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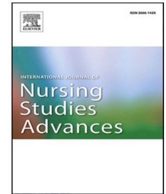

Local people's perceptions of international clinical placements in low- and middle-income countries: A literature review

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A R T I C L E I N F O

Keywords:
Healthcare students
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A B S T R A C T

Background: Student nurses in high-income countries are increasingly taking opportunities to undertake international clinical placements in low- and middle-income countries as part of their pre-registration studies.

Objectives: This review aimed to identify and evaluate existing research explores what local people in low- and middle-income countries think of international clinical placements taking place in their localities. This includes a range of local stakeholders, such as clinicians (including midwives, nurses, physicians, pharmacists, and academics), healthcare students (from any discipline), patients, carers, and community members. Considering the limited research focused specifically on local individuals exposed to nursing students, we sought to review the wider research exploring the perceptions of local people in low- and middle-income countries who have been exposed to any type of travelling pre-registration healthcare students. The aim of this review was to assess the size and scope of available research literature, establish research priorities, and provide generalizable findings relevant to all international clinical placements, including those undertaken by nursing students.

Design: Electronic databases were used to search for published results of previous research, including PubMed, Embase, Web of Science, CINAHL, Medline Ovid, and the Cochrane Library. Thirteen peer-reviewed articles were included after the screening process. The results of the original studies were analysed using a thematic synthesis.

Results: Themes identified included learning (with subthemes of travelling students learning from local people, local people learning from travelling students, and optimising learning), prestige, travelling student behaviour, and resource use (with subthemes of enhancing resources, draining resources and improvements via partnership working). Whilst challenges and drawbacks of international clinical placements were identified, on balance, local people across all the studies were positive about receiving travelling students and keen for this to continue.

Conclusion: This work has found that the current body of research exploring perceptions of international clinical placements was heavily focused on local clinicians who have been exposed to travelling medical students. Some of the themes identified may be generalisable to all stakeholders of all types of international clinical placements. These include the central concern regarding reciprocity and the desire that international placements should be beneficial for all involved, rather than solely the travelling student. However, further research is required to understand how other types of placements, such as nursing placements, are viewed by other local people (e.g., patients).

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What is already known about the topic?

- Student nurses in high income countries are increasingly taking opportunities to undertake international clinical placements in low- and middle-income countries as part of their pre-registration studies.
- Students who undertake international clinical placements demonstrate enhanced performance across several key indicators, from attainment to employability.
- There have been growing concerns about the unintended negative consequences of international clinical placements.

What this paper adds

- Local clinicians in low- and middle-income countries who are exposed to nursing and medical students undergoing international clinical placements generally see the placements as a positive initiative.
- Local people and institutions can perceive hosting students on international clinical placements as prestigious, primarily because the students are foreign, which can give rise to ethical challenges and power imbalances.
- The perspectives of local people generally align with the principles outlined in existing ethical guidance, although more emphasis should be placed on the recognition of prestige and privilege.
- Research on local perspectives is heavily weighted towards local clinicians exposed to medical students.
- Research specific to international clinical placements for nursing students and to the perceptions of local patients is needed to inform and develop the organisation of international clinical placements for student nurses in the future.

1. Introduction

Universities in high-income countries are increasingly offering their student nurses opportunities to undertake international clinical placements. For the purposes of this paper, international clinical placements refer to clinical placements in which healthcare students travel to a different country as part of their pre-registration studies. Often nursing students who choose to complete international clinical placements do so in low- and middle-income countries. The chance to experience a healthcare system in another country, with a different culture and often with fewer resources, is highly valued by many nursing students. Existing research indicates that international clinical placements in low- and middle-income countries are generally beneficial for the travelling student. However, until recently, there has been limited research on the local impact of these international clinical placements, and historically, when such research has been conducted, it has tended to consist of evidence gathered from the perspective of the travelling participants. In the past decade, there have been efforts to address this, with more research investigating the perspectives of local people in low- and middle-income countries who interact with the travelling students. Research that focuses on local people who have been exposed to nursing students specifically is limited. Therefore, this review sought to review the wider research that explores the perceptions of local people in low- and middle-income countries who have been exposed to any type of healthcare student. This may provide an assessment of the size and scope of available research, as well as provide some insight into what local people think of international clinical placements in their respective localities. These findings will provide institutions or individuals who plan for and support nursing students undergoing international clinical placements with valuable insight to inform best practice. It may also identify gaps in the literature and priorities for further research specifically focused on international clