International collaboration: A concept model to engage nursing leaders and promote global nursing education partnerships

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Summary This article describes a newly developed, internationally focused concept model, Engaging tomorrow’s international nursing leaders (ETINL). The primary tenets of the ETINL model encourage advocacy, activism, and professional accountability in preparing nursing leadership. The article presents the foundation and application of the ETINL model in providing an on-going forum for student and faculty exploration of global nursing issues. The concept model has been applied in a collaborative partnership between a United States school of nursing and two United Kingdom schools of nursing to create a leadership development course ‘blending web-based learning and mentored experiential travel. This pilot project illustrates the ways alliances between international schools of nursing build nursing leaders who can facilitate global health outcomes.

Introduction

The global nursing profession faces significant challenges that require the action of effective and aware leaders. The complexities of moving the profession forward through issues such as worldwide nursing shortages (Allen, 2008), an international information technology explosion (Elley et al., 2008), and the ever increasing healthcare needs of at-risk populations (McCauley, 2005) offer nurse educators a myriad agenda for action in fostering tomorrow’s nurse leaders. International experience for nursing students presents a powerful and rewarding option in addressing leadership development challenges, both global and domestic. Transcultural opportunities provide students with a valuable perspective on global issues while supporting work experience in diverse settings with often disparate resources.
Many nurse educators have international healthcare experience. These educators often return to teaching duties enriched, motivated, and inspired by what they witnessed. Many feel a responsibility to mentor and pass this learning forward to students in a way that will engage enthusiasm for learning and encourage them to become leaders within the nursing profession. The authors are nurse educators who have participated in international teaching and practice experiences that have shaped their views on leadership development in nursing education. One author’s experience as a consultant in pediatric nursing in South Africa sparked the desire to share other global experiences with students in such a way that the students could envision themselves as participants. This experience led to the creation of the concept model Engaging tomorrow’s international nursing leaders (ETINL). The primary tenets of the ETINL concept model encourage advocacy, activism, and professional accountability in preparing nursing leadership. These interlocking components can be translated into practical and exciting learning pathways for students as entry level nurses.

International collaborative education provides the experiential link between advocacy issues, nursing leadership actions, and ethical accountability (Leppa and Terry, 2004). Drawing from previous experiences with facilitating international collaboration, the authors developed a learning opportunity involving nursing students from the United States (US) and the United Kingdom (UK). The authors applied the tenets of the ETINL concept model in working with these students to increase their understanding of the interplay of advocacy, activism, and professional accountability in leadership development.

**International perspective**

Diversity in healthcare populations and the nursing workforce offers opportunities for culturally sensitive leadership approaches (Gerrish, 2004; Bennet and Holtz, 2008). Nursing education must be culturally attuned in all levels of global leadership preparation (Schim et al., 2005). International nursing collaborations offer unparalleled opportunities for developing culturally aware global leadership skills. These opportunities occur within a vast array of volunteer organizations such as Operation SMILE, Project Hope, and UNICEF. Educational travel groups, such as Ambassador People to People International, offer professional exchanges and collaborative adventures in the global healthcare community. Many programs provide hands-on experience with a perspective on cultural appreciation and unique team communication methods (Lindahl et al., 2008; Kuehn et al., 2005). Professional accountability represents the synthesis of advocacy and activism experiences, and sets the learner on a quest for meaningful involvement in global nursing issues. Today’s nursing educators must engage and strengthen tomorrow’s global nursing leaders.

Examples of international collaborations within nursing education are widespread. For instance, students and instructors from San Francisco State University’s nursing program have traveled to locales including the United Kingdom, Ghana, Thailand, Peru, and Italy to learn from practitioners in those areas about differences in maternity, pediatric, and general care (Perry and Mander, 2005). In another example, nursing faculty from Johns Hopkins University together with the non-profit Haiti Medical Mission program formed a partnership to provide clinical services in Leon, Haiti. In the Haitian partnership, practitioners from the US worked with and learned from Haitian practitioners; Haitian nurses educated the team on cultural issues they would face and informed them of illnesses and treatments common to the area but unfamiliar to the US team (Sloand and Groves, 2005). Additionally, the Honor Society of Nursing, Sigma Theta Tau International offers programs, institutes, and directives to promote mentoring and international leadership skills. The ETINL concept model embodies the purpose of these international partnerships within the concept model’s combined focus on leadership growth and international nursing collaboration (Girot and Enders, 2004; Leh et al., 2004).

**Components of the concept model**

**Advocacy — lessons in empowerment**

Advocacy is essential to nursing intervention (American Nurses Association, 2003). As nurses develop leadership skills, the intricacies of advocacy may challenge their understanding; however, when offered the clinical opportunity to practice the advocacy role, many individuals are reminded of the reasons they chose nursing as a vocation (Bennet, 1984). Nurses recognize the necessity of a parent learning to interpret signs of illness in their newborn and the importance of a dying client’s wishes to be heard (Wilkinson et al., 2008). Whatever the circumstances, developing nursing leaders...
must respond to the needs of at-risk clients and populations (Chinn, 2005).

The role of political advocate often falls to nurses. As Falk-Rafael argues, "nurses practice at the intersection of public policy and personal lives; they are, therefore, ideally situated and morally obligated to include sociopolitical advocacy in their practice" (Falk-Rafael, 2005, p. 222). Advocating for excellence in nursing through political action has direct benefits for client care outcomes and client satisfaction (Smith, 2004). By learning to speak for individuals in need, nurses strengthen their own voices in expressing professional dignity and worth (O’Connor and McIntyre, 2005).

Nursing leadership exemplifies social justice fundamentals inherent to advocacy. The American Nurses Association publishes standards of practice and social policy statements that affirm nursing’s deep roots in social justice on behalf of clients, especially individuals who are economically and educationally disadvantaged or are experiencing healthcare disparities (American Nurses Association, 2003; California Endowment, 2003).

Activism — bridging, learning, and practice

The nursing profession has a legacy of activism, particularly in working to remedy health disparities (Chinn, 2005). Individuals exposed to inequities can become energized leaders in healthcare activism (Reimer Kirkham et al., 2005). Leadership development based on the tenets of advocacy and activism supports not only improvements in client care, but also the evolution of the nursing profession (Phillips and Benner, 1994). Activism means working toward the betterment of conditions for employees within the nursing profession itself (O’Connor and McIntyre, 2005) and testifying before governing bodies on issues vital to nursing (Shirley, 2005). Activism provides transformational learning opportunities that enrich nurse leadership development (Grossman and Valiga, 2000).

Professional accountability — responsibilities and rewards

Professional accountability enables nurse leaders to be self-directed learners, self-disciplined practitioners, and self-reflective evaluators (Schon, 1983). Accountability extends beyond practice settings to prepare “world-citizen change agents” willing and capable to effect global healthcare improvements for the most needy clients (Leininger, 1999).

Effective mentoring is an integral part of cultivating professional accountability. Nurse mentors encourage professional accountability by demonstrating an excellence in caring that extends beyond their immediate circle of patients and encompasses novice nurses (Carroll, 2004; Yonge et al., 2007). Effective mentoring requires the ability to maintain a balance between allowing the learner to experience risks while maintaining their scope of practice (Block et al., 2005). Mentorship occurs in all areas of nursing practice and reflects the communication and caring skills that expert nurses bring to their clients (McCarthy, 2003; van Epps et al., 2006).

Professional accountability represents the synthesis of advocacy and activism experiences, and sets the learner on a quest for meaningful involvement in global nursing issues. Today’s nursing educators must engage and strengthen tomorrow’s global nursing leaders.

A pilot project in nursing leadership development — applying the theoretical framework

The challenges of global nursing have advanced the development of the ETINL concept model for building future nursing leaders. This concept model synthesizes the interplay of role modeling and mentorship influences with service, scholarship, and research to facilitate international nursing leadership opportunities. Leadership experiences are evident within a dynamic learning relationship that demonstrates the synergy between advocacy, activism, and professional accountability.

Using the ETINL concept model as a guide, nursing faculty at a University in the southeastern US devised an experiential learning opportunity called nursing: world class to promote global nursing leadership. Entry level nurses (licensed nurses who have not yet completed a Bachelor of Science in Nursing) enrolled in the elective nursing: world class course. They developed cultural insight through learning to apply sound leadership behaviors using web-enhanced learning technologies, collaborative methods, and international travel. The pilot project’s goal was to create a continuing, collaborative relationship between three Universities in the US and the UK in the realms of practice, education, research, and service.

Employing web-based technologies, the US and UK faculty collaborated on combined class discussions. The 15 US students (cohort I) in the course were nurses working to satisfy requirements
for a Bachelor of Science in Nursing (BSN). Having previously completed their basic nursing preparation and successfully met requirements for licensure as a registered nurse (RN), these students represented entry level, "non-traditional" learners. Most students held professional positions of responsibility in acute care, critical care, maternal-child health, and community agencies. All students were interested in global health issues, while approximately half had traveled internationally. Participating students at the two UK Universities were a blend of urban, multi-cultural, 20- to 22-year-old University students completing their basic nursing education program and a small cohort of mature, rural, advanced study nurses experienced in specialized, autonomous practice. The UK students’ course focused on socio-cultural aspects of chronic illness.

**Nursing: world class** course objectives included discussing current, international nursing challenges; participating in active-learning communities to develop collaborative and creative solutions; and comparing personal and professional perspectives. Participants used reflective journaling to track their progress towards individual and course objectives in nursing leadership development. Strong collaborative threads were woven throughout the course as students communicated online in study groups, designed presentations, and joined mutual course discussions during the travel component.

The service learning opportunity enabled the US participants to develop educational programs for their domestic and international peers. The US participants prepared presentations on relevant nursing issues for their UK peers. Following the international travel portion of the course, the US students designed a continuing education (CE) program for community nurses in the US that highlighted international learning experiences.

Throughout the course, the components of the ETINL concept model provided a basis for acquiring effective leadership skills. Students gained awareness of global nursing issues (advocacy), presented research on topics of common interest (activism), and contributed a continuing education workshop based on their experiences (professional accountability).

**Initial outcomes**

In 2008, the authors shared preliminary project outcomes at US and international nursing education conferences. While learning outcomes of international collaboration, advocacy, activism, and professional accountability are difficult to fully quantify, qualitative instruments provided the means for pilot project measurement. Evaluation of student progress was measured through reflective journals, group discussions, a post-travel survey, presentation of a continuing education program, and a final examination reflective essay detailing their progress in leadership development. Themes of cultural awareness, the impact of politics on healthcare provision, and similarities in nursing issues in the US and the UK appeared in students’ written and oral responses. Overall, responses revealed growth in leadership competencies including improved communication skills and increased self-confidence. As evidence of participants’ professional and personal growth during the course, several US students were inducted into the Honor Society of Nursing, Sigma Theta Tau International following the project’s completion.

By promoting socio-cultural learning, program participants experienced a heightened sense of professional and personal nursing community. They recognized similarities between their academic and practice environments, and commented on the benefits gained from sharing nursing experiences outside the formal classroom encounter. Exchanges of laughter and email addresses following the class gave evidence to the connectedness of nurses on both sides of the Atlantic.

Participants became adept at teamwork across boundaries of time and physical space. UK faculty and students expressed eagerness to continue this learning experience through reciprocal visits to the US. In course evaluations, US participants’ comments ranged from describing the course as “an enlightening and enjoyable learning experience” to statements calling the experience a “highlight” of their nursing education. In post-travel surveys, the US students unanimously agreed that the nursing: world class course had enriched their leadership skills and broadened their perspectives of global nursing issues.

**Perspectives on teaching and learning: nursing leadership development**

The ETINL concept model demonstrates versatility in its application to learning modalities, teaching strategies, and international leadership experiences. Using the ETINL concept model, students bridge leadership theory to their nursing practice in a dynamic yet structured way.
The concept model provides a framework for designing individual student assignments and group learning opportunities. Recent examples from the US institution involved in the pilot project include student-designed “teaching notebooks” that address health-related educational needs of parents of pediatric patients. Students chose current child healthcare topics (advocacy), designed bi-lingual, culturally appropriate education materials (activism), and donated their work to community clinical sites for use by parents and agency staff (professional accountability). Creative projects foster leadership skills and enable students to gain knowledge of, and experience in, developing educational materials while supporting resource-scarce clinical agencies. The ability to produce culturally effective, accurate, and economically feasible health educational materials is a welcome skill in many community nursing settings.

