QANE AFI | Quality Advancement in Nursing Education
Avancées en formation infirmière

CASN ACESI

Volume 11 | Issue 2 Article 7

"Gaining Perspective": A Photovoice Study of a Circumpolar Experience for Northern Canadian Nursing Students in Northern Norway

Gloria Bott, Aurora College

Pertice Moffitt, Aurora College

Nursing students have a great deal to learn from living and working in new and different environments. In Canada, the importance of educating nurses at the undergraduate level to possess competencies to work in diverse settings has been explicitly recognized (Canadian Council of Registered Nurse Regulators, 2019). It has been well documented for several decades that international learning offers nursing students opportunities for cultural and global awareness alongside professional and personal development (Johnston et al., 2022). More recently, researchers have been evaluating the intended and actual outcomes of international learning opportunities (Trapani & Cassar, 2020).

Against this backdrop, the aim of this qualitative participatory action research (PAR) study using photovoice was to understand the educational experiences of bachelor of science in nursing (BSN) students in Northern Canada who completed a clinical practicum and cultural experience in Northern Norway. Despite anecdotally reported successes of the circumpolar exchange partnership between the Northern Canadian BSN program and two schools of nursing in Northern Norway over nearly 15 years, this was the first formal study of the Canadian nursing students' experiences in Norway. This paper begins with a brief review of the literature on the benefits and challenges of international learning opportunities for nursing students. Following this is background information on the circumpolar exchange partnership. The remainder of the paper details this study's methods and findings. Study limitations as well as implications for future practice and research are also included.

Background

Benefits and Challenges of International Learning Opportunities

The nursing literature over several decades reveals disproportionally positive outcomes for international learning opportunities. In a recent systematic review of 56 studies, Johnston et al. (2022) found that studying abroad for undergraduate nursing and midwifery students from around the world affected their cultural learning (including global awareness), personal growth (particularly life skills, communication, and confidence), and professional development (new knowledge and/or professional skill attainment that may assist in future practice). Since that extensive review, studies have continued to support the value of studying abroad for nursing education (Jarosinski et al., 2024; Johnston et al., 2023, 2024; Nourse, 2022; Sundal & Ulvund, 2023).

Most of the research reporting on the benefits of studying abroad examined nursing students who travelled to countries less wealthy than their own. However, evidence also suggests benefits to nursing students going from one high-income country to another. Maltby et al. (2016) conducted a qualitative study to compare the experiences of 45 fourth-year American baccalaureate nursing students who studied abroad for 3 weeks in either a low-income country (Bangladesh) or a high-income country (the Netherlands). The results of their study suggested that regardless of the country, the participants "changed their world view and developed cultural consciousness" (Maltby et al., 2016, p. 118). Since then, several studies have been conducted about nursing students who went from their home countries in Europe to study abroad in other European countries (Bagnasco et al., 2020; Heiberg et al., 2019; Trapani & Cassar, 2020). These studies lend additional evidence to support cultural learning, personal growth, and professional development of nursing students who travel between high-income countries.

Despite the benefits, studying abroad for nursing students can present challenges. For students who travelled from higher-income to lower-income countries, recent publications have commented on risks to safety (Kosman et al., 2024) and the reinforcement of elitist attitudes (Morgan, 2023). However, looking broadly at experiences across a variety of higher- and lower-income countries, a Canadian publication reported on experiential insights from 35 nursing students who travelled abroad (to Australia,

Finland, South Korea, the Philippines, or Tanzania) between 2008 and 2015 (Dietrich Leurer et al., 2020). The authors determined that the most difficult aspects of study-abroad experiences were cultural adjustment (including language barriers, culture shock, and homesickness); financial burden; meeting placement expectations; and social injustice/inequality (Dietrich Leurer et al., 2020). Language difference is a common barrier in the study-abroad literature, including in exchanges from between high-income countries (Trapani & Cassar, 2020). Even so, navigating language barriers while abroad can offer nursing students learning opportunities for professional development (Kokko, 2011).

History of the Exchange Partnership

In 2009, nursing faculty from a Northern Norwegian school of nursing visited Canadian colleges and universities in search of international partners for educational exchange opportunities. BSN faculty at one Northern Canadian site responded to their invitation. Both schools of nursing shared similar rural and Northern contexts in their respective countries. This study's second researcher (PM) (who at the time was a nursing instructor) led the first exchange. The intent was to create opportunities for faculty and students to enhance knowledge, skills, and capabilities as global citizens (Moffitt & Mehus, 2018).

Four third-year Northern Canadian BSN students and the instructor travelled to Northern Norway at the beginning of May 2010 for a 6-week experience. Prior to travel, the mother of a graduate from the Northern Canadian BSN program who is Sámi provided a guest talk about the Sámi, the Indigenous People of the Northern areas of what are now known as Norway, Sweden, Finland, and Russia. Upon arrival in Norway, the Norwegian school of nursing provided an orientation to the history of the region and an introduction to the Norwegian health care system. This Northern Canadian BSN program shares a caring nursing curriculum with several other Southern Canadian schools of nursing, including the degree-granting university; embedded in the curriculum and levelled across the 4 years of the program is an emphasis on understanding and working across difference, cultural responsiveness, and anti-racist and decolonizing practices. In Canada's Northwest Territories, where almost half the population is Indigenous and there is a substantive number of immigrants (Statistics Canada, 2021), BSN students in the third year of their program have started to develop relational capacity. Culturally safe classrooms that involve "sharing with genuineness, disrupting dissonance, addressing history, and transforming through relationality" enable Northern Canadian BSN students to become inclusive, relational, critical, and informed (Moffitt & Durnford, 2021, p. 2).

In Norway, each Northern Canadian BSN student was paired with a local nursing student and a nurse mentor at the hospital for medical-surgical practice. The instructor was given an office with the Norwegian nursing faculty and shared an immersion into their faculty roles and responsibilities. Differences in entry-level competencies were discussed with the Norwegian partners. There were some limitations. For example, despite English being understood in most oral transactions, the Canadian students did not document care in the practice area; instead, the nurse mentors documented the care that the students provided. As well, physical assessment in Norway was not a comparable competency as it was considered a medical responsibility. This limitation was discussed, and Canadian students followed the symptomology assessment of the Norwegian students.

Through the experience in Northern Norway, students and the instructor learned about differences in the health and education systems, developed cultural awareness of the Sámi as distinct from the Indigenous Peoples in Northern Canada, and developed an understanding of cultural and nursing competencies for the Norwegian context. Often, students would care for a Sámi client who did not speak English, but, being familiar with this barrier in Canadian settings, students handled the situation through nonverbal communication and help from their Norwegian peers. In addition to these activities, the

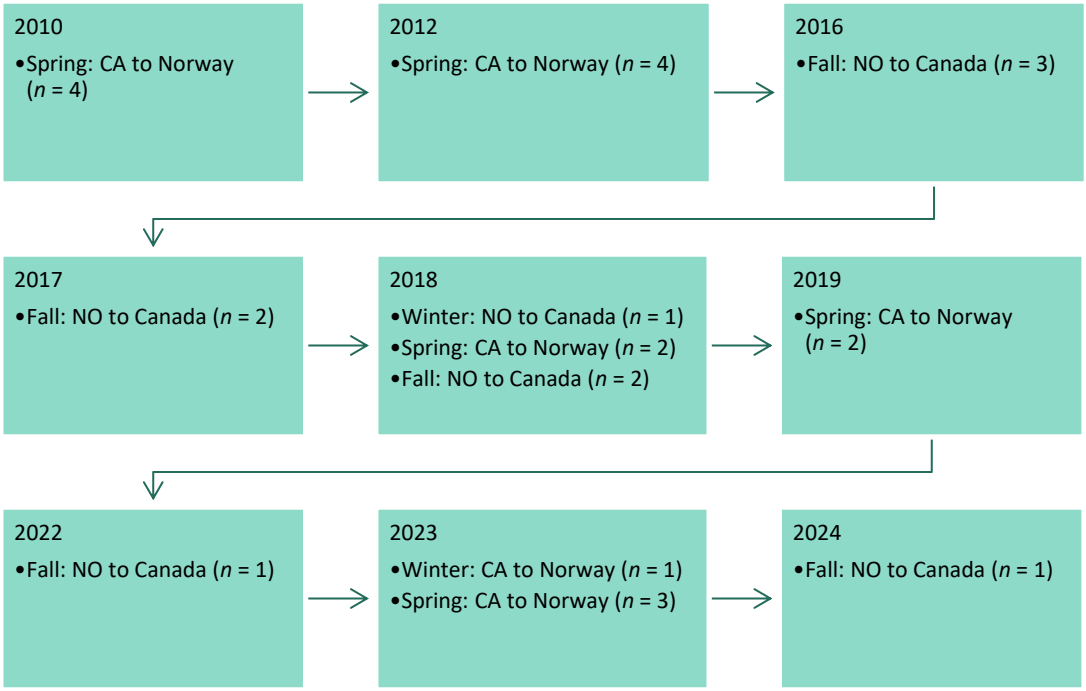
students created a presentation about nursing in Northern Canada to students, nurses, and staff at the hospital. The instructor also presented her research to the faculty in Norway and assisted some Norwegian faculty to edit their English manuscripts.

In 2012, another cohort of four Canadian students travelled to the same Northern Norwegian city with the same instructor for a similar clinical and cultural experience. Thereafter, there was a lapse in the exchange as Norwegian schools of nursing transitioned through collaborative processes with Southern Norwegian universities. Dialogue about the partnership continued, and in 2016, an exchange partnership between the same Northern Canadian BSN program and a different Northern Norwegian bachelor of nursing (BN) program was formally instated. This process began with three Norwegian nursing students who travelled to a city in Northern Canada in the 2016 fall semester (see Figure 1). The faculty leads at both sites also changed; since 2017, this study's first researcher (GB) has overseen the Northern Canadian exchange partnership. Despite faculty changes, lifelong friendships among those who spearheaded this exchange grew and have been sustained, and scholarship has occurred (Moffitt & Mehus, 2018).

