

STUDENTS' REENTRY PROCESS AFTER GLOBAL HEALTH CLINICAL
EXPERIENCES

BScN STUDENTS' REENTRY PROCESS FOLLOWING AN INTERNATIONAL
IMMERSIVE GLOBAL HEALTH CLINICAL EXPERIENCE: A CONSTRUCTIVIST
GROUNDED THEORY STUDY

By IRIS MUJICA, BScN, MSc

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Health Clinical Experience: A Constructivist Grounded Theory Study AUTHOR: Iris

Mujica, BScN, MSc (McMaster University) SUPERVISOR: Dr. Janet Landeen

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Lay Abstract

Many Canadian undergraduate nursing programs include optional clinical experiences abroad as a way of fostering nursing students' knowledge of global health concepts as well as local, national, and international populations' health needs. This dissertation investigated factors that impact nursing students' reentry process following immersive clinical experiences in resource-limited international settings. The study adopted Kathy Charmaz's constructivist approach to Grounded Theory and constructed a Reentry Process Theory that addresses nursing students' personal and professional development. Data was gathered through face-to-face in-depth interviews with 20 participants, including Level 4 nursing students, nursing alumni, and faculty from a School of Nursing in Ontario. Data analysis identified 4 conceptual categories that underpin participants' reentry experiences: adjusting to being back, seeking understanding, making meaningful connections, and discovering a new self. Recommendations are made for education, research, policy and for future undergraduate nursing students involved in immersive clinical experiences abroad.

Abstract

Canadian undergraduate nursing programs have incorporated global health concepts and experiences in their curricula as these are elements of Registered Nurses' entry-level practice competencies. With their knowledge of global health concepts, nursing students are aware of local, national, and international populations' health needs. While there are multiple ways of promoting such knowledge, many nursing programs include optional clinical experiences abroad. This dissertation explored nursing students' reentry process following immersive global health clinical experiences in resource-limited international settings. Charmaz's Constructivist Grounded Theory approach was used and led to the development of a substantive theory named Reentry Process Theory. Data was gathered through face-to-face in-depth interviews with 20 participants recruited for the study, including Level 4 nursing students, nursing alumni, and faculty from a School of Nursing in Ontario. Data analysis identified 4 conceptual categories that explain processes embedded in participants' reentry experiences: adjusting to being back, seeking understanding, making meaningful connections, and discovering a new self. Findings revealed the importance of understanding experiences and factors that impact the lives of nursing students who have lived and studied in resource-limited international settings not only in their role as students but also as individuals and soon to become professional nurses. Recommendations are made for education, research, policy and for future undergraduate students pursuing a global health clinical experience.

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List of Abbreviations and Symbols

- i. American Association of Colleges of Nursing (AACN)
- ii. Bachelors of Science in Nursing (BScN)
- iii. Canadian International Development Agency (CIDA)
- iv. Canadian Nurses Association (CNA)
- v. College of Nurses of Ontario (CNO)
- vi. Constructivist Grounded Theory (CGT)
- vii. Department of Foreign Affairs and International Trade Canada (DFAIT)
- viii. Global Health (GH)
- ix. Grounded Theory (GT)
- x. International Council of Nursing (ICN)
- xi. Low Income Countries (LICs)
- xii. Problem Based Learning (PBL)
- xiii. Reentry Process Theory (RPT)
- xiv. Registered Nurses Association of Ontario (RNAO)
- xv. School of Nursing (SON)
- xvi. Transformative Learning Theory (TLT)
- xvii. World Health Organization (WHO)

Declaration of Academic Achievement

This dissertation was developed to fulfill the requirements for the PhD degree at McMaster University. As primary author I was in charge of developing every component of this dissertation. This included development of thesis proposal to data collection, data analysis, development of a substantive theory and write-up. Similarly my thesis supervisor, Dr. Janet Landeen, provided her expertise and continuous support, guidance, and editorial feedback throughout the entire development of this material. Dr. Lynn Martin and Dr. Olive Wahoush, members of my thesis committee, also provided their expertise during each phase of the research process and dissertation development. The results of this study have not yet been published; however a manuscript will be developed with the participation of my PhD committee members.

CHAPTER ONE: INTRODUCTION

Awareness of global health issues enables nurses to become competent caregivers, researchers, educators, and global citizens. The College of Nurses of Ontario (CNO) supports the need to increase such awareness through competencies for entry level practice for Registered Nurses. These competencies require that an entry level Registered Nurse “Demonstrates knowledge about emerging community, population and global health issues and research” (CNO, 2014, p. 7).

With this in mind, schools of nursing have addressed education in global health in their curricula in a variety of ways. The existing research in this area indicates that some schools integrate theoretical courses in their curricula to discuss cultural, ethical, sociopolitical, environmental, and economic issues affecting the health of populations from a global perspective (Hegyvary, 2004; Majumdar, Browne, Roberts, & Carpio, 2004; Messias, 2001; Mill, Astle, Ogilvie, & Gastaldo, 2010; Mill, Astle, Ogilvie, & Opare, 2005; Petit dit Dariel, 2009). In addition, other schools provide study abroad learning experiences that include clinical as well as observational or didactic learning activities (Anderson, Lawton, Rexeisen, & Hubbard, 2006; Bosworth et al., 2006; Duffy, 2001; Green, Johansson, Rosser & Tengnah, 2008; Hanson, 2010; Hughes & Hood, 2007; Koskinen & Tossavainen, 2004; Levine, 2009; Mixer, 2008; Reimer Kirkham, Van Hofwegen, & Pankratz, 2009; Wilk, 2013). A survey of Canadian undergraduate nursing schools shows that approximately 54% of nursing programs in the country offer international clinical placements (Hoe Harwood, Reimer Kirkham, Sawatzky, Terblanche, & Van Hofwegen, 2009).

Although there is a limited body of research regarding study abroad courses for nursing students to address global health education, there is agreement that the primary advantage of these experiences is the enhanced understanding that arises from first-hand exposure to the realities of life and health issues in another country. These experiential learning opportunities have been shown to provide a deep and rich appreciation of global health issues to students (Button, Green, Tegnah, Johansson, & Baker, 2005; Harrison & Malone, 2004; Wood & Atkins, 2006). In addition, living in another country for an entire semester allows students the opportunity to examine their own values and beliefs and to acquire new perspectives that can be used to enhance their own practice, including understanding the structure of other health care systems and how nursing is practiced in other parts of the world (Callister & Cox, 2006; Ekstrom & Sigurdsson, 2002; Lee, 2004; Thorne, 1997).

Moreover, these types of global health education opportunities derived from study abroad experiences help nursing students learn first-hand about other cultures (which can promote the development of enhanced cultural sensitivity) and can also benefit students in other areas. Through these intercultural learning experiences, students can gain professional development, cognitive growth, and personal maturation as well as increased global understanding (Harrison & Malone, 2004; Kauffmann, Martin, Weaver, & Weaver, 1992; Koskinen & Tossavainen, 2004; Zorn, 1996).

The School of Nursing (SON) at McMaster University in Ontario, Canada recognizes the need to offer global health education opportunities to students in the undergraduate program. Among these opportunities, the SON provides students the

option to complete one of the two final required clinical courses in an outpost location within Canada or in an international setting. The curricular expectation for this course is for students to engage in clinical activities, providing direct patient care for an entire semester for a total of 12 weeks. In addition, prior to this global health education experience, students are required to take a three-unit prerequisite theoretical course on global health concepts and attend a pre-departure workshop. One of the topics discussed during the pre-departure session is culture shock, along with some discussion about reentry culture shock (see Appendix A for a list of the topics covered at the pre-departure session).

The placement sites available to students in both outpost and international placements are in resource-limited settings and within rural and remote communities. In outpost placements, students travel away from home and their families in order to live and work in communities inhabited by indigenous peoples of Canada. Similarly, in international settings, students are expected to travel away from home and family to live in a resource-limited setting in a foreign country. Students are immersed in the new culture and work in health centres where they provide direct care to local community members. Some of the common population needs in rural areas relate to limited resources, including access to health services, sanitation, food, and water. These differences are due to a variety of factors including geographic location, as well as demographic and socioeconomic characteristics. Specifically in comparison to urban settings, people living in rural and remote communities are more likely to have less

education, and higher mortality and poverty rates (Bushy, 2002; Canadian Institute for Health Information, 2006).

The opportunity to complete one of the two final required clinical placements in a setting with such characteristics allows students to expand their perspectives on the broader determinants of health and what it means to practice nursing in a different geographical location, a different culture, away from their familiar environment and within a different health care system (for those practicing abroad). Similarly, working in rural and remote areas where resources are scarce affords nursing students opportunities to become resourceful and creative and to adapt to the challenges of having few resources (Bushy, 2002).

This research study stems from personal experiences as an educator of global health issues. In this role I have observed and listened to the positive and challenging experiences faced by students who had a cultural immersion learning experience in outpost settings and abroad. These observations and conversations correspond to students' experiences abroad and after returning to Canada. Charmaz (2006) states that just as the researcher's view of reality influences his/her choice of study topic and research methodology, the grounded theorist view of human nature influences the theory that is being constructed. In order to be true to this process, it was important to state my assumptions as a researcher about the nature of the concept of "reentry" and to explore participants' views about this concept. In my perspective as an educator who teaches and supports students who have global health experiences in settings outside of Canada, and in my personal experience of having worked and lived in other countries, I have my own

perception of what reentry means. For me, reentry involves a component of re-immersion, a process of re-connection with what was once familiar and a process of being back after having lived in a different environment. These perceptions about reentry continued to evolve for the duration of the study through the use of memos and by constant reflection. This process of reflection also allowed me to grow as a researcher, a person and as an educator (see Appendix B for an expanded discussion of my position as a researcher in this study).

Global health education opportunities similar to the ones offered at McMaster University have been shown to have a profound impact on participating nursing students' personal and professional development (Hughes & Hood, 2007; Kollar & Ailinger, 2002). Although there has been an increase in studies on nursing students' international immersion experiences, little has been published on student nurses' experiences being back in their home country after their experience abroad. This experience of returning to one's home country is known as reentry and the term sojourner is given to people who move abroad and reside overseas for a fixed period of time and then return to their home country (Kollar, 2006). From this point forward, nursing students with study-abroad experience are referred to as student sojourners.

The nursing literature on student sojourners' reentry focuses on describing specific aspects of the return experiences and does not provide an overall picture of the process students undergo as they return and re-integrate to their lives and roles back home. Understanding the entire reentry process of nursing students after a global health experience abroad would provide a more complete picture of what nursing students

experience in all aspects of their lives. Having this information would inform educational approaches as well as future research.

Nursing and other health professional student sojourners engage in direct clinical care within the host country, differing from other students with study-abroad experiences who engage primarily in classroom learning, albeit in a different country. As Ekstrom and Sigurdsson (2002) note, students in health professions who are in direct contact with patients in host settings experience significant affective learning in addition to cognitive learning because they address the health needs of patients in a different sociocultural context. These health needs are often impacted by socioeconomic conditions connected to being in a resource-limited setting, which thus exposes students directly to the social determinants of health. The entire process of returning home after having this type of global health clinical experience in resource-limited settings has not been systematically addressed in the literature.

The concept of reentry, and specific points in the reentry experience—such as readjustment, reverse culture shock, and the impact on personal or professional lives—have been discussed in the literature (Brabant, Palmer, & Gramling, 1990; Gaw, 2000, Martin, Bradford, & Rohrich, 1995; Sussman, 2002). Reports on cultural immersion experiences suggest that the level of acculturation while abroad influences the readjustment to the home country (Berry, 1998; Sussman, 2000). Similarly, some researchers state that returning “home” causes more acute reverse culture shock for sojourners than does going to a foreign culture because sojourners are not expecting to notice differences in their home country. Students may experience academic challenges,

cultural identity conflict, social withdrawal, depression, and anxiety (Adler, 1981; Carlisle-Frank, 1992).

In addition, student sojourners' responsibility to provide direct care to patients while trying to adapt to several new factors, such as the health care environment, culture, language, and social norms might potentially exacerbate their culture shock abroad. This opportunity to provide direct patient care allows student sojourners the opportunity to be intimately involved in the lives of others, which has a strong impact in their adjustment as they go through these experiences of providing care within the context of new environments and norms. This in turn would make them more prone to experiencing stronger signs of reverse culture shock upon their return (Berry, 1998). Collectively, the literature further supports the need to explore student sojourners' reentry experiences as a process rather than a distinct point in time. This is due to the complexity of the experiences students undergo from the moment they prepare to go abroad (pre-departure), as they travel to the host setting, complete their placement, and return back to their home country. All these events should be explored as part of a process in order to have a more complete understanding of reentry.

Purpose of the Study

Little is known about the processes embedded in the reentry experience, specifically for nursing students who are expected to be actively involved in the care of patients, and then return to their student lives working with patients in the home country context. This study begins to address the evidence gap in this area by developing an in-depth understanding of nursing students' reentry process after an immersive global health

clinical experience in a resource limited international setting. Specifically, the study focuses on the processes university nursing students undergo as they experience reentry to their home country. For the purpose of this study, a global health clinical placement refers to the required Level 4 clinical placement in which nursing students lived and worked for an entire semester in resource-limited international settings. This study also brings to light the impact of the reentry experiences on the student as a person, a learner, and as soon to become a professional, while keeping in mind the unique context of her or his educational experience abroad.

Research Questions

The guiding questions for the research study are:

1. What is the reentry process BScN students undergo as they return from a global health clinical placement and return to complete their undergraduate education?
2. What are students' experiences of reentry?
3. What factors are relevant to the reentry process?
4. What aspects of students' lives are shaped by the reentry process?

A qualitative design is appropriate to address these questions as this approach allows the investigator to acquire a better understanding of people's insights about their own perspectives (Blumer, 1969). Charmaz's Constructivist Grounded Theory methodology was selected for this purpose. This approach has shaped the development of a substantive theory and has also guided a way of thinking about data collection and analysis in order to construct new knowledge. In answering the research questions, the

study aims to contribute to existing knowledge in the fields of nursing and global health education.

This study is of relevance as it fills a gap in the literature regarding cross-cultural reentry. As mentioned above, although reentry has been explored in different fields such as anthropology, psychology, education, and business (Adler, 1981; Begley, 2006; Black, 1992; Briody & Baba, 1991; Martin, 1984; Smith, 2002), little has been published in the nursing literature. While there is some research evidence of cross-cultural reentry and its effects on nursing students, no studies have been found that explored the entire reentry process experienced by nursing students after a clinical experience abroad.

This thesis is divided into six chapters, including this introductory chapter. Chapter 2 presents a review of existing empirical studies exploring students' reentry and other concepts related to the reentry process. Chapter 3 focuses on the methodology used in the study and the features of this approach. Chapter 4 presents the research findings, including a substantive theory of reentry. Chapter 5 discusses highlights of the study's findings as well as their relation to theoretical concepts. Finally, chapter 6 critiques the study in relation to strengths and limitations, discusses contributions to knowledge, and provides recommendations for further study and final conclusions.

CHAPTER TWO: LITERATURE REVIEW

This chapter provides the selected definition of global health for this study. It also describes the state of global health education in undergraduate nursing education and the existing empirical literature related to reentry.

Global Health

There are several definitions of global health, but Koplan et al. (2009) posit the one most congruent with undergraduate nursing education:

Global health is 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)

The term acknowledges the ongoing process of the integration of national economies, societies, and cultures and emphasizes the commonality of health issues that require collective action. The following section describes undergraduate nursing programs' commitment to enhance their students' global health training.

Global Health Education in Undergraduate Nursing Education

Historically, nursing schools offered global health training opportunities in the form of international practicums whose underlying purpose was to promote cultural sensitivity and to bridge the theory–practice divide (Ruddock & Turner, 2007; Zorn, Ponick, & Peck, 1995). The literature also indicates that in the past these international clinical experiences were offered with or without any prior preparation. As time progressed, these learning opportunities were offered within a formal education framework that required core curricula in global health education for all students

engaging in international clinical experiences (Dahinten, 2010; Luna & Miller, 2008).

Due to nurses' scope of practice, it is important that they understand cultural, social, political, economic, environmental, and ethical issues that affect individuals' health.

Therefore, providing core curricula on these topics enhances the preparation of students interested in pursuing a global health education experience.

As mentioned in chapter 1, undergraduate nursing programs have addressed global health in a variety of ways. Some have integrated theoretical concepts into the curricula, such as principles of primary care, health promotion, environmental aspects of global health, population and development, prevention of infectious diseases, health systems, and social justice (Hegyvary, 2004; Messias, 2001; Mill et al., 2010; Mill et al., 2005; Petit dit Dariel, 2009). Others provide international cultural immersion opportunities to increase students' understanding of cultures' effect on health beyond what is available to them in their home country (Anderson et al., 2006; Bosworth et al., 2006; Duffy, 2001; Green et al., 2008; Hanson, 2010; Hughes & Hood, 2007; Koskinen & Tossavainen, 2004; Levine, 2009; Mixer, 2008; Reimer Kirkham et al., 2009). These exposures to different global health concepts are believed to enable nursing students to become competent caregivers, educators, and global citizens. The CNO's (2014) statements about the integration of global health as part of entry-to-practice competencies are mirrored by national and international nursing organizations that also emphasize the importance of addressing global health issues in clinical practice and education (American Association of Colleges of Nursing [AACN], 2008; Canadian Nurses Association [CNA], 2009; International Council of Nursing [ICN], 2007). The CNA

considers health a fundamental global right; therefore, nurses have the responsibility to learn about the root causes of inequity in global health and be actively involved in developing solutions. In addition, as migration (particularly nurse migration) is a growing global phenomenon, there is a need to ensure the availability of well-trained nurses in all health care settings to meet people's needs in diverse cultural and geographical areas (World Health Organization [WHO], 2006).

Literature Review

When conducting studies using Constructivist Grounded Theory (CGT), it is advisable that the literature review be conducted at different points in the research process (Charmaz, 2006; Stern, 2007; Urqhart, 2007). This study reviewed the literature at two specific points. The initial review of the literature was conducted with the purpose of establishing the current state of the research and to support the need to conduct the research study. This included a review of existing studies related to the work done on reentry experiences of undergraduate nursing students after an international clinical placement in under- and well-resourced settings. The second literature review was conducted after data analysis and in the development of the substantive grounded theory. This chapter focuses on the initial review that informed the development of the research study. Chapter 4 describes the second literature review in detail.

Search Strategy

The literature search strategy consisted of keyword and subject heading searches within nine electronic databases: CINAHL, ERIC, Medline, Psych INFO, PubMed, Sociological Abstracts, and Web of Science as well as Global Health and ProQuest

dissertations. The terms “global health,” “nursing education,” “undergraduate nursing,” “reentry,” “re-entry,” “reentry shock,” “reentry culture shock,” “reverse culture shock,” “cross-cultural reentry,” “nursing students,” “study abroad,” “nursing students reentry,” “nursing,” and “sojourn experiences” were utilized in both the keyword and title search. Because of a lack of consistency in the language used to address this topic across the literature, both within discipline and across disciplines, no single comprehensive search strategy yielded a comprehensive list of results. Therefore, based on database specifications, I modified the terms as keyword or subject headings that were appropriate and yielded results for each database.

I scrutinized reference lists, thesis dissertations, book chapters, grey literature from the government of Canada, the Canadian International Development Agency (CIDA), the Department of Foreign Affairs and International Trade Canada (DFAIT), as well as university websites. I also used citation tracking when relevant articles were found. As new or additional terms or synonyms were identified, I also adopted an iterative approach to searching articles.

The search was limited to English only. I conducted a search for empirical literature from 2000-2015 and found seminal information from the 1960s onwards. The search located studies from all areas where reentry was a construct. However, based on the fact that this study is focused on university students, I sought studies that focused on students’ reentry experiences.

Cross-Cultural Reentry

Cross-cultural reentry refers to a transition process and cross-cultural readjustment that people go through when they return to their home country after living for an extended period of time in another country (Adler, 1981). Martin and Harrell (2004) indicate that this transition to returning to the country of origin has been found to last from 6 to 12 months following repatriation. Gullahorn and Gullahorn's (1963) seminal work on this topic proposed the reverse culture shock model, also called the W-curve theory or reentry shock. The concept of reverse culture shock is an extension of the term "culture shock." Anthropologist Kalervo Oberg (1960) described culture shock as the anxiety and frustrations associated with the absence of familiar signs and symbols associated with daily social interactions. Oberg (1954) emphasized four stages of culture shock: honeymoon, aggression, humour, and adjustment/acceptance. Reverse culture shock, on the other hand, refers to the adjustment process focused on the difficulties of readaptation and readjustment to one's own home culture upon reentry.

Gaw (2000), in turn, defined reverse culture shock as "the process of readjusting, re-aculturating and re-assimilating into one's own home culture after living in a different culture for a significant period of time" (pp. 83-84). Reentry has been studied in fields such as psychology, communication, anthropology, and intercultural studies since the early 1960s (Adler, 1981; Gullahorn & Gullahorn, 1963; Martin, 1984; Smith 2001, 2002). Studies of different groups of people have also been undertaken, including business executives, missionary students, peace corp volunteers, as well as high school and university students (Chang, 2009). The following section presents research related to

reentry corresponding specifically to undergraduate education. Because of the dearth of literature related to reentry in the undergraduate nursing field, the available literature in nursing along with literature from other areas of higher education informs this section.

Students' Cross-Cultural Reentry Experiences

The literature on students' reentry experiences stems primarily from the United States (Arthur, 2004; Allisson, Davis-Berman, & Berman, 2012; Brabant et al., 1990; Christofi & Thompson, 2007; Church, 1982; Citron, 1996; Cox, 2004; Cox, 2006; Gaw, 2000; Kartoshkina, 2015; Kidder, 1992; La Brack, 2000; Lerstrom, 1995; Martin, 1984; Martin, 1986; Martin et al., 1995; Niesen, 2010; Sussman, 2002; Thompson & Christofi, 2006; Uehara, 1986; Ward, Bochner, & Furnham, 2001; Wielkiewicz & Turkowski, 2010) with some contributions from the United Kingdom (Brown & Graham, 2009; Evanson & Zust, 2006; Furnham & Bochner, 1986; Pritchard, 2011), Australia and New Zealand (Rogers & Ward, 1993) and Japan & Hong Kong (Furukawa, 1997; Lee, Pang, Wong, & Chan, 2007). Few Canadian resources were found (Adler, 1981; Hanson, 2010) and of the total number of studies identified from all nations, only seven were found that addressed nursing students' reentry experiences (Callister & Cox, 2006; Evanson & Zust, 2006; Genz, 2007; Koskinen & Tossavainen, 2004; Lee, Pang, Wong, & Chan 2007; McDermott-Levy, 2013; Walsh, 2003). The extant literature comprised a mix of quantitative and qualitative studies.

Some of the literature on cross-cultural reentry focuses on factors that contribute to the experience of reentry. These studies address issues such as gender, academic level, previous travel experience, personality traits, nationality, religion, age, and readiness to

return home as important factors that impact student sojourners' reentry experiences (Adler, 1981; Brabant et al., 1990; Furukawa, 1997; Gaw, 2000; Kidder, 1992; Martin, 1984; Martin et al., 1995; Sussman, 2002). In addition, it was found that students who travelled to a foreign country experienced more adjustment problems upon return compared to their counterparts who travelled within their home nation (Uehara, 1986; Wielkiewicz & Turkowski, 2010).

Another body of literature on student sojourners' reentry experiences focuses on reverse culture shock and the psychological and social challenges and problems sojourners encounter, such as emotional adjustment, stress, and anxiety (Allisson, Davis-Berman, & Berman, 2011; Church, 1982; Furnham & Bochner, 1986; Gaw, 2000; Kartoshkina, 2015; Niesen, 2010; Rogers & Ward, 1993). Students experience reentry adjustment problems ranging from mild emotional dissonance to a continuing sense of isolation, loneliness, social awkwardness, insecurity, depression, shyness, as well as feelings of alienation. In addition, feelings of internal conflict are experienced as students begin to compare the host and home cultures and evaluate their own culture from an outsider perspective. Similarly, when students are not able to anticipate reentry issues and are not aware of what to expect upon return, they are more prone to experience adjustment challenges. These experiences may lead to significant stress and even depression (Citron, 1996).

Other studies found that reentry issues begin before individuals leave the host country and that sojourners experience a period in which they grieve the loss of the host culture and are concerned about returning to their families and their activities; they also

feel like they do not belong (Arthur, 2004; Martin, 1986; Ward, Bochner, & Furnham, 2001). Studies on reentry after long-term immersion experiences (more than 3 years) found that sojourners reject their home country and wish to return to the host country. This rejection is mainly due to sociopolitical adaptation challenges experienced upon return to their home country (Christofi & Thompson, 2007; Pritchard, 2011).

Also, although not as common as reverse culture shock studies, some studies address positive changes in personal traits such as assertiveness, confidence, and independence in student sojourners' reentry (Brown & Graham, 2009; Christofi & Thompson, 2007; Pritchard, 2011; Thompson & Christofi, 2006). Other studies found that relationships and communications between student sojourners and family and friends are affected both positively and negatively after returning to their home country (Cox, 2004; Gaw, 2000; Lerstrom, 1995; Martin, 1986; Niesen, 2010; Pitts, 2006; Smith, 2001; Uehara, 1986).

Some studies focused on the impact of reentry support on students from an academic perspective. Having intercultural training in higher education is shown to be beneficial in the reentry experience of students (Cox, 2006; La Brack, 2000). Also, other studies focused on the effect of international experiences on the development of global citizenship and increased awareness of global health issues (Callister & Cox, 2006; Hanson, 2010; McDermott-Levy, 2013; Walsh, 2003). In the nursing literature, cultural awareness and cultural competence are concepts considered as outcomes of study-abroad experiences. Although not discussed within the context of reentry, nursing scholars who explored the impact of international clinical experiences suggest that study abroad

cultivates students' cultural awareness and competence (Evanson & Zust, 2006; Genz, 2007; Koskinen & Tossavainen, 2004; Lee, Pang, Wong, & Chan, 2007).

Conclusion

As per Charmaz's (2014) approach, the intention of the initial literature review was to identify existing knowledge that would support the development of this research study. This chapter provided a summary of the available literature on students' reentry experiences. Although the studies discussed in this chapter provide information regarding the positive and negative outcomes of students' experiences upon return, it is unclear how these findings might apply to the experience of nursing students in immersive 12-week clinical settings. This is primarily because all students examined in such studies have had educational experiences and have undertaken theoretical courses in fields different from nursing or other health professions.

Findings from this literature review indicate a need for more research on nursing students who travel abroad to study in a resource-limited clinical setting. Thus, understanding the process students undergo as they return to their home country will help fill a gap in the current literature and may inform educational approaches to address reentry as well as future research in the area of global health education. The use of a qualitative methodology, specifically Charmaz's Constructivist Grounded Theory approach, is suited to explore this process and to address students' experiences from their personal perspectives.

CHAPTER THREE: METHODOLOGY

This chapter provides an overview of the methodological approaches taken to complete this study. The chapter revisits the purpose and research questions presented in chapter 1 and also presents the study design.

Study Purpose and Objectives

This study sought to develop an understanding of the reentry process undergraduate nursing students undergo following an immersive global health clinical placement in a resource-limited environment. The study's objectives were to:

1. Understand the reentry process as nursing students return from a global health clinical placement from the perspective of student as person, student as learner, and student as soon-to-become professional.
2. Explore the facilitators and barriers students face as they reintegrate back into the student role in Canada completing their undergraduate studies and entering the profession of nursing.

Research Questions

1. What is the reentry process BScN students undergo as they return from a global health clinical placement and return to complete their undergraduate education?
2. What are students' experiences of reentry?
3. What factors are relevant to the reentry process?
4. What aspects of students' lives are shaped by the reentry process?

Study Design: Charmaz's Constructivist Grounded Theory

This study adopted a qualitative design based on a Constructivist Grounded Theory (CGT) methodology. In order to understand CGT, it is important to discuss its origins and how it differs from the original Grounded Theory (GT) and why this approach was appropriate for the current research study from an ontological and epistemological lens.

GT is a form of qualitative research developed by Barney G. Glaser and Anselm Strauss in 1967. The main premise of this methodology is the use of a systematic set of procedures to inductively develop theory that is “grounded” in data collected from participants that are based on their lived experience (Charmaz, 2006).

