

ORIGINAL RESEARCH

Impact on Chinese nurses roles after study abroad: An exploratory study

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ABSTRACT

Background and objective: Studying abroad to expand professional development is growing worldwide with nurses traveling to different countries to expand their knowledge and skills. The impact a study abroad experience has on one's professional role and personal life upon return is an important area of study. Depending on the individual and the level of support from hospital leadership, academic institutions and family, the experience could have a positive or negative impact on their professional role and personal life when returning to their home country. The objective of this study was to understand how a one-year study abroad experience impacted 1) Chinese nurses' clinical practice, 2) their professional role, and 3) their personal life 6 months after returning home.

Methods: A 10-item 6-month post entry electronic survey using Likert scale (1 = very weak to 7 very strong) and open-ended questions was developed. 29 Chinese nurses were invited to complete the survey via email invitation. Quantitative analysis was conducted on the first 5 questions and content analysis was conducted on the remaining 5 questions.

Results: A total of 16 participants (55%) completed the survey. For the first 5 questions, a change was noted from students' responses at program completion. For the last 5 questions, detailed examples of obstacles and challenges faced in their professional role and personal life following their return were shared.

Conclusions: Findings suggest that while studying abroad influences one's professional role and practice initially, the influence may not be enduring as the originating culture may have a stronger impact. Hosting and visiting organizations need to prepare individuals who study abroad to transition home successfully to meet both the professional role and personal life challenges one may face.

Key Words: Study abroad, International, Chinese nurses, Reentry

1. INTRODUCTION

The Institute of International Education (IIE) provides information and resources on international students seeking higher education within the United States (US). In 2017, the IIE reported the number of international students studying in the US increased by 3.4%.^[1] This increase is equivalent to

35,000 students (more than in the previous year), making the 11th consecutive year of growth. China is the number one country that continues to send students to study abroad.

Studying abroad is defined differently by various academic and professional organizations. Basically, the term reflects the ability of individuals to complete part or all of an aca-

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demic degree by traveling outside of their home country for a period of time. This experience could occur for a discrete period of time such as 1 to 2 weeks, a full term/semester, or a longer time period. Although researchers have explored the effects of the study abroad experience, there has been little focus in the literature on the reentry experience of international nursing students studying abroad. The purpose of this paper is to present the findings of a 6-month post survey that examined the impact a one-year study abroad program had on clinical practice and the professional and personal life of Chinese nurses completing a graduate degree in nursing after returning to their home country.

1.1 Background

Nurses studying abroad to further their level of knowledge, have been explored by various researchers over the past two decades. Studies have explored the impact on one's knowledge and attitudes surrounding the application of evidence-based practice (EBP);^[2-5] on cultural differences, competencies and awareness;^[6,7] and on professional and personal life when transitioning to their home country.^[8,9]

1.1.1 Impact evidence-based practice

Recent research has explored Chinese nurses' knowledge, attitudes, and access to resources supporting a change in practice to evidence-based nursing. Zhou et al.^[2] surveyed Chinese nurses and found the nurses' attitude toward EBP scored higher than their knowledge score and their ability to use EBP. The higher score in attitude could reflect their willingness to make a change in practice. The investigators believe that nurses who had a higher-level position with some research experience, more working experience, and a lighter workload would be more likely to incorporate EBP into the work setting. Another study by Chang et al.^[4] identified numerous Asia-Pacific conferences that focused on EBP from the year 2000 to 2012. In addition, the investigators identified several resource centers supporting EBP in China, including the China Academy of TCM in Beijing and the Wannan Medical College in Anhui. Collectively, these studies support the incorporation of EBP in the Chinese health system.