Informed by its rich history, the Northern Canadian BSN program endorsed the following as expected outcomes for BSN students who study abroad in Northern Norway: increased global health and cultural competencies; ability to critically reflect on the similarities and differences between health care systems and nursing practice in a Northern context; and enhanced communication, advocacy, and networking skills as a Canadian ambassador. The current partnership between the BSN program in Northern Canada and a BN program in Northern Norway uses a preceptorship model for clinical education. At both sites, students are assigned a registered nurse preceptor in a clinical area, a remote instructor from the home institution, and an instructor at the host institution. The instructor from the host institution coordinates additional opportunities (e.g., cultural immersion experiences) for the students beyond clinical practice. Ideally, each site hosts two students annually, but the number of students can vary depending on circumstances. For example, factors such as the COVID-19 pandemic, shortages of nurse preceptors in Canada and Norway, limited student housing in Northern Canada, and wildfire challenges have recently altered the number of exchange opportunities.

Figure 1

Historical Times and Cohorts for the Exchanges



Note. CA = Canadian nursing students; NO = Norwegian nursing students.

Methods

Study Approach

This study was a qualitative PAR study using photovoice. The research question was the following: What is the educational experience of Northern Canadian nursing students in Northern Norway? As a philosophy and an approach to qualitative research, PAR offered a postmodern and critical orientation for the study question. Postmodernists reject the notion of universal truth and objective reality (Holloway & Galvin, 2024). Critical theorists are concerned with empowering people to transcend socially constructed constraints placed upon them (Cresswell & Cresswell, 2023). PAR seeks to level power between the researcher and the researched by engaging participants at every stage of the research process so that participants can identify, represent, and improve real-world situations in which they are living (Holloway & Galvin, 2024).

PAR aligns well with who this study's researchers are and how they relate to others. In their nursing education context in Canada's Far North, the researchers embody the foundational perspectives of the caring nursing curriculum. They embrace a critical consciousness and examine their power and privilege, considering and acknowledging inequities and the context in which those inequities exist. They also recognize the importance of relationships and relational work (Hartrick Doane & Varcoe, 2021).

This study employed photovoice, a PAR methodology that uses visual imagery and stories to investigate and action change (Wang & Burris, 1997). Photovoice was originally intended to empower women who may otherwise not have been heard (Wang & Burris, 1997). Since then, photovoice has been

applied with different populations to collaborate with research participants and co-construct knowledge for action.

At least two Canadian studies have used photovoice with nursing students (Leipert & Anderson, 2012; Oosterbroek et al., 2019). Liepert and Anderson (2012) studied 38 third- and fourth-year nursing and health sciences students from one Canadian university to foster interest in and learning about rural locations and rural nursing as future practice settings. Oosterbroek et al. (2019) recruited nine senior-level undergraduate nursing students in rural preceptorship placements and five of their instructors; their study explored the challenges and opportunities inherent in rural preceptorships. Photovoice methodology was well received by these participants and facilitated strong data and learning (Leipert & Anderson, 2012; Oosterbroek et al., 2019). As such, photovoice is a previously trialled and fitting approach for the objectives for the current study, which included working alongside student participants in the research process and reporting outcomes of the research to relevant partners for future study-abroad programming.

Ethical Approval

Research ethics approval was received from the Canadian college's Research Ethics Committee. A scientific research licence was obtained from the appropriate territorial government.

Procedures

The proposal for this PAR study using photovoice was formally presented to four students from the Northern Canadian BSN program. These students had been selected as the successful applicants for the next study-abroad experience in Northern Norway for 2023. All students agreed to participate and signed consent forms.

Aligned with PAR, photovoice training sessions were offered by the first researcher before participants travelled abroad. Two separate sessions at different times were provided to account for the different timing of students' clinical placements. These training sessions discussed the research aim as well as the values inherent in action research projects. It was established that all participants would use their own cameras on their smartphones to capture images while abroad and that certain images were not to be taken (e.g., no images of people; no breach of patient confidentiality).

Halfway through the 7 weeks abroad of three of the students, the first researcher made a site visit to Northern Norway. (One student had travelled earlier in the year.) At that time, participants were reminded to take photos. An opportunity to meet to discuss anything study-related was offered, but participants unanimously indicated that they needed no assistance.

Data Collection

Participants collected photographs that highlighted their educational experiences in Norway. Within 3 weeks of their return to Canada from the study-abroad experience, each participant separately brought their selected photographs to campus for one-on-one, face-to-face interviews with the first researcher. In semi-structured interviews, each student was asked to share their experience living and studying abroad, what each of the four self-selected photographs meant to them, and what they would want others to know about their experience. After the interview, they were asked to fill out a one-page demographics form and to submit to their photographs with captions. Interviews were audio-recorded and transcribed verbatim by the first researcher. In the summer of 2023 (several weeks after their interviews), transcripts were provided to each respective participant for their review. This member

checking not only enhanced the rigour of this research but also reflected the collaborative nature of PAR (Holloway & Galvin, 2024; Lincoln & Guba, 1985). All participants stated that they had read and approved their transcripts. One participant submitted a supplementary written portion to elaborate on several points made during the interview, which was then added to the data.