The ETINL concept model likewise provides guidance in designing innovative group projects. An example of such an endeavor is a course project done by students in the US institution’s pre-licensure nursing program. Students explored topics on global child health. One student group chose the topic of “child soldiers” and designed a world geography poster showing localities where children are currently used as soldiers and a resource guide providing further information on the issue. Students presented the project at an annual undergraduate research symposium, an action that embodied the three concepts of advocacy, activism, and professional accountability.

During their investigation of children and violence, students commented on the success of the active-learning, group project. One student stated, “This was a lot more work than doing our own (individual) projects, but we learned so much more and felt like we made a difference in educating the University community on this important pediatric issue.” Leadership skills inherent in the project included fostering positive group dynamics, coordinating tasks, giving a presentation, and developing information resources.

The ETINL concept model is applicable in non-traditional (outside the regular classroom structure) teaching and learning environments. For example, nursing faculty used the ETINL concept model to guide the learning experience of an undergraduate US nursing student engaged in an independent study project. Following a challenging clinical placement in a medical office that specialized in forensic nursing interventions (advocacy), the student wanted to learn more about child abuse prevention and to “do something” (activism) to promote the nursing community’s awareness of the issue (professional accountability). The student reviewed relevant literature to find an assessment tool for primary care providers to use in pediatric healthcare settings. The student then surveyed advanced practice nurse practitioner students on their impressions of the tool as an aid in routine client assessments. Following the review process, the student presented her work at a national pediatric nursing conference.

Lessons in leadership development for this student were numerous throughout her year-long project. At the project’s end the student remarked, “It was interesting to learn the process from beginning to end, and most importantly, to feel I had a successful impact on a subject I hope to continue to pursue as a graduate student.” For this student, the ETINL concept model provided a comprehensive guide for moving from advocacy and activism for a chosen topic to promoting professional accountability by sharing her findings with the nursing community at the conference.

As a teaching tool, the ETINL concept model offers a visual method of explaining complex ideas. The triangular concept model (Fig. 1) provides a way to connect theory to practice for most visual learners. Each side of the concept model represents an equally important and interconnected part of the whole. Together, the three sides illustrate the dynamic nature of the central goal.

Other elements can be substituted for the core components to make both simple and complex conceptual diagrams. In lecture classes, faculty may use this conceptual design to provide a map of content material and to encourage students to make links in critical thinking during discussions. For example, in the clinical setting, this design allows students to document the interdependence of body—mind—spirit as demonstrated by the nursing roles of provider of direct (physiologic) care, educator (health promotion and maintenance),

![Figure 1](https://example.com/etinl_concept_model.png)

**Advocacy**

*Experience, Recruit, the Best Evidence, Engaging*

**Activism**

*Tomorrow’s Global Leaders, Building International Nursing Partnerships, Scholarship, Internship*

**Professional Accountability**

*Service, Leadership, Research*
and supporter of spiritual aspects (psychosocial-cultural). Students may use the ETINL concept model to document their leadership development by connecting successful learning activities to core concepts in the self-evaluation process.

Limitations, recommendations, and future directions

Several factors currently limit the applicability of findings from the nursing: world class course. The original US cohort was comparatively small (15 students and their instructors) and homogenous (predominantly female and Caucasian). Due to technological challenges, the UK student cohort had limited opportunities to contribute to project evaluation and outcome data. Plans to continue this collaborative project include addressing these limitations and then ushering in a second cohort of US and UK students and faculty.

To refine the ETINL concept model and increase its usefulness, the authors welcome additional investigation of the concept model’s applicability in other teaching and learning activities. Application of the ETINL concept model also suggests further research in areas including:

- How can international immersion impact the development of leadership for entry level nurses?
- How can the ETINL concept model be strengthened by application in graduate nursing education?
- How can the ETINL concept model better include differing world views on health and nursing leadership?

Developing nursing leaders for the twenty-first century requires a multi-dimensional view that encompasses professional renewal, cultural challenge, and a re-evaluation of nursing’s very essence. Tomorrow’s nursing leaders must embrace their evolving roles as advocates, activists, and professionals accountable to not only their peers and their profession, but also the world. The ETINL concept model provides a means to connect the vital elements of advocacy, activism, and professional accountability to the central goal of creating and sustaining nursing leaders.

Conflict of interest

There is no conflict of interest for any of the authors.

References

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