1.1.2 Impact professional role and personal life after transitioning home

The level of personal and professional growth a nurse achieves from an international exchange experience may be dependent on the amount of time spent abroad. A historical study by Zorn^[10] was one of the first studies to examine the long-term effect of study abroad on nurses. Since then, several studies have found similar findings validating Zorn's initial outcomes. The findings suggest 1) the impact of studying abroad decreases over time, 2) the longer the pro-

gram the higher the long-term impact, 3) one's age at time of international experience positively correlated to personal development, and 4) the more recent the nurse graduated from their first nursing program, the greater the impact from international experiences.^[10,11]

A descriptive, qualitative study by Evanson and Zust^[12] explored the long-term impact of six licensed registered nurses (RNs) from the United States two years after their international travel experience as Baccalaureate nursing students. The investigators termed their findings as "Bittersweet Knowledge". The analysis of their findings highlighted three themes. The first theme, titled as "Coming to Understand" shared the positive experiences. The next theme, "Unsettled Feelings" summarized experiences that were uncomfortable. The final theme, "Advocating for Change" reflected a continuation of the experiences. The study provided valuable information to assist academic institutions in preparing students for the feelings they may experience and how best to respond to them.

More recent research has explored nursing students' experiences and reflections of their professional growth as well as the impact on their personal life. A study by De Natale and Waltz^[3] highlighted the personal connections students experienced while interacting with the local population and discussing differences in healthcare systems. The investigators suggested the professional growth that occurred during the study abroad experience transformed the students. After returning to their home country, the students expanded their interests and areas of employment outside of the roles they originally had. Although this study outlined several positive factors impacting one's professional and personal life, other studies highlight a different type of impact.

In 2013, McDermott-Levy^[8] examined female Arab-Muslim nursing students' reentry to their home country. The investigator highlighted the study abroad experience strongly influenced the nurses' personal and professional growth, which in turn influenced their transition home to family and professional colleagues. Although the experience of studying abroad was positive and stimulated knowledge and thinking, the transition to life in their home country was not. The investigator identified "adaptation and service" as two themes to describe what the nurses experienced when returning home. The nurses experienced tension and conflict over trying to express and practice in their own culture what they learned during their study abroad. Interestingly, the nurses felt a stronger sense of confidence in their ability to serve the community, their profession, and their nation.

Research has suggested that study abroad over time can impact how one practices and influence one's professional and

personal life upon transition to home. This influence has been seen as being very positive yet challenging as one returns and performs at a new level with increased knowledge and skills. Despite the increased number of international nursing students studying abroad, there has been little research conducted in the US regarding the reentry experience of international graduate nursing students as a cohort. The results of the 6-month post entry survey with Chinese nurses studying abroad as a cohort for one year reflect similar findings and are outlined below.

2. METHOD

This study, approved by an Institutional Review Board, was part of a larger, longitudinal exploratory study.^[13] The 6-month follow-up study aimed to understand how a one-year study abroad experience impacted 1) Chinese nurses' clinical practice, 2) their professional role, and 3) their personal life. A 10 item 6-month reentry survey was developed and validated by members of the research team. The 10-item survey consisted of five Likert scale questions (1 = very weak to 7 very strong) and five open-ended questions. Although the survey was developed based on the literature findings for content validity, reliability was not established in this small sample. However, reliability of this instrument would need to be examined when used with a larger sample in a larger longitudinal study.

This study took place at a private, mid-sized, mid-Atlantic American university. Nursing programs under the School of Health Sciences include RN-to-Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), and Doctor of Nursing Practice (DNP). A convenience sample was used which included two cohorts of international MSN in education students (N = 29) who were BSN-prepared Chinese nurses licensed in China and employed by various hospitals with diverse specialties. The study abroad was supported through a Chinese government-supported scholarship. Each cohort was enrolled for one-year.

All Chinese nurses from both cohorts 1 and 2 were invited to participate by the Dean of the School of Health Sciences via an email invitation six months following their international experience. If interested, Chinese nurses indicated their consent to participate by selecting the hyperlink that was embedded in the email. The hyperlink took Chinese nurses directly to an electronic questionnaire. There was no personal identifiable information requested, consent was implied, and the participants were instructed that they were free to exit the questionnaire at any time. The quantitative data (based on four of the five Likert scale questions) was then compared to the data collected at the post program time

point, two weeks after the graduated students returned to China. Note that one Likert scale question was only relevant after working for six months back in China so there was no comparison to be made.

The Statistical Package for the Social Sciences (SPSS)TM Version 24 was used to analyze the data from the Likert scale question responses. Descriptive statistics were calculated and the mean and standard deviations (SD) of each quantitative question response was reported. All answers of five open-ended questions were systematically transformed into a highly organized and concise summary of results. All researchers discussed the summary and shared reflections. For the open-ended questions, content analysis was used to identify themes. Similar points of interest emerged from the narrative texts.