Data Analysis

Thematic data analysis guided by the process of Braun and Clarke (2006) began early in the fall of 2023. To begin, both researchers separately read and hand-coded each transcript. The researchers then came together to compare and discuss their analysis, looking at patterns in the interview data alongside the student participants' photographs and captions. The researchers extracted some preliminary themes from the data. The second researcher, as both a qualitative researcher with expertise in photovoice and a retired Northern nurse educator with international experience, added to the rigour of this study by way of peer debriefing and investigator triangulation (Holloway & Galvin, 2024).

Thereafter, a focus group was scheduled to collaborate with the participants for data analysis, as collaboration with participants at all stages of PAR is critical (Holloway & Galvin, 2024). The focus group, attended by all four participants and both researchers, was held on campus late in fall 2023. The audio-recorded session was loosely structured, with the first researcher posting the submitted photographs and their captions around the room and first presenting the preliminary data analysis initiated by the researchers. Participants were encouraged take the lead on discussions, while the first researcher facilitated the session to ensure everyone had equal opportunity to contribute. In under 2 hours, the focus group unanimously agreed upon on one overarching theme and three subthemes that emerged from the data.

Data Quality

To ensure rigour, reflexivity of the researchers was present throughout all aspects of this study (Holloway & Galvin, 2024). This reflexivity was particularly important for the first researcher, who openly acknowledged her positionality at the beginning of and throughout the study as the study's principal investigator as well as the study-abroad instructor. This dynamic required a consideration of power, which was made clear to the participants at recruitment, at the site visit, and during data collection. Moreover, data collection began after the final grades for the clinical course had been submitted. Secondly, the first researcher is a novice researcher and thus openly acknowledged from the outset the need for a PhD-prepared colleague as a co-researcher for capacity-building and to enhance study rigour. The first researcher frequently called upon the second researcher to discuss her role, decisions/actions in the study, and assumptions. In addition to the first researcher's documentation of methodological decisions and actions, the second researcher prompted the first researcher as necessary to also document personal responses for the purposes of the decision trail (Holloway & Galvin, 2024). Thirdly, recognizing that researchers are part of the research phenomenon, both researchers for this study considered the tensions associated with facilitating conversations (i.e., interviews and/or the focus group) and analyzing data without assuming or overly identifying with the participants' experiences, yet acknowledging and maintaining shared experiences with them. Addressing this third point openly between researchers and participants was an important action taken towards ensuring study rigour.

Action

Inherent in PAR and characteristic of photovoice, participants were involved in the dissemination of the study findings. In the spring of 2024, they created a slideshow presentation including

some of the study's photos. The slideshow was used for two "Norway recruitment" (exact words of one participant) presentations approximately 15 minutes in length. With permission from the respective course instructors, participant volunteers presented in classrooms of first-year and second-year BSN students who would be eligible to apply for studying abroad in Norway in the future. One of the study participants (who has since graduated) voluntarily took on a mentorship role for the next set of Northern Canadian BSN students preparing to travel to Norway in 2025.

Furthermore, participants were invited by the first researcher to participate in the drafting of this manuscript. Although none volunteered to write, one student offered feedback on a final manuscript draft. Participants were also invited to co-present with the researchers the findings of this study on campus at scholarship day and at other upcoming professional conferences.

Findings

Demographics

This study included four (*n* = 4) BSN students attending a school of nursing in Northern Canada who had applied for and completed the 2023 clinical practicum and cultural opportunity in Northern Norway (see Table 1). As part of their consent to participate, all participants acknowledged that, due to the nature of this study (e.g., small sample; the only BSN program offered in the region), they could be easily identified. At the time of their study abroad, three participants were in their third year of the BSN program, and one was in their fourth year. All self-identified as women. Two self-identified as Indigenous, and two as European descendants. Half of the sample were mature students (i.e., over the age of 30). Three of the four participants considered themselves long-time Northerners, either born and raised in Canada's North, or having lived in the North for more than 20 years. One of the four had dependents (i.e., children). All had applied for and received at least some funding support from a circumpolar scholarship program. Their clinical placements occurred in hospitals in Northern Norway.

Table 1

Demographics of Study Participants (n = 4)

Characteristics		*n*
Gender		
	Woman	4
Age (years)		
	Less than 25	1
	25–29	1
	30–39	2
Origin		
	European	2
	Indigenous	2
Dependents		
	No	3
	Yes	1
Time lived in Canada's North		
	5–9 years	1
	Entire life	3
BSN level (at time of travel)		
	Year 3	3
	Year 4	1
Clinical areas in hospital abroad		
	Medical units	3
	Psychiatric unit	1
Photos and captions submitted		
	Submitted four photos	4
	Submitted captions to accompany photos	2

Results

Analysis incorporated 16 photographs with eight captions (two participants did not accept offers to write captions), four interviews, and one focus group. The results exploring Northern Canadian BSN students' educational experiences in Northern Norway revealed *gaining perspective* as an overarching theme. Gaining perspective was a new understanding created through living in a different country and working in a different health system. It was attained through processes identified as *disrupting realities*, *seeking common ground*, and *comparing two worlds* (the subthemes of this study). Gaining perspective broadened students' thinking about international nursing and a different cultural context and offered

possibilities for other ways of knowing, being, and doing (see Table 2). The subthemes are described below and supported by quotes and photographs.

Table 2

Emergent Themes

Type	Name	Description
Overarching theme	Gaining perspective	Studying abroad in another Northern context offered participants possibilities for other ways of knowing, being, and doing.
Subtheme	Disrupting realities	Breaking away from the familiar provided an opportunity for participants to gain new and different personal and practice realizations.
Subtheme	Seeking common ground	Participants recognized and connected across differences.
Subtheme	Comparing two worlds	Participants thought critically about experiences living and practising nursing in Northern Norway compared to back home in Northern Canada.

Disrupting Realities

Disrupting realities were the experiences of breaking away from the familiar towards new and different personal and practice realizations. All participants spoke to relationship-building while abroad. They reported developing meaningful relationships with Norwegian peers and clinical staff, as well as strengthening relationships with their Canadian peers. All but one participant spoke about enhanced flexibility and adaptability. One participant said:

> I know this wasn't nursing related, but for me [the dorm] was a big adjustment. … Living with eight other people was a big part of my learning. … I've only ever lived with my family or my husband. I got to experience living with people from Norway and someone from Amsterdam. It's about sharing your space. (Participant 1)

Half of the participants shared experiencing homesickness; even so, they spontaneously told how they successfully applied strategies to overcome it. Personal growth caused by being abroad was particularly impactful for one student:

> Being in an unfamiliar environment took me a couple of weeks to get used to …, especially since this was my first time travelling internationally. Before I went to Norway I told myself I wanted to try a bunch of new things. … This stems from a personal battle I have struggled with … and was a first step going outside my comfort zone … It sounds kind of funny but this was the beginning of me feeling like I finally had control over this aspect of my life. Sometimes I struggle to say my own opinion and advocate for myself. I'm slowly getting there. (Participant 3)

Beyond the personal, all participants in this study had practice realizations. They made several photo submissions of aspects that surprised them from the clinical area. One student submitted and elaborated on a photo of a room with musical instruments and art supplies from an in-patient psychiatry unit. Another student submitted a photograph of a manual scooter and explained that it was used by nurses to run tests to the lab (see Figure 2). Another photo submission was of a "patient kitchen,"

described by the student as a mini grocery aisle in which patients who were well enough were asked to serve themselves healthy, familiar, and appealing lunch items. In the words of Participant 2, “Jumping in somewhere else really makes you recognize there are other ways of doing things.”

Figure 2

“Scooter Used to Traverse the Large Footprint Within [the Hospital]”

Seeking Common Ground

Seeking common ground was the connection and adaptation of difference in context and practice for nursing students from Canada in Norway. Language, for example, was raised by all the participants. Participant 2 said, “The primary language was not English, and although all the nurses and many people could speak English, not all the patients could. … I don’t speak Norwegian.” Even so, the participants described that they “[worked] around that language barrier” (Participant 1). They talked about strategies such as asking for assistance, learning and using words and phrases in Norwegian, using translations tools, and paying increased attention to nonverbal communication.

Attuned to differences because of their Northern nursing curriculum, students picked up on cultural norms and practices. Participant 2 said, “We’ve talked about it so much in class—cultural awareness, sensitivity and competency—and getting dropped into someone else’s culture forces you to focus on those skills.” The following story was told by one of the participants:

> I was getting breakfast for a client. … I didn’t know that Norwegians mostly eat brown bread, and I put white bread on his plate. I brought it back and he’s like, “What is this? I’m gonna die if I eat this.” I said, “What? I am so sorry.” I was, like, really shocked. He was responsive. I told him I grew up eating white bread. … I feel like you need to learn what they like to eat if you are going to provide breakfast or bring meals. What do they like? Ask specifically if you can. That was funny moment for me. (Participant 1)

Events such as Norwegian Constitution Day activities also provided participants with cultural learning. Referring to her image (see Figure 3), Participant 4 said:

> This picture is on the Constitution Day when me and my classmate went to a champagne breakfast. … They gather in their [traditional clothing] and have a big breakfast with fruit,

vegetables, bread, cheese, and meat and talk for, like, 5 hours and sing some Norwegian music and then go to the parade at the end of the day.

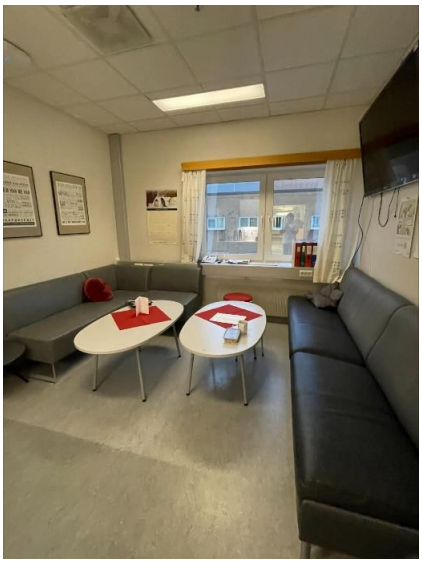
Figure 3

On Constitution Day

Also reflective of connecting across differences, all participants in this study spoke about collegial conversations and their value for learning. Participant 3 submitted a photo of the "coffee room" (see Figure 4) on the clinical unit "where a lot of conversations happened between me and the staff. … It's where we sat down and had coffee with them and talked back and forth. … That's where I learned about similarities and differences."

Figure 4

"Coffee Room"



Comparing Two Worlds

Comparing two worlds is the manner in which participants thought critically about their experiences living and practising nursing in Northern Norway compared to in Northern Canada. Participants talked about a variety of differences, such as in nursing education, scope of practice, and work, including work–life balance, health systems, history and Indigenous Peoples, and societal values and beliefs. While participants spoke mostly about differences, they also commented on similarities. For example, Participant 1 said, "Inuit and Sámi are different in their traditions, [but] they are also very similar from the history I learned." Participant 3 made a similar statement. Similarities in Northern traditional foods were also addressed (see Figure 5). Participant 2 spoke to the universality of nursing as a caring profession.

Figure 5

Reindeer Stew: "A Piece of Home Away From Home"

A difference that all participants addressed in the interviews (and revisited in the focus group) was the collegiality and positive work culture in Northern Norway. Participants unanimously perceived that work culture was markedly better in Norway than in Canada, raising some beginning conversations about best practices and change theory. As Participant 2 suggested in her interview:

> Just because we do it [one way] doesn't mean it can't be done in a different way. … [Studying abroad] gives you that different perspective. … The more nurses that have those experiences, maybe more innovation can be brought into the profession.

Discussion

Photovoice provided a platform for the participants to record, photograph, reflect, and act on their experiential learning. The process itself was reflexive, creative, and interpretive—all important components of critical thinking. These qualities are not new to the utility of photovoice, as described by educators with nursing students recently in Peru who used photovoice to stimulate critical thinking of theoretical concepts such as social determinants of health (Andina-Díaz, 2020).

The findings of this study are congruent with the literature on studying abroad for nursing students (Johnston et al., 2022); specifically, this study's data revealed cultural and global learning as well

as personal growth and professional development (including overcoming personal and nursing practice challenges). The findings of this study were similar to the four main themes discovered by Sedgwick and Atthill (2020), who studied the experiences of Canadian nursing students on a short work experience in the Caribbean. The results of this study also support Maltby et al.'s (2016) position that travelling abroad is valuable no matter the international location (i.e., even travel from one high-income country to another).

The challenges addressed in this study (i.e., the language barrier, homesickness) were all surmountable. Overcoming the language barrier offered a learning opportunity (Kokko, 2011). As this barrier was a perceived challenge similar to that described by Dietrich Leurer et al. (2020), two participants in this study (Participant 3 and Participant 4) mentioned in the interviews that they were initially concerned about not meeting placement expectations as required by their nursing program while in Norway; however, these students shared that ultimately their fears in this regard were unfounded and they met the required competencies.

Moreover, the findings of this study provide some evidence to support the satisfying of the intended outcomes for the clinical and cultural experience as endorsed by the BSN program in Northern Canada: increased global health and cultural competencies; ability to critically reflect on the similarities and differences between health care systems and nursing practice in a Northern context; enhanced communication, advocacy, and networking skills as a Canadian ambassador. Northern Canadian BSN students may have used the study-abroad opportunity to build upon and refine what they had already learned in their Northern nursing curriculum about safe, ethical, and effective care, and they may take this learning forward into their future practice. However, it is premature to assert that transformative learning (Mezirow, 1978) occurred for the participants in this study. While the opportunity offered Northern Canadian BSN students an introduction to new ways of knowing, being, and doing, whether participants put these new perspectives into action cannot fully be claimed based on these data alone. Transformative learning may be a process and not an outcome, and higher levels of Mezirow's (2003) theory of transformative learning may not be fully actualized. Different questions and/or a prospective study may be needed to suggest that the study-abroad opportunity is transformative. This would be an opportunity for future research.

The principal limitation of this study was the threat of reactivity. Reactivity is "the response of the researcher and the research participants to each other during the research process" (Paterson, 1994, p. 301). Despite employing mitigating approaches (i.e., transparency, relationship-building, and checking in with participants; course completion prior to data collection), unequal distribution of power was at play, no matter how subtle or seemingly benign (Paterson, 1994). More specifically, interactions may have been constrained by the concern of participants that the first researcher, by virtue of her role as the course instructor and faculty member in their BSN program, expected certain responses. This factor may have affected data quality.