Although this method of inquiry originated from Glaser's positivist and Strauss's symbolic interactionist backgrounds (Bryant & Charmaz, 2007), it maintained a positivist position and objectivist underpinnings about an external reality (Guba & Lincoln, 1994). Glaser's view has always maintained a positivist position, in which the view of the world is stable and predictable. In this view, the researcher is a neutral observer who discovers data, using a reductionist inquiry of manageable research problems (Charmaz, 2000; Glaser, 1992). After the inception of GT, Strauss and Corbin (1998) offered a more post-positivistic position. Although they still assumed an objective external reality, aimed towards unbiased data collection using a set of technical procedures and verification methods, they proposed giving voice to the respondents (Charmaz, 2006). Both researchers considered it important to represent the respondent as accurately as possible, discovering and acknowledging how the respondents' view of reality conflicted with their own and recognizing art and science in the analytical process (Charmaz, 2000; Strauss & Corbin, 1998).

On the other hand, Kathy Charmaz (2000, 2004, 2006, 2009) proposed a middle ground approach between postmodernism and positivism and offered a constructivist perspective to GT, where the view of the world is unstable and context bounded. CGT acknowledges the existence of empirical worlds, and allows for interpretive meaning and intuitive realization and relativism of multiple social realities. The researcher places priority on the phenomena of study and sees the data and analysis as well as development of knowledge as created from shared experiences and relationships with the participants (Bryant & Charmaz, 2007; Charmaz, 2006). Unlike Glaser and Strauss (1967) who provide a method for analyzing processes, Charmaz talks about research as a studying process that uses symbolic interactionism perspectives. Symbolic interactionism focuses on the meaning that events hold for people and on the symbols that convey this meaning. It proposes that individuals bring their own definitions, meanings, and interpretations to an event, which is how they understand their world. They then act towards these events on the basis of the meanings these events have for them (Thorne, 1997).

Furthermore, Charmaz does not support Glaser and Strauss's position about discovering theory as emerging from data separate from the scientific observer; Charmaz instead assumes that neither data nor theories are discovered but are rather co-constructed. This is because researchers are part of the world they study and in which they collect data, and the grounded theories are constructed through their past and present involvement and interaction with people, perspectives, and research practice (Charmaz, 2006). Charmaz considers reality as a construction of research participants' implicit meaning, experiential views, and the researcher's grounded theories. "Any theoretical

interpretation offers not an exact picture of the studied world; but an interpretive portrayal of it” (Charmaz, 2006).

Dunne (2011) and McCann and Clark (2003) indicate that grounded theory studies typically produce substantive rather than formal theories. A substantive theory seeks to uncover “the basic social-psychological or social-structural processes that are used by persons or social groups in response to specific social problems,” while a formal theory “is a broader based and more generalized process that occurs in a variety of distinct, yet theoretically similar, social situations” (Kearney; 1998, p. 181). Because grounded theory focuses on exploring a phenomenon from the perspective of a group of people, it is logical that theories derived from grounded theory studies would be considered substantive rather than formal. This is also because grounded theories describe a phenomenon and also explain the processes underpinning it (Dunne, 2011; Jeon, 2004). Epistemologically, constructivism highlights the subjective interrelationship between the researcher and participant and the co-construction of meaning and how researchers reflect upon their underlying assumptions and heighten their awareness of listening to and analyzing participants’ stories as openly as possible (Charmaz, 2000, 2006; Mills, Bonner, & Francis, 2006). The researcher becomes part of the study rather than an objective observer and his/her values must be acknowledged by his/herself and by the readers as an inevitable part of the outcome (Guba & Lincoln, 1989; Mills, et al, 2006; Stratton, 1997).

My ontological and epistemological position as a researcher is congruent with CGT as grounded theory is ontologically relativist and epistemologically subjectivist.

This approach supports the interactive relationship between the researcher and participants and how the researcher reflects upon her/his underlying assumptions and heightens her/his awareness of listening to and analyzing participants' stories as openly as possible. Mills et al. (2006) propose three considerations when using a constructivist approach:

1. The creation of a sense of reciprocity between participants and the researcher in the co-construction of meaning and ultimately, a theory that is grounded in the participants' and researcher's experiences.
2. The establishment of relationships with participants that explicate power imbalances and attempts to modify these imbalances.
3. Clarification of the position the author takes in the text, the relevance of biography and how one renders participants' stories into theory through writing. (p. 9)

For this study CGT not only offers the opportunity to gain a better insight of the processes rooted in students' reentry experiences but also allows researchers to go beyond just describing their experiences and to provide a conceptual framework that would help address issues encountered by similar cohorts of students. Figure 2.1 depicts the process followed in this study as proposed by Charmaz (2014).

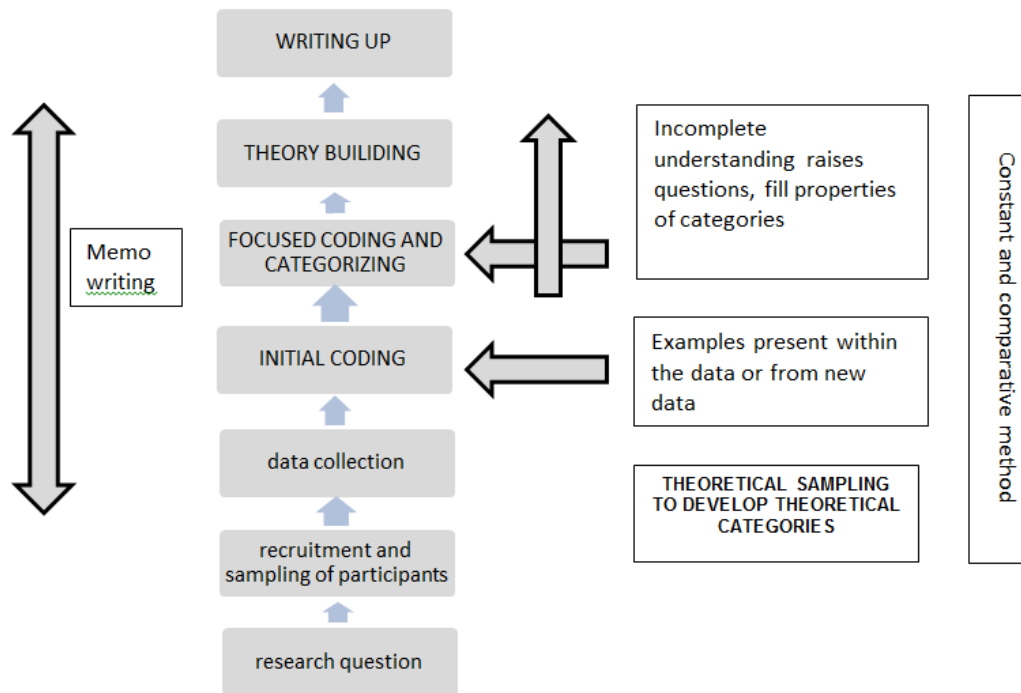


Figure 2.1. Visual representation of a grounded theory. Adapted from Charmaz (2014, p. 18).

Setting

This study was conducted with recent nursing graduates and Level 4 nursing students who completed international placements, and faculty members who taught the study participants while abroad. Participants were from the McMaster, Mohawk, and Conestoga sites of the McMaster University BScN collaborative program in Hamilton, Ontario, Canada.

As mentioned briefly in chapter 1, students at McMaster University have the opportunity to complete one of their final Level 4 clinical rotations in an international setting. This course is completed over a period of 12 weeks during which time students are expected to complete 288 hours of direct patient care under the supervision of a

clinical preceptor. In order for students to be eligible for this international global health clinical experience, they undergo a rigorous selection process and receive formal pre-departure training. This training includes a 12-week theoretical course about global health concepts and a day-long session on logistics and clinical information (see Appendix A for an outline of a pre-departure workshop and Appendix C for main content of mandatory course and selection requirements). Students are also expected to obtain information about the host setting before departure. This information includes geographical information, culture, health care system, and the role of nursing in the host setting as well as common health issues they would encounter.

Once students complete this pre-departure preparation, they are able to travel and start their clinical course abroad. Most of the time students travel alone or, in some instances, they travel with a peer. These students spend all 12 weeks living with a local host and working in a clinical setting providing direct care to patients. Although students do not travel with an instructor, they work under the supervision of a local clinical preceptor and have a clinical tutor based in Canada with whom they connect every week. These clinical tutors are faculty members with clinical knowledge and expertise in global health. The role of the clinical tutor is to guide, support and evaluate the student throughout the twelve weeks. The tutor also works closely with the host clinical preceptor ensuring that the student meets the course expectations.

Participants

This study used a purposive sampling approach congruent with CGT (Bryant & Charmaz, 2007) to recruit participants. Although there is no accurate way of knowing the

size of the sample for a grounded theory study, usually 20-30 interviews or time spent in the field are necessary to reach saturation of the categories (Bryant & Charmaz, 2007).

The sample consisted of nursing students who completed a global health nursing clinical placement during their first term in Level 4 between August 2012 and August 2013, and recent graduates from the class of 2012. This was done in order to conduct interviews in the fall of 2013 and winter of 2014. According to the information provided in the McMaster School of Nursing (2015) website, 32 potential student participants met the inclusion criteria. Student and alumni selection criteria included ensuring that students only had one global health clinical placement by the time of the interview as well as:

1. Be a recent nursing graduate (class of 2012) or an undergraduate nursing student in Level 4 at any of the three sites of the collaborative BScN program.
2. Have completed all their other undergraduate nursing preparation in Canada.
3. Have completed the first Level 4 clinical placement at an international setting in the period between August 2012 and August 2013.

This selection is congruent with the literature about reentry adjustment (Adler, 1981; Carlisle-Frank, 1992; Furukawa, 1997; Gaw, 2000; Huff, 200; Uehara, 1986). According to the literature, students show evidence of culture shock within the first 16 months upon return and this period of time is also appropriate for individuals to provide meaningful discussion about the impact of their experiences abroad in relation to their lives back in their home country.

Faculty members, who taught these students online while they were away and had the opportunity to meet with them after their return, were also included. Although Level 4 nursing students with a global health experience were the primary source of data for this study, faculty members were included as they also provided relevant data about the reentry process of students after their global health clinical experience. Charmaz (2006) states that CGT locates participants within a larger social structure that supports situations, relationships, assumptions, discourse, and meanings of which they may be unaware. In order to address these factors it is necessary to include nursing faculty who tutor students in these under-resourced international placements. Inclusion criteria for faculty members were as follows:

1. Have taught professional practice or a theoretical course to nursing students taking a global health clinical placement abroad.
2. Have met with global health students to debrief once they returned from their global health clinical placement.

The study included a total of 20 participants. Four participants had the opportunity to travel with a peer and the remaining participants travelled on their own. Table 3.1 provides relevant information about the study's participants (only general information is included in order to ensure confidentiality). Findings reported in chapter 4 make reference only to continents instead of individual countries that participants visited, again to ensure confidentiality.

Table 3.1

Study Sample Demographic Data

Students	Alumni	Faculty	Places visited	Travelled together	Female	Male	Age ranges
11	6	3	India Kenya Nicaragua Nepal New Zealand (rural Maori community) Tanzania Uganda Zambia	8 (4 pairs)	19	1	20-40 yrs (student/alumni participants)

Recruitment

Once ethics and School of Nursing approval was obtained, a nursing colleague not connected with this research study sent a letter of invitation including the information letter and consent form (Appendix D) to potential study participants within the BScN program. The BScN program's online communication vehicle was used for this purpose. Recent nursing graduates who met the inclusion criteria were contacted through email. As part of their educational experience in global health, nursing students give permission to the BScN program to publish their email address on the school website. This is done in order to give access to other students and faculty members who want to contact them for educational and research purposes. In addition, an email invitation was sent to faculty members who met the inclusion criteria.

Data Sampling and Collection

Data for this study were gathered using one-to-one, face-to-face in-depth interviews. The interviews were 60 minutes in length. Appendix E provides a list of the semi-structured questions used for this study. The decision to use interviews was guided by Charmaz's (2006) approach to CGT; Charmaz considers that interviewing is optimal for interaction between interviewer and participant and for development of theory. The interaction between participant and researcher during the interview process contributes to the constructive nature of data gathering in CGT (Kvale, 1996). The length of the interview was also structured to allow for deep exploration of issues, as required by CGT.

Interviews had a semi-structured format with initial broad questions that explored students' perception of their experience upon return from a clinical placement abroad. Each interview was digitally recorded and field notes were taken after each interview. Data were transcribed verbatim in word format and secured in a code-protected computer folder on a password-protected computer. In order to verify transcript content, the researcher read all transcripts while listening to the digital recordings. This process also allowed the researcher the opportunity to become immersed in the data and begin data analysis.

In this study, a total of 20 participants including students, alumni, and faculty members were interviewed. Student and alumni participants shared their experiences having been in resource-limited international settings. Thirteen student or alumni participants took part in the initial interviews. All participants were contacted for a second interview. This second interview was needed to strengthen the analysis process and to

further explore the properties of the conceptual categories. Specific questions arising from the initial coding analysis were asked at the second interview to clarify information. A total of nine out of the initial 13 participants responded to the second interview; seven were students and two were alumni. In addition, theoretical sampling was conducted in order to expand on categories with seven new participants. Three of these new participants were faculty members in charge of teaching the global health clinical course to students similar to those in the study sample. The other four participants were students. As data analysis progressed, the seven new participants and the 13 initial participants were contacted again to expand on and refine the emerging categories. A total of eight respondents participated in this step.

In summary, the study involved a total of 20 participants and 37 individual encounters were completed. Thirteen participants completed the initial interview, nine of the initial 13 completed a second interview, seven new participants participated in theoretical sampling, and eight of the total 20 participants were contacted at the end to expand and refine emerging categories over a 9-month period.

Data Analysis

This study employed textual data analysis strategies proposed by Charmaz (2006) that are consistent with Glaser and Strauss's constant comparison methods. This included initial coding, focused coding, and categorical clumping. According to Charmaz, both researcher and research participants interpret meanings and actions. Theory is formulated from the data as opposed to having the data being driven by theory. In a constructivist

approach, the categories, concepts, and theoretical level of analysis emerge from the researcher's interaction within the field and questions from the data (Charmaz, 2000).

The data analysis process began with an initial line-by-line coding that looked at each line of the transcribed document for actions, assumptions, feelings, meaning, and experiences. This process was conducted as each interview was completed and transcribed. Charmaz (2000) indicates initial coding is a process of closely studying “fragments of data—words, lines, segments and incidents” (p. 42) for emerging themes. Once fragments of data are identified, they are categorized and labeled. Charmaz suggests that initial coding be very open in order to facilitate and consider the possible themes and commonalities in the data. In this study, this process allowed new thoughts to surface and gaps to be identified. NVivo 10 software was initially considered for data organization; however, it was decided to conduct all components of the research without the aid of a computer software. As Charmaz notes, “it is more appropriate to use grounded theory guidelines to give you a handle on the material, not a machine that does the work for you” (Personal communication, July 28, 2014).

The coding process had two phases: initial and focused coding (Appendix F). Although Charmaz does not provide a detailed explanation of the steps between the major phases of coding and analysis (Chen & Boore, 2009, p. 7), the following section outlines the processes used to code data in this study.

Line-by-Line Coding

As interviews were completed and transcriptions were reviewed, line-by-line coding was initiated and comparative analysis commenced. Initial codes were identified

ensuring that they portrayed meaning and actions and that they remained close to the data. In order to accomplish this, codes were written in short sentences, showing action and indicating the progression of events (Appendix F). This approach helped to identify missing and new data that were then addressed in subsequent interviews. Further questions were developed, comparisons of data with data and incident with incident were completed, and reflective notes developed as the researcher engaged in this analysis process. This is consistent with Charmaz's analytical approaches (i.e., analyze as you go). Line-by-line coding allowed the exploration of issues that otherwise might be missed if considering a thematic coding approach (Charmaz, 2014).

Focused Coding

Focused coding is more directed, selective, and conceptual than the initial coding process. Focused coding was used to synthesize and explain larger segments of data and required using the most significant or frequent earlier codes to sift through the data (Charmaz, 2006, p. 57). Cluster categories were developed to transition from initial codes to focus codes, and helped to identify themes or variables that aimed to make sense of what the participant has said. Such categories were interpreted in the light of the situation, other interviews, the emerging substantive theory, and explicated ideas, events, or processes in the data (Charmaz, 2006, p. 91).

A comparative analysis method was used throughout the study and this was accomplished by comparing codes from the same transcripts and between transcripts. This process allowed the creation of broader codes which led to initial categories. Incident-by-incident comparison was also conducted. As initial categories were

developed, further questions were formulated to conduct theoretical sampling, which allowed exploration of categories in more detail (see Figure 2.1). For this process, it was important to create the categories as codes and focus codes evolved; further questions were asked after categories developed. It is important to mention that categories and subcategories were developed in terms of properties and dimensions.

Memo Writing

After initial coding was conducted and as focus coding began, the development of memos became an important part of the analysis process (Appendix F). This helped to discern initial categories and to begin thinking about moving the focused codes to conceptual categories. In this phase potential questions were developed to seek clarification in the second interview. Memo writing became important in category development. It was crucial to not rush the process and to think carefully about the codes and then move into developing initial categories. Memo writing in focus coding helped articulate conjectures, compare data with data, codes with codes, incident by incident as well as codes and categories (Charmaz, 2014).

As Bryant and Charmaz (2007) indicate, memo writing is a critical element of CGT as it is the methodological link through which the researcher transforms data into theory, through sorting, analyzing and coding the “raw” data in memos. This process allows for the emergence of social patterns, and the continued writing of memos through the entire research study permits the researcher to explore, explain, and theorize these emergent patterns early in the research process (Charmaz, 2006). By remaining firmly grounded in the data, the researcher is able to create social reality by organizing and

interpreting the “social worlds” of their respondents (Richardson, 1998, p. 349). The process of memo writing allowed the researcher in this study to capture thoughts and insights as well as to critically analyze the data obtained during interactions with study participants and to further conceptualize the data in narrative form (Lempert, 2007).

Charmaz (2006) states that the methodological practice of memo writing roots the researcher in the analyses of the data while simultaneously increasing the level of abstraction of his/her analytical ideas. During the early stages of the research process, memo writing allowed the researcher in this study to observe what was occurring in the data and helped focus subsequent data collection. Advanced memo-writing permitted the researcher to categorize the data, establish categories, acknowledge the researcher’s assumptions and beliefs, and explain comparisons and connections (Charmaz, 2006). This latter process allowed the researcher in this study to explore and construct the substantive theory.

Theoretical Sampling

For theoretical sampling to occur, it was important to have already developed categories. This step identified gaps where data was needed to fill and saturate these categories. To conduct theoretical sampling, the researcher sought data that provided further insight into the categories arising in the analysis (Charmaz, 2000). Charmaz (2006) suggests that “theoretical sampling prompts you to predict where and how you can find data to fill gaps and to saturate categories” (p. 103). Theoretical sampling was obtained through interviews with students and alumni who did not yet participate in the initial interview. Similarly, due to the nature of the developed categories, faculty

members were also included in this part of the process. In addition, as initial participants were contacted for a second interview to expand on the initial codes and clarify the data, the researcher also took this opportunity to conduct theoretical sampling with these participants in order to expand on the developed categories. Comparative analysis also included a review of the original interview transcripts, with further theoretical sampling from these transcripts, consistent with Charmaz's (2014) approach.

This data collection in theoretical sampling helped delineate the properties of the emerging categories, check hunches about these categories, saturate properties of categories, and distinguish issues between categories (Charmaz, 2006). This process also helped clarify relationships between categories and between emerging categories, and identify process variations. Memo writing was crucial in this entire process, as memos helped flag incomplete categories and gaps in the analysis, thus allowing new comparisons to emerge and to help solidify the categories. This process went beyond inductive reasoning and engaged in abductive reasoning through the entire process.

Achieving Saturation or Theoretical Sufficiency

The notion of saturation in grounded theory is that data collection stops when theoretical saturation occurs. Saturation has been defined as “data adequacy” that involves collection of data until no new information is obtained (Morse, 1995). Charmaz (2006) cautions that saturation in CGT does not refer to the repetition of described events, actions or statements, but instead saturation occurs when new data no longer triggers new theoretical insights, and new properties of theoretical categories are no longer revealed. In

this study, saturation occurred when conversations with student sojourners revealed no new insights.

Member Checking and Triangulation

In constructivist grounded theory, member checking is used primarily to strengthen the developed categories rather than to seek feedback from participants in relation to the transcripts (Bryant & Charmaz, 2007). In this study, this was accomplished during the second interview when participants had the opportunity to confirm that the emerging conceptual categories resonated with them. This was particularly important for interpretation of the data and theory development (Charmaz, 2006). In addition to member checking, data triangulation was achieved by gathering data from three different types of participants (students, alumni, and faculty members). Investigator triangulation was conducted through a discussion of the content of the transcripts, data analysis, and category development with committee members.

Ethical Considerations

Ethical approval was obtained from the Hamilton Integrated Research Ethics Board as well as a coordinated review with Mohawk and Conestoga Colleges, as students were from all three sites. Participants were reminded clearly that their participation or withdrawal from the study would not in any way affect their status as students or graduates of the program. Any identifying information was removed from transcripts and consent forms (Appendix C) were stored separate from the data files. Interviews were arranged at a time and location indicated by the participant, used a flexible approach to

questioning, shared understanding of the key issues arising, and assumed an open stance towards the participant.

Since qualitative research allows researchers to interact with participants, it was important to consider power differential issues and attempt to lower them in preparation for the interview. The literature suggests the researcher consider adopting a nonjudgmental stance towards the participants and resist the temptation to assign values to the participants' responses or to the participants themselves. Similarly, the study was presented in an open and transparent way, which included clarifying roles, responsibilities, and rights of both the researcher and study participants throughout the different stages of the study (Bravo-Moreno, 2003; Mills et al., 2006; O'Connor, 2001). For this study, suggestions from the literature were utilized to promote a more equal sharing of power.

In my role as chair of the global health education committee, I have been part of the decision-making process to approve students' applications for a global health clinical placement, and have taught the introduction to concepts in global health course (4H03) to potential participants at the McMaster site. Also, although I usually teach the online clinical course to students having a global health clinical placement, to mitigate the risk of power imbalance I did not directly teach them during the time students were involved in their clinical placement abroad. The same occurred for the alumni. Furthermore, I did not personally recruit students but instead had a nursing colleague act as the contact person for recruitment purposes so that she was not aware of who declined participation.

Also, I ensured that I did not teach any of these students and alumna in their final term once they returned from their clinical placement abroad.

In case students became distressed as they recalled events from their clinical experience, they were offered to be connected with the student health services department at McMaster, Mohawk, or Conestoga, as appropriate. Alumni were recommended to connect with the Employee Health Programs at their place of employment. For those not working, information about a mobile, mental health crisis outreach team was suggested if needed. To the best of my knowledge, no participants availed themselves of these services as a result of participating in this research.

Rigor

In this study, rigor was addressed by using Charmaz's (2006) four criteria for evaluating CGT studies: credibility, originality, resonance, and usefulness. Credibility in CGT refers to the depth of the observations made in the data and the suitability of the data. Charmaz proposes that there should be enough evidence in the data to support the researcher's claim. This means that the researcher must ensure that there is sufficient range, number, and depth of observations contained in the data (Charmaz, 2006). The researcher must offer enough support for the audience to independently evaluate and agree with the results. In this study, the number of interviews facilitated credibility (there were 37 total encounters), and the length of the interviews and the use of constant comparative analysis allowed for an in-depth collection and analysis of information. Data were collected from three groups of participants (students, alumni, and faculty). Also,

input from thesis committee members was sought to confirm emerging codes and categories, thus providing feedback on the credibility of the study.

Originality refers to whether the work being produced is fresh and offers new insight. The researcher must demonstrate that the analysis provides a new conceptual rendering of the data and that the new grounded theory challenges, extends, and refines current ideas, concepts, and practices (Charmaz, 2006). The substantive theory in this study extends existing concepts and practices related to reentry. As seen in the discussion section, the Reentry Process Theory expands upon existing concepts related to reentry and provides a systematic approach to the process of reentry, especially considering experiences of students in resource-limited settings. In order to maintain originality in this study, it was important to engage in reflexive journaling, in addition to memoing as described above. Being able to maintain reflective thoughts and analyze personal assumptions in the development of the substantive theory also contributed to the originality and integrity of the study.

Resonance refers to whether the grounded theory makes sense to participants and offers them deeper insights about their lives and worlds, and to whether the categories portray the fullness of the studied experiences (Charmaz, 2005). Links should be drawn between larger groups or institutions and the individual when the data indicate as much. Furthermore, resonance determines that the work contributes knowledge, encourages further research, and offers something of value and utility to people (Charmaz, 2014). For this purpose, students, alumni, and faculty participants were presented with the conceptual categories in order to offer their perspective on the resonance of the

developing substantive theory. Feedback from thesis committee members was also sought as the substantive theory developed.

Usefulness refers to whether the analysis offers interpretations that people can use in their lives and if the new work contributes to knowledge. When evaluating usefulness, it is also important to explore whether the analysis triggers further research in other areas (Charmaz, 2006; 2014). Member checking, memo writing, and discussion of findings with the thesis committee members aided in analyzing the usefulness of the study and how it contributed to new research. It was crucial to maintain close awareness of these components as the research study unfolded. The contributions to knowledge, practice, policy, and research are articulated in the final chapter of this thesis.

CHAPTER FOUR: FINDINGS

This chapter provides a detailed description of the results obtained through the systematic data analysis conducted under Charmaz's Constructivist Grounded Theory (CGT) approach as well as the second review of the literature. As mentioned in chapter 2, CGT supports a secondary review of the literature at this stage of the study. Charmaz (2006) suggests that delaying the literature review can help "to avoid importing preconceived ideas and imposing them on the researcher's work. Delaying the review encourages the researcher to articulate 'his/her ideas'" (p. 165). The literature discussed in this section expands on the material presented in chapter 2 and includes a comparison of how study findings are similar to or different from the extant empirical literature.

As a result of this study a substantive theory named the Reentry Process Theory (RPT) was constructed; see Figure 4.1. This theory is grounded in the data and is strongly influenced by three visibly related phases which comprise the global health experience of participants: the sojourn phase, the relocation phase, and the homecoming phase. Four conceptual categories are highlighted in this theory: adjusting to being back; seeking understanding; making meaningful connections and discovering a new self. The latter category is the major category in the study and encompasses the first three categories. The following section provides a detailed exploration of the substantive theory, including a description of the three phases and their connections with the four categories.