3. RESULTS

3.1 Demographics

Demographic information was collected from the first component of the longitudinal exploratory study.^[13] Based on the initial sample population, the majority were female (93%) and ranged in age from 23-36 years of age. Out of the 29 international Chinese nurses, sixteen (55%) participated in the 6-month reentry post survey.

3.2 Quantitative results

The means of the first five Likert scale questions were calculated. The questions examined the Chinese nurses' ability to implement EBP, their confidence in improving nursing care, their ability to lead a team, their ability to work as a team player, and finally, their ability to communicate efficiently. Table 1 displays the mean, range, and SD for each question at program completion and at 6-month following the return to China. The Chinese nurses rated their ability to implement EBP the lowest and their ability to communicate efficiently the highest. Noted was the decrease in means from post program to 6 months post in all four of the questions compared. Question three was not relevant due to the Chinese nurses just completing a full-time master's degree program abroad, not currently working at their current facilities. Questions four and five had the least amount of change.

3.3 Qualitative results

The five open-ended questions were presented to each participant with no limitations to the length of response required (see Table 2). Under each heading below, the overall themes that emerged from the individual question responses are identified and supported. Each of the four researchers participated in the content analysis, with disagreements discussed and resolved by consensus.

Table 1. 6-month reentry post questionnaire means compared to post program means

No.	Question	Post Mean (SD) N = 17	6mo Mean (SD) N = 16
1	How would you rate your current ability to implement evidence-based practice in your current position?	6.59 (0.49)	4.47 (1.125)*
2	How would you rate your confidence of improving nursing care in your current position?	6.35 (0.84)	4.87 (1.147)
3	How would you rate your current ability to lead a team of coworkers in initiating change within your current facility?	N/A	4.69 (1.014)
4	How would you rate your current ability of working efficiently as a team member with other health care providers?	5.94 (1.16)	5.31 (.793)
5	How would you rate your current ability of communicating efficiently with patients, family members, and other health care providers?	5.94 (1.16)	5.50 (.894)

Note. Participants rated each question using a scale of 1 being very weak to 7 being very strong. *: 6 month mean question 1 only had N = 15.

Table 2. Open-ended questions

No.	Question
1	What are the top 3 barriers you experienced when trying to change current practice to evidence-based practice? What steps did you take to help overcome these barriers?
2	What re-entry experiences did you encounter when returning to clinical practice in China? Please share at least one positive and one negative experience. (reentry is defined as retuning to clinical position in China).
3	Did the study abroad experience impact your family relationships once you returned to China? If yes, please explain. If no, please explain.
4	Did the study abroad experience impact your way of living in China? If yes, please explain. If no, please explain.
5	Did the study abroad experience impact your Chinese cultural values? If yes, please explain. If no, please explain.

3.3.1 Multiple barriers to implement EBP in China

The first open-ended question was “What are the top 3 barriers you experienced when trying to change current practice to evidence-based practice? What steps did you take to help overcome these barriers?” The overall repeating theme was that Chinese nurses struggled to share their new knowledge of implementing EBP in China. The nurses shared multiple barriers such as resistance to change, lack of support and time that are discussed in more detail below. The participants shared different strategies to try to overcome those barriers.

1) Resistance to change

The top barrier identified was staff resistance to change. This may have been due to a lack of EBP knowledge/understanding, a lack of comfort with change, or both. For example, comments included: “healthcare providers are not familiar with the evidence-based practice theory”, majority of nurses even doctors don’t know EBP”, “other health providers’ misunderstanding”, and “few nurses know how to do EBP”. Other comments were: “nurses don’t like to change their work flow”, “unwilling to change”, “coworkers commonly reluctant to accept changes”, “traditional thinking” and “changing is always difficult and it may cost us decades to integrate the concept of EBP into clinical practice”.

2) Lack of support

The second top barrier experienced was a lack of support.