Data quality may also have been affected by interviewing skills. Interviewing is a developed skill, and the first researcher is relatively new to conducting qualitative research; in hindsight, several lines of questioning could have been slightly different (Janesick, 2016). Although the literature suggests that nursing students report mostly positive things about international learning opportunities, reactivity and/or gaps in the interview process may be reasons for why this dataset contained no negative or constructive comments about the study-abroad experience in Norway.

Authorship of this manuscript was also a study limitation. PAR is inherently different from more conventional research with respect to alignment of power in the research process (i.e., PAR seeks active

engagement of participants at every stage) (Holloway & Galvin, 2024). In this work, all participants made substantial contributions to data collection, data analysis, and action. However, no participants were involved in the drafting of this manuscript, despite significant efforts on the part of the first researcher to involve them, including gaining permission from their nursing leadership course instructor in the final year of their BSN program to work on this manuscript for one of their selected practice assignments. To respect research ethics (i.e., free consent), the researchers did not pursue rationale from participants for their decline. A final proofread of the manuscript with minor edits was offered from one participant prior to submission for publication. As such, study participants were not included as co-authors of this publication (International Committee of Medical Journal Editors, n.d.). Although the extent of participants' engagement across PAR studies can vary, authorship of a PAR study including only the academic researchers remains far from ideal (Cornwall & Jewkes, 1995).

Regarding the study's sample size (n = 4), as a practical qualitative photovoice study aligned with PAR methodology, the small sample size was not a study limitation (Vasileiou et al., 2018). Nevertheless, data collected over several cohorts of Northern Canadian BSN students who studied abroad in Northern Norway would have added to the richness and/or volume of the findings. It would be beneficial to repeat the study with additional groups of students to determine the effectiveness of the experience.

Conclusion

Cultural and clinical studies in Northern Norway for Northern Canadian BSN students provided a rich global experience that enhanced their understanding of diverse practice. This experience advanced their knowledge of another circumpolar country and enabled their realizations of navigating a new and different setting. Photovoice afforded them an opportunity for reflection and commentary. As well, the students were able to share their experiences and review with peers as a social action that further mobilized leadership and reflection skills, generated personal knowledge and growth, and acted as catalysts for future exchanges.

This study was the first to formally assess the value of this international learning opportunity for Northern Canadian BSN students in Northern Norway and adds to the growing body of evidence demonstrating the benefits of studying abroad for nursing students across circumpolar countries. The results and processes may be of interest to schools of nursing that are considering international placements as part of their programs. There are opportunities for future research, including an invitation to Norwegian colleagues to evaluate the lived educational experiences of their nursing students in Northern Canada.

References

Andina-Díaz, E. (2020). Using photovoice to stimulate critical thinking: An exploratory study with nursing students. *Revista Latino-Americana de Enfermagem*, *28*, e3314. https://doi.org/10.1590/1518-8345.3625.3314

Bagnasco, A., Rossi, S., Dasso, N., Cananzi, L., Timmins, F., Aleo, G., Catania, G., Zanini, M., & Sasso, L. (2020). A qualitative descriptive enquiry of nursing students' perceptions of international clinical placement experiences. *Nurse Education in Practice*, *43*, 102705. https://doi.org/10.1016/j.nepr.2020.102705

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Canadian Council of Registered Nurse Regulators. (2019). *Entry-level competencies (ELCs) for the practice of registered nurses (2018)*. https://static1.squarespace.com/static/671142bd58709c1e559e8c2a/t/675719651828df4bc6280906/1733761381376/ccrnr-rn-entry-level-competencies---2019.pdf

Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Social Science & Medicine*, *41*(12), 1667–1676. https://doi.org/10.1016/0277-9536(95)00127-s

Cresswell, J. W., & Cresswell, J. D. (2023). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th ed.). SAGE.

Dietrich Leurer, M., Kent-Wilkinson, A. E., Luimes, J., Murray, L., Squires, V., Ferguson, L. M., & Dell, C. (2020). Reflections on study abroad: Insights from registered nurses. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, *6*(1), Article 3. https://doi.org/10.17483/2368-6669.1225

Hartrick Doane, G., & Varcoe, C. (2021). *How to nurse: Relational inquiry in action* (2nd ed.). Wolters Kluwer.

Heiberg, I. G., Dahl, H., & Eriksen, K. Å. (2019). How can studying abroad nurture nurse students' intelligent kindness? *Nurse Education in Practice*, *41*, 102644. https://doi.org/10.1016/j.nepr.2019.102644

Holloway, I., & Galvin, K. (2024). *Qualitative research in nursing and healthcare* (5th ed.). Wiley.

International Committee of Medical Journal Editors. (n.d.). *Defining the role of authors and contributors*. https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

Janesick, V. J. (2016). *"Stretching" exercises for qualitative researchers* (4th ed.). SAGE.