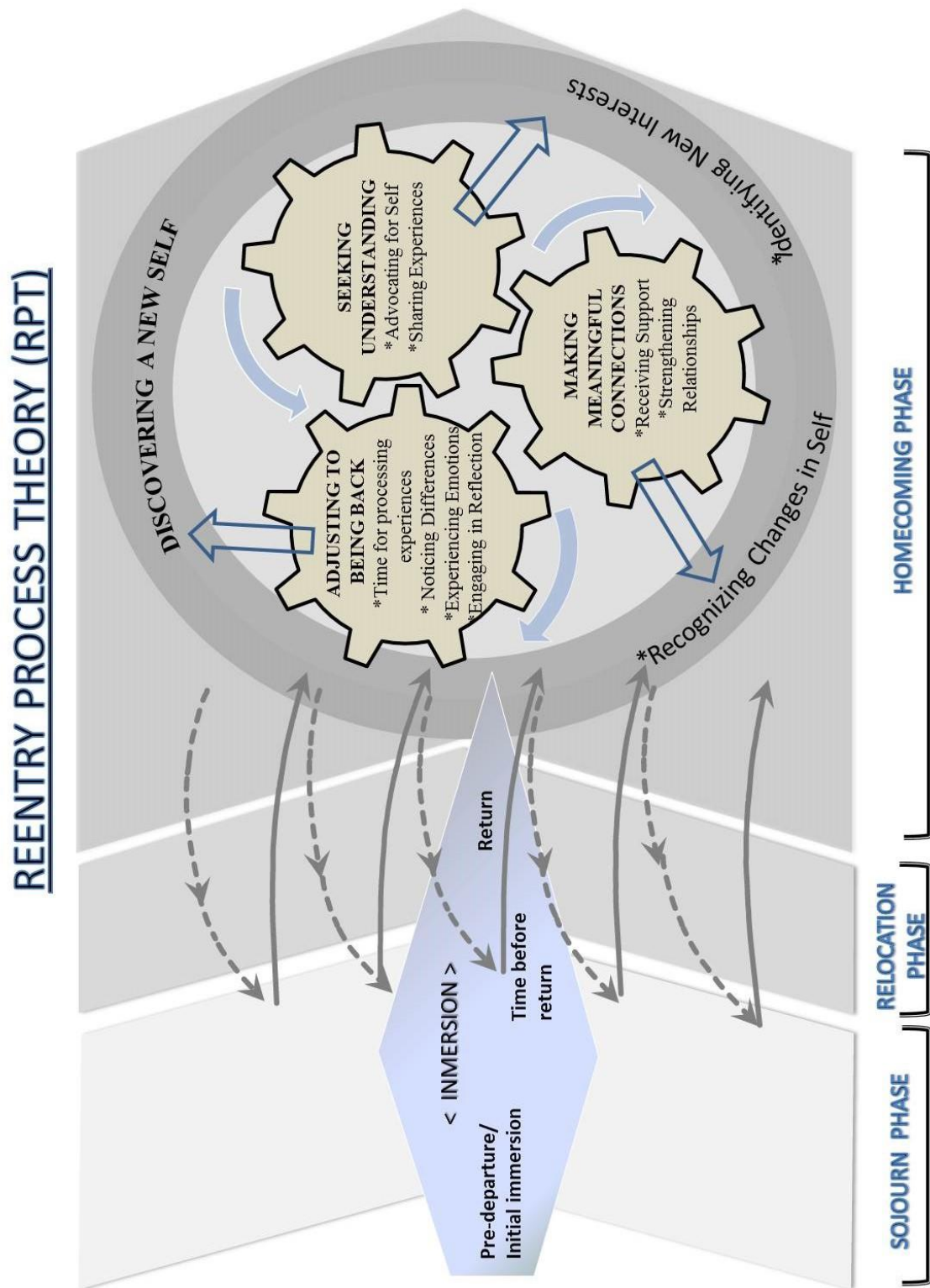


Figure 4.1. Reentry process theory.

Understanding the Reentry Process

In order to have a deeper understanding of the reentry process within the context of the four conceptual categories constituted in the RPT, it is essential to examine the connection between the three chronological phases participants went through as part of their global health experience. It was found that without exception, all student and alumni participants could not discuss their reentry experiences without drawing on their experiences abroad. Participants engaged in a critical reflective process that allowed them to construct meaning regarding their experiences back in Canada within the context of their lives abroad. The connection of these three phases in relation to the reentry process is depicted as a fluid diagram presented in Figure 4.1. Each component symbolizes significant events and circumstances participants experienced, which helped elucidate their reentry process and included both facilitating and hindering factors. The back and forth solid and dotted arrows connecting the phases symbolize the critical reflective activity participants engaged in through the process of reentry.

Similar to this reflective activity evident in the reentry process, time was also an important component associated with this process. From the moment participants began their global health journey, time became not only a chronological indicator of the different phases they experienced, but also a contextual factor that influenced how they constructed the different processes embedded in this theory of reentry. There are several instances where participants referred to time not only chronologically but also as a needed component in the construction of processes pertaining to the reentry process. Participants constructed their present by reflecting on their past. Although time and reflection is explored more thoroughly as part of the first category, these concepts transcend across all

other categories. The following section begins with a chronological description of each of the three phases participants underwent as part of their global health experience.

Sojourn Phase

This phase refers to the time participants experienced living in resource-limited international settings and when they were exposed to a completely new culture and different social structures, traditions, languages, and lifestyles. It was also during this phase that they lived with new people, developed new friendships, learned about a different health care system, and learned about the role of nursing in another country. As stated above, this phase is particularly relevant to the reentry process as the reflection on events and experiences in this phase allowed participants to make sense of the processes connected to their reentry. The section below provides an overview of the experiences student sojourners had while in their host settings.

The sojourn phase relates to the immersion abroad experience and is divided into three parts. The first part includes the period prior to departure from Canada as student sojourners were preparing for this experience both at the personal level and in their role as students. This period includes the pre-departure workshop as well as the mandatory global health course and selection process. Similarly, this part of the sojourn phase comprises the initial immersion period which occurred during the first few weeks when participants left Canada and arrived to their host setting. During this period, participants began to adjust to a new environment, new language, new traditions, new lifestyles, new people, new health care systems, new health conditions, and new approaches to health

care. The following citation illustrates how the initial immersion allowed the opportunity to notice the surrounding area and identify differences and similarities:

At first it was hard ... there was a lot of new things all happening at once. The living conditions weren't as amazing as we would have here. You realise how blessed you are here. Just like the lack of water, different ... just environmental things to get used to. But it was great. We were accepted into the culture. ... The people there accepted us, welcomed us with open arms and really were excited to see us, and learn about who we were as Canadians and our culture. So, it was good that way. (Student)

This period comprised both positive and negative experiences. The discussion of negative experiences is congruent with the literature on culture shock (Adelman, 1988; Lysgaard, 1955; Oberg, 1954) which refers to the attitudinal and emotional adjustments of individuals to a new culture. Sussman (2000) describes culture shock as “the intense, negative affective response, both psychological and physiological, experienced by new expatriates when faced with unfamiliar symbols, roles, relationships, social cognitions and behaviors” (p. 355).

In addition, Furnham and Bochner (1986) state that either unpleasant or pleasant stimuli that cause positive or negative changes associated with stress contribute to culture shock. It is also important to understand that individuals only become unsettled by these changes when they are unable to understand and assign meaning to the experience (Adelman, 1988). Therefore, changes that have meaning to the individual would not cause culture shock. Part of the changes that impacted participants' experience abroad and their reentry process alike was the fact that it was the first time the participants had lived alone and worked abroad as nursing students, during which time they were considered to be part of the minority population and were unable to speak the local

language. In addition, living and working in a resource-limited setting as well as in a different social setting exposed participants to issues they had not previously experienced; such as poverty, lack of access to resources, and gender inequities.

It was weird being the minority. It felt very strange to be walking down the street and just being the only white person in town ... it's definitely different being in a country where in the entire country you just stand out wherever you go. (Student)

There were many instances where I wished those I was interacting with had a better understanding of my culture so that they could see why I was different. This was especially true when working in the healthcare setting. Many instances I noticed that priorities of care were different within the setting, and wished they could better understand my nursing educational background to see why I might prioritize differently. However ultimately, I recognized through reflection that I was entering their environment, and it was important that I embrace rather than change differences. (Alumna)

The second part in the sojourn phase refers to the immersion period which includes the time after pre-departure and after the initial immersion. In this part of the sojourn phase participants became more acquainted with the host setting, they adjusted to the local norms and experienced a feeling of belonging. They no longer felt like foreigners; they were used to the local traditions, food, and people and had developed friendships and felt comfortable in the setting.

I didn't feel ready to leave. I was like "I need some more time." I need a couple more months because at the 3-month mark is when I feel like you really start to understand people and you start to develop real friendships, not just surface level but ... that was when my friendships with people started getting deeper ... and that was when I started feeling like I'm becoming a part of this culture and I'm belonging here. So, right when those roots started forming, that's when I had to go, which felt like I wasn't ready. (Student)

The third part of the sojourn phase refers to the last few days before their return to Canada. Participants began to think about their experiences during the previous 3 months and what it would be like to return to Canada. As the time to return approached,

participants began to feel mixed emotions at the realization that they were finally going to be with their family and friends, but that they would no longer be in the host setting and likely would not see their newfound friends again.

I couldn't wait to see my family that I missed so much but at the same time it was like when will be the next time I get to come back here? Because these are friends that I've become really close with, but they don't just live like a short plane ride away or like a drive away; it's like they're halfway across the world, a \$3,000 plane ticket. Like, this isn't something that I can probably do in the next few years; maybe the next ten years or the next 5 years but not next year. So, it was really, really emotional saying goodbye to them. (Student)

This part of the sojourn phase could be considered a preamble to their reentry experience due to the fact that participants' reflective thoughts were not only about their life abroad; their perspectives also began to shift as they anticipated the experiences they may have once they returned to Canada.

Relocation Phase

As the time to return back to Canada approached, participants began the relocation phase. This phase is the continuation of the last part of the sojourn phase shown in Figure 4.1, and due to its short duration it is represented as the narrow conduit between the sojourn phase and the homecoming phase. The relocation phase marks the starting point of the reentry process. This phase is characterized by the physical transfer of participants from the host setting back to Canada and includes the last moments with their friends in the host setting, their trip to the host country airport, their flights back to Canada, and the immediate moment of arrival in Canada.

Despite its short duration, this phase is crucial in the entire reentry process as during this time participants engaged in continuous critical reflection, when they began to

make more clear connections between what was experienced abroad and what would happen after arriving in Canada. This opportunity to reflect allowed them to examine what they had just experienced in the host setting and to think about what their lives would be like in Canada after living and studying abroad for 3 months. This engagement in reflection became an important component of the reentry process. Although some participants decided to visit other settings before returning to Canada, the opportunity for reflection was present for everyone. This was surprising for them as they did not realize this would happen. They found it very helpful to have the opportunity to think about what had just happened to them and to prepare for what was about to happen in their lives back home:

I remember feeling kind of ... not disbelief but just thinking back over it, I found at that point I was really reflecting on the 3 months and being like “Was I just in Africa? How am I coming back to Canada? I’ve been away for 3 months.” ... And that is the moment I just thought of what just happened. Like, how am I coming home already? I think at that moment I was really thinking “How was that 3 months? It felt a lot shorter.” During it I definitely didn’t think that but ... at the end, realizing that it was over, it was really strange. And I’m heading home.
(Student)

Although participants rejoiced at the thought that they were going to be back in Canada, mixed emotions emerged similar to those found in the last part of the sojourn phase. This was because the idea of not returning back to the host setting was no longer an idea but a fact that became reality.

I wasn’t sure how I was going to handle being back. You know? This moment of finally coming home, the return finally was here ... like the thought of this moment in my mind that I had waited for and dreamt about and longed for, while I was there ... you know, my life ... I missed my life. And I was scared when I came back and I felt an overwhelming amount of guilt leaving behind everyone else. It just felt surreal to me. Yeah, just two places that are very far apart are very different. (Student)

Homecoming Phase

This phase explores the time immediately after participants' return to Canada as well as when they resumed their normal routines. The time at which participants had their initial interview following their return to Canada varied between 2 to 3 months (for students) and 1 year (for alumni).

As participants shared their experiences about this phase, they focused on their life with family and friends as well as their school life and work within a Canadian clinical setting. Alumni were able to provide similar information to that of students and were also able to expand on their experiences after graduation. A more detailed description of this phase in connection to the substantive theory is provided below. These findings not only support what was already discussed in the literature in relation to the roles of undergraduate students from other academic areas (Adelman, 1988; Cox, 2004; Furnham & Bochner, 1986; Martin, 1984; Ward et al., 2001); but they also introduce a new element not previously explored in relation to the homecoming phase. This element refers to the complexity of having added roles when student sojourners return to Canada compared to the range of roles experienced during their time abroad; their roles abroad were focused and limited to being a clinical student.

Unlike the sojourn phase when participants were living independently, immersed in the student nurse role, these participants faced additional complexities coming back. As participants returned to Canada, their focus was not only on their role as students but also as soon-to-graduate students who came back to their final semester in the program and who had to start thinking about their future professional lives. They also went back to

their roles and responsibilities in their personal lives, including roles within their family, with their friends, in their jobs, along with other commitments. They were going back to the life they left behind before their trip abroad, except this time their experiences were influenced by their life abroad.

Participants found it essential to draw on their experiences abroad while constructing their process of reentry. For that reason, the exploration of the four conceptual categories that make up the RPT includes connections made between the three chronological phases (sojourn, relocation and homecoming) described above. These connections are depicted with the dotted and solid arrows in Figure 4.1. The processes unique to each category are represented in each cog. In addition, each of these categories influences each other and they occur synchronously as illustrated by the moving cogs and the larger sphere surrounding them. The arrows coming out of each of the three cogs represent the connection between the first three categories and the fourth category. This fourth category, discovery of new self, occurs as participants continue to adjust to being back (first category), as they seek understanding (second category), and as they make meaningful connections (third category).

The following section describes the processes embedded in the four conceptual categories of the newly developed substantive theory. Each conceptual category is discussed in detail along with supporting quotes from participants. A literature review is also included to compare and contrast findings from this study to those found in the empirical literature.

Adjusting to Being Back

This conceptual category captures the experiences participants faced upon their return as they encountered factors that demanded adjustment in their roles as individuals, as learners, and as soon-to-be professionals. The level of adjustment participants experienced was determined, in part, by the circumstances they faced while living abroad. As discussed briefly in the sojourn phase, this was the first time all participants completed a clinical course and lived in a setting where there were not only limited resources, but also where the language and traditions were unfamiliar to them. Participants described this experience as being in a “third world” country. They connected these two words to their perceptions of poverty, low resources, inequities, and lack of access to services they would readily find in Canada.

Being in Africa changes you as a person ... going through hard times, through different changes and circumstances, like environmental things, not having easy access to water, getting used to your environment, learning a new language, learning a new culture. It was hard. (Student)

Exposure to such a different reality was challenging because participants returning to their lives in Canada had to adjust to a nation very different than their host setting. The properties of this category are expressed in relation to circumstances at home that require their adjustment as well as their reactions to factors that facilitate or hinder this adjustment process. Participants’ adjustment to being back is underpinned by four subcategories illustrated in Figure 4.2: Time for processing experiences, noticing differences, experiencing emotions, and engaging in reflection.

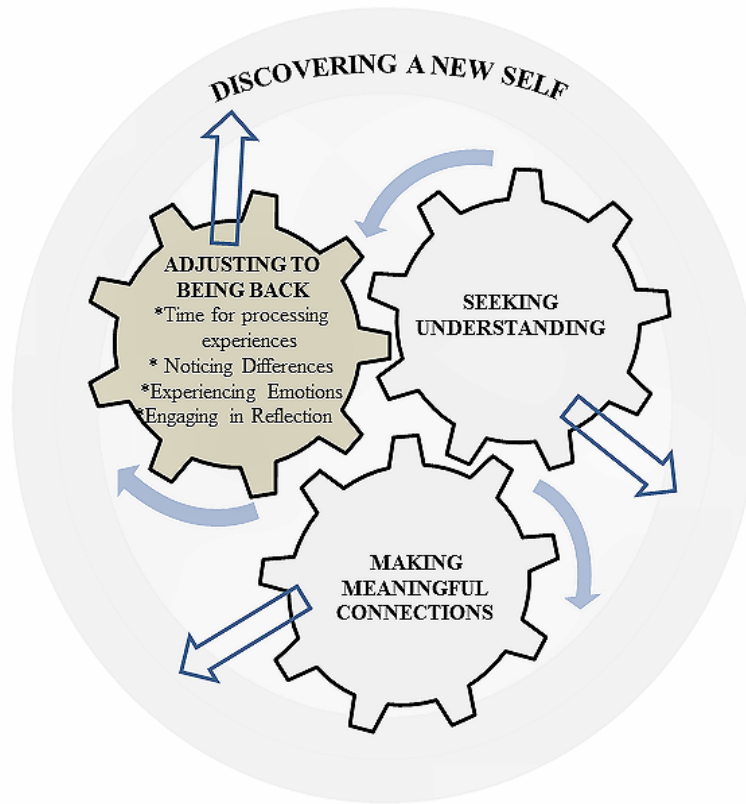


Figure 4.2. Subcategories of first conceptual category: Adjusting to being back.

Time for Processing Experiences

As mentioned earlier, the concept of time in this study goes beyond its chronological attributes. In this study, time becomes part of the processes that impact the adjustment of participants to being back. Having time to fully understand their own experiences as they returned to Canada contributed positively to participants' construction of meaning attributed to the reentry process. This includes the amount of time it took for participants to feel at home again. This "feeling at home" statement refers to seeing everything the same as before, to being back in the routine, and to living life as it was before they left. For participants in this study, this period of adjustment varied. There was

a difference between those who had some free time after returning to Canada compared to those who returned to a more structured routine upon their return. For instance, having the opportunity to return to life back home without rushing, having the time to think about what they experienced abroad and what they were facing back in Canada, allowed for an easier adjustment to being back. This was because participants were able to explore their thoughts and memories in greater depth by giving themselves more time for reflection, as this alumna clearly stated:

It was helpful for me to have some time to myself and a bit of a break before returning back to the clinical setting (e.g., I went to my cottage for a week which is a get-away place for me and here I was able to reflect and adjust back to my normal life in Canada). I wanted to be understood by others (especially family) when trying to tell them I needed time to come down off this experience and adjust again. (Alumna)

Similarly, participants also indicated that making a deliberate decision to find time to be alone to reflect aided in the process of adjustment to being back. Therefore finding the time and place where they could think about their experiences abroad was instrumental, as this alumna explained:

It's important to just make that time and to set that time aside. I think sometimes I'm so focused on going from one thing to the next that I forget the importance of really just setting time aside for processing and thinking and ... I think that that is. ... Yeah, I think that there'd be a lot of benefit in that. (Alumna)

The opportunity to take some time before returning to their daily activities to remember their experiences, and process their thoughts and feelings, allowed participants to adjust to the changes they were experiencing:

It's important to just make that time and to ... set that time aside. I think sometimes I'm so focussed on going from one thing to the next that I forget the importance of really just setting time aside for processing and thinking and ... I think that there'd be a lot of benefit in that. (Alumna)

In contrast, it was found that not having the time to process their experiences, to think about such experiences due to the absence of opportunities to reflect and reminisce about what was lived hindered the process of adjustment. Participants attributed this to factors that kept them busy. This idea is supported by the following participants' recollection of the impact of not having time:

I didn't really take a period of time to kind of settle back down and take some time to think about it. I just rush, rush, rush like I always do. So, it was just this very weird feeling of a big chunk of time being misplaced. (Alumna)

Things have been just so packed with things going on, and I haven't given myself the time to reflect and to process ... and sometimes I think that's saying "no" to certain things that are happening just so you can let yourself have that time. (Student)

The need for time to process their experiences was also evident in relation to their role as students and the course load they took when they returned. Not having a full course load provided time for adjustment to their school routine back in Canada. This student provided a clear example of how a light workload contributed to the process of adjustment to being back at school:

"Now, I didn't do clinical at all for the first semester. So, I was able to, I think, slowly integrate myself back into. ... I had a lighter semester so that really allowed me to readjust that way."

As mentioned before, due to the fact that the roles and responsibilities faced by participants back in Canada were more diverse to those they had while abroad, participants needed the time to be able to adjust and deal with these changes:

I moved to a new apartment, returned to a busy work schedule and began school a few weeks late...it was hard. (Student)

Noticing Differences

As participants travelled abroad, they had the opportunity to experience a new reality, a different world, far away from family and friends. They lived in a place where most things were unfamiliar to them. Being abroad on their own allowed them to learn about themselves, and to be impacted by positive and negative experiences. Moreover, being immersed in a resource-limited setting gave participants the opportunity to encounter things they had not seen before or lived first-hand, such as poverty, lack of resources, and inequities. As this student illustrated:

They offered us to wash up and then there were no showers and we just had buckets and ... we were sleeping in these beds with mosquito nets. All these things just kept piling up at the beginning; that was very different. ... I think that's what made it so overwhelming. By the end we didn't even notice but at the beginning it was hard. (Student)

These experiences allowed the possibility to compare and contrast what was known to them about their life in Canada and what they were facing in the new setting. These comparisons required a level of adjustment by participants. Data suggested that the noted differences were mostly evident in perceptions about life in Canada, social interactions, and culture.

Differences in perceptions about life in Canada. From the data, it was evident that living abroad for 3 months allowed a deeper understanding of the way people lived in the host setting and the development of close connections with them. This opportunity to live with families or residences in the local setting and to work in local health care centres facilitated participants' immersion in the local culture and society. This led to the development of new relationships, both within the clinical setting and in their personal

lives. This immersion also increased their understanding of local cultural norms and allowed them to go from a place of not knowing anything about the setting, to becoming comfortable with their surroundings. A sense of familiarity was developed and the feeling of being a tourist was no longer present. The following citation illustrates this feeling of not being the visitor anymore: “To think that I lived in Africa for 3 months. ... And I say it felt like I lived there. I didn’t travel there for 3 months. So, I didn’t visit there for 3 months; I LIVED there for 3 months.” This idea was further supported by an alumna’s comment about the connection felt and the experience being away from the host setting:

Upon return from the global health placement, I felt that I was between two lives, happy to be home in Canada, in a familiar place with familiar things and people, but often missing the people I had met, the everyday new experiences, and the food! Things that had become familiar and comforting about my new home during my global health placement were no longer accessible. (Alumna)

This new perspective of life as no longer being the visitor makes a clear distinction between “living” and “visiting” the host setting, which in turn affects the way participants perceive their life back in Canada, thus creating the need for adjustment.

This finding echoes what the literature suggests in relation to study-abroad experiences and reverse culture shock. (Adler, 1981; Brabant et al., 1990; Martin, 1984; Gaw, 2000; Sussman, 2000). The latter studies indicate that it is normal for students visiting a new country for the first time to expect clear differences between their home country and the host country, and the opposite is expected when returning back to their home country; the expectation is that everything would be familiar. However as this study found, participants were surprised by the realization that there were noticeable differences identified upon their return. This is something they did not expect would occur, which is

consistent with the literature on reverse culture shock and cultural adjustment (Adler, 1981; Church, 1982; Martin, 1984; Sussman, 2000) as this lack of awareness about the changes experienced being back in the home country increases the experience of reverse culture shock, because neither the individual nor the social system is prepared for any readjustment difficulties in the home culture.

Just as participants in this study developed a sense of belonging in the host setting and felt comfortable living abroad, they had to focus on preparing to return to their home country. Participants were returning to their home country, a place they called home and expected to be familiar to them. Being back involved returning to their old life, to a familiar environment where they were no longer part of the minority and where they did not have to live alone. They also went back to the classroom, to practicing nursing in a clinical setting in a developed nation, as well as to family and friends. However, upon their return to Canada, the realization that perceptions of being back in Canada were not as expected became a reality. The differences participants noticed were not limited to the initial moment they arrived in Canada or during the first week upon return, but were also experienced as they continued their re-immersion back home months later. The following alumna shared her impressions about these differences.

When arriving in [my host setting], I experienced culture shock and had to learn to live in and accept the differences in the culture. I expected this and although it was difficult at times I really learned to love a culture other than mine and respect the differences. I didn't expect to experience the same when I returned to Canada.
(Alumna)

In addition, a sensory awareness of differences also arose and things that would not have been noticed before, such as the physical environment, became more noticeable.

The air, the roads, and the food in Canada are different compared to what was experienced in their host setting, as this student stated:

When we stepped into the ... Toronto airport I was ecstatic to be home. It kind of felt weird to be home. Everything was so clean and ... just... yeah it was great to be in a different world almost. It felt like just... everything was so dusty there and... the air here was just... it felt cleaner...it felt just different. (Student)

Similar to their experience abroad, when participants compared their experiences abroad to their life in Canada, they noticed that their focus of comparison was reversed on their return. They began comparing their experiences back home to the host setting. There was a component of critical comparison due to an evident change in perceptions in relation to what was then normal for them in their placement overseas. The following citation clearly exemplifies the surprising changes perceived being back:

Although [coming home] was filled with so many positive emotions it was difficult in some ways as well. I couldn't wait to see family and friends I hadn't seen in months, and just a way of life that was normal to me. What I found though was that the way of life that seemed normal to me before I left didn't seem so normal when I returned. The amount of waste in our society was shocking to me. I remember being in the market a few days after my return and looking down over the produce section in amazement thinking there must be more food in this one grocery store than there is in all of [the host country]. I remember feeling ashamed at being part of a society that is so wasteful when there are people who have so little, and are completely happy with what they have. (Alumna)

This continuous comparison between their experiences during the past 3 months and what they were experiencing since they returned to Canada made it difficult for participants to find themselves at home, as this alumna shared:

While I was quick to return to familiar activities and return to work, I often found it challenging to find a place for the large piece of time that was my global health placement in my old life. While I was away, it seemed like nothing had changed and that familiar patterns were picked up easily. There seemed to be no room for the 13 weeks I lived in [Africa]. This is something I still have trouble with. How do you re-enter fully, when a piece of your life is somewhere else? (Alumna)

Another factor that contributed to this difficulty fitting in at home and that brought to light the fact that things were indeed not the same as before was the realization that life did not stop in Canada while participants were away. People continued living their lives and events continued to occur in their absence. The following citations illustrate how difficult it was to realize that life went on for all the people who stayed back:

So, life just continued on as though I'd never left. So, that was something I had a really hard time with...it was that I was back into work, I was unpacking in my new place, I was back in Hamilton. So... it was just like life continued on like I'd never left. But there was this huge chunk of time that didn't seem to fit anywhere. I was gone for 3 months but it seemed like life hadn't changed...but it had.
(Student)

There is the sort of feeling that life continues onwards when you are away, and so there were a lot of things with family and friends that I wanted to have been there with them for those three months but I knew that I wasn't. (Alumna)

Participants needed to readjust to a life that was once familiar to them and they needed to try to make it familiar again. Something that helped in the process of adjustment included going back to activities deemed familiar to them, as these two participants stated:

It would get dark really early, so I never really had time to run while I was there because it was too dark in the morning and it would get dark so early at night... I run every day, and it's something that I got back into pretty quick when I came back just because it was something that I really missed. (Student)

I found it helpful to continue to do activities that I love and find stress relieving as well as speaking with my tutors and family members that were aware of my experience. (Alumna)

However, although being back to a familiar activity appeared helpful, it was also important to maintain balance in their activities and to try not to saturate their lives with several activities or with many new activities. As this alumna illustrates: I found it hard to

be swept back up into the fast paced life we live back home again as it was so much different than where I had been!” Moreover, something important perceived as very different between Canada and the host setting was the issue of gender inequities. The social structure of the countries participants lived in for 3 months exposed them to a reality where the situation of women was very difficult due to the fact that they did not have the same rights as men. As the following student explained:

I think being a woman myself being there, I could feel at times when I would walk out alone ... not so much feel threatened or that somebody was going to hurt me but there was this sense that ... I just felt that when I was walking like, yes, women are seen as less significant in ways there. (Alumna)

Adjusting to this difference while abroad was difficult for female participants. This was difficult as participants had not experienced or witnessed firsthand such marked disparities between genders in Canada. Therefore, their reactions to gender inequities were more evident after coming back to Canada. This student provided an example of this difference: “Being respected as a woman [in Canada], and remembering how women in my host setting were treated was difficult to get my mind around.” This was significant, as being back in Canada created increased awareness about women’s issues around the world. The impact of this new awareness is addressed in the fourth category.

The issue of inequities was not limited to gender issues. Wealth inequities between the host settings and Canada required that participants adjust to coming back to a wealthy nation after having witnessed the effects of poverty and lack of resources on the lives of people. This realization not only elicited conflicting emotions but also created a new appreciation of the benefits of living in an economically advantaged country and a

realization of how people failed to value these privileges. The following student illustrated the differences noted when living in a limited resource setting and coming back to a wealthier setting:

I just think it was this sadness and there was guilt and... you don't even know how amazing our life is here, and you're complaining about the smallest little things and I think that's ridiculous. And how do you tell someone who didn't just go through what you went through, that they're being ridiculous or they're being silly or ... to be grateful for what they do have because they do have so much more than so many people. (Student)

These perceived differences showed that living in a wealthy country like Canada enabled people to have access to many resources, which as participants indicated were in some instances taken for granted. Having an increased awareness of the notion of wastefulness connected to inequities was also evident. This was most noted in participants' observations of the lifestyle in Canada as well as access to services such as health care and food. The following student expressed the challenge of being back and noticing people's lack of appreciation for what they had: "Thinking about how many people would spend money buying McDonald's food and then how much of it would be wasted... made me upset."