The Chinese nurses found “the support from other healthcare providers as limit(ed)”, “we don’t have the support from leaders”, “someone in charge is not interested”, and “different value with manager”. A comprehensive response was: “It’s a complicated situation for the nurses who want to make changes in China. However, when I tried to express EBP and how to use EBP to improve clinical quality, the professors in the college couldn’t understand it and gave me many negative evaluations. That made me disappointed”.

3) Lack of time

The third top barrier was described as a lack of time to implement EBP. Most responses referred to time and workload. Comments included: “Nurses don’t have many time to read the research”, “heavy workload and the lack of time”, and “lack of time to read the research evidence due to heavy workload caused by nursing understaff.”

4) Lack of EBP resources

Although not one of the top three barriers, a lack of EBP resources was another concern. A nurse specified, “Unable to get enough evidence/EBP article/research information in our database”. Finally, “not enough funding”, “no resources, no people, no money” was acknowledged by a few participants as being another barrier they experienced.

5) Steps to overcome barriers

The Chinese nurses shared various steps taken to overcome

barriers to implementing EBP. The top three steps included: 1) “communicate with head nurse for support”, 2) “educating my colleagues”, and 3) “use evidence”. Several respondents also shared “I have not find a way to conquer those barriers”. Besides the above main actions taken, there were many diverse answers that suggest that the nurses had been working diligently to find other effective methods to overcome the obstacles they were facing. This included the expressed desire to “develop the curriculum for nurses to understand evidence-based practice”, “used . . . technology” to expand database searches for evidence, and “build a group. . . graduate-level nurses in my unit . . . teach them how to access databases and how to critique articles”.

3.3.2 Reentry work experiences were both positive and negative

The second open-ended question was “What reentry experiences did you encounter when returning to clinical practice in China? Please share at least one positive and one negative experience (reentry is defined as returning to clinical position in China).” The overall finding was the reentry experiences were both positive and negative. The theme was that of a double-edged sword: an internal change of increased self-confidence and an external change of increased work demands/responsibilities.

The most commonly mentioned positive reentry experience shared by the nurses was a feeling of self-confidence. The typical response to this question was “I got my Master degree and I became more confident in practicing”. In addition, the Chinese nurses shared experiences in how they enjoyed the respect received from their colleagues upon returning to work. One example was, “The coworkers look up to me”. They also found that they had more opportunities at work. For example, one nurse stated, “I have more opportunities to attend new technology and evidence-based practice project”. The final positive experience shared upon returning to China was triggered by their improved communication skills in speaking and writing English. A nurse expressed, “luckily, the study abroad helped to communicate with other health-care providers and patients during the work”.

On the other hand, the nurses reported the reentry experiences were challenging. Most shared they had additional work they were asked to complete. Statements such as “My boss asks me to take more work, such as writing papers, etc.” and “I am very busy at the work so that I don’t have enough time to do research”. Other top negative reentry experiences included a longer time to adjust to their lives. One nurse stated, “It is a hard time for me to adapt to the new position in my work after one-year experience. It takes me a long time and my colleagues helped me a lot to adapt to the new

working environment. It took me more than 3 months to get everything back to normal”.

3.3.3 Impact on family relationships

The third open-ended question was “Did the study abroad experience impact your family relationships once you returned to China? If yes, please explain. If no, please explain.” The emerging theme was that study abroad experiences had a varied impact on Chinese nurses’ family relationships: a recognition of internal growth and change recognized in family relations as well as a constancy of ongoing sameness. The nurses had divided responses to this question. More than half of the nurses (n = 8) believed that study abroad experiences impacted their family relationship while the rest of them did not believe so. For those who responded yes, some examples included “Yes, I feel I need more time with my family” and “I am confident and independent. I can cook for my family, both Chinese and American food. Be more patient with my family.” For those stating no (n = 5), examples of statements included “No. I still spend a lot of time with my family”, “No. Everything is the same”, and “No. My husband supported me at first and now it doesn’t change.”

3.3.4 Impact on way of living in China

The fourth open-ended question was “Did the study abroad experience impact your way of living in China? If yes, please explain. If no, please explain.” Again, the findings were mixed, with the majority of respondents embracing some American ways in their lifestyle upon their return to China. The theme was recognition of integrating some aspects of their US experience within their Chinese lifestyle, while still strongly embedded in their Chinese culture.

