, 16 codes and 4 themes were identified for analysis: previous experience of the participants, aims of the project, structuring the project and working collaboratively on the project. The final article was validated by participants before submission for publication.

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Results

1. Previous experience of the participants

The participants had rich experience in international nursing placements within their own countries. Through liaising with other universities within Europe, they had previously met their HEALint partners in a professional capacity. During these previous encounters, partners had spoken about the 'the differences and similarities that we found between our countries and our cultures' (i.5). All had been united in the desire to ensure quality international mobility.

Partners were quick to recognise the advantages of this familiar foundation of the project; 'more of a friendly connection before the actual had work started and then you had that network [of] like-minded professionals with that drive and desire.' (i.4). On applying for funding of the project, there was already an established motivation for the project as well as a mutual confidence between the potential collaborators. 'Having other partners with experience, with previous experience, is very important.' (i.7)

Professional similarities could, however, alter dramatically due to the local circumstances and the role of nursing within each country. Participants spoke of the differences in the level of education and the range of duties that were expected of nurses in other partnerships outside of Europe.

Within countries with comparable benchmarking for nursing placements, a different cultural emphasis may be required. One participant emphasised the increased economic incentives of a project in the USA against the importance of relationship building within European

projects. Another participant described a European network of nursing where students'
description of the 'ideal nurse' were similar despite their multicultural backgrounds.

2. Aims of the project

The European partners of HEALint formed a 'geographical cluster' and had been invited into
the project due to their location, previous experience and their motivation to be part of the
team. Partners' experience was predominantly informed by their roles organising
international placements and by experiencing at first hand the challenges faced by students
on international placement.

> *International relations are a bit complex … we have to discuss about how to fit or*
> *match ideas in both sides, in both countries for students in terms of*
> *educational problems and placement type of evaluation. It's difficult to try to do the*
> *same or replicate the same in another country. I think this project is filling such a gap*
> (interview 7).

As HEALint began, there was uniformity within partners for 'a general commitment to the
student experience of learning and practice. Everybody wanted to have some level of
standardisation and wanted to strengthen what they were currently doing' (i.2). Partners
were able to identify unique aspects pertinent to their own countries as some had already
negotiated different regulations within their own autonomous communities or had to
adhere to Nursing and Midwifery Council (NMC)(UK) regulations.

From what one participant believed was going to be 'quite local' objectives for the project
was eventually transformed into a globally recognised audit tool for nursing students
undertaking an international placement.

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> *The HEALINT project is going to build an umbrella where students will be able to visit the different placements but ensuring and having this distinction of excellence …* (interview 6).

Although satisfied that the original objectives of HEALint had been met, through its pursuit of International organisation of standardisation (ISO) recognition and its attention to detail on the precise language that partner countries were to use, project partners were able to construct a tool with greater potential for international mobility and student development. Through their vision, participants were ambitious for greater opportunities with international partners in simulation, research, teacher exchange and placements themselves. As a result of HEALint, partners anticipated a greater sustainability on international placements with increased virtual experiences, strong partnerships – including those from an inter disciplinary background - and a wider portfolio of shorter placement experiences.

3. Structuring the project

Partners talked of the effective structuring of the project and the partner teams were supported by key people in their own countries; these established and familiar teams critiqued the original project proposal and collated evaluations. The home teams varied from clinical specialists who worked in international placements, administrators for design work and nurse teachers.

Each of the partners was given responsibility for one of four project outputs in negotiation with the project leads; 'it is a well-prepared project, because it gives every partner something that they are responsible for. And this makes every partner equally loaded with workload … which sometimes does not happen in projects.' (i.5). The individual work stream

of the partners was focused the two-day face to face meetings that they hosted in their own countries.

The complexity of the nature of a funded international project required experienced leadership with familiarity of the funding bodies as well as strong administrative support. Leadership of the project was marked by intercultural sensitivity and an expertise in international cooperation derived from the leader's experience working in global partnerships.

With the HEALInt project, administrative support was passed to a Maltese management group where the project manager, with particular experience of ISO standardisation, steered the project towards a greater focus on language and the possibility of the project audit tool being benchmarked for universal use.

4. Working collaboratively on the project

Face to face meetings, every four to five months, were the main and essential constituent of the project.

> *It is very important for us to meet regularly and to discuss any problems before they become problems with a capital P. Before they grow and before people start thinking they are unsolvable* (interview 5).

Meetings consisted of two days of collaborative work where decisions, project direction and feedback were driven forward. Each event was hosted by the partner who had responsibility for the academic output that was being addressed. Following the prior issuing of a briefing paper, the first day consisted of a project review and the second focused on the planning for the output.

The first meeting of the project partners at the beginning of HEALint was particularly important 'to get common understanding', (i.1) '[set] out the parameters of the project' (i.2) and gain 'a little bit of understanding of the cultures, but definitely that relationship-building.' (i.2).

As meetings progressed, partners commented on 'a real sense of unity … of patience and listening' (i.3). The face to communication was marked by a common culture of 'respect towards other people … at the high level' (i.6) and the 'importance that you try to understand the situation of the other partners and their way of thinking' (i.1). This in turn promoted an 'intercultural sensitivity … [which] has been the success of the project' (i.5) where group negotiation trumped individual opinion. However, 'the differences between the countries [were] an interesting and complementary issue, because the barriers that some countries see, other countries have already solved a similar situation' (i.6).

The face to face meetings were punctuated with monthly meetings through platforms such as Zoom or Skype. Being able to see partners' reactions were important and 'contributed a lot with the wellbeing of the group' (i.6) particularly as the COVID-19 restrictions took hold. Partners shared a common email system and document sharing, onedrive, for the project which one partner had difficulty accessing.

Meeting socially with partners and 'getting to know each other was very much key to it.' (i.4).

> … a little bit more unofficial situation where you can share thoughts. And I think in many ways, these kind of meetings and dinners they are at least as important as the official part of the meeting (interview 1).

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Having personal connections were a particularly successful element of HEALint as it promoted 'a degree of friendship there as opposed to just linking up with partners' (i.2) with subsequent 'positive emotional benefit.' (i.4).

HEALint was not without its challenges for partners. Issues of translation, and resolving the precise meanings of words, were highly debated; exposing the need for time and cultural understanding to arrive at common solutions. The drive for ISO regulation 'added a huge layer to it that none of us were familiar with, so there was a huge learning curve there … and also a bit of a humbling experience as well.'(i.2). The latter required concentrated work and time pressures grew when project processes took longer than expected or partners' flexibility was restricted by their own employers.

Discussion

The HEALint project fulfilled many aspects of a global partnership project but its unique focus accelerated the cultural sensitivity within the international partnership as well as the potential impact of the project's outcomes.

As seasoned coordinators of international exchange programmes, partners had developed skills in international cooperation and brought valuable previous perspective. They possessed an equal credibility within the project team accentuated by membership of the same international networks and the ability of the partners to speak fluent English – the common language of the collaboration which enabled professional understanding and relationship building (Powell et al. 2010; Birch et al. 2013).

Ownership for HEALint was high from the onset and, once funding was obtained, partners could focus on the organisation of the project and building upon their already established networks. This longitudinal approach to development and then funding is also evident in Leffers and Mitchell (2010) and Stringer et al (2016).

Understanding the context of international partners is influential to the success of global partnership projects (Leffers and Mitchell, 2010; Stringer et al., 2016). Many of the partners had a familiarity with their counterparts' international placements due to the exchange of their own students to these settings. The ethical issues of global partnership projects between developed and developing nations (Powell et al., 2010; Leffers and Mitchell, 2010; Birch at al., 2013) were not applicable but as experienced international coordinators, partners displayed the characteristics of cultural humility (Foronda et al. 2015). Partners spoke of their efforts to listen to alternative cultural perspectives to align with a majority group position. In effect, HEALint possessed a favourable environmental context for partnership working (Dowling at al., 2004).

The decision to use skilled influencers within the project was further enhanced by the division of the leadership and the management of the project. Satellite support teams within partner's own countries immediately allowed a route for dissemination back into their own practice settings for discussion and application of the project outcomes.

The parameters of responsibility between the two roles of leadership and project management extended the initial scope of the project. As well as successfully championing the application for the initial funding, the project lead capitalised on the emerging potential of the HEALint project with a successful further bid to include a broader cluster of health professionals. This increased the impact and sustainability of HEALint going forward.

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The project manager, drawing on her previous experience within the area of International Standards Organisation (ISO) regulation, led the HEALint project to incorporate this within their project aims. As an independent, non-governmental international organization, ISO has a wide membership (165 national standards bodies) which develop and publish international standards drawing on experts' consensus (ISO, 2021). This extended the project objectives towards the more ambitious output of an internationally recognised audit tool for clinical placements.

The equity of 'partner voice' within the group allowed for reflective and proactive discussion. The structure of meetings supported partner autonomy and responsibility for their own work streams as they hosted two-day partner events in their own countries. The frequency of the virtual contact every month, coupled with the immersive two-day face to face meetings every four months, drove an energy within the project. Although this supported an ongoing commitment by partners, equally it enhanced the time pressures on partners in other areas – a finding that concurs with Nishimi and Street (2020).

Additional social events invested time in partnership relations and cultural bridging. This important social aspect of intercultural team building was also recognised by Stringer et al., (2016) when familiarising colleagues from the USA and Botswana. Friendship spans culture and was strengthened through an understanding of the individual background and influences of partners.

Limitations

Due to the COVID- 19 restrictions, HEALint's planned dissemination or 'multiplier' events to evaluate the audit benchmarks and tools had to be delivered online. Whilst not ideal, it offered a means to disseminate the project and ensure engagement from 49 international

professionals. The project and funding ended in December 2020 and, although HEALint's output of a practice audit tool was designed for a greater sustainability of quality in student nurse placements, the longitudinal effect of the tool is too early to be evaluated. Due to the pandemic, exchanges cannot be planned yet however partners are committed to continue them and thus aid evaluation.

Although findings may have resonance with other global partnerships, it is recognised the HEALint partners' experiences cannot be replicated elsewhere.

Conclusion

Successful global partnerships in nursing can spearhead learning to accelerate a deeper awareness of cultural sensitivity, diversity, and a critically enhanced 'macro' view of health provision. The HEALint partners gained an increased awareness of the differences between their member countries whilst contributing to a collaborative benchmarking tool to enhance the quality of international placements. HEALInt demonstrated the increased possibilities of the co construction of standardised nursing language in practice with the interaction between the local and the global (Meum et al., 2013). Long term, partners believed their tool would enhance, diversify and increase the sustainability of the international placement experience for learners.

The way global partnerships prove successful is unique to themselves and, although potential models exist to promote success (Leffers and Mitchell, 2010; Spies et al., 2017), common factors are notable. Wenger's communities of practice theory (1998) highlights the preliminary period of 'mutual engagement' necessary to build a collaborative group. This

scoping period is essential to any group built on cultural diversity for this is when common understandings; the foundations of a global partnership, are grounded between the partners and for the project itself.

Attention to the detail of the ethos of a global partnership project includes cultivating characteristics akin to the models of cultural humility (Foronda et al., 2015). Projects that grow from established networks of international cooperation will be advantaged in this. Those partnerships new to international working, or for those that are challenged by a wider remit; language barriers, lack of geographical proximity or a deep-seated history of ethnocentrism, will need to invest deeply into the beginnings and process of the partnership in order to achieve success. Facilitation from cultural brokers, and experienced international specialists, to engage change seems more likely through wider project models (Leffers and Mitchel 2010; Spies et al. 2017). HEALint recognised the advantages of bringing in specialist expertise for ISO regulation and being cognisant of the need for additional assistance.

HEALint presents the many advantages of investing time in global partnerships to leverage partners' situations in their own countries, and to build prior relationships through smaller projects, before applying for funding. Funding is a key factor to ensure sustainability of global partnerships as it mitigates against any potential inequity of resources between partners (Leffers and Mitchell, 2010). Within Europe and the UK, the Erasmus plus student exchange and the new Turing scheme, provides a continuing framework and funding for student outward mobility.

As well as developing their own community of practice, HEALint partners drew strongly on their own satellite communities of practice embedded in their own countries and specialisms. Partners acted as effective brokers (Wenger, 1998) between their work with the

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other partners, and teams within their own localities, ensuring from the outset an ongoing relationship between the project and its eventual dissemination points.

The structure of managing a global partnership was also found to be influential to developing partners' ownership, autonomy and individual voice. Clear workstreams that contribute to the overall project provided a collaborative environment that partners found both challenging and supportive. Wenger (1998) notes that true communities of practice also develop their individual members, and, despite their international experience, partners spoke of their own growth and particularly in relation to ISO regulation.

By looking for extra potential in the aims of a global partnership, the consequences of international collaboration can influence not only student placements but future academic exchange, research, and the development of international leaders. Evaluation of global partnerships is currently lacking. The much-needed development of international champions in nursing, through carefully thought through, funded and well constituted projects, could allow this base to systematically expand and become sustainable with a genuine impact on the global health and educational needs in nursing.

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