This increased awareness about access to resources and their misuse also expanded to participants' clinical experiences in Canada. Having worked in resource-limited environments where medical supplies as well as access to health services were limited, participants found it challenging to notice the lack of awareness of Canadian practitioners about the amount of resources available to them. The following two students provided insightful comments about this issue:

Things which seemingly appeared normal prior to my departure began to make me cringe. For instance when I am in the hospital, I notice the wastage of drugs and hospital supplies and I cannot help but say to myself if only some of the hospitals in developing countries could only have access to some of these resources. Maybe the mortality rates in these hospitals will be significantly less. (Student)

Oh, I was just like blown away... just to hear some of the nurses. They would complain about something, and I'm thinking to myself, oh my gosh, you have an endless amount of access to medications and drugs and tests that you can do, and surgeries that you can perform and electricity and all of these things and you don't even know how lucky we are. (Student)

Noticing the difference in the amount of resources available to practice nursing between countries also required participants' adjustment to being back, as the following participants indicated:

And so where I worked in [Asia] they don't use alcohol swabs to clean off a vial before they get the medication. And now I have to ... well, it's okay now but when I first started in my placement in Canada I had to remind myself like, "This is when you have to use the alcohol swab." (Student)

Clinical in Canada is "different": we use alcohol swabs, wear gloves for everything and we have a full supply room. I learned to work with nothing and coming back to Canada and seeing the waste in hospitals was frustrating. (Alumna)

The previous comments highlight how perceptions of difference, in this case difference in lifestyle and access to resources, generated a deeper appreciation for the benefits offered by participants' home nation. This is of particular importance when trying to understand the factors that impact the process of reentry. The importance lies in the fact that being exposed to two settings that are completely different in terms of development triggers a change in perceptions that otherwise may not be noted should the two settings have similar characteristics. The following remarks add to this newly developed appreciation:

I think being away... I think it changed my appreciation, for Canada... for being Canadian. For all the amenities, I think, that you grow accustomed to. (Alumna)

Also, some of the ways in which we had lived, such as that there was little or no water some days, the bland and repetitive food, the dusty/ dirty environment (due to it being the dry season)—this impacted me emotionally in Canada, as I felt so blessed as I have so much compared to those back in Africa. (Student)

But then you think about Christmas time... my brother was talking about the things that he's going to get for my nephew and stuff for Christmas, and I'm just like "these are just one of the many luxuries we have here while there are so many people out there that are going without basic needs." (Student)

Although these findings hold some similarities to what McDermott-Levy (2013) found in relation to nursing students studying abroad and the phases they undergo from the moment they leave to the moment they return to their home country, there is a marked difference with this study. McDermott-Levy's study focuses on students who had their international clinical experience in developed countries with access to similar resources as in their home country. Although there are some similarities such as the fact that students were away from their family and friends and from their culture, the context in which they worked was completely different from the one in which participants in this study worked. There is also a difference in the type of learner in both studies.

McDermott-Levy's participants were already practicing nurses who were pursuing a baccalaureate degree, and this study's participants were basic-stream students with no prior work experience in nursing. Going from a developed country to a low-income country exposes students to a more shocking reality and therefore they would have a different reentry experience than students who live in countries similar to their home country.

In addition, the appreciation of differences and living in a resource-limited setting also expands to this new perspective in relation to having a decreased interest in material possessions. Noticing the focus on material things, overspending, and wasting resources required a level of adjustment not anticipated. Within the data, there were several references to this new appreciation of life and change in perception. As this student remarked:

But I feel like the person I was there was happy. Like, Africa filled like this void in my heart and it... I don't know. It was the people. I think it was just to see people who have so little still be so happy; it was just a different way of being. (Student)

Differences in social interactions. It was found that perceptions about social interactions and life in Canada were also different. There was a marked difference in terms of participants' perceptions about how people interacted in Canada compared to people's interactions in the host setting. While people's interactions in Canada were considered distant in nature, those of the host setting were deemed as being more open and friendlier. As these two students remarked:

I would say just the people I met there. ... A lot of the nurses were really nice, were really good to us and they would always try and feed us during lunch. They would give us food. ... That was their big thing. And a lot of them were really caring towards us. (Student)

There were a lot of things about just the hospitality and warmth and generosity of people who I had met that when I came back to Canada, I felt that there was a lot of coldness. (Student)

As the previous comments illustrate, it is evident that there is a preference for the type of social interactions experienced abroad. Therefore participants being back in Canada required adjusting to the way people interact in their home country. Something

similar occurred in their roles as students; participants found it helpful when they felt they were able to relate to their peers and shared similar experiences. Also, going back to the same activities as everyone at school, feeling “like the rest” of their peers, and being able to talk about similar experiences from school facilitated their interactions with peers, thus helping with their adjustment process. As this alumna recalled:

It was nice to go back in January and, you know, go to PBL after a night shift and it's like there would probably be like four of us in the class at any... any week that were coming off a night shift, so you... you're back into it and you feel like ... like a regular student again. (Alumna)

The following comment illustrates this sense of relating to others:

You just feel like you're in the groove again and can really relate when somebody's saying, you know, “I'm on my 2 weeks of nights... twos and threes and I'm exhausted and I've still got PBL.” And you say “You know what? So do I.” (Alumna)

As participants adjusted to being back, they also noticed changes in their interactions with family members and friends. These changes were mainly due to the nature of their conversations about the study-abroad experience. Participants had more open interactions with people who, in their opinion, understood what they went through and how they viewed life after the experience. The following comment illustrates this point:

Well, my best friend, she was just basically able to give me insight into some of the things that I went through and she was just present ... she was present in my stories and in insight and ... that helped, definitely. (Student)

This notion of interacting and being able to communicate with others is similar to the literature related to cultural communication (Cox, 2004; Gaw, 2000; Martin, 1986; Sussman, 2000; Uehara, 1983); interactions with others give student sojourners the

opportunity to understand their experiences at several levels and to describe the impact of interactions with significant others and how these interactions are no longer predictable. This is due to the fact that after having been exposed to a foreign country and society with other social constructs and definitions for familiar symbols, sojourners must make sense of those symbols. Moreover, when they return to Canada they must make sense of similar symbols but in the context of the home country.

Cultural differences. Coupled with the changes in perceptions about life in Canada and the differences noticed in social interactions, it was found that participants also noticed cultural differences between the host country and Canada. The literature on cultural studies agrees that there is no single definition of culture but for the context of this study, Spector's (2013) definition is considered: "the sum of beliefs, practices, habits, likes, dislikes, norms, customs, rituals and so forth that we learned from our families during the years of socialization" (p. 22). The experiences living in a completely new setting for 3 months opened participants' eyes to the different behaviours, norms, and beliefs people in Canada had in comparison to those abroad. For instance the concept of living a fast-paced life was a characteristic participants attributed to the Canadian society and having witnessed another reality abroad required some re-adjustment in the way life was conducted back in Canada. As this student clearly stated:

Time is something that they value very differently in [Asia] ... for example we had a meeting one day at the clinic ... and we set the time for a certain time, and everyone was a minimum of an hour late. It's just very different than how we do things here. I feel like the high stress of driving in the car and the road rage, it's just so different. Everybody over there is just kind of no worry; we'll get to it. And here's it's just like "We have to get it done now!" You know? It's like a North American way of life ... fast! (Student)

The following comment also supports this need to adjust back to the Canadian culture. It was not until their return to Canada that participants realized the impact those 3 months away had on the way they perceived their home culture in their present. This student shared the challenge experienced adjusting back in Canada after having experienced the host culture:

It is very strange to think that after being gone and surrounded by a very different culture for only three months in Africa, that my transition back into Canadian culture became more difficult than I thought. Even something as simple as going into a McDonalds back at home in Canada was somewhat of a dramatic experience. Just the environment of nice, clean floors ... and just feeling like an outsider-feeling like I don't belong here- because things are not the same here as in Africa. ... I had almost gained a level of comfort with the African culture—something that stuck with me; it became a part of me. (Student)

This adjustment to the home culture did not occur immediately and behaviours learned abroad tended to be transferred back to their life at home. As this student clearly articulated:

When I entered back into Canada, all of this concerning the African culture I had been surrounded by for 3 months kept swirling in my mind. It was if I was living in Canada, living doing things according to Canadian culture, but walking around and in my head re-living African culture, or thinking about how I would have done a certain task in Africa, such as laundry not from a washing machine/dryer, but instead by hand and hanging it on a line to dry. (Student)

Participants also made reference to the challenges experienced while abroad when trying to communicate with people who spoke languages other than English and how these experiences helped them adjust back in Canada. This experience about the challenges people encounter when they are unable to speak the same language as the rest of the population created an increased awareness and sensitivity in participants. This was most evident in the clinical setting in Canada, where they noticed the

difference it made to be able to speak directly to their patients without the use of an interpreter. This sensitivity allowed participants to identify strategies to help those who did not speak English in Canada. The comment made by the following student illustrates this new realization:

I now appreciate that I can talk to my patients too, 'cause the language was different there, so it was really hard to communicate, which is ... that's a big part of nursing here in Canada, I think. So, it was hard for me not to be able to ask the patient what they need ... because a lot of our assessments are asking them questions about how they're feeling. (Student)

In addition to the differences identified in relation to culture and language, there were also differences noticed with regards to the culture of the nursing profession. In their clinical setting, participants noticed that when they were abroad they had to adjust to a new setting, which was unlike going to a new clinical placement in Canada. In the new setting, they were exposed to a different health care system as well as social and cultural norms related to the care of patients, including the way they talked to and approached people. One participant recalled how she started to greet team members back in Canada by shaking their hands. This was something normal in her placement abroad but it was not customary in Canada. The following comments also illustrate how the return to Canada demanded participants to revisit the way nursing was practiced in Canada in order to be part of the Canadian health system once again:

Entering my global health placement, I had to walk into a world completely opposite of mine. I had to re learn everything I knew. And just as I finally learned it all and got used to it, I had to come back to my home, where oddly enough I had to re learn how to live here again. (Student)

I probably felt less competent than when I left just because of the sort of confusion between how things are done. So, simple things that I should remember how to do, I can only seem to remember the [African] way and I've forgotten the

Canadian way. So, I just felt very new to all these procedures again, and had to remind myself how they're done here. (Student)

In the same way that participants noticed differences in their perspectives being back in Canada, their reentry also elicited strong emotions. The next section expands on this subcategory.

Experiencing Emotions

The adjustment to being back in Canada not only involved visible changes but also included factors that could only be internally experienced by participants. These factors referred to the strong positive, negative, and mixed emotions elicited through the process of reentry. These emotions were something participants did not anticipate they would experience immediately upon their return nor as time went on.

Among the positive emotions identified in their process of adjustment, participants stated feeling happy and grateful. Happiness was felt during the time participants became aware that they were coming back to Canada as well as at the time they arrived at the airport and met their family and friends. This was a strong emotion as participants were glad to be back in their home country, in a familiar environment with family and friends after having lived abroad for 3 months. The following comments illustrate examples of participants' happiness:

Well, the high was definitely ... seeing my family and eating food that I knew, I was just happy to be back to ... just home. Just somewhere that I was familiar with. (Student)

I was kind of happy to come home, to be honest. I was tired. I was really, really tired and wanted to be home. (Alumna)

In addition to feeling happy, participants also expressed a sense of gratitude. Having the opportunity to think about their entire experience put things in perspective for them. This included a realization of how fortunate they were for being able to travel and study abroad for 3 months. Coupled with that was the realization that the opportunity to live in a resource limited setting where people cannot access resources as readily as in Canada made participants feel grateful for the lives they had back in Canada. As one student stated: “I think it’s just like you don’t really understand how fortunate, I think, you are until you see someone and so many people live with so much less...and manage.”

This gratitude for living in Canada increased as participants continued noticing the marked differences between their host setting and their home country. Having witnessed how poverty affect the lives and health of people in the host settings made participants appreciate not having to experience poverty first-hand and having a universal health care system with appropriate resources and accessible to the entire population. As an alumna eloquently explained: “The lack of resources there and how accessible everything was here. ... Like, how here we have health care covered but over there many people pay out of pocket. We are lucky that way.”

Participants also indicated that this sense of gratitude also expanded to valuing life beyond having material possessions.

I thought I got to see a different world. Everything is so different and there are so many people that are so happy with their lives even though they... compared to us they have nothing. So, I feel like I found a new appreciation for what I have.
(Student)

On the other hand, although participants felt gratitude for living in a rich country, the experiences abroad triggered negative emotions which were directly connected to

differences mentioned before. For instance, participants felt guilty, upset and frustrated at the thought that people in the host setting did not have the opportunity to enjoy the benefits of living in a rich country like Canada. This included having the opportunity to travel and study abroad and then realizing that the friends they made in the host setting would no longer be part of their lives and would not have access to the same resources as they would if they lived in Canada. In addition, these feelings were further accentuated when participants realized that in Canada the inequities were not as prominent and visible as in the host settings. The participants cited below clearly illustrated these findings:

I felt guilty that I was leaving ... I was leaving all of my friends that were there to go back to this life that was the life that they wanted to get to and everything...and living this better life...and they may never get out of that life so... even if they don't see it as a big problem... even if they're fine with their life, it was just kind of like that's where they're always going to be and I'm coming back to this world of luxury. So, I felt really guilty about that. (Student)

I felt sad for the people that I had left. ... Like, we have so much here in Canada so I felt sad for the way they lived and they didn't have a lot. Sometimes I just... I feel like my emotions were on edge so sometimes I'd just get angry at people for, no reason at all, really, but mostly just... I think just sad and... I just didn't feel as happy...I didn't feel my usual self the first week. (student)

There were definitely times where I spent some time crying when I came back. [Why did you cry?] I think it just made me sad. It made me sad that so many people were so less fortunate. And I didn't feel like it was fair. So, it just made me sad. (Student)

In addition, this new realization about inequities and differences in access to services between the host setting and Canada triggered participants' feeling of frustration when they encountered situations that conflicted with their values about access to and waste of resources in Canada. This was not only noticed in the day to day life but it was also evident in their experiences with the clinical setting. Participants' newly gained

appreciation for Canada's health care system, which allows universal access to health services (Health Canada, 2014), triggered this sense of frustration at the realization that some people focused solely on the negative aspects of the Canadian health care system and failed to value the positives. As this student explained:

A lot of people talk about all the problems in it (health care system), and I agree there are a lot of problems in it, but I would get really frustrated when any time anyone would talk about a situation where people don't pay their taxes or a situation where people are abusing the system or complaining about the system but they're not trying to improve it. I would get really frustrated about it 'cause it's like we got it good. Yeah there are gaps and there's always going to be gaps and you can always work toward like filling those holes, but ...open up your brains a little bit. (Student)

This sense of frustration was further enhanced as participants were unable to explain to others in Canada how and what they were feeling as they adjusted to being back. The following citations elucidate what the data revealed in relation to difficulty expressing what was lived:

However, at times, it was difficult to express what I was feeling as I had difficulty explaining in my own mind the reasoning behind why I was feeling a certain way. This is definitely how the return trip back into Canada affected me emotionally. (Alumna)

Feelings of frustration when trying to share my stories with people and not having the words to describe or time to describe my 13 weeks, and those feelings when people asked "Did you have fun," "Weren't you lonely," "I couldn't do that, I don't know how you did," "Were you scared you'd get HIV," "How was Africa?"; that was very frustrating. (Alumna)

Furthermore, isolation and loneliness were also experienced as participants adjusted to being back. Participants expressed having felt alone and isolated during their time abroad; however, they were not expecting to experience these feelings once they were back in Canada. These feelings were triggered by participants' sense that others did

not understand what went on during their trip abroad as well as by the personal experiences they were having as they adjusted to being back in Canada. The following participants described clearly what was found in the data:

I was happy but I still kind of felt alone. I don't know how to explain it. I just felt like nobody really ... I don't know; just alone. I think that's what it was ... I felt alone. (Student)

I felt like they didn't understand ... I felt alone in it. And that was hard. And, you know, I had so many pictures and ... it still doesn't really capture the full effect of everything that I encountered while I was there. (Student)

This faculty member further added to the notion that students did experience isolation when they returned to Canada:

When they returned, I think they talked a lot about first being there and about being away from home and away from family so ... initially, a bit of isolation ... and coming back home, there is still that same sense of isolation but for a different reason ... because they've had this experience but, perhaps that, for various reasons, can't really be communicated to others who haven't experienced that and that can be quite stressing, frustrating but also it can be a bit isolating at times. (Faculty)

Coupled with these feelings of isolation and loneliness, participants felt overwhelmed and stressed. These feelings were triggered as participants were expected to return back to their routine in Canada, a routine which in comparison to their host setting felt fast paced and too busy. These feelings were heightened when participants felt that they did not have the opportunity to rest and to reminisce about their experiences before going back to their activities in Canada. As these participants illustrated:

Having to return to a fast paced life and thinking about the new expectations at school and the initial desire to leave home right when you get back because it's overwhelming. The annoyance with materialism, and trying to adapt back to having the little conveniences in life (no cleaning clothes/self with a bucket of water) was overwhelming. (Alumna)

The journey back was a little stressful, particularly when I got back home, just re-adjusting to Canadian culture and home life. (Alumna)

As participants began to think about their life back home, a feeling of uncertainty also emerged. Not knowing what to expect, having been away for 3 months, made them feel unsure of what was going to come next in their lives. This student shared her experiences of uncertainty:

I felt it had been so long since I'd actually been in Canada ... it was just everything. Like, the way people behave and the way they talk and everything is so different in Africa. And I think when you immerse yourself for so long in a culture that is very different than your own ... I didn't know what to expect and I didn't know how I was going to be when I came back. (Student)

Moreover, the differences noticed by participants in their process of adjustment to being back in Canada not only elicited positive and negative feelings but also caused mixed emotions. These emotions were triggered by factors participants found conflicting and difficult to come to terms with. Being back in their home country after leaving their friends behind, realizing the time abroad was over, and having learned about a different reality abroad triggered these feelings among participants. Participants revealed some of the mixed emotions that they experienced:

And then we were so excited to finally see our parents. They were waiting for us at the airport. Yeah, so it was kind of mixed emotions ... I didn't know if I wanted to cry or wanted to jump up and down. (Student)

I was sitting on the plane and ... it was kind of emotional. I would look out the window and I'd be like "We're done." Like, the time that we spent so much effort and like just sweat and tears like trying to get to is now over. Like, this is an experience in the past. Like, it's done. And I was like "How am I going to remember everything that happened?" ... I didn't really write anything down in terms of the things that we did. But I was like "How am I going to remember the things that happened and...?" Like, it was just shocking that it was over, you know? 'Cause I remember coming at the beginning. ... Like, getting to India and

being like “We’re here for 3 months. This is a long time to be in one place.”
(Alumna)

These findings are congruent with what the literature explains about possible challenges and problems of reentry among sojourners (Allison et al., 2012; Casse, 1979; Church, 1982; Gaw, 2000; Gullahorn & Gullahorn, 1963; Kartoshkina, 2015; Niesen, 2010; Rogers & Ward, 1993), which indicates that after the sojourner has been socialized into new ways of thinking and behaving, the return home is an emotional “down,” as persons encounter difficulties in readjusting to the home culture. This is followed by a gradual rise in emotional adjustment, as the individual becomes re-acculturated. This study however found that sojourners not only experience an emotional low but also have moments of positive and mixed emotions that were triggered by different experiences and did not necessarily occur after the negative emotions.

In order to make sense of the differences noticed upon return as well as the emotions and feelings elicited by their experiences of adjustment, participants found it beneficial to engage in a process of reflection. The following section describes the subcategory of reflection and the processes embedded in it.

Engaging in Reflection

Participants indicated that the use of reflection throughout their entire global health experience was instrumental in making sense of their experiences. Through reflection, participants were able to make connections between their experiences abroad and those being back in Canada. As explained earlier in the chapter, this process is important as it enabled a deeper exploration of how and why participants were experiencing different issues as they adjusted to being back in Canada. This included

making sense of the differences they found between the host setting and Canada, as this alumna explained: “The vast difference between our cultures and understanding how to incorporate what I had learned into my life here back home required a deep level of reflection and introspection.” Further engagement with the data suggested that participants were able to engage in deep reflection through two processes: (a) finding meaning in being alone and (b) recognizing triggers.

Finding meaning in being alone. As explained previously, participants indicated experiencing different emotions and feelings both during their experience abroad and in Canada. During their time abroad, participants indicated having felt sadness because they found themselves alone in a foreign country, far away from family and friends. This sense of loneliness made them question why they decided to start the journey, as this student explained: “So there were some days where I was like ‘I don’t know why I thought this is a good idea ... this is the hardest thing I’ve ever done. This is the worst decision.’ Things like that.”

However, as they continued their immersion in the host setting, the moments participants found themselves alone provided opportunities to make sense of, to interpret, and to explore their experiences in more depth. The following comments depict how participants used reflection in their process of adjustment while abroad:

I used reflection daily, mostly to help me understand why there is so much social injustice in that specific area. One instance was a death that was due to the employment situation of the patient. I also used it to help me see the good in the poverty that was there. For example closer family relations and less material stress. (Alumna)

During regular encounters I constantly engaged in reflection. Reflection is the key to growth; if you don't reflect back on situations you are bound to repeat them. One of the main things reflection aided me with was interpreting cultural expressions (seeing how a certain expression/phrase would result in a specific mood of a conversation). (Alumna)

This early engagement in reflection paved the way for continuous reflection as participants returned to Canada. Having moments alone provided the opportunity to make connections as well as to understand and make sense of the differences perceived between the host setting and Canada. Both the student and faculty member cited below highlighted the importance of having moments alone in order to engage in reflection:

So, my brother had rented a cottage for the first 4 days, and we were basically isolated for those 4 days, which was actually really, really nice, 'cause it's back to that lifestyle of living with like really like ... you know, not a lot! And I had the opportunity to think about everything. (Student)

We talked a lot about sharing those feelings and sort of debriefing around those and continuing to just allow yourself to feel whatever feelings you have around that; journaling about that; writing about that; expressing it in poetry, perhaps ... writing articles about it, sharing that ... especially if they were in areas of similar practice. ... Just seeing differences and sort of reflecting on that contrast between the systems or experiences that they had abroad to those here. (Faculty)

Allowing the opportunity to think and reflect on their experiences gave participants the opportunity to delve deeper in those experiences, to bring meaning to what they were experiencing, and to discover things they were not aware of. This notion connects back to the earlier discussion of how relevant it was to allow time for this process, as this student illustrated:

Only when I allowed myself the time to mentally process everything did I realize that I had discovered something that I was incredibly passionate about. That something whether it be women's health or global health will always be with me, and it will always be something that I am working towards. (Student)

Coupled with this process of reflection, participants pointed out that the use of journaling provided an added tool with which they were able to explore their experiences and construct meaning as they adjusted back in Canada. This is due to the fact that having a journal not only allowed the opportunity to reflect but also provided a written record of what they were feeling and thinking and something they could go back to anytime, as this participant clearly stated: “I also found journaling to be really helpful in helping to organize my thoughts, without verbally spewing judgements at the materialism of our society.”

Recognizing triggers. Being able to reflect on their experiences abroad and in Canada allowed participants to discover triggers that made them explore issues in more depth. Through this process, participants were able to put their experiences in perspective and to give meaning to what they were going through.

Similarly, the identification of triggers allowed participants to become aware of the reasons why they felt the way they did about their experiences back in Canada. Some of the triggers for reflection comprised specific points in time as well as specific events. Some examples participants identified include the moment during unpacking, looking at pictures, meeting people interested in their story, looking at souvenirs, and doing daily house chores such as cooking or doing laundry. The following comments illustrated how some of these triggers engaged participants in reflection:

I frequently engaged in reflection—things as simple as washing my clothes in a washing machine or having a hot shower often caused me to feel strange about the adjustment. I felt guilty at times that I had lived in such a needy environment, and could just return to comfort and luxury while leaving behind people who couldn’t even feed themselves on a daily basis. I also reflected a lot whenever I entered a

mall or anything like that—I still really dislike malls this many months after returning. (Student)

Even now, I try not to waste water when I do my laundry; I wear my clothes more than once and save on water. (Student)

In addition, facing inequities in Canada in the way people were treated and having their values challenged were triggers that fostered reflection. As this student explained:

I liked to reflect on things when I remembered how people were treated back in [Asia] and when I saw people not being treated with respect, or when there was injustice ... I just knew... something innate, automatic came, when remembering stories. (Student)

Furthermore, participants added that positive memories of their time abroad, looking at mementos from the host setting, and remembering their friends also triggered reflection. These triggers helped participants think about ways they could apply the knowledge and experiences they acquired abroad in their lives back in Canada and in other settings. As this participant shared: “Reflecting on the learning I could bring forward into my new clinical placements from my international placement took place often” (Alumna).

In conclusion, participants experienced adjustment to being back through several processes. Noticing differences in their perceptions and interactions with people were evident from the moment they began their return to Canada. Furthermore, this process of adjustment triggered negative and positive emotions and feelings as well as a combination of both. Throughout this entire process, reflection played an important role in making meaning of their adjustment to being back.

The findings in this study are congruent with what is found in the literature related to the process of readjustment to the home country compared to the process of adjustment

to the host setting (Adler, 1981; Gullahorn & Gullahorn, 1963; Martin 1986; Sussman, 2000; Ward et al., 2001). The changes experienced in the host country at the onset are often physical, due to being in a different environment. However the changes experienced in the home country stem not only from changes in attitudes and behaviours but also from the realization that there are differences in the social and physical structures of the home country. As Adler (1981) indicates, it is not only the amount of change being experienced, but the awareness of these changes that is important in the reentry process.

Researchers in anthropology, psychology, international education, intercultural communication, and cross-cultural training have long spoken of reverse culture shock as a process of readjustment at home. Some suggest that readjustment problems may be more intense than adjustment experienced in a foreign country and are expressed as psychosocial difficulties experienced in the initial adjustment process at home (Adler, 1981; Austin, 1983; Cox, 2004; Gaw, 2000; Kartoshkina, 2015; Martin, 1984; Sussman, 2000; Uehara, 1986). Although the current study found similar information about adjustment in the home country in relation to the problems or challenges encountered being back, it also expands on what is already known. These findings indicate that although there might be problems or challenges experienced by participants, they are not limited to the initial phase and they are both positive and negative. Data showed that participants also had positive experiences in the initial adjustment process and this continues as time goes by.

Seeking Understanding

This conceptual category addresses the importance participants placed on having people understand them. This includes an understanding of the meaning they attributed to

their lived experiences abroad and back in Canada as well as the personal changes they went through as a result of these experiences. Two subcategories help elucidate the processes connected to participants' need to be understood: (a) advocating for self and (b) sharing experiences (Figure 4.3).

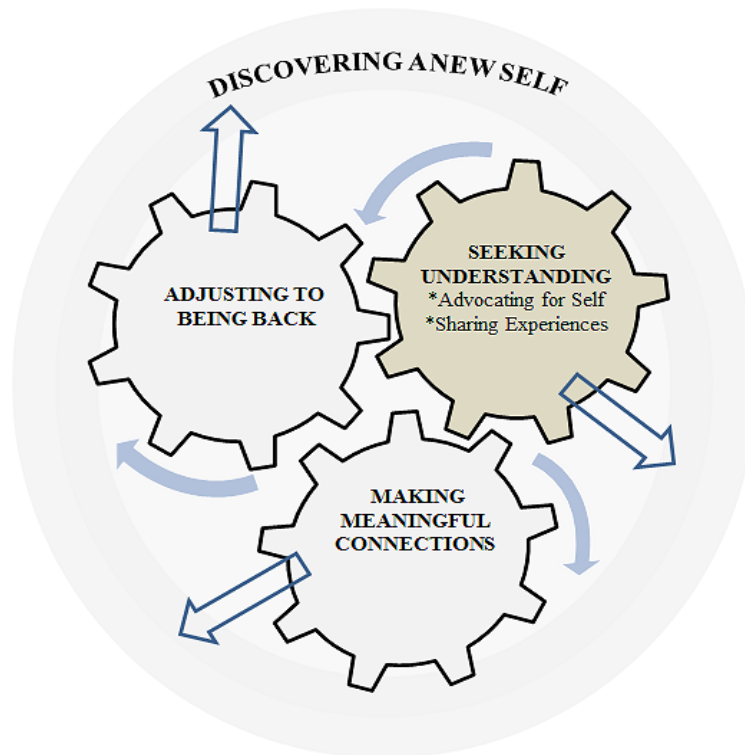


Figure 4.3. Subcategories of second conceptual category: Seeking understanding.

These two subcategories address facilitating and hindering factors in participants' process of being understood and explain the emotional reactions participants experienced throughout this process.

Advocating for self. Participants indicated the importance they placed on having the ability to communicate their ideas and feelings and how their experiences abroad

impacted their actions in Canada. In order to understand the role advocacy played in the need to be understood as part of the reentry process, it is important to do so in the context of the experiences abroad.

Participants consistently mentioned challenges encountered abroad due to language barriers. This limited their ability to communicate in the clinical setting and in some instances prevented their ability to share their knowledge and to speak freely with patients and health care team members. Participants found that they had to advocate for themselves and for their own learning. Understanding that they possessed strengths as individuals and learners was key in this process of advocacy. One strategy utilized to advocate for themselves included discussing clinical topics one-on-one with their host clinical preceptor. Participants also sought opportunities to work with other team members in order to enhance their knowledge and skills and to apply existing clinical skills. The more familiar participants felt with the environment and the more the team members learned about them, the more understood participants felt, as this student clearly explained:

But you really had to push and advocate for your own learning and really fight for your own learning ... some days you just have to say “You know what? I know that everybody kind of helps out with the med pass, but I would really like to do it today.” (Student)

These experiences of advocating for themselves while abroad impacted the way participants used advocacy in Canada. This was evident not only in their personal lives but also in the clinical setting. Remembering the challenges encountered due to the language barrier prompted participants to take a more active role in advocating for themselves back in Canada, especially when they wanted people to understand what they

went through. They deemed it important to speak up on their own behalf, especially when they perceived that people did not understand them.

This need to advocate for themselves helped them become stronger advocates for patients' needs. Sharing their concerns and actively speaking on behalf of their patients was something participants considered very important. Although they stated that patient advocacy was something they were aware of before leaving, having the experience of working with patients with whom they were not able to fully communicate made them aware of the impact of advocacy and motivated them to use it in Canada. As this student clearly highlighted:

I've seen it so many times when you have quite a few patients, who are distressed about something, and [the nurses] are just in the nursing station talking about what they did on the weekend ... and it's just silly to me, and it's the first time ... I don't know if it's coming back from [Asia] that has changed me, where I am ok with advocating and saying no, I'm going to stay here and talk with my patient. (Student)

Furthermore, having gone through this experience abroad and through the use of reflection, participants found they were able to address situations through advocacy when they did not feel understood by others. This is in the context of their global health experience and who they were after the experience. Participants felt the need to be better understood about what happened to them as well as how they felt and viewed things after being back from their study abroad.

Sharing experiences. Just as participants felt the need to advocate for themselves in relation to their experiences being back, they found it important that people understood what they went through while abroad. Being able to share these experiences served not only as a way to make meaning of what they went through, but also strengthened

participants' relationships with others. Conversely, participants indicated experiencing the opposite when people did not understand what they went through. This contributed to their sense of disconnection and loneliness and the feelings of frustration previously discussed. The following comment highlights this experience:

It was difficult, I think, at first just because you can tell someone a story but it's very different when you live it first-hand, and sometimes I think ... the people around me didn't fully understand what I went through because...it's easy to hear that I didn't have access to water or I didn't have food or that I went hungry, you know, a lot of the time. But to actually live it is a very different thing, and I think it was hard for them to kind of relate to these experiences. And it kind of made me feel alone in it, and that made me sad, that I couldn't share really in that with anyone once I got home. I felt like I could tell the story but it was very different. (Student)

Moreover, sharing experiences with family members, friends, acquaintances, as well as peers and university teachers was of particular importance for participants' process of reentry. In their view, peers and university teachers were among those who were most likely to understand what they went through. Participants felt understood when they sensed that their stories were listened to, and when people showed interest and took the time to hear the "long version" of the story rather than the "one minute" version. Sharing the long version was of particular relevance for participants, as it helped them to communicate the essence of their experience. As this alumna explained: "How do you tell your story of 3 months in just a short conversation when people say 'Oh! How have you been over the summer? And how was your trip?' There's just so much to tell about 3 months."

Similarly, another alumna explained how challenging it was to not be able to share the full story and how frequently this occurred, especially when the stories were difficult.

This resonates with what was said before about participants' feelings of isolation and frustration at not being able to share the entire story, thus not feeling understood. As this alumna clearly stated:

People don't want to hear about losing a patient, and so, you tell them that you went on safari and you show them those pictures. But you don't really talk about the kids and ... losing them and ... our pediatric kids are born with HIV and that sucks. And that is in no way fair. And people don't want to hear those stories.
(Alumna)

Being understood also included others' awareness of the meaning these experiences had for the participants. Participants found it particularly difficult when family and friends did not understand that the 3 months they spent abroad were not months of vacation but instead were 3 months of hard work and adaptation to a "new world." This student depicted how not being understood impacted the way participants felt:

I felt like they didn't understand ... I felt alone in it. And that was hard. And, you know, I had so many pictures and ... it still doesn't really capture the full effect of everything that I encountered while I was there. (Student)

This faculty member also added how important it was for participants to be listened to when they shared their experiences:

They're bursting at the seams to tell about their experience because it's been life changing for them, for the most part. Transformative is a word I would use. And so they want to share that transformation, that excitement with their friends.
(Faculty)

In addition to sharing these meaningful experiences that had such an impact on their lives, participants found it helpful to have a formal forum to do just that—a way of communicating their experiences to others who might be interested aside from their

family and friends. Participants in this study had the opportunity to talk to students from junior years about their experiences abroad. This happened immediately after they returned. Aside from this experience, participants explained they had had no other opportunities to share, and this was difficult for them:

I found that it was really the presentations (at school) where I really got to share my story. So, the presentation that you do when you come back and speaking at the RNAO dinner were really the only times that I got to share my full story.
(Student)

Needless to say, during those first weeks and months I was by no means okay with my circumstances. I wanted to share my experiences with a captive audience, but could not find an attentive listener. (Alumna)

Having this formal opportunity to share their experiences allowed participants to interact with people who had gone through the same experiences and those who were interested in pursuing similar experiences, as these two participants clearly illustrated:

I think the importance of that reentry presentation was so key to being able to share my story and say, “You know what? It was amazing and incredible and I saw so much and I did so much and I felt so much but some days were hard and I cried and I was homesick.” (Alumna)

So, sharing that story with people and having kind of an audience that wants to be there and are interested in being there and people that can really relate to say, “You know what? I was homesick too and I missed my family too and I saw some really hard things too, and I get that.” So, I think those kind of forums to share were really, really important. (Student)

Participants also indicated that this interaction was very helpful in feeling understood as it validated what they were feeling and experiencing.

I have a few friends that have done the international placement, and they get that being away from home as well. So you know those people get it even if you’re not sharing the stories but it’s a unique bond that you share ... the experience.
(Alumna)

The opposite occurred when participants had no one they could relate to and who could help them process their experiences:

But when I came ... I found it really difficult coming back. Just ... being so far away for so long, and then coming back and ... having nobody specifically around me that experienced exactly the same thing to share that with was challenging ... very difficult and quite traumatic and so to come back into not to know how to process those things was difficult. (Student)

In conclusion, participants felt the need to be understood especially in circumstances when people did not comprehend their perceptions and the depth of their experiences. Having the appropriate forum to share and an interested audience helped in this process.

Despite the similarities with findings in the literature about the importance of communicating and sharing experiences with others to facilitate the reentry process (Brein & David, 1971; Lerstrom, 1995; Martin, 1986; Niesen, 2010; Pitts, 2006; Smith, 2001), this study extends our understanding and adds a unique perspective about the reasons why students find it important to talk to others about their experiences as well as the issues they need to explore further. In addition, the current study also differs in that participants return to care for patients in their home country in contrast to other studies in which students did not return to caring for patients. Previous studies focused on experiences of students abroad who did not have to return to caring for patients in a high-income country, because they were not nursing students. It is because of their close connection with patients and families that it was even more important for student sojourners to have people understand what they went through.

Making Meaningful Connections

As participants experienced their reentry process, they became aware of the importance they attributed to relationships as they constructed meaning in relation to their reentry experiences. The connection between this category and “adjusting to being back” (the first conceptual category) was clearly apparent. Similarly, the association with the second category (“seeking understanding”) lies in the fact that the connections made by participants throughout their reentry process were directly influenced by how others were able to understand what participants went through. As these alumni clearly exemplified:

The connections I made with other people who completed GH placements were a unique connection, sharing the different experiences and challenges we all had. Making connections with people prior to leaving who had completed GH placements in the same clinic and people who had completed placements in similar clinics and since then, sharing my experiences with those hoping to go on international placements. (Alumna)

Staying in touch with people that I met while on my GH placement made the experience seem more “real” when I returned to Canada during those periods where the experience felt lost in time. It’s important to have connections with people who have been abroad and live abroad because they understand the immense feelings and experiences that you can’t always find the words for. They understand what it’s like to experience very positive things, and very challenging things. (Alumna)

Two subcategories help explain the process of making meaningful connections: receiving support and strengthening relationships (see Figure 4.4).

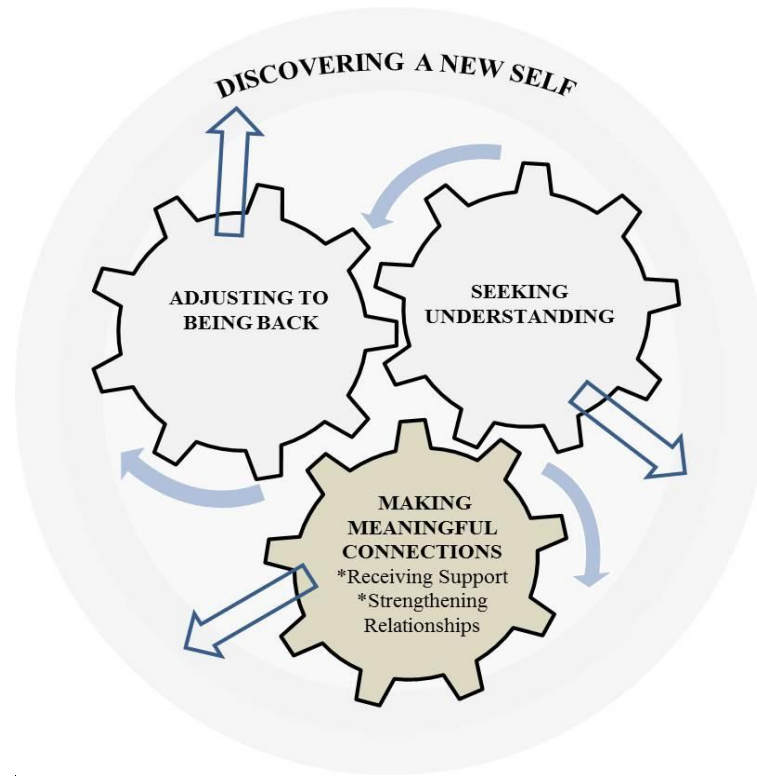


Figure 4.4. Subcategories of third conceptual category: Making meaningful connections.

Receiving support. Participants valued the support received from people as they went through the process of reentry. The act of receiving support contributed to the development of meaningful connections with others and was associated with their need to make sense of what they went through in their personal and professional lives. Similar to the previous categories, participants found the need to draw on their experiences abroad to discuss how they experienced the processes in this conceptual category.

The support students required while abroad was mainly for their adjustment to the new setting. This support not only helped them deal with the differences as well as the difficulties encountered in the host setting but also encouraged and guided them in the process of adaptation to a different culture, as this faculty member explained:

So I think, sometimes students have needed some support or encouragement, in that area (*understanding new culture*) and then, again, just being in an extremely harsh context and being confronted with issues such as, sometimes blatant racism and that's been a huge challenge and perhaps something that students have been sheltered from in the past or not...maybe not looked for and not been aware of it. So, to really support students through that process ...was important. (Faculty)

Participants also acknowledged the importance of the support received from family and friends not only abroad but also back in Canada. These connections were further developed through continuous communication with them. A student acknowledged the use of technology as a facilitator:

I did a little bit of sharing while I was away. I set up a blog to say what I was up to. ... So, I got to let them know what was going on while I was there ... I knew people from home were reading it, and I had a friend who was in Italy teaching. So, I kept up with her blog and she kept up with mine. So, it was nice to have someone who was away. And she was away from her family and boyfriend as well for 3 months. So, I kind of did a little bit of sharing that way, so they knew a lot of the stories and ... experiences that I had had that way. (Student)

Similar to the support received from friends while abroad, participants indicated the importance of the connections made with friends who provided support to them on their return to Canada. This support not only contributed to making meaningful connections with friends but also aided in the process of adjusting to being back as this made them feel part of the group again. As this alumna explained: "All of my friends had been working at a camp up in Ontario and had driven down to surprise me in the afternoon. So, that was just ... I just loved to see them and that was really good."

Feeling supported by faculty members as they experienced difficult situations in the clinical setting abroad was deemed helpful by participants. This was because in their opinion the clinical tutor had strong knowledge and understanding of the context of the

clinical setting and this allowed them to help participants put their experiences in perspective:

I couldn't really communicate with my family [about the death of a child] 'cause they wouldn't really understand. So, I felt like I was a little bit on my own. But then I talked to my tutor about it, and that was how I processed that experience. Because she's been in the setting and she understood. So, she was the one who I found the most helpful in talking to about clinical problems, because I didn't feel like my family really knew how to cope with things like that. (Student)

This support received from faculty members while abroad encouraged participants to seek their support back in Canada. They felt that their tutor showed interest in their stories and was able to validate the feelings they were experiencing, as this student illustrated.

Reaching out to friends and family but also to tutors was helpful. I credit the changes I have to the faculty at Mac...these people influenced the person I am today and I totally want to stay connected with them. (Student)

Similarly, participants stated having the need for a support network when undergoing difficult situations during their experience abroad in the clinical setting. In these circumstances, participants found it helpful to have support from people who had similar experiences as theirs. This support materialized in the shape of conversations, offering suggestions, or simply listening, as this student illustrated:

I guess having a good support system is really important wherever or whoever that is. I remember the day that I lost a patient, the person that I called was someone who had done an international placement before and was a good friend of mine, dating another nurse, and they lived in Canada ... and I Skype called them and I just ... cried and cried and ... they talked me through that. (Student)

Being able to talk to someone and receiving a word of encouragement, despite the fact that they were not physically close to them, was also valued by participants:

They kind of let me talk as much as I needed to and let me say what I needed to and didn't pry, and knowing that you're not alone in this ... like, you're not the only person that knows this side of the world but you've got people. (Alumna)

This notion of receiving support from someone with similar experiences was also evident when participants were back in Canada. Participants found they were more inclined to connect with those who were able to understand them. These experiences are connected to processes described previously, such as understanding the challenges of adjusting back, noticing marked differences, and experiencing different emotions. Going through these processes showed how participants found that people with similar experiences came to similar realizations as they did, and this made the connections between them more meaningful, as this student explained:

I think they're more mindful too ... because they went through a lot of the challenges that I went through—the food or safety, all the modifications they had to make in their daily routine and ... I think all of those things. ... And even just the things that they experienced in a clinical setting. I feel they understand like I do how important all these things that we have here are, and how lucky we are to have them. (Student)

Furthermore, participants who travelled with a peer expressed that having the company of a fellow student from Canada offered another source of support as they were able to relate to each other. This was because travelling and living together for 3 months exposed them to similar experiences and challenges, which in turn allowed them to provide support to each other when they were back in Canada. As these students illustrated:

Having a peer; living beside her the whole time and experiencing everything so closely ... it was very helpful to have somebody pretty much in the same location who I knew and had experienced the same things as me and I was able to process that with her as well so ... there's a lot of advantages for having somebody to go with and I think even for coming back there's a lot of advantages too. (Student)

Being here I am very connected to my peer, it's a different friendship because of that, of what we lived. I don't think that I could've gone through those experiences without her. Every experience was conditional to having her with me. (Student)

This is specifically true for those participants who were friends before travelling. For these participants, the experiences they had while abroad strengthened their connections as friends and became an infallible source of support coming back to Canada.

We were able to definitely talk with each other; just having somebody there that understood sometimes what you were thinking and was on the same page as you, was definitely helpful ... we lived in the same room together so we were able to just talk, cry together—whatever it was, and just share stories with each other about what we had experienced out on a clinical daily basis in the hospital and it was another source other than the tutor that really just helped. ... We learned off each other and were able to just use each other to be more comfortable in the setting. (Student)

I think having somebody who had experienced the same thing also being back in the same place ... I find that my peer and I often reminisce about certain things. And that is just really nice to help us not forget some of those things that we learned ... I definitely felt a lot of support in that sense. (Student)

This student highlighted the power of having support from someone who understands and how this could be stronger than the support received from others who did not go through the same experiences:

I went with one of my friends to [Africa] and I think that definitely helped because she understood ... everything that happened. We pretty much spent the whole time together so she understood everything that was happening and how I could talk to her and I knew that unlike my other friends and unlike my family, she would understand. (Alumna)

Strengthening relationships. This subcategory describes the meaning of having relationships that impacted the reentry process for participants. The reentry process was impacted by how participants viewed and valued their relationships. In some instances,

the pre-existing relationships became stronger but in other circumstances these relationships were lost and other relationships were created. Contributing factors were connected to the experiences of being back in Canada after 3 months being abroad and the perceptions participants had about life in general. Participants noticed changes in their relationships with family and friends. The changes were connected with the way participants viewed life and their need to seek opportunities or people who understood what they were experiencing. Participants developed stronger bonds with relatives who shared similar perspectives, as this alumna explained:

And so [my uncle] ... he gets that, and he's been places that he doesn't share stories from. ... So, our relationship that was, has changed. It is really nice to have someone that I know get it. And he has seen far more than I hope to ever see and been through more, but he gets that feeling. (Alumna)

This student further highlighted how participants' relationships with loved ones became closer: "I find actually our relationship [with parents] is getting better 'cause, you know, the time that we do spend together is more quality rather than ... we don't see each other every day type thing." Similarly, participants indicated developing strong friendships with people they met while abroad. These newly developed relationships were strong, particularly because these new friends shared similarities in their perceptions of life, as this alumna illustrated:

There were people that I stayed in contact with and I'm still in contact with ... I think it's just reassuring to be able to say something to someone and have them fully understand what you went through or what you're thinking because they also went through it. (Alumna)

However, participants found it difficult to think of the possibility to lose these new connections due to the distances involved.

Difficult in just the sense of knowing that we will not see [friends] for a very long time ... if not again. ... When you spend every day with somebody for a long time and then to realise that, very suddenly I will be on the other side of the world from you. So ... I think that was difficult. (Student)

In addition to feeling understood and supported, participants also developed stronger relationships with peers and other people with similar experiences as their own. As the following participants indicated, these similarities created meaningful connections between participants and others:

It was important to me to make connections with other people who had experienced similar things in order to feel like there was some sort of understanding (other GH students, family members who had had similar experiences, etc.). (Alumna)

So you know those people get it even if you're not sharing the stories but it's a unique bond that you share ... experience. (Student)

Those who were close became closer if the connection continued while they were away:

I had one friend in particular who is such a great listener and she has always said "Whenever I come back from someplace, I want to spend like an hour or two with you and I want to ask you a lot of questions." And that is always just very encouraging to know that there are people who really want to know about your experience and so that was good. (Alumna)

Similar to the strengthened connections with already existing relationships, new connections were also developed with people known to participants, but with whom they did not share many experiences in the past. The comment below illustrates this newly developed connection:

My stepmother is a nurse as well and works at a medical mission down in Haiti. So, kind of once I've got sorted at a job she's said "You know, you've done this. Would you like to come?" And we've never really had a strong relationship 'til like I graduated from nursing, and now we have something kind of in common. (Alumna)

The same way that this new discovery of perceptions developed new connections and strengthened others, the opposite effect occurred when participants found that other people did not share or understand their perceptions.

I think before I left they [friends] kind of tried to downplay it maybe. Like it wasn't as big of a deal as it really was. And I don't know if maybe they were doing that to make themselves feel better about ... the decisions they were making in their own life ... I don't know. But I feel like there was definitely some distance that happened when I came back. I think it just made me view the relationships with some people differently. (Alumna)

There are times for instance with my housemates that I live with right now that I wish that they understood everything—all the details—about why I was away, but I also just understand that this time passed for me just as the summer passed for them. That I was not part of that with them and that... the time has passed and we can't ... we won't fully understand each other and that period of time. (Student)

In addition to what the literature indicates about factors that hinder reentry such as lack of receptiveness and support from family and friends as well as shifts in friendship and general peer interaction (Arthur, 2004; Hsiao, 2011; Martin, 1984; Pedersen, 1990; Raschio, 1987), this study expands on the notion that having support and making meaningful connections with others become facilitating factors in the reentry process.

In summary, participants were able to make meaningful connections through sharing their experiences with others, seeking and receiving support, and strengthening as well as developing new relationships. These processes were very important in assisting participants to discover a new self.

Discovering a New Self

The major category in this study describes the processes participants went through as they discovered a new self within them after living and studying in a resource limited setting for 3 months and returning to Canada. Figure 4.1 depicts this major category as

the circle that involves all three previous categories. This indicates how the discovery of self is clearly influenced by the processes embedded under each of the previous conceptual categories, which are in turn directly impacted by the experiences in the host setting. This main category explains how, at different points in time throughout their entire GH journey, participants went through life-altering experiences that affected them in different aspects of their lives, including their personal life as well as their life as learners and as emerging professionals. This alumna illustrated how this discovery of self was an internal process and how it impacted different aspects of life:

Since the time I returned from my GH placement, as a person I feel that I am more independent and more self-motivated to accomplish goals. I feel that I am more self-motivated in my education and more confident in my abilities to achieve goals. My placement taught me how much I have to learn and how much I can learn from others' nursing styles as an emerging professional and that there are other ways to accomplish the same task. I attribute the confidence in myself gained from completing a GH placement and how much I learned from the collaborative staff in my placement. (Alumna)

Participants' discovery of self was underpinned by two primary subcategories: recognizing changes within the self and identifying new interests (see Figure 4.5).

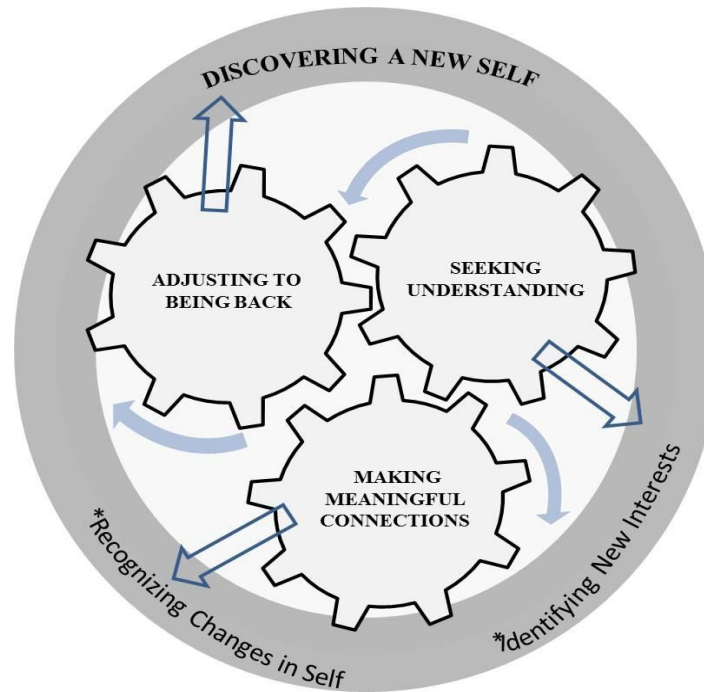


Figure 4.5. Subcategories of fourth conceptual category: Discovering a new self.

Recognizing changes within the self. As previously indicated, participants shared the changes they experienced in different aspects of their lives as a result of this global health experience. The following section discusses these changes within the context of the student sojourners' personal lives, their student lives and their emerging professional lives.

In their personal lives. Despite the fact that participants identified challenging experiences returning to Canada, the personal changes they experienced were positive overall. This was different from what was found in the literature about reentry challenges (Allison et al., 2012; Gullahorn & Gullahorn, 1963; Martin, 1984; Wielkiewicz & Turkowski, 2010), which indicated that sojourners experience problems as they readjust to the home culture. Although the focus of these studies has been on the challenges and

problems encountered upon return, this study provides a wider lens that allows seeing both the positive and negative aspects of the reentry experience from a variety of viewpoints (i.e., students, alumni, and faculty).

Similar to the subcategory of experiencing strong emotions under the first category (“adjusting to being back”), participants described changes in their appreciation of things and people. In this category, appreciation moves beyond perceptions and addresses an internal change experienced by participants due to all their experiences abroad. For instance, participants were more appreciative of the social conditions they lived in as part of a wealthy country, as this student stated:

I’m able to see my life here with a lot more clarity. So, when I’m in a different country, and I can see my life and I can see the things that I value and prioritize a lot more clearly than when I was actually in southern Ontario sometimes.
(Student)

These two participants also illustrated their appreciation for their loved ones and how they became more reflective with the way they view life:

Right now I feel I’m encircled with people that love me. And [sighs] yeah, I think it’s just like this genuine, sincere love for the people that I have around me.
(Alumna)

I think it was just where values really laid and like where priorities were placed, because I think where my priorities were before I left were very different than where they’re placed now. Before I used to work myself into the ground every chance I could. Yeah. ... It was like a rat race. Like, it was non-stop busy, and now, I take those moments to just kind of ground myself and reflect and to really think about where things are going. (Student)

Participants also described experiencing changes in their personality. They felt more assertive, more flexible to change, more relaxed about things, and more sensitive to culture and cultural differences. They were also more aware of the necessities of the

world and people around them, more aware of gender differences, and more willing to do something about these issues:

I think now I am willing to accept challenges more so than I was before. I'm just accepting them for what comes. So, if a situation is going to be difficult or it's going to be great, I just take that all into account and just accept that that's how it is, I think. That's, you know, challenging but I think it's the perspective that I really need to have and to continue to work on in order to get the good out of ... or at least the benefit out of everything. (Student)

I have come to appreciate the fact that things do not always go by what I plan. So I have learnt to adapt to situations and use whatever I have to the best of my ability and have a positive attitude. I complain less and sometimes I worry that I may become a bit more complacent. (Student)

An increased sense of confidence was also evident among participants. Having the need to advocate for themselves when they were abroad helped participants become more confident in their abilities and this was transferred to their experience back in Canada. A sense of greater independence was also identified, particularly in decision making. These participants illustrated how this confidence and independence were experienced being back:

It changed me. I used to be kind of quiet and all of a sudden I was talking all the time and [chuckles] ... just being more kind of bold, I guess, instead of just like not taking risks and stuff. 'Cause, you know, going to Africa that was the biggest risk I've ever taken, and so it kind of changed me in that way. (Alumna)

I think I'm more, independent. I lived ... I travelled halfway around the world by myself for 3 months; and survived it and loved it and ... I know I can do that, so ... I'd never travelled by myself before. And so that was a big step. (Student)

They feel more independent and making decisions as such, wanting to be on their own, not needing help of others as much as before. (Faculty)

Participants also experienced an inner change in relation to how they set their priorities in life. As this alumna clearly illustrated:

And so I think being away and then coming back has allowed me to clarify again those things that I do find very important and prioritize. And things ... like my relationships with my family and my friends and the way I spend my time—trying not to spend it so much online per say or just trying to do things that are more meaningful or more rewarding. I think ... yeah, I think it just helps me clarify things that are important for me. (Alumna)

Having this new experience of the world helped participants acknowledge the impact previous experiences in countries other than their own has on people's decisions and the way they become receptive to differences, such as culture, food, and environment, as this alumna explained:

I hope that this experience has made me more open minded in some ways ... open minded to people of different perspectives and cultures and ... I think that was one thing I learned a lot about being there, maybe seeing things I didn't completely agree with and yet respecting people for having those beliefs regardless. ... Or for their beliefs in who they are, as a person. (Alumna)

In addition, travelling abroad and experiencing other ways of life has fostered an interest in future exploration of other settings. This student illustrated what was found in the data: "In my personal life, I see myself as someone who will continue to travel both within Canada and abroad to experience new culture and understand different ways of life" (Student).