More than half (n = 8) reported that the study abroad experience impacted their way of living in China. This was reflected in their comments: “Yes. I realize the important of doing exercise. Now I work out regularly”, “When I studied in USA, I used to eating fries and drinking coffee. Now I keep this way in China”, “Now I like western food better”, “I will think more when I encounter any problem”, “Yes. At least I pay less attention to how other people think about me than before”, and finally, “old habits change a lot.”

Conversely, some Chinese nurses (n = 5) expressed that the study abroad did not impact their Chinese lifestyle. Sample statements include, “No, everything is the same”; “I have been living in China for 33 years. One-year experience definitely won’t change any habit”; “No, I really like the way living in USA, but I like Shanghai better, because food, people and the environment...”

3.3.5 Impact on Chinese cultural values

The fifth open-ended question was “Did the study abroad experience impact your Chinese cultural values? If yes, please explain. If no, please explain.” The responses suggested a theme that strong Chinese values cannot be impacted by one-year study abroad experience yet there was some openness to allow for a small US influence. A little more than half ($n = 7$) of the respondents denied that study abroad experiences impacted their Chinese cultural values. They stated “No. I love Chinese culture. I don’t think it will change”, “it’s difficult to change my Chinese cultural values in one year”, and “no. I live in China for 30 years. It is hard to impact my culture values.”

For those Chinese nurses who agreed ($n = 5$) the study abroad experiences impacted their cultural values, they expressed the following: “I know the different aspects of the Chinese cultural values. And I learned from the American culture”, “Have to admit U.S. culture is so strong and so good”, and “Yes. I think the most important thing I learned is to stand in other people’s shoes. I become more open-minded and easy to accept new things.”

4. DISCUSSION

4.1 Quantitative findings

The means of all 5 quantitative questions were above a 4 on a 7-point Likert scale. The Chinese nurses rated themselves as neutral in their ability to implement EBP in their current positions (mean $[M] = 4.47 \pm 1.125$ SD); range: 3-5. Interestingly, when the researchers compared similar questions to the same groups of Chinese nurses at the completion of the program (within two weeks of returning home), the mean was higher with a score of 6.59 out of 7 (± 0.49 SD).^[13] Six months later, the mean score decreased. The decrease may be caused by the barriers faced as described in the responses of the first qualitative question.

Also, the nurses were neutral regarding their confidence in improving nursing care in their current position ($M = 4.87 \pm 1.147$ SD; range: 3-7). While they were conservatively confident of improving nursing care at the 6 month time point ($M = 4.87 \pm 1.147$ SD), the level of confidence significantly dropped since the post program survey completed within two weeks of returning home ($M = 6.35 \pm 0.84$ SD).^[13] Furthermore, the average rating on the Chinese nurses’ current abilities to lead a team of coworkers in initiating change within their current facilities was also rated as neutral ($M = 4.69 \pm 1.014$ SD; range: 2-8). The many barriers identified by the nurses may be impacting their ability to initiate change.

Finally, the Chinese nurses agreed that the study abroad

experience enhanced their abilities as a team member to work efficiently with other healthcare providers ($M = 5.31 \pm 0.793$ SD; range: 4-7), and their abilities to communicate efficiently with patients, family members, and other healthcare providers ($M = 5.50 \pm 0.894$ SD; range: 4-7). In the two-week post program survey, the nurses strongly agreed that the study abroad experience enhanced their effectiveness as professional nurses (5.94 ± 1.16 SD).^[13] In the 6-month reentry survey, they scored their ability to work efficiently with other healthcare providers, and their ability to communicate efficiently with patients, family members, and other healthcare providers slightly decreased. These areas are less dependent on other workers and system demands, instead being more dependent on the individual nurse, thus allowing for sustainability.