Jarosinski, J. M., Fox, J. A., & Marshall, S. E. (2024). Lessons learned: Why study-abroad remains a critical component of nursing curriculums. *Journal of Professional Nursing*, *53*, 110–117. https://doi.org/10.1016/j.profnurs.2024.05.007

Johnston, J., McKenna, L., Malik, G., & Reisenhofer, S. (2022). Reported outcomes of nursing or midwifery students participating in international educational programs in their pre-registration education: A narrative systematic review. *Nurse Education Today*, *111*, 105320. https://doi.org/10.1016/j.nedt.2022.105320

Johnston, J., McKenna, L., Malik, G., & Reisenhofer, S. (2023). Recognizing and adapting to cultural differences: Influence of international educational programs on future nursing and midwifery practice. *Journal of Transcultural Nursing*, *34*(6), 423–430. https://doi.org/10.1177/10436596231198276

Johnston, J., McKenna, L., Malik, G., & Reisenhofer, S. (2024). Developing as a person: How international educational programs transform nurses and midwives. *Australian Journal of Advanced Nursing*, *41*(1). https://doi.org/10.37464/2024.411.1190

Kokko, R. (2011). Future nurses' cultural competencies: What are their learning experiences during exchange and studies abroad? A systematic literature review. *Journal of Nursing Management*, *19*(5), 673–682. https://doi.org/10.1111/j.1365-2834.2011.01221.x

Kosman, B. A., Castro de Jong, D., Knight-Agarwal, C. R., Chipchase, L. S., & Etxebarria, N. (2024). Development and validation of an assessment tool for higher education learning abroad programs: A qualitative Delphi study. *Nurse Education Today*, *132*, 106030. https://doi.org/10.1016/j.nedt.2023.106030

Leipert, B., & Anderson, E. (2012). Rural nursing education: A photovoice perspective. *Rural and Remote Health*, *12*, 2061. https://doi.org/10.22605/RRH2061

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

Maltby, H. J., de Vries-Erich, J. M., & Lund, K. (2016). Being the stranger: Comparing study abroad experiences of nursing students in low and high income countries through hermeneutical phenomenology. *Nurse Education Today*, *45*, 114–119. https://doi.org/10.1016/j.nedt.2016.06.025

Mezirow, J. (1978). Perspective transformation. *Adult Education*, *28*(2), 100–110. https://doi.org/10.1177/074171367802800202

Mezirow, J. (2003). Transformative learning as discourse. *Journal of Transformative Education*, *1*(1), 58–63. https://doi.org/10.1177/1541344603252172

Moffitt, P., & Durnford, K. L. (2021). Undergraduate nursing students' perceptions about creating culturally safe classrooms: Living the epistemology, ontology and pedagogy. *Nursing Education Today*, *105*, 105029. https://doi.org/10.1016/j.nedt.2021.105029

Moffitt, P., & Mehus, G. (2018). Northern partnership between two schools of nursing in Norway and Canada: A historical perspective. In H. Exner-Pirot, B. Norbye, & L. Butler (Eds.), *Northern and Indigenous Health and Healthcare* (Chapter 42). University of Saskatchewan. https://openpress.usask.ca/northernhealthcare/chapter/chapter-38-northern-partnership-between-two-schools-of-nursing-in-norway-and-canada-a-historical-perspective/

Morgan, D. A. (2023). Parameters of learning during clinical nursing study abroad: Focused analysis of phenomenological data using a change-transformative learning theory lens. *Nurse Education in Practice*, *73*, 103831. https://doi.org/10.1016/j.nepr.2023.103831

Nourse, S. R. (2022). Enhancing the cultural competence of baccalaureate nursing students through short-term study abroad programs. *Journal of Christian Nursing*, *39*(3), E44–E52. https://doi.org/10.1097/CNJ.0000000000000978

Oosterbroek, T. A., Yonge, O., & Myrick, F. (2019). “Everybody knows your name”: Experiences of belonging in rural preceptorship. *Online Journal of Rural Nursing and Health Care*, *19*(1). https://doi.org/10.14574/ojrnhc.v19i1.548

Paterson, B. L. (1994). A framework to identify reactivity in qualitative research. *Western Journal of Nursing Research*, *16*(3), 301–316. https://doi.org/10.1177/019394599401600306

Sedgwick, A., & Atthill, S. (2020). Nursing student engagement in cultural humility through global health service learning: An interpretive phenomenological approach. *Journal of Transcultural Nursing*, *31*(3), 304–311. https://doi.org/10.1177/1043659619870570

Statistics Canada. (2021). *Census of population*. https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=8&dguid=2021A000261

Sundal, H., & Ulvund, I. (2023). Experiences after international clinical placement as nursing students in a paediatric ward. *Nurse Education in Practice*, *66*, 103512. https://doi.org/10.1016/j.nepr.2022.103512

Trapani, J., & Cassar, M. (2020). Intended and actual outcomes of study abroad programs: Nursing students’ experiences. *The Journal of Nursing Education*, *59*(9), 501–505. https://doi.org/10.3928/01484834-20200817-04

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, *18*, Article 148. https://doi.org/10.1186/s12874-018-0594-7

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, *24*(3), 369–387. https://doi.org/10.1177/109019819702400309