Moreover, the exposure to rich and poor countries also gave participants the opportunity to compare and become appreciative of what they had in their own country. It also appeared that when the experience was positive, the desire to continue experiencing other nations was still present; this experience also allowed them to expand how they viewed their role in society. This alumna illustrated how being exposed to different societies in different parts of the world, introduced this idea of global citizenship:

Experiencing life abroad has made me a less ignorant person. Often in western society, we can so easily become trapped in a mindset that only thinks of oneself. My global health placement has rooted an understanding of the world that I did not have before. I am also now someone who is eager to travel and experience life as a global citizen, not only one confined to the borders of North America. (Alumna)

These findings are congruent with the literature on global citizenship, which according to Abotwitz and Harnish (2006) considers a person a global citizen as “one who identifies not primarily or solely with his/her own nation but also with communities of people and nations beyond the nation-state boundaries” (p. 675). This concept also includes social responsibility and social justice (Burgess, Reimer-Kirkham, & Astle, 2014; Mill et al., 2010).

In addition, for participants in this study, being exposed to resource-limited environments and having the opportunity to see how poor people live not only provoked strong emotions on participants as they returned to Canada but also prompted changes in the way they perceive living their lives. The comments below illustrated the changes in views about equity in society:

As a person, I think this trip ultimately made me much more concerned with the pursuit of justice—in things as simple as being aware of injustice and the things I can do in my own life to prevent contributing to these things. (Student)

In general, I think this trip gave me insight into pain and suffering in a way that I had previously not been able to experience. The trip was definitely stretching in so many ways, and it continues to challenge me in the way I live now. (Alumna)

Similarly, this new view of life was also due to the lessons learned abroad where despite the fact that there were not many resources, people were still happy. Participants felt more connected to the way of life in the host setting, as this student explained: “It took me

awhile after getting back to stop living in [Africa] in my mind—replaying what I’d be doing there or always thinking of my experience.” (student)

Some of the findings in this subcategory are similar to what the literature states about changes in personal traits, such as increased awareness, confidence, assertiveness, and independence (Brown & Graham, 2009); in contrast, although only some participants experienced these changes, in this study all participants expressed having gone through these changes. Similarly the sense of appreciation for the home country and the sense of belonging were also reported in others’ work (Pritchard, 2011; Walling, Eriksoon, Meese, Clovica, & Gorton, 2006).

In their student lives. The same way participants experienced changes in their personal life; they also perceived changes in their role as students. There is this sense of independence in how they approach learning. Participants indicated that the experience of studying for 3 months in a setting where they had to advocate for their learning and seek their own learning opportunities helped them become more independent learners when they returned to Canada. As this student shares:

I think it’s made me more of an independent learner. ... While I was away, if you needed to know something, you had to look it up by yourself. It’s a self-directed learning. But there wasn’t someone guiding you kind of in the right direction like they do here ... and now I find myself just thinking about my future and, you know, if I were to do a Master’s, like what ... what would interest me? (Student)

Coupled with this sense of independence as learners, participants also experienced having more confidence in constantly seeking learning opportunities and valuing the opportunities to work with other students. This also allowed the opportunity to explore issues in more depth. As this student clearly articulated:

I now recognize that some of the best learning involves entering unfamiliar environments. I am not afraid to take chances for gaining knowledge and see all uncomfortable settings as a learning opportunity. I also recognize that one of the best learning resources is through connections with others. (Student)

Along with this sense of independence, participants found they were able to use existing skills more frequently and faster. Skills such as problem solving and critical thinking became more second nature to them, as this student stated:

When I came back, I felt I was able to problem solve faster, using critical thinking more frequently, be the nurse I want to be and see the different aspects of how working in Africa is and transferring that to here. (Student)

The experiences abroad allowed participants to meet people who were also completing an international rotation in the host setting. Through these interactions participants learned the career paths of other international students and these conversations opened participants' eyes to opportunities in their future academic development. Therefore, once in Canada participants began to think about those people's experiences, considering similar paths for themselves. As this alumna shared:

I met so many people with their master's and have done so many amazing things; they're really inspiring, and they really inspired me to kind of "What's next?" I don't want to be BScN, RN forever. I want ... I want more. What else can I do?" (Alumna)

Furthermore, this student illustrated how participants noticed that in their role as students they were exploring issues in more depth, they were more aware of what motivated them, what they wanted to learn, how they worked with their peers, and what they wanted as a focus for their learning: "As a learner I feel that I examine issues in a broader manner. I think it has deepened my desire to learn all I can, it is such a privilege

to have the means to do so.” This desire to explore things in more depth also prompted participants to be open to exploring new learning opportunities:

I believe that I have become more willing to learn since this experience. I truly felt the weight of my lack of experience and the need that is so prevalent in global health care. It humbled me, and made me much more open and willing as a learner to engage in continual knowledge and experience seeking. (Alumna)

Due to their exposure to different cultures and their ability to notice cultural differences, participants noticed a difference in their own attitudes when they interacted with people from other cultures. This is congruent with findings from Gullahorn and Gullahorn (1963) and Christofi and Thompson (2007), who state that when individuals find their values being shaped by the experience abroad, it is more common to find that they are out of step with their own culture.

In this study, participants became not only aware of cultural differences in their day-to-day lives but also became more aware and sensitive to the needs of patients who came from a different country and who had a different culture. This mirrors what was said previously about the changes participants experienced in their personal lives, as this student illustrated:

I think, in terms of cultural sensitivity, I think I am more aware of when clients present to the emergency department right now if there is for instance like a language barrier anyway or if they are newly immigrated. ... I feel like definitely more aware of clients that are coming from other places. (Student)

Findings from this study are congruent with studies conducted on intercultural sensitivity, which argue that people increase their sensitivity and awareness of other cultures due to different exposures and the impact of these exposures on them (Anderson et al., 2006; Hammer, Bennett, & Wiserman, 2003). Having intercultural sensitivity is

crucial to enable people to live and work with people from other cultures (Landis & Bhagat, 1996). The experiences participants in this study had during their period abroad contributed to their sensitivity to cultural differences.

Furthermore, the appreciation participants felt when comparing their lives in the host setting and their lives back in Canada expanded to their role as students. They developed a lasting appreciation for the education they received in Canada and the opportunities this country offered them as learners, as this participant explained:

I think also as a student, I realized what it means to be a student. The privilege of being a student and having that opportunity. I came back really grateful for all the opportunities. And you know, yes I still go to some of my classes and be like “Oh, this class!” or whatever but I think I leave the class being like ... as much as maybe I didn’t think that was the best use of my time, I have to look at the opportunity that I’ve been given to be able to have this university experience and have this class and have this, you know, very educated person teaching me their wisdom. (Student)

This appreciation extended to valuing the health care system in Canada and the benefits it brings to patients:

I notice how better healthcare systems can better outcomes for patients and their families. Using the free Canadian healthcare as an example, you do not have to worry about the cost going to see a doctor, making it easier for people to go to the hospital. (Alumna)

These changes also extended to their awareness of health issues currently affecting the world. This is congruent with Mill et al.’s (2010) work on global citizenship in the nursing profession. They argue that “nurses must not only participate in examining the global challenges but they must also contribute to the development and implementation of solutions to these challenges” (p. 2). The alumna below illustrated this engagement with the global community, becoming a global citizen:

I have a deeper understanding of how the world is now a global village and one thing that affects a country in a corner somewhere affects all of us. Using the Ebola crisis in some parts of West Africa as an example. We in Canada cannot say it is none of our business. We have to reach out, research and find ways to control its outbreak. (Alumna)

In their emerging professional lives: Participants experienced changes in their roles as nursing students in the clinical setting and soon-to-become registered nurses. These changes were influenced by the new knowledge, skills, and perceptions that participants acquired in their global health clinical placement. As participants returned to Canada, they were expected to complete their final clinical rotation in Ontario. This not only allowed them the opportunity to apply the knowledge they acquired in their clinical placement abroad but also motivated them to think about their role once they graduate.

Participants noticed that they were frequently able to use the acquired knowledge and skills from the host setting. They were also making connections with the issues they encountered back in Canada and those they encountered abroad. As this alumna recalled:

Today, I am still exploring health issues specific to rural (Asia) in my free time. Even now, I am finding some answers (and sometimes more questions) to situations I found difficult during my placement. My placement in rural Asia sparked interest in being involved further in global health initiatives while at the same time giving me a platform to think more critically about the complexity of health care issues on a global scale, as well as the role that I envision playing in future endeavours. (Alumna)

In addition to the use of new knowledge and skills, participants also found that their communication skills were enhanced. They focused on communicating with patients in their practice more than in the past. This was a result of their experiences of not being able to communicate with their patients in their host setting due to the language barrier:

I was suddenly able to communicate freely and easily with the majority of my patients instead of a selected few who could speak English. ... I could now

explain procedures, ask questions regarding symptoms, and talk openly with clients about their experiences, instead of going through a fellow nurse as translator (often what would happen in my global health placement is a nurse would listen intently while a patient spoke for several minutes, and then translate what they said in two brief sentences!). (Student)

The challenge of not being able to communicate with their patients abroad made participants rely on non-verbal communication. Back in Canada, participants acknowledged the importance of this form of communication and realized they were able to transfer those skills to the Canadian setting:

The one thing that I found I appreciated much more on my return to Canada was my ability to communicate with patients, and conversely, how much could be communicated with limited understanding of the other person's language ... patients in Nepal were able to express a lot to me in very brief phrases and with the use of body language. This learned understanding of how much can be communicated through body language and brief phrases I think has increased my confidence in interacting with clients who have anything that impairs their ability to communicate. (Alumna)

Participants were also more interested in learning about their patients' stories and felt more satisfied with their approach to patient care as a result:

I think it made me a more caring person. I think it made me more patient for sure, and more appreciative, I think, of everything. Of my way of life and ... everything. (Student)

I have 12 hours to get everything done and so why rush. ... You can spend that time with your patient and with their family and really getting to know them ... that was something that I so eagerly wanted to do, just to speak with women and really find out why they're feeling this way. (Student)

This study abroad experience increased participants' desire to continue exploring clinical opportunities in other settings within a global health context. For some this meant working abroad after graduation, discovering that practicing nursing in international

settings similar to the ones they experienced for 3 months became an option, as these two participants explained:

I see myself working in the field of pediatrics for a very long time and continuing my career with global nursing. I have spent some time with a medical mission in (Africa) since my GH placement and seek out other opportunities to pursue with global nursing and hopefully outpost nursing in the future. I also hope to pursue further education with a focus on international health. (Alumna)

They want to continue on in terms of embracing that global health sort of theme and whether that would be eventually returning to, perhaps another country or another area of practice ... or working up north ... but I think the focus of their placement in global health seems to echo where they are now working professionally. (Faculty)

For others this increased awareness of differences made them realize that Canada also had inequities and they began to consider working with vulnerable populations within

Canada:

I'm more looking into paed's and I love travel nursing so working critical care here for paed's gives me some experience and gives me some knowledge to go do some international nursing with paediatrics. (Alumna)

I know I would like to spend some time up north once I have enough experience because being in [Asia] taught me, if you're not as knowledgeable and as experienced as you are, it can be very stressful and a little bit demoralizing to not know what to do and to not have anyone to ask. ... So, definitely it taught me that ... something you should value and something you should, feel confident about your own skills and knowledge before you choose to do something like that. (Alumna)

This alumna further illustrated the impact of the global health experience on the way clinical practice was being enacted in Canada:

As a professional I now have more confidence in my practice and skills as an RN. These changes are all due to the process of obtaining a GH placement and having to embark on this journey individually with only myself to rely on. I have more trust in myself and my knowledge and skills. (Alumna)

Participants experienced a sense of confidence about their role as practitioners and attributed this to the study abroad experience. This alumna clearly stated the changes experienced as a result of the global health experience:

This global health experience was absolutely life changing! If I had never pursued this opportunity I would have never known I was capable! Now I see myself continuing my nursing education in the future but also taking this opportunity early in my career to continue to gain exposure in other health care systems whether it is spending a few weeks to months there! This global health experience has given me the confidence in myself to know I am capable of bringing ideas to the table and tackling new projects and I hope to act as a leader in future projects that take me internationally as a volunteer. (Student)

Coupled to this increased confidence there was also this sense of independence as practitioners, and this realization of what they liked to focus in their practice. As this alumna explained:

My international placement with children living with HIV/AIDS and their families reinforced my passion for pediatric nursing and international nursing. Since that placement I have participated in a medical mission trip in [Africa] and have travelled in Canada and globally. I feel that I am a more independent traveller and individual after spending 13 weeks away from the comforts of home, immersed in another culture. (Alumna)

In addition, participants identified that having lived in a setting completely different from Canada, not only increased their ability to adapt to change at the personal level; but they were also able to do so in their role as practitioners. This new adaptation was considered an asset in their role as professional as it would be useful as they encounter new environments in the future. As this alumna clearly explained:

For the past 4 months, I have been working in a rural ER in Ontario, as a RN. My experience in the ER in [Africa] has enabled me to cope and adapt to change more readily. Although I was trained in large urban hospitals in Hamilton, I was able to readily adjust to this new environment, open to new ways of learning and practicing as a RN. Additionally, I have found there to be many cultural differences between many of the staff at the facility and myself. Although

differences exist, I am better at living in new environments and working with those of different backgrounds than if I had not completed a global health placement. (Alumna)

Changes in their interest in clinical focus were also evident. Participants agreed this was a result of realizing the differences in themselves, as people and as students after returning to Canada. These two students illustrated how the changes in clinical interest impacted their way of thinking about their future as nurses.

I feel comfortable with more practice. ... Maybe with 5 years of nursing work, when I feel more confident maybe in clinical here, then maybe it will be different if I was to go somewhere else again ... still as a learner, of course but maybe more of a balance. (Student)

I think just having an understanding of what happens and what health looks like outside of Canada has been very helpful for me as a nurse. I think it has been. ... It was very interesting to see and meet nurses and nursing students in another country and realize that though some things are different, also a lot of the principles and theories and things like that, that they go by are very similar to what they are here. (Student)

They also acknowledged the value in being well prepared as they explored future learning opportunities:

There's a tropical diseases diploma that you can get in Liverpool, and I would like to do that at some point. And for now, I just would like to get a basis. ... That's why I think I want to get into medical settings ... so that I have that basis in case I want to go global. (Student)

Moreover, although findings from this study are similar to those addressing the impact of an international clinical course on global citizenship development (Callister & Cox, 2006; Hanson, 2010; Walsh, 2003)—which indicate that learning about global health issues increases their awareness of the world—participants in this study show that the impact of the study abroad experiences go beyond experiences in the clinical setting and include the entire immersion experience. This means that participants were able to

not only articulate the changes experienced as learners but also the changes experienced as individuals throughout their immersion abroad.

Identifying new interests. This subcategory emerged as participants experienced changes in their personal interests as well as in their desire to engage in new learning opportunities. Welcoming opportunities to learn and exploring new possibilities were important processes of this subcategory. Participants shared that their way of thinking about the world and their perceptions about social issues were broader than before and that all this occurred after experiencing life abroad for 3 months. This was particularly true for the issue of inequity for women. As discussed previously, participants noticed this difference in their adjustment to being back. This observation not only became an issue they considered as different but it also became a factor that changed participants as individuals. As these two participants explained:

But then when I was in [Asia] I took a huge interest in women's health, which was not something that I really had a huge interest before going there. (Alumna)

The whole concept with women's health was not something that I had thought about as much or been as passionate about at all in the past ... but now I am. (Student)

In addition to the new interest in women's issues, another new interest developed in relation to working with vulnerable and underserved populations in Canada, such as indigenous peoples, migrants, and refugees:

I think one of the things that I felt very passionate with were inequalities in health care or inequalities that I saw existing and there are certain aspects within society in Canada that I do find that. I feel quite passionate about the health of indigenous people in Canada and think that there's so much more that can be done and that there are huge inequalities there. (Student)

I have always had the interest to travel, but now that I have completed 3 months in [Africa], I am always looking for a new opportunity to travel and experience a new culture. I also have increased interest in working in underserved areas, Canada and abroad. (Student)

This newly developed awareness of social inequities made participants more aware of the connection between these social issues and their impact on the health of the population. The following comments supported what was found in the data in relation to the shift of interest from a curative perspective to prevention-based perspectives of health care:

Definitely I just think it has made me much more passionate about social justice, equality between people and where I can see things that I don't agree with or that I think that they're ... in terms of human rights where there can be changes, I am much more aware of that and wanting to make an impact and wanting to work towards solutions in those areas. (Alumna)

And I think that while I'm here back in Canada, I often think a lot more about what happens beyond what I am presently seeing. And so that's one thing that's been different. One thing that I've realized while I was away was that how much I actually really value preventative health care and health promotion. (Student)

Also, the newly discovered awareness about a future life practicing nursing abroad after graduation prompted participants to think about the type of learning activities they needed to seek in order to be properly prepared for the experience. As these students explained:

There are many days that I think back to my time in [Africa] and hope that I can be a part of a mission like that at some point in the future. I have begun to research programs that teach tropical nursing and other skills that would be useful in these situations. I guess that going on this trip and understanding my lack of knowledge and experience has made me serious about pursuing things that will make it possible for me to pursue. (Student)

Since returning home from my first time nursing abroad I have had an interest to continue to explore nursing internationally and just expose myself to different health care systems and cultures across the world. (Student)

This new focus also prompted participants to think about future academic interests that were not previously considered. As this alumna illustrated:

Since returning I have started working as a nurse in Obstetrics and found that I love it. More recently my goals are to become a neonatal nurse. I am taking courses to aid me in achieving that goal and am considering a masters when I return from Australia. (Alumna)

Furthermore, this student supported what was found in the data about how participants became interested in exploring issues in more depth and from a more holistic perspective:

But I often find myself thinking a lot more about why ... why we see things happening and starting to be critical thinking in that sense. And so most of my reflections that I've been writing for clinical so far have been about things that I see but also why I think they're occurring. (Student)

Participants were also aware that these new interests would impact their entire lives. The following participant clearly demonstrated what was found in the data in terms of the impact future GH health activities have in the way nursing students would conduct their lives:

Professionally I plan to work in Australia for 1 year which I am on my way to do at this moment. ... The GH experience has helped me understand what is involved and how to plan. I will then work at home for a few years, then 1 year in the North and 1 year in Africa at some point. While at home I plan to be involved with GH as well. Travelling is also an interest personally, I believe it is a great way to educate my children and spend quality time with friends and family. (Alumna)

Chapter Summary

Based on the research questions, it was found that several factors contribute to the process of reentry. These include both facilitating and hindering factors as they were discussed through the four conceptual categories. Figure 4.1 depicts the interconnection between the three chronological phases as well as how the categories relate to each other. Accordingly, all four categories in the substantive grounded theory provide clear evidence

of the different processes embedded in participants' reentry experience. They provide a clear explanation of how participants constructed the concept of reentry within the context of their experiences abroad.

Several excerpts from the data depict factors participants deemed relevant to the process of reentry. The reentry experience is characterized by the realization of several changes not only within themselves but also in participants' surroundings. Participants experienced growth and maturation; they describe having more awareness of social issues and having conflicting opinions with friends and family about their view of life. The comparisons participants made with their lives in a limited-resource international setting has caused a new appreciation for the different things people in those settings value. For some, it was easier to be back as access to resources was easier and their awareness and appreciation for things in Canada was greater. Going back to a country with greater resources offered another perspective of how the majority of people in the world live.

The comparison of data findings with the literature also shows what this study contributes to the body of literature. Findings in this study affirm findings in published reports about reentry and reverse culture shock. New contributions from this study are presented in the structured discussion about all components that encompass the reentry process. This discussion is not fragmented and provides a clear overview of the factors that impact the experience of student reentry. In this case, this study begins to address a gap in information about nursing students, including the unique experiences they go through by living and working as clinicians in a resource-constrained environment.

The last two chapters provide a comparison with theoretical literature, the implications of the study findings, as well as a summary of strengths and limitations.

CHAPTER FIVE: DISCUSSION

Chapter 4 presented the research findings as conceptual categories generated during data analysis, including their grounding in empirical data and participants' quotes. Findings in this study addressed all research questions and study objectives presented in chapter 3.

This chapter builds on the new contributions the study makes to the topic of reentry, specifically how the study extends and challenges existing literature, and how it refines current ideas. Findings are also discussed in relation to existing theories. This engagement with relevant theories allows the newly developed substantive theory to be situated within a theoretical context. This is consistent with CGT, as Charmaz (2006) states that grounded theory researchers “do not use theories for deducing specific hypotheses before data-gathering but use them to progress the overall study” (p. 169). The concepts uncovered in the Reentry Process Theory (RPT) share some commonalities with existing theories that discuss changes in individuals who have had an immersive international global health clinical experience and who have transitioned from one setting to another. In addition to these similarities, the newly developed substantive theory expands on these theories and brings a unique perspective into this area of inquiry.

Study's Contributions to the Topic of Reentry

The substantive theory (RPT) derived from this study sheds some light on the processes embedded in the experiences of BScN students who return home after living and studying in a foreign country. This new insight is particularly valuable because these students' experiences stemmed not from a classroom but instead from their immersion in

the host setting for 3 months, where they were engaged in the provision of direct nursing care to the population. These experiences involved more intimate relationships than would be expected in a classroom setting, which is common to other study abroad experiences. Based on the RPT, the study makes three key contributions to our understanding of nursing students' experiences of reentry after an immersive international global health clinical experience by:

1. Positing the concept of reentry as a process.
2. Identifying the impact of nursing students' experiences on their roles as individuals, students, and soon to become professionals.
3. Underscoring the need for sharing experiences in the process of adjustment.

The following section discusses these contributions within a theoretical context.

Review of Study's Contributions within a Theoretical Context

The review of existing theories in connection to the study's key contributions was guided by the concepts and ideas generated during the process of data collection and analysis. The review was undertaken in order to link previous research and theory with the concepts and properties of the RPT and to continue the comparative analysis process. This is congruent with Charmaz's (2014) constructivist approach to grounded theory. Given the three main contributions outlined above, no single theory addresses all components of the RPT; however, different components of the following four theories correspond with and are particularly relevant to this study's findings: (a) Transition Theory, (b) Transformative Learning Theory, (c) Cultural Identity Theory, and (d)

Cultural Adjustment Theory. These theories are discussed in relation to the key contributions.

Positing the Concept of Reentry as a Process

This study provides a more complex exploration of the dynamic nature of reentry as a process than currently exists in the literature. Other bodies of literature have explored each component of the RPT individually but have not identified how each component influences the others. The four conceptual categories within the RPT collectively explain how participants experience reentry through a series of processes, instead of merely describing student sojourners' experiences at different points in their global health experience. The RPT provides connections and links between different phases in the student sojourners' experience and elucidates points that add to the existing literature on nursing and global health education reentry. In addition, the RPT offers a theoretical understanding of reentry from the perspective of undergraduate nursing students. This approach to addressing reentry as a process has not been evident in the nursing literature to date.

Transition theory. Although other studies in the nursing-related literature have explored before-and-after experiences (e.g., Koskinen & Tossavainen, 2004; Zorn et al., 1995), the processes embedded in the transition from the host setting to the home country have not been explored in detail. This study proposes a substantive theory (RPT) to foster understanding about how students' experiences before, during, and after their study abroad experience impact their reentry. As the RPT reveals, students experienced changes not only during their time abroad but also while they prepared to return to Canada, as well

as up to a year after their return. This notion of moving from one place to another while experiencing changes can be discussed within the context of transition theory. The RPT echoes some of the concepts discussed in Meleis's (2010) midrange transition theory. In her theory, Meleis proposes a conceptualisation of transition that explains the conditions that influence individuals' transition experience (Schumacher & Meleis, 1994). Meleis (2010) states that "transition occurs when a person's current reality is disrupted, causing a forced or chosen change that results in the need to construct a new reality" (p. 76). Her theory includes six major concepts: (a) types and patterns of transitions; (b) properties of transition experiences; (c) transition conditions (facilitators and inhibitors); (d) process indicators; (e) outcome indicators; and (f) nursing therapeutics (Meleis, 2010).

The RPT presents two main types of transitions: chronological transitions and role transitions. Chronological transitions occur as student sojourners experience each phase of the reentry process that impact the way they make sense of their experiences. Role transitions are experienced as student sojourners take on different activities throughout their reentry process and are in part influenced by the chronological events during each phase. These transitions also explain students' personal and professional growth that occurs during different stages of their global health education experience. These findings resonate with Meleis's discussion on types, patterns, and properties of transition experiences (Meleis, Sawyer, Im, Messias, and Schumacher, 2000). The RPT also proposes a multidimensional approach to transition-related experiences. Chronological transitions experienced from the moment of preparation for the global health training experience are revealed, as are situational types of transition and single, multiple, and

sequential patterns of transition that include awareness, engagement, and change, as described in Meleis's (2010) theory.

Moreover, the RPT adds that it is important to consider the transitions that occur while abroad in order to understand those that occur during reentry. The RPT identifies personal, community, and societal factors that both facilitate and hinder transition. These findings confirm what Meleis et al. (2000) discuss as being transition indicators. The RPT expands upon these ideas by depicting transitions that occur as students move from the study abroad experience to their role as soon-to-graduate students, during which time their perspectives about caring for patients shifted due to the study abroad experience. The RPT also expands on the fact that when considering these factors, the aspect of communication with others (under all four categories) must be considered as well as former experiences connected to these factors. Communication with others is not considered essential in Meleis's theory.

In the discussion of the first conceptual category ("adjusting to being back"), the RPT addresses the importance of reflection as part of the reentry process, which extends beyond the theory presented by Meleis (2010). Specifically, the RPT encompasses reentry after an immersive clinical experience in an international resource-limited setting and includes adjusting to being back as a distinguishing factor. This process of reflection expands upon Meleis's work by adding to the personal dimension of the transition conditions concept in Meleis's (2010) theory. Meleis discusses the importance of providing meaning to the transition experience; however, there is no mention of reflection as a component of this process of meaning development. The RPT provides this

additional component by explaining that reflection allows student sojourners to make sense of what they undergo as they experience transition. Similarly, the RPT discusses how student sojourners' reflective activity contributes to their ability to explore issues in depth and understand their transitions in the reentry process.

The RPT also considers the importance of an individual's awareness of change, as this indicates that the person is experiencing transition. Student sojourners in the RPT reach this awareness through the realization of differences as they adjust to being back (first category). These changes are also evident in the differences noticed in relationships (under the third category, "making meaningful connections") and the personal differences noted as they discover a new self as well as the differences in relationships (as part of the fourth category). These findings resemble the "property of transition experiences" concept posited by Meleis's theory and confirm Meleis's changes and differences that include potential changes in ideas, roles, relationships, abilities, and patterns of behaviour (Meleis et al., 2000; Schumacher & Meleis, 1994).

Furthermore, the RPT supports the fact that the nature of the transition facilitates or hinders the person's pattern of response. This is evident in the first category (adjusting to being back), whereby not having enough time to process the experiences from the study abroad became a hindering factor in students' process of adjustment. This was also evident in the second category, in which students perceived not being understood as a hindering factor in their reentry experience. Similarly, the chronological phases identified in the RPT support Meleis's discussion of the "time span" factor, which states that all transitions are characterized as flowing and moving over time. As discussed in chapter 4,

students' experiences move over time, specifically when there is a starting point in which change is demonstrated. However, the RPT extends beyond Meleis's description of time by proposing another role for time; even though time is perceived as a chronological component (as depicted by the chronological phases in Figure 4.1), the RPT presents time as a component of the experience. Being able to have time to do something moves time from its chronological role to a more abstract role.

The RPT also addresses factors in student sojourners' experience that impacted their reentry process. Students identify aspects of their lives as well as their relations with others that facilitate or hinder not only their process of adjustment but also their exploration of internal changes. This supports Meleis's discussion on the role of circumstances (transition conditions) that influence (positively or negatively) the way a person moves through a transition. In the reentry process, the transition point of greatest importance is that from the host setting to the home country. This transition began students' entire process of reentry as they engaged in a process of reflection.

Like Meleis, the RPT highlights the importance of interactions in transition experiences and the behaviours developed in response to the transitions. However, the RPT expands on the roles of interactions influencing the transition in terms of the outcomes of the transition experience. The experience of transition in the reentry process is highly influenced not only by personal experiences but also by the interactions student sojourners had with people in the home country before, during, and after the global health clinical experience. Having a positive or negative interaction with people in their home country influenced student sojourners' reentry process. For instance, as presented in the

second category in chapter 4, the role of receiving support is congruent with Meleis's (2010) "nursing therapeutics" concept, especially in relation to support from faculty members in the reentry process.

Through the lens of transition theory, it could be argued that student sojourners in the RPT have experienced multiple transitions throughout their entire study abroad experience. This includes the moment they began to prepare for the global health clinical experience to the time they returned to Canada. Also, within each phase of their experience, patterns of transition impacted their experiences. As presented in chapter 4, participants reflect on their memories of the time abroad and make connections to their time in Canada. For them, this transition experience is part of an entire process. In addition, the RPT presents a different exploration of transition compared to that discussed by Meleis. While Meleis's work (Meleis et al., 2000; Schumacher & Meleis, 1994) explored developmental, health and illness, and organizational transitions in relation to the nursing practice, the RPT provides a discussion of transition from the point of view of the nursing learner. These characteristics contribute to the unique transitions proposed by the RPT.

Cultural identity theory. The RPT also contributes to the literature on student sojourners' personal changes after an international cultural immersion experience. This resonates with the literature on cultural transition, and encompasses changes in sojourners' values; communication style; goals and relationships; views about the home culture; as well as their worldview (Guan & Dodder, 2001; Raschio, 1987; Sussman, 2000; Uehara, 1986; Walling et al., 2006).

In the RPT, student sojourners' experiences clearly illustrate the existence of cultural transitions and how the latter influence who they are. Students show changes in how they see themselves and others around them. Reentry would be considered the final phase within the context of cultural transition as it encompasses the process of readjusting to the home culture upon return (Adler, 1981; Sussman, 2000). However, the RPT provides a more complex perspective about cultural transition not only by focusing on the time after the cultural immersion experience but also by considering the connections between the experiences in the sojourn, relocation, and homecoming phases described in chapter 4.

In addition, the processes discussed in the first and fourth categories of the RPT regarding students' perceptions about their home country, the people, the environment, as well as themselves resonate with constructs discussed in Sussman's work on cultural identity theory (Sussman, 2000, 2002). Sussman (2000) states that cultural identity is the mental framework through which individuals understand their way of being, interpret social cues, choose their behaviours, respond to their surroundings, and evaluate the actions of other people. Both sense of self and behaviours are influenced by culture (Sussman, 2000, 2002). Berry (1980) adds that culture is part of the internal framework of an individual, and it becomes a reference for self-definition and a way of ordering social expectations and relationships. In daily interactions with culturally similar others, cultural identity remains unformed or unrecognized. Below is a comparison between the RPT and Sussman's cultural identity theory.

The RPT expands on Sussman's description of cultural identity. While Sussman's (2000, 2002) theory describes cultural identity considering the experiences when an individual is exposed to a foreign country, it solely focuses on the internal changes experienced by the individual after the cultural immersion. The RPT on the other hand expands on these descriptions as it explores issues regarding cultural changes experienced due to the transition from the host to the home country. In addition, the RPT provides a unique perspective in terms of the processes embedded in nursing students' cultural identity experiences, while Sussman's (2000) work was developed based on the experiences of alumni sojourners from a teaching program.

The RPT supports Sussman's (2000, 2002) proposition that student sojourners' cultural transitions are a major component of their return experiences and that the personal characteristics of the individual (self-schemas) are directly connected to the personal change experiences due to such cultural transition. In the RPT, it was evident that the cultural experiences shaped student sojourners' cultural identity as they returned back to Canada. They viewed the world from a different lens (as discussed in chapter 4).

Furthermore, the RPT's discussion of facilitating and hindering factors in the process of adjusting to being back (first category) is also congruent with Sussman's (2000) discussion on how identity alterations occur as a consequence of behavioural and social adaptations made in the host-country environment. Sussman posits that these adaptations become noticeable upon return to the home country. Sussman proposed four types of identity alterations: subtractive (having weakened links with the home-country culture during the sojourn), additive (reporting strengthened links with the host-country),

affirmative (having strengthened links with the home-country culture during the sojourn), and intercultural (reporting a strengthened intercultural worldview during the sojourn).

The RPT coincides with Sussman's (2000, 2002) statement that the reentry process itself and an increasing awareness of one's own cultural identity alteration may be a source of distress for those individuals who undergo subtractive or additive identity shifts. At the same time, individuals who experience affirmative or intercultural identity shifts experience less reentry distress and have fewer difficulties readjusting. In the RPT, participants described how their global health education experience abroad influenced the way they viewed their lives in their home country. They viewed their home culture differently and these perspectives were both positive and negative. Their realizations of change were evident in their views about themselves as well as their views about others. These findings are congruent with Sussman's statements about affirmative and intercultural identities and the effect of cultural disconnection with the type of affective response during reentry. As stated before, when a student sojourner experiences a positive view of the home culture in the context of the host culture, there is a positive effect to the home culture during reentry. The contrary occurs if the view is negative (Sussman, 2002).

Moreover, the processes belonging to the RPT's fourth category (discovering a new self) not only resonate with Sussman's (2000) discussion of culture as an internal framework of the individual's changes in reentry but also expand on the discussion of factors that impact the student sojourner's reentry experience beyond the personal realm. Likewise, the experiences student sojourners shared demonstrate that these experiences shaped their cultural identity as they returned to Canada. In addition, the RPT also

explains that cultural transitions of the student sojourner and the experiences of traveling to a foreign setting may require a different way of life and a new way of viewing the world. These new differences make the student sojourner deal with the demands of adapting to a new daily routine, a new role, and an unfamiliar set of norms. This is similar to what was found in the literature (Guan & Doddler, 2001; Raschio, 1987; Walling et al., 2006).

In sum, the RPT also emphasizes the impact that study abroad experiences have on the cultural identity of student sojourners. The fact that students in this study reported both positive and negative experiences in their reentry to the home country indicates that there was a cultural identity shift. Cultural identity thus is relevant to this study; however, although it may contribute to explaining the reentry process, it would not be able to explain it in its totality. The RPT expands on the discussion of cultural identity by exploring other important factors not related to culture such as relationships, reflection, and time. These factors, although influenced by culture, are distinct and are addressed in the process of reentry.

Identifying the Impact of Nursing Students' Experiences on Their Roles as Individuals, Students, and Soon to Become Professionals

This study not only provides insight into the process of reentry for nursing students who have lived in a foreign country and have worked with patients and their families in a resource-limited setting but also provides information about the way these processes shape who they are as individuals, as students, and as soon to become professionals. For instance student sojourners' discussion of the connections they made

between their experiences living and studying in a clinical setting abroad and their experiences in Canada provides a clear representation of the unique impact on their process of reentry. Student sojourners from this study were immersed in a foreign resource-limited setting where they lived and provided direct patient care to patients and their families for 12 weeks. This person-to-person experience and intimate connection derived from the nurse–patient relationship inherent in nursing practice has a different context compared with the experiences of other undergraduate students who travel abroad for a classroom learning experience. The amount of time spent immersed in the host setting while experiencing cultural changes and personal transitions allowed participants to develop new insights about who they are and how they view life upon their return to Canada.

This study also contributes to the nursing literature in that it explores the immersive experience of undergraduate nursing students, not of registered practitioners. These student sojourners were immersed in a different culture, caring for patients under the supervision of an onsite preceptor, and then returned to their home country to finalize their studies as undergraduate students. This study explored how this experience abroad shaped their perspectives and helped them develop new interests in their nursing practice, as noted earlier in chapter 4.

Given that the RPT is concerned with changes and discovery of self as well as new realizations, the concept of transformation is of central importance. The changes experienced by students due to their study abroad experience upon reentry can be discussed within the lens of transformative learning theory (TLT) as the experiences

triggered not only internal changes in themselves but also changes in their interactions, their interests, and the manner in which they enact their roles within society. The processes presented in the RPT resonate closely with concepts found in Patricia Cranton's (2002) TLT.

Transformative learning theory. TLT is relevant in this discussion as it proposes a transformative process related to learning. It is closely connected to acquisition of new knowledge that impacts the learner at a deeper level and the cognitive characteristics of the individual (Cranton, 1994). The RPT supports Cranton's argument that transformation starts by having an experience but it adds that experiences shape not only the transformation and learning of student sojourners but also the personal transformation beyond being a learner. The RPT expands on Cranton's argument about the importance of reflection. Cranton's approach to transformation views transformative learning not only as rational but also as an intuitive, imaginative, and emotional (what she calls extra-rational) process that has critical self-reflection as a central component (Cranton, 1994; Cranton & Roy, 2003). Cranton (1994) considers that "Learning occurs when an individual enters a process of reconciling newly communicated ideas with the presuppositions of prior learning" (p. 27). She also discusses the role of reflective dialogue in transformation. Engaging in reflective dialogue involves the critical exploration of former knowledge and paradigms. Cranton's approach to transformative learning is flexible, as the student is able to achieve different levels of transformation through different learning experiences (Cranton, 2006).

Similar to the discussion on transition theory, reflection is key in the RPT, as it is in Cranton's TLT. In addition, findings from this study confirm what the nursing literature explains about reflection, especially in regards to the development of professional practice (Ferry & Ross-Gordon, 1998; Schön, 1995). The RPT echoes what scholars like Williams (2001) suggest—that self-consciousness (reflection) and continual self-critique (critical reflection) are crucial to achieve clinical competence.

The conceptual categories from the RPT share some similarities and differences with the seven facets of Cranton's theory presented in Table 5.1.

Table 5.1

Cranton's Seven Facets of Transformative Learning

Facet	Description
1	An activating event that typically exposes a discrepancy between what a person has always assumed to be true and what has just been experienced, heard, or read
2	Articulating assumptions, that is, recognizing underlying assumptions that have been uncritically assimilated and are largely unconscious
3	Critical self-reflection, that is, questioning and examining assumptions in terms of where they came from, the consequences of holding them, and why they are important
4	Being open to alternative viewpoints
5	Engaging in discourse, where evidence is weighed, arguments assessed, alternative perspectives explored, and knowledge constructed by consensus
6	Revising assumptions and perspectives to make them more open and better justified
7	Acting on revisions, behaving, talking, and thinking in a way that is congruent with transformed assumptions or perspectives

Note. Adapted from Cranton (2002, p. 66).

For instance, the RPT explains that both challenging and positive experiences in the reentry process triggered a response from students. Students began to notice

differences and engage in reflection, and these experiences elicited positive, negative, and mixed emotions. These experiences resonate with Cranton's description of the catalyst for transformation (first facet). According to Cranton (1994), this occurs at the moment when students are exposed to an activity/event that is incongruous with their own viewpoint and challenges their assumptions. In addition, the process of identifying differences in themselves and their perceptions, and engaging in critical reflection, allows student sojourners in the RPT to experience what Cranton considers the second, third, and fourth facets (Cranton, 1994, 2002). The RPT expands on this as it includes other factors such as the role of time beyond a chronological aspect.

The RPT also identifies reflection as an important component that allows for deeper exploration of issues. This echoes Cranton's third facet. Cranton (1994, 2006) considers three types of reflection: content, process, and premise. Content reflection (which asks the "what") is the basic level of reflection in which the learner is able to describe a problem after encountering an event. Process reflection (which describes the "how") is a higher level of reflection in which the learner is able to identify strategies to address the problem. Lastly, premise reflection (which asks the "why") is the highest level of reflection, leading to critical self-reflection and allowing the learner to achieve the highest form of transformation (Cranton, 1994, 2006). Based on the level of reflection, the student can achieve two types of transformation: straightforward transformation, which occurs when the student engages in content and process reflection; and profound transformation, which occurs when the student engages in premise reflection (Cranton, 1994).

The RPT explains that the student sojourners engage in reflection to explore their sense of self, which allows them to adopt new ways of relating to the home culture and to accept their present identity. This allows them to engage in the process of adjustment in the home country while considering their lives abroad. As per Cranton (1994), profound transformation is achieved when the student engages in deep reflection and acquires emancipatory knowledge. In the RPT, reflection occurs as an ongoing process that takes place as students make sense of their entire reentry experience. Reflection is not a static process and may occur more than once. The completion of a study abroad experience facilitated this facet effectively as students were able to experience work within a different cultural context. A critical assessment of assumptions with reflective reinterpretation occurred through this experience as student sojourners re-examined their views of their own cultures. This process of reflection continued as student sojourners returned to their home country. Being exposed to a different culture and coming back to the home culture prompted students to reconsider and re-evaluate their previous assumptions and to become open to new alternatives, moving away from an ethnocentric view of the world (Lipson & Desantis, 2007). In the RPT, this is addressed as student sojourners compared and contrasted their experiences abroad to their home country and acquired new realizations (as explained in the fourth conceptual category). Students became more aware and open to different perspectives that challenged their prior knowledge and they viewed the world differently.

In addition, the RPT's discussion about the fact that student sojourners seek understanding (second conceptual category) resonates with Cranton's fifth facet, which is

characterized by students' engagement in discourse (Cranton, 1994, 2002). Being able to talk to others about their experience at a deeper level contributes to this process of transformation. The RPT also shares Cranton's (2006) assertion that when students have the opportunity to share their perceptions with others, they have the potential for reaching a higher level of reflection which leads to meaningful transformation.

The RPT's second and third conceptual categories (seeking understanding; making meaningful connections) echo Cranton's sixth and seventh facets. In facet six, students revise their assumptions and perspectives; this can be done individually or with others (Cranton, 2006). Cranton (1994) proposes that student-initiated activities are the best way to achieve this, as the students themselves will be the only ones to know which assumptions must be revised. Cranton (2002) suggests that students engage in discussion groups, professional associations, or other forms of communities in which people are likely to have had experiences similar to theirs, subsequently allowing them to feel comfortable sharing their ideas. In the RPT, student sojourners were able to achieve this by engaging in meaningful conversations with others, including their clinical tutors, their family members, or others with whom they made meaningful connections. Student sojourners also achieved this through the formal forums in which they shared their changed perceptions.

The changes student sojourners in the RPT noticed in themselves—as learners, as new professionals, and as individuals—are congruent with Cranton's seventh and final facet. According to Cranton (2006), this facet occurs when students act on their revised assumptions with a transformed viewpoint. Students must have opportunities to put these new assumptions into practice (Cranton, 2006). In the RPT, it is evident that student

sojourners develop new understandings of others' culture and their own, which supports their effort to practice culturally appropriate care when they return to their home country. Student sojourners' descriptions in terms of their new perspectives suggest that they achieved transformation in their worldview and view of nursing. When students identify what they are doing in terms of a new perspective, it could be said that they have achieved transformation.

In addition to these similarities, the RPT expands on Cranton's (1994, 2006) TLT as it provides other factors that also contribute to a process of transformation as student sojourners experience the process of reentry. These include time and emotions, and the aspect of advocating for themselves (as discussed in chapter 4). Identifying new interests adds to the outcome of transformation and suggests that this process of transformation continues as the reentry process unfolds.

Underscoring the Need for Sharing Experiences in the Process of Adjustment

Student sojourners' varied experiences upon returning to their home country after the study abroad experience prompted a strong desire to share such experiences with others as a way to adjust to being back. Student sojourners' sharing of these experiences informs our need to evaluate, seek, and develop appropriate supports as they reintegrate into their personal lives and nursing practice in Canada. This need for support is closely connected with the changes student sojourners experienced coming back to their home country, realizing that what once was familiar was no longer the same. Given that the RPT explains changes experienced in the reentry process and issues related to adjustment,

it is logical that adjustment theory be explored in comparison to the substantive theory.

Below is a discussion about how cultural adjustment theory relates to the RPT.

Cultural adjustment theory. Cultural adjustment is the psycho-social process focusing on the attitudinal and emotional adjustment of the individual to a new culture (Martin, 1984). It also involves a process in which individuals interpret new social norms and language skills, respond to their surroundings, and interpret non-verbal actions within the new culture (Church, 1982). This adjustment influences students' identity formation while abroad (Adler, 1981). The RPT not only resonates with concepts discussed in the literature about cultural adjustment but also expands upon them in other areas. In order to discuss these similarities and differences, it is important to provide some context about cultural adjustment theory.

Cultural adjustment has been studied in the literature with regards to culture shock and reverse culture shock. Culture shock was investigated originally in 1954 by Kalerbo Oberg, who introduced the term in regards to experiences of anthropologists who found the entrance into another culture “disorienting.” Oberg (1954) then expanded the definition to include “an occupational disease of people who have been suddenly transplanted abroad” (p. 1). Further studies broadened the concept and described culture shock as an “intense, negative affective response, both psychological and physiological, experienced by new expatriates when faced with unfamiliar symbols, roles, relationships, social cognitions, and behavior” (Sussman, 2000, p. 355). Culture shock is usually connected to stress provoked by pleasant or unpleasant stimuli and it requires a process of cultural adjustment (Furnham & Bochner, 1986; Martin, 1984).

Furthermore, the psychosomatic and psychological consequences of the readjustment process to the primary culture refer to what is known as reverse culture shock or reentry shock (Huff, 2001). Gaw (2000) adds that reverse culture shock is “the process of readjusting, re-aculturating, and re-assimilating into one’s home culture after living in a different culture for a significant period of time” (p. 84). These difficulties are often experienced in the initial stage of the adjustment process at home after having lived abroad for some time.

Gullahorn and Gullahorn (1963) proposed a sojourners’ reentry adjustment model that combined both the overseas and reentry portions of the study abroad experience to make the W-curve of cross-cultural adjustment. This model includes five steps during sojourners’ experiences in the host country and four steps during their experiences at home (Table 5.2). The last four steps are part of reverse culture shock.

The RPT resonates with some concepts discussed in the literature about cultural adjustment in the context of reverse culture shock. Researchers argue that the experiences of reverse culture shock are of great importance as the reported stress is higher during reentry into one’s home culture than it is entering the new culture. The affected person often finds this more surprising and difficult to deal with than the original culture shock (Adler, 1981; Gaw, 2000; Gullahorn & Gullahorn, 1963; Huff, 2001; Sussman, 2000). Reverse culture shock can affect anyone who has lived for an extended period of time in another culture and has adapted to that cultural environment, such as study abroad students. It has also been shown that reentry shock often results because of travelers’ lack of anticipation for its effects (Gaw, 2000).

Table 5.2

Components of the W-Curve During a Study Abroad Experience

Host Country

1. Everything is new and interesting
2. Differences become apparent and irritating. Problems occur and frustration sets in.
3. You may feel homesick, depressed and helpless.
4. You develop strategies to cope with difficulties and feelings, make new friends and learn to adapt to the host culture.
5. You accept and embrace cultural differences. You see the host as your new home and don't wish to depart or leave new friends.

Home Country

6. You are excited about returning home
 7. You may feel frustrated, angry or lonely because friends and family don't understand what you experienced and how you changed. You miss the host culture and friends, and may look for ways to return.
 8. You gradually adjust to life at home. Things start to seem more normal and routine again, although not exactly the same.
 9. You incorporate what you have learned and experienced abroad into your new life and career.
-

Note. Adapted from Hoffenburger, Mosier, and Stokes, 1999.

The RPT echoes what was discussed in the literature about reverse culture shock (Gaw, 2000; Sussman, 2000) and expands on the fact that reentry adjustment not only encompasses negative or challenging experiences, including psychosocial difficulties, but also involves positive elements. This is congruent with Adelman's (1988) view that reverse culture shock occurs only when the changes experienced become unsettling to the individual, or when no meaning or coherence are assigned to the experience (p. 185). The RPT then shows that the reentry process cannot be studied solely through a reverse culture shock lens. The reentry process is not linear, as students experience different

aspects of reentry at different points in time and these experiences are triggered by different aspects in the lives of the sojourner.

Also, the RPT adds that student sojourners have distinct experiences upon return as they are influenced by different personal and environmental factors, and the issues experienced in reentry affect student sojourners at more than one point in time. They may experience changes immediately or months after returning. These differences were clearly evident through the experiences of students and alumni alike. Their comments demonstrated that reentry is a continuous process that goes beyond the initial period after returning from the host country.

In conclusion, exploring reentry within the context of a process rather than a specific construct (i.e., cultural identity, transition, reentry shock, or transformation) helps to explain how student sojourners are transformed as individuals, students, and soon to become professionals, and how to facilitate this transition upon their return.

CHAPTER SIX: CONCLUSION

This chapter discusses the study's contributions to the literature, the study's strengths and limitations, as well as its recommendations for education, nursing practice, policy, and future research.

Contribution to the Literature

This study adds to the existing literature on global health education and more specifically on undergraduate nursing education. It is important to acknowledge that reentry refers not only to the immediate time after returning, but also to the experiences that extend beyond the immediate time of return. Although other studies have explored before-and-after experiences, the transition of post-return reentry within the context of a process has not been explored. This study contributes to the literature as it documents reentry as a process and explains how experiences before, during, and after also affect how students process their experience overseas and how they are impacted when they return. In addition, this study provides a new insight in regards to the complexity and duration of the reentry process. The results and the development of this study may be transferrable to other under resourced practice areas in Canada. Faculty's awareness of students' needs will certainly contribute to the support offered not only abroad but also when students return to complete their studies in the home country.

Strengths of the Study

The strengths of the study are its methodology, the depth and quality of information, and the knowledge of the researcher.

Methodology

As a researcher, the use of CGT enabled me to be embedded in the entire research process. This methodology also fostered a deep exploration of changes and events that occurred in study participants' reentry and also allowed me to explore this concept as a process. The in-depth interviews allowed me to listen to participants' stories and explore issues in a more comprehensive manner. The range of participants (students, alumni, and faculty) ensured different perspectives from key informants, adding to the richness of the study.

Also, the use of the constant comparative method ensured that participants' voices directly informed the development of the RPT, and the method also guided the comparison of data at different stages of the research process. The method's analysis process and reflective approach were conducive for in-depth exploration of issues regarding reentry. This in-depth exploration of the concept of reentry allowed me not only to validate what was already found in the literature but also to expand upon those findings and to provide new factors and features that were not previously explored.

Depth and Quality of Information

Several excerpts from the data depict factors that participants deemed relevant to their process of reentry. Since alumni and student participants were from two different graduating classes, the information they provided stemmed from different times and provided perspectives of reentry for a period longer than 2 to 3 months and up to a year after reentry. In addition, almost all regions of the world were represented by participants' experiences in this study.

Although some of the information was retrospective, the study captured participants' current perceptions of their reentry at the time interviews were conducted. Since the period of reentry coincided with the last few months of the students' lives in university, study participants were able to discuss their perceptions about how the aspects of their lives as individuals, as students, and as soon to become professionals were shaped by the reentry process.

This recent recall from student participants provided an opportunity to have information about the immediate experience of reentry, whereas information from alumni corroborated the idea that even though they were sharing their experiences after being back for a year, they still made connections between their experiences abroad and their current experiences being back in Canada. This vivid recollection of alumni participants speaks to the depth of experiences shared by alumni and the enduring legacy of the study abroad experience even a year later. Faculty participants also contributed to the depth and quality of information as they corroborated the statements shared by student and alumni participants.

Researcher Knowledge

My personal knowledge about global health education and experience teaching nursing students who pursue global health education opportunities allowed me to design the study and be attentive to subtle changes in wording. My use of reflection as part of the research process and my continuous discussions with my thesis supervisor and committee members allowed me to manage potential biases stemming from my expertise and knowledge of global health. In addition to reflections, the inclusion of faculty and students

from two cohorts enhanced the confirmability, trustworthiness, and credibility of the findings, thus promoting the integrity of the study. Through memos, my perspectives were expanded and continued to evolve, which is explained further in Appendix B.

Limitations of the Study

The limitations of the study were related to the type of participants, the participants' demographics, and the single program of study.

Select Group of Participants

Student and alumni participants in this study were part of a select group and may not be representative of the entire nursing student body. Although the opportunity to have global health clinical experiences is open to all students in the senior years, students must adhere to a rigorous application and selection process in order to be eligible for these experiences. Appendix C provides further information about the application criteria and the preparation required by students. Students who apply for these clinical opportunities must achieve a specific level of academic performance to be eligible, and must have financial means to travel and live abroad for an entire semester. Hence, due to these factors, the number of students travelling abroad is small, thus explaining why the number of available participants for this study was limited.

Participants' Demographics

All student and alumni participants were female, and faculty included one male participant. Based on statements shared by student and alumni participants about their experiences with gender differences in the host country, male participants perhaps would have had a different experience. Also, the majority of participants were Caucasian (18/20).

Students with different ethnic backgrounds were not highly represented. It is possible that students from other ethnic backgrounds and with different cultural perspectives might have had different experiences, which might have contributed differently to their reentry process. A more diverse group of participants could have produced different results.

Single Program of Study

Although data were collected from participants attending a university and two colleges, these three sites belong to a collaborative program that offers a single curriculum across all sites. Each site recruits its own students; they start and finish their studies at the same site. Having participants from programs in different universities could have provided different perspectives.

Study Recommendations

The findings of this study propose recommendations for education, practice, policy, and research.

Recommendations for Education

Recommendations for education are centred on student sojourners, faculty, and curriculum.

Recommendations for student sojourners. Recommendations for student sojourners target the types of support that will help students in their reentry process. These supports include faculty support as well as support from peers, family, and friends.

Faculty support for student sojourners. It may be beneficial to identify faculty mentors who can support students throughout their reentry process. This could be done through structured meetings during students' remaining time in the program once they

return from their study abroad experience. Faculty can also encourage students to engage in reflection. This activity would allow students, particularly those who struggle with being back, to process their experiences in a constructive manner and to make connections between the sojourn phase and their time back home. Faculty members may also provide support to students by suggesting the development of travel logs or personal blogs that might allow student sojourners to share their experiences. In addition, student sojourners may require support for the potentially negative effects of the reentry process.

Peer, family, and friend support for student sojourners. Facilitation of student-to-student sessions would foster continuous peer support inside and outside of the academic setting. These student sessions may also enhance capacity building in the student body as former global health students could provide support to future student sojourners. This support could help future student sojourners prepare for the potential challenges they might experience when coming back. Dissemination of the study findings may help students who are interested in doing placements to understand what to expect when they are overseas, and what to expect when they come back.

For family and friends, learning about findings from the study may give them a sense of what students go through and encourage them to offer students opportunities to talk about their trip. This would promote open conversation and prompt family and friends to be more sympathetic than they already are, thus giving students the support needed to adjust after being in a foreign country for a long period of time. A fact sheet with information that would increase families' and friends' understanding of what student sojourners experience in their reentry process may be helpful.

Recommendations for faculty. These findings suggest that it may be helpful to consider capacity building for faculty who work directly or indirectly with student sojourners. Appropriate preparation of students by expert faculty regarding the reentry process would be beneficial. Faculty expertise not only would create a wider support network for students but also would contribute to the development of faculty in regards to global health education in nursing. It is important to be aware of the negative factors affecting the reentry process and to capitalize on the positive factors in order to support students' reentry process. Awareness of the reentry process will enable faculty to understand what students experience when they are abroad and also when they come back, thus providing them with appropriate tools to support their students. This can also be accomplished by increasing faculty collaboration within programs that offer similar learning opportunities to their students. Faculty training on cross-cultural issues would also facilitate this recommendation and may ensure that students become more effective learners, future practitioners, and global citizens in a multicultural society like Canada.

Recommendations for curriculum. Findings from this study suggest that it may be beneficial to develop formal debriefing sessions and to increase opportunities for immersive global health education experiences.

Develop formal reentry debriefing sessions. Study findings support the need to implement reentry sessions that address the potential experiences students might undergo upon return. Formal reentry debriefing sessions would give students the opportunity to share their experiences under the guidance of a faculty member with expertise in the area and to learn from other students who have gone through the same experiences. These

sessions would include meetings with faculty knowledgeable about global health education who understand the context of students' study abroad experiences. These meetings could start immediately after their return, and then again 2 or 3 months later, before they finish their last semester. In addition, it may be important to consider using existing student resources such as student advisors, provided that the latter are aware and informed about the area and are able to properly address students' needs. Through this contribution, the RPT may inform future practice of educators supporting students' personal and clinical experiences in resource-limited settings.