Prior research findings are consistent with the feedback of the Chinese nurses in this 6-month follow up study. A study by Zhou, Hao, Guo, and Liu^[2] evaluated the implementation of EBP in daily Traditional Chinese Nursing clinical practice. The study identified that 648 (79.22% of 818) Chinese nurses had lower scores on self-reported use of EBP in their clinical practice than their peers in Iran, Spain, the UK, and the USA. The same study also illustrated that Chinese nurses under higher working pressure held less positive attitudes towards EBP. A more recent review by Cheng, Feng, and Hu^[14] concluded that there were gaps existing in China regarding nursing’s ability to implement EBP. The top barriers included limited up-to-date and high-quality, evidence-based resources, managerial impact, and the influence of traditional culture. Another recent study shared similar challenges of EBP development in China, including cultural, practice, and administrative barriers.^[4]

Overall, the Chinese nurses expressed some confidence in their capabilities after the study abroad experience similar to findings in other studies.^[8] The findings from the quantitative questions acknowledged that Chinese healthcare culture and traditions impacted the nurses when returning home. Although these Chinese nurses hoped to be able to impact Chinese healthcare, the findings from the 6-month reentry survey demonstrated that impacting change was difficult. However, the nurses did acknowledge new abilities that could positively impact healthcare teams and clinical practice.

4.2 Qualitative findings

Like other investigations that explored the study abroad experience,^[8,9] the Chinese nurses expressed that it took some time to adapt to regular life in China. Similar to prior studies, while the nurses were happy to get back to their prior lives, they missed certain resources and consumer products experienced in the US.^[8,15]

Half of the Chinese nurses shared that the study abroad experience affected their way of living in China. Similar findings were shared by female Muslim nursing students upon return to their home country following study abroad in the United States.^[8] Understanding the American culture did not change many of the Chinese nurses' own cultural values, although they admitted they learned from the American culture and believed the American culture had a strong influence on them. Similar to other studies, these Chinese nurses acknowledged and respected the cultural differences.^[16]

While reentry to one's home country following study abroad, has been reported to be a life-changing and stressful event,^[15,17] the Chinese nurses shared they enjoyed being home. They reported their strong family bonds were not impacted. This was similar to a finding shared by Christofi and Thompson.^[9]

4.3 Limitations

Several limitations were noted in this study. The small, convenience sample from a single university in the US and a specific geographic area from China limited the generalizability of the findings. The limited response rate was another limitation. Chinese nurses do not check their personal emails regularly and this may have contributed to the low response rate. Although these limitations prevent generalization of the findings, as a part of a large longitudinal study, this 6 month follow up study adds to the knowledge gap of the impact of a study abroad program on Chinese nurses' clinical practice, and personal and professional roles. Further reentry research of international nursing students will provide more insight on international nursing education.

5. RECOMMENDATIONS AND CONCLUSION

Communication between the academic setting and the healthcare settings in the home country are recommended to improve the nurse's reentry experience. Communication summarizing the nurses' academic and cultural experiences could alert healthcare settings of graduate student needs for support and resources. Preparation and discussion for reentry could be addressed before the end of the study abroad experience.

For example, a reentry debriefing may be utilized to help students with the integration of their study abroad experiences to their professional practice.

Nurse educators in the host country can initiate discussion on reentry issues and potential barriers before reentry.^[18] To assist the nurses in managing reentry challenges, specific strategies and further research are needed.^[8]

Reports have suggested the need for more evidence-based nursing practices in China.^[14] One recommendation might be for the host country to provide the study abroad nurses with available EBP toolkits and access to EBP resources before they leave (i.e., Sigma Theta Tau International Honor Society of Nursing). Conversely, Chinese academic coordinators could be informed of the practical workplace needs of these returning students and shared resources could be supplied across Chinese hospitals.

Chinese culture highly values harmony and respect for authority, and the Chinese nursing managerial system is a hierarchical, top-down system.^[14] Thus, administrative support is crucial to facilitate the success of EBP implementation and mitigate barriers presented to the returning nurses. Arming study abroad nurses with leadership and professional communication skills could be beneficial when working with Chinese administration. This would also aid in the event the study abroad nurses wanted to pursue administrative positions.

Overall, findings suggested that major influences in China, such as the healthcare culture, administrative hierarchy, and strong traditional Chinese values cannot be easily impacted following a one-year study abroad. What potentially can be changed is the impact study abroad experiences have on one's personal and professional roles. Strategies and tools to facilitate reentry for study abroad nurses require further investigation and collaboration between the host and home country.

CONFLICTS OF INTEREST DISCLOSURE

The authors have no conflict of interest to disclose.

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