Increase opportunities for immersive global health education experiences. In this study, student sojourners stated they gained a broader perspective about cross-cultural as well as sociopolitical issues that impact the health of individuals. These global health education experiences have potential benefits to students as they become more aware of the cultural factors in the care of their patients and the needs of underserved populations locally and globally. The exposure to different health care systems also enables students to have a different perspective about the Canadian health care system. Therefore, undergraduate programs may consider exploring opportunities to support an increase in the number of immersive global health clinical experiences, specifically in resource-limited settings. This may also include consideration for financial support for students interested in pursuing such experiences.

Similarly, findings from this study may be transferrable to students who are not able to travel to international resource-limited settings, but who may wish to experience an immersive clinical experience in similar settings in Canada. Considering the

exploration of immersive clinical experiences in resource-limited settings within Canada not only may allow students an opportunity to live and work within resource-limited (underserved) communities but also would increase the opportunities for students who, due to financial reasons, are not able to pursue an international global health immersive clinical experience. This recommendation may also address the need to ensure students' understanding of cultural factors impacting the health of populations.

Recommendations for Nursing Practice

Clinical preparation of students within a global health context. Findings from this study recommend that nursing programs considering opportunities for cultural immersion experiences need to have a good understanding of students' reentry process. Similarly, considering these types of immersive experiences would contribute to students' increased cultural awareness. However, the preparation of nursing students should not be limited to those who undergo a global health clinical experience; it should also be offered to students in the main stream. Nursing programs may consider strategies to increase students' awareness of health care systems and determinants of health affecting populations not only in Canada but also around the world. This approach may enhance the care students provide to patients when they return to their home countries or when they care for patients who are not from Canada. Even though students might get such content from a theoretical course, being able to experience these issues in person not only reinforces what was previously learned but also provides further insight.

The consideration of this type of preparation would also support students' professional development as they enter the workforce after graduation and may facilitate

a greater global understanding of health. Since Canada is a multicultural country, nurses care for patients from different cultures, and having experienced an immersive international global health clinical placement and having undergone reentry may change student nurses' perspectives in relation to their future practice. These experiences likely enhance awareness of cultural differences and emphasize the importance of considering culture when providing care.

Recommendations for Policy

Findings from this study suggest that it may be beneficial to consider further development of nursing competencies and standards in relation to undergraduate global health education. These competencies may ensure that all programs sending students for immersive clinical experiences in resource-limited settings are aware of study abroad experiences' impact on the reentry process and may facilitate the implementation of support policies for international student programs.

Further develop competencies and standards in relation to global health education. Since the College of Nurses of Ontario (2014) supports the integration of global health education as part of the entry-to-practice competencies, further development of competencies and standards of practice for students in global health should be considered when global health training opportunities include study abroad experiences or experiences in other resource-limited settings in Canada. It is important that students meet these competencies whether they practice abroad or in Canada.

Increase international nursing organizations’ awareness of study abroad experiences’ impact on the reentry process. International organizations such as the International Council of Nursing may be appraised of the impact that study abroad experiences have on the reentry process of students and recent graduates. This awareness might foster the development of globally applicable guidelines that would ensure nursing students receive appropriate preparation and support to mitigate harm for the student and others. Similarly, further work to support the existing GH competencies for practicing nurses developed by Wilson et al. (2012) could be conducted in order to address undergraduate nursing students’ practice as well as the reentry component of the global health experience.

Implement support policies for international student programs. This study found close connections between students’ experience abroad and their reentry; for that reason, it is recommended that academic institutions consider the inclusion of factors such as faculty and curricular support in their policies for international study programs. Canadian academic institutions may introduce policies to provide support for visiting students as they study in Canada and as they prepare to return to their home countries. This proactive approach would expand faculty members’ role in supporting not only the sojourners but also the visiting students who might experience learning in a different context, and would help the latter to make comparisons and draw inferences from their experiences.

Recommendations for Future Research

Findings from this study recommend continued research in global health education within a local context, expanded research on global health reentry, and refinement of the RPT.

Continue research in global health education within a local context. This study adds to the body of literature of student immersion experiences in general, and more specifically for nursing students. Although the literature review indicates research is being undertaken in the area of reentry, there is still limited information pertaining to the nursing field, particularly in Canada. Continued research within a Canadian context that considers reentry as a process and factors unique not only to nursing students but also to undergraduate students in other health care programs is recommended.

Expand research on global health reentry and refine the RPT. Future research should investigate experiences of students from more than one school of nursing, and consider the different approaches they have in relation to study abroad experiences. Comparing and contrasting their reentry experiences and exploring the study abroad experiences in high-income and low/middle-income countries also is recommended. Exploration of the reentry experience as a process considering students' length of stay in the host setting also should be considered. Moreover, this could be expanded to an inter-professional study comparing reentry experiences of students from other health care professions and other practice disciplines.

It would also be useful to explore the lasting impact of reentry in terms of personal and professional development as well as the role of faculty and other support

systems with the reentry process. This study only looked at the experience of students 2-3 months and up to year after their return to Canada. Individuals who had been back more than a year after their global health experience may still experience changes related to reentry. Extending this study to international nursing students attending Canadian universities and exploring their reentry experiences back home may also be further explored.

Moreover, the RPT should be tested further in another student population, perhaps students in Canadian resource-limited settings, such as in outreach and under-resourced communities. Possible development and test of tools to assess students' perceptions of reentry should be considered as future research foci. An exploration of the experiences of students who stay in Canada to complete their placements and those who travel abroad in relation to changes in their personal and professional perceptions is recommended. Comparisons could also be done in relation to cultural awareness and understanding of patient care after nursing students' first clinical placement in their final year of undergraduate studies. Also, a secondary analysis of the data from this study is planned in order to explore issues about pre-departure training and what is particularly helpful in order to prepare students for reentry once they complete a global health clinical placement.

Conclusion

This study adds to the body of literature on global health education experiences in general and for BScN students in particular. Although the reentry literature is growing, it is still an area that requires further exploration in nursing, because of the intimate

connections and relationships nurses have with the people, families, and communities for whom they care. Nursing students' exposure to the reality of people's lives in resource-limited settings means they become familiar with the needs encountered by their patients on a daily basis.

Viewing reentry not only as a phase of the global health clinical experience but also as a construct that follows a process, provides a deeper understanding of the different factors that need to be considered when supporting students upon return to their home country. This study's methodology played a very important role in the deep exploration of issues and in capturing processes co-constructed directly by the participants. The RPT underscores the need to explore student experiences in depth and to appreciate the growth they experience as well as the challenges and facilitators that are part of their entire journey. The RPT is aligned with other theories discussed in the literature and explains factors such as time, reflection, and external aspects that impact the reentry process. Having a clear understanding of these issues will be beneficial for future student sojourners as well as for local students and academic institutions. The possibility to use these study findings in local–global health immersion experiences in resource-limited settings will also be beneficial. In summary, students who undergo a learning experience in a resource-limited international setting require support and understanding; they bring a wealth of knowledge that will help them in their future careers in health care.

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Appendix A

Outline of Predeparture Session

McMaster, Conestoga, Mohawk Global Health Predeparture Workshop

Thursday April 9, 2015

9:00 to 4:00

McMaster University Room HSC 4N50

Topic
Morning Focus: Planning for Your Course & Placement
Orientation to Professional Practice Logistics of GH clinical Orientation to Global Health Resources Website
Meet your tutor
Staying Safe During Your Placement
Understanding the Experience of Culture Shock & Reverse culture shock
Student Panel: Practical Advice from Nepal, Zambia, & New Zealand
Afternoon Focus: Providing Professional Nursing Care to Your Placement Population
Ethics and Global Health
Determining Your Scope of Practice: McMaster Model & Decision Tree
Developing Required Skills & Competencies: Skills Self-Assessment
Completion of Paper Work & Forms

Appendix B

Position of Researcher in the Current Study

In my role as instructor of a theoretical course on global health issues, and in my experience as clinical tutor for students who complete a clinical placement abroad, I had the opportunity to learn much about the experiences of students before they travel, during their study abroad experience, and when they return to Canada. Understanding the processes students go through as they embark on this journey was vital in order to provide appropriate support and guidance not only to student sojourners but also to those planning to take on these experiences.

My preconceived notions of reentry before this study were guided by my experience working closely with student sojourners and my personal experience as an immigrant. In my role as an educator, I noticed how students struggled returning back from a resource-limited setting and how much they wanted to share their experiences with me and with other faculty members. These interactions with students prompted me to explore the issue of reentry in greater depth. I wanted to see if what I thought about reentry, including the factors that impact these experiences, were indeed correct and also to discover if there were other factors that I needed to consider in order to support my students. Also, being an immigrant myself and having experienced reentry gave me a perspective of what it is like to be back in one's home country and how difficult it is to feel "at home" again. Sharing my personal experiences with students about reentry (prior to the study) aided in developing meaningful dialogue with students as they felt they could relate to what I was sharing with them. I believe this study's focus on the process of reentry through the discussion of students' experiences gave students the opportunity to share their experiences with someone willing to listen. Perhaps this is also a reason why it was easy to recruit for the study.

The perceptions I had about reentry prior to the study continued to develop as I engaged in continuous reflection and through my engagement with the data. After conducting the study, I more clearly understood that reentry occurs as a process; it is not only about what happens upon return to the home country but also about how individuals' experiences are impacted by what happens abroad. As an educator, this new knowledge about reentry will allow me to consider potential interventions for future encounters with students and also will enable me to give a voice to those students through my discourse with other colleagues.

Appendix C

Content of Mandatory Course

UNIT	TOPIC
1	Introduction to the course and to the study of Global Health
2	Empirical concepts for global health
3	Conceptual frameworks for global health: Development and Social Justice
4	Conceptual frameworks for global health: Primary Health Care and moving beyond the Millennium Development Goals
5	Conceptual frameworks for global health: Capacity Building and Sustainability
6	Conceptual frameworks for global health: Identity & Health
7	Conceptual frameworks for global health: The role of Foreign Aid & NGOs in Global Health
8	Priority Populations: Indigenous Peoples
9	Priority Populations: Migrants and Refugees
10	Priority Populations: Women & Children
11	Participating in Global Health Projects
12	Integration of concepts

Global Health Placement Selection Requirements

Steps	Descriptions
<i>Letter of Intent (LOI)</i>	<ul style="list-style-type: none"> • 3-page limit, 1" margins, 10- point font, single-spaced, in the signature area, include your name, site, McMaster student number and McMaster e-mail address. • Letter should be addressed to GHEC chair and cc: Global Health Education Committee & clinical coordinator • Describe your two main learning goals. <p style="text-align: center;">Indicate the following:</p> <ul style="list-style-type: none"> • Your geographic preference (country or region) and why. • Your knowledge of the setting you are visiting, i.e. geography, history, demographics, health care system, priority health care issues, role of nursing. • Your clinical focus, i.e. community or other as well as the type of population you may care for (i.e. adult, pediatric, women, etc.) and why. • Your language skills if relevant to the language of care. <p>Note: If you are going to a Latin American country, you must be fluent in the language of care (i.e. Spanish).</p> <ul style="list-style-type: none"> • Your knowledge of the nursing profession in the country or role of the nurse in the clinical setting. • How will this placement differ from a placement in Southern Ontario? • Indicate which term you plan on completing your placement (summer or fall). <p>Submit The Global Health Clinical Preparation Checklist (under the “forms” section).</p>
The Interview	<p>In preparation for the interview, review your LOI and consider the following:</p> <ul style="list-style-type: none"> • your understanding of BScN curriculum • the SON philosophy of learning and N4J07 course aims as they relate to your planned practice placement (under the “multimedia” section) • the challenges of being placed in your planned setting. • your personal attributes for success, including interpersonal, problem-solving, group skills, etc.

Academic Record	<p>All applicants should normally fulfill the following pre-requisites:</p> <ul style="list-style-type: none"> • Successful completion of HTH SCI 2RR3 • Successful completion of Level 3 (including elective courses) • Successful completion of N4H03: Introduction to Issues in Global Health (offered in the Winter Term) • Successful completion of all the BScN program requirements for the Level 4 clinical courses • No 'FAILS' in any clinical courses • Cumulative average of 8.0 in all Level 2 and Term 1 of Level 3
Letters of Reference	<p>For Basic stream students: Letters of reference from clinical tutors (one from Level II and one from Level 3).</p> <p>For Post-RPN stream students: One from a clinical tutor and one from an employer.</p>

Appendix D

Approved Information Sheet and Consent Form



The Reentry Process of BScN Students Following an Immersive Global Health Clinical Placement

Principal Investigator: Iris Mujica, BScN, RN, MSc, PhD (student)

Co-Investigator(s):

Dr. Janet Landeen: landeen@mcmaster.ca, (905) 525-9140, ext. 22709

Dr. Lynn Martin: martl@mcmaster.ca, (905) 525-9140 ext. 22246

Dr. Olive Wahoush: wahousho@mcmaster.ca, (905) 525-9140, ext. 22699

Dear student/alumnus/na

You are invited to take part in a qualitative research study designed to explore nursing students' process of reentry to Canada after having had a global health clinical placement. This study will be conducted to complete the requirement of dissertation as part of my PhD study. Students and alumni will be contacted by Professor Joanna Pierazzo on behalf of Iris Mujica. This is because you have had previous interaction with Iris Mujica in her role as 4H03 course planner and GHEC chair. Professor Pierazzo is not connected with the study, she will only forward this information and if you agree to participate you will connect Iris Mujica directly.

Purpose of the Study

The purpose of this study is to develop a greater understanding of the reentry process that nursing students undergo following an immersive global health clinical placement.

Specifically, the objectives are:

- 1) To understand the process of reentry as nursing students return from a global health clinical placement from the perspective of student as person, student as learner and student as professional.

- 2) To explore the facilitators and barriers students face as they reintegrate back into the student role completing their undergraduate studies and entering the profession of nursing.

Why should I participate?

Findings from this study will inform educators about what students having a global health clinical placement go through as they return to school and prepare to graduate and enter the workforce. Knowledge of this process will aid in the development of supporting strategies to facilitate the reentry of students returning to Canada as persons, learners and professionals.

What will happen during the study?

You will be asked to participate in a 60 minute semi structured interview. During this time you will complete a brief demographic questionnaire and answer questions about your global health clinical placement. You will also be contacted later in the study to validate the data obtained in this interview. The second interview will take between 30-60 minutes.

Are there any risks to doing this study?

You should be aware that there are minimal risks involved in participating in this study. You may feel uncomfortable, anxious or uneasy when recalling some experiences. The Principal investigator (Iris Mujica) has participated in decisions about who had a global health placement and may have taught you in 4H03. In order to ensure that this prior relationship does not impact your decision to participate in the study, another faculty member has contacted you about your willingness to be a participant.

Are there any benefits to doing this study?

You will get no direct benefit from being part of this study. The information you provide may help support future students with similar experiences and might inform curricular changes.

Are there any costs or payments involved?

There is no cost associated with your participation in this study. You will receive a gift certificate in recognition of your time in participating in this study. Parking expenses will also be covered for travel to McMaster University if necessary.

Confidentiality: How will information about me be kept private and confidential?

Your participation in this study will remain confidential. Your name or any information that would allow you to be identified will not be used in this study. Names of participants will be separated from the completed demographic form and the results of the study. i.e.

if you provide specific information about yourself that may be recognizable, it will be modified to prevent any recognition.

All study related files will also be kept in a locked cabinet in the Health Sciences building. Only members of the research team (Iris Mujica, Dr. Landeen, Dr. Martin, Dr. Wahoush).will have access to data during the study period.

What if I change my mind about being in the study?

Your participation in this study is voluntary. It is your choice to be part of the study or not. If you decide to participate in this study, any information you provide may be used in the study. If you decide at any time that you wish to withdraw from the study, you are free to do so without any penalty and this will not affect your status as a student or graduate of the program. furthermore, you are also free to refuse to answer any questions during the interview. You can communicate your decision of withdrawal to the principal investigator (Iris Mujica) by any means you choose, i.e. e-mail, phone (ext. 24730) or verbal communication.

How do I find out what was learned in this study?

This study will improve our understanding of the reentry process of students completing a global health clinical placement. The findings will be shared with other health care professionals and faculty through nursing and educational publications and faculty development. If you are interested in the results of the study after the study is completed in 2014, please contact the principal investigator and a summary of the study findings will be available for you.



The Reentry Process of BScN Students Following an Immersive Global Health Clinical Placement

Principal Investigator: Iris Mujica, BScN, RN, MSc, PhD (student)

Dr. Janet Landeen (study supervisor) Dr. Lynn Martin Dr. Olive Wahoush (study committee members).

If you have questions or require more information about the study itself. Please contact me at: mujicai@mcmaster.ca, or you may contact any of the co-investigators:

Dr. Janet Landeen: landeen@mcmaster.ca, (905) 525-9140, ext. 22709

Dr. Lynn Martin: martl@mcmaster.ca, (905) 525-9140 ext. 22246

Dr. Olive Wahoush: wahousho@mcmaster.ca , (905) 525-9140, ext. 22699

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HIREB at 905.521.2100 x 42013.

CONSENT

I have read the information presented in the information letter about a study being conducted by Iris Mujica of McMaster University. I have had the opportunity to freely ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any time and this will not affect my status as student or graduate from the

program. I have been given a copy of this form. I agree to participate in the study. I agree that my responses may be used to answer additional research questions.

1. I agree that the interview can be audio recorded. Yes No

2. I would like to receive a summary of the study's results. Yes No

If yes, where would you like the results sent:

Email: _____

Mailing address: _____

3. I agree to be contacted about future research and

I understand that I can always decline the request. Yes No

Please contact me at: _____

Name of Participant (Printed)

Signature

Date

Consent form explained in person by:

Name and Role (Printed)

Signature

Date

Demographic Data

In order to keep your privacy, select a word that you might want to be identified by. This will be your participate code. Some suggestions are, mother's middle name, favorite pet's name, etc.

Student code:_____

Date of interview:

Age:_____ Gender: _____

Stream:

RPN to BScN _____

BScN __ __

Site:

McMaster _____ Mohawk _____ Conestoga _____

First time travel abroad? Yes _____ No __ _____

If no, please provide information about:

Place visited _____

Reason for travel (i.e. work, study, pleasure) __ _____

Length of stay in previous experience abroad: _____

Do you speak a foreign language? Yes____ No____

If yes, is this the same as the country of travel? Yes____No _____

Name of setting you visited for clinical experience:_____

Type of clinical experience you had (acute, community, etc.)-

Length of stay in clinical placement? _____



Information Sheet and Consent Form

The Reentry Process of BScN Students Following an Immersive Global Health Clinical Placement

Principal Investigator: Iris Mujica, BScN, RN, MSc, PhD (student)

Co-Investigator(s):

Dr. Janet Landeen: landeen@mcmaster.ca, (905) 525-9140, ext. 22709

Dr. Lynn Martin: martl@mcmaster.ca, (905) 525-9140 ext. 22246

Dr. Olive Wahoush: wahousho@mcmaster.ca , (905) 525-9140, ext. 22699

Dear faculty member:

You are invited to take part in a qualitative research study designed to explore nursing students' process of reentry to Canada after having had a global health clinical placement. This study will be conducted to complete the requirement of dissertation as part of my PhD study. you are being invited to participate in this study as you had the opportunity to work with global health students during their global health placements and have the opportunity to interact with them once they were back in Canada. .

Purpose of the Study

The purpose of this study is to develop a greater understanding of the reentry process that nursing students undergo following an immersive global health clinical placement.

Specifically, the objectives are:

- 1) To understand the process of reentry as nursing students return from a global health clinical placement from the perspective of student as person, student as learner and student as professional.

- 2) To explore the facilitators and barriers students face as they reintegrate back into the student role completing their undergraduate studies and entering the profession of nursing.

Why should I participate?

Findings from this study will inform educators about what students having a global health clinical placement go through as they return to school and prepare to graduate and enter the workforce. Knowledge of this process will aid in the development of supporting strategies to facilitate the reentry of students returning to Canada as persons, learners and professionals. Your participation will be valuable as you could provide relevant data about your students' reentry process.

What will happen during the study?

You will be asked to participate in a 60 minute semi structured interview. You will also be contacted later in the study to validate the data obtained in this interview. The second interview will take between 30-60 minutes.

Are there any risks to doing this study?

You should be aware that there are minimal risks involved in participating in this study. You may feel uncomfortable, anxious or uneasy when recalling some experiences that your students shared with you.

Are there any benefits to doing this study?

You will get no direct benefit from being part of this study. The information you provide may help support future students with similar experiences and might inform curricular changes.

Are there any costs or payments involved?

There is no cost associated with your participation in this study. You will receive a gift certificate in recognition of your time in participating in this study. you will receive the gift certificate even if you choose to withdraw from the study.

Confidentiality: How will information about me be kept private and confidential?

Your participation in this study will remain confidential. Your name or any information that would allow you to be identified will not be used in this study. If you provide specific information about yourself that may be recognizable, it will be modified to prevent any recognition.

All study related files will also be kept in a locked cabinet in the Health Sciences building. Only members of the research team (Iris Mujica, Dr. Landeen, Dr. Martin, Dr. Wahoush).will have access to data during the study period.

What if I change my mind about being in the study?

Your participation in this study is voluntary. It is your choice to be part of the study or not. If you decide to participate in this study, any information you provide may be used in the study. If you decide at any time that you wish to withdraw from the study, you are free to do so without any penalty and this will not affect your status as faculty member in the program. Furthermore, you are also free to refuse to answer any questions during the interview. You can communicate your decision of withdrawal to the principal investigator (Iris Mujica) by any means you choose, i.e. e-mail, phone (ext. 24730) or verbal communication.

How do I find out what was learned in this study?

This study will improve our understanding of the reentry process of students completing a global health clinical placement. The findings will be shared with other health care professionals and faculty through nursing and educational publications and faculty development. If you are interested in the results of the study after the study is completed in 2014, please contact the principal investigator and a summary of the study findings will be available for you.



The Reentry Process of BScN Students Following an Immersive Global Health Clinical Placement

Principal Investigator: Iris Mujica, BScN, RN, MSc, PhD (student)

Dr. Janet Landeen (study supervisor) Dr. Lynn Martin Dr. Olive Wahoush (study committee members).

If you have questions or require more information about the study itself. Please contact me at: mujicai@mcmaster.ca, or you may contact any of the co-investigators:

Dr. Janet Landeen: landeen@mcmaster.ca, (905) 525-9140, ext. 22709

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This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HIREB at 905.521.2100 x 42013.

CONSENT

I have read the information presented in the information letter about a study being conducted by Iris Mujica of McMaster University. I have had the opportunity to freely ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any time and this will not affect my status in the program. I have been given

a copy of this form. I agree to participate in the study. I agree that my responses may be used to answer additional research questions.

1. *I agree that the interview can be audio recorded.* Yes No

2. *I would like to receive a summary of the study's results.* Yes No

If yes, where would you like the results sent:

Email: _____

Mailing address: _____

3. *I agree to be contacted about future research and*

I understand that I can always decline the request. Yes No

Please contact me at: _____

Name of Participant (Printed)

Signature

Date

Consent form explained in person by:

Name and Role (Printed)

Signature

Date

Appendix E

Sample Interview Guide

Dear student, Alumnus/na

Thank you for your time and your willingness to participate. As you agreed in the consent form, you will be asked a few questions that will deal with your experiences while taking a clinical course abroad and upon your return to your home country and re-integrating to your school duties. The purpose of these questions is to have a better understanding of what you experienced throughout this journey.

1. I want to understand the context of your experience,
 - a. Was this the first time travelling outside of the Hamilton/south/central Ontario area? What was it like?
 - b. Where did you go? What was it like?
 - c. How would you describe the person you were then?
2. I want you to remember back to the time you knew you were returning to Canada
 - a. Can you tell me about that period of time? What were your thoughts and feelings?
 - b. what was it like leaving
3. Now let's talk about the first week after you returned to Canada.
 - a. Can you tell me about that period of time?
 - b. What was it like being back in Canada
 - c. What were your thoughts?
 - d. What was it like being back with family and friends?
 - e. Have you noticed any differences in your relationships with peers/with family when you returned?
4. Now thinking forward, tell me what was it like returning to school after having studied abroad?
5. How has this experience impacted you as a learner, when you are in class?
 - a. What was it like going into your next clinical placement in Canada?
 - b. What were your perceptions of the clinical setting?
 - c. What were your perceptions of your nursing practice?
6. How is this experience shaping your role as a future nurse?
7. How would you describe the person you are now? What most contributed to that change?
 1. Were there factors that facilitated your process of reentry?
 2. Were there factors that hindered your process of reentry?

Dear faculty member:

Thank you for your time and your willingness to participate. As you agreed in the consent form, you will be asked a few questions that will deal with your experiences teaching a returning global health student in either the last clinical course or a theoretical course. The purpose of these questions is to have a better understanding of the reentry process of these students as they return from their clinical placement abroad.

Sample Initial Open-ended Questions:

1. I want you to remember back to the time you met with your students after their return from a global health placement
 - a. What was it like seeing these students after an entire semester away?
 - b. What changes did you notice?
2. Have your students shared their perceptions about being back in Canada?
 - a. What did they say?
 - b. Did they discuss their perceptions in their role as a person?
 - i. Their relationship with friends and family?
 - c. Did they discuss their perceptions in their role as a student?
 - i. Their relationship with peers/patients?
 - d. Did they discuss their perceptions in their role as future nurses?
 - i. Their interaction with patients?

Overall, how do you think this experience abroad has impacted your student?

Appendix F

Sample Initial Coding Process: Line by Line

Having interest in learning	Coming to a realization	Identifying differences
<p>I was very open-minded Almost like a sponge just wanting to take in everything</p> <p>I took a huge interest in women's health, which was not something that I really had a huge interest before going there.</p> <p>I think learning about advocacy and learning how to do that in terms of my future as a nurse is important</p> <p>I just don't want to have someone talk to me about it; I want to go experience that. I want to go see that.</p>	<p>This was the first time when you're really on your own. Also in a different country and in a different setting</p> <p>The reality that people could live so close by and people could have different health experiences based on simple things like their income and resources.</p> <p>The moment I left I honestly wish I had more time. I wish I had taken more initiative. I wish I had done more than I did.</p>	<p>Not everyone was interested in what I had to say</p> <p>it was something that I couldn't really pinpoint. It was just a really different feeling with them, that I had come back somehow changed in a way.</p> <p>You walk downtown Toronto and, people are bumping into you, no one holds the door and just little things like that are different.</p> <p>The support Canadians get... There was a lot... like Public Health there was lots of support for mothers and children, and there wasn't lots of support for people back there .</p>

Sample initial focus code for conceptual process of adjusting:

Noticing differences	Experiencing Emotions
<ul style="list-style-type: none"> • Experiencing third world for the first time • Remembering life with not a lot • Encountering challenging situations • Facing the unexpected • Resenting previous learning experiences • Disapproving new reality 	<ul style="list-style-type: none"> • Feeling frustrated by others • Disagreeing with others' actions • Putting self in others' shoes • Being scared of not going back • Reacting to inequalities

Sample Memo

Theoretical Concept	Properties	Memos
Receiving support	<p>From different sources: peer traveller, parents, friends at different times, clinical staff, clinical tutor</p> <p>In different instances: difficult situations, during stay in host setting, during reentry</p> <p>Different causes: problems in clinical, experiencing loneliness, not feeling understood.</p>	<p>This category addresses the impact of others' support and in what circumstances they were mostly needed.</p> <p>Also, this allows exploring the impact of having a peer (for those who travelled) in their reentry process and in what aspect of their life (as person, student or nurse).</p> <p>There were students who went to the same place; but did not know each other from before, exploration of how their experience being back after a few months demonstrated that support was enhanced if the participants were able to develop a friendship while away.</p> <p>For those who were friends before travelling, their experience of receiving support was constant before, during and increased after. Peers because the first source of support upon return as they were able to talk about their experiences while abroad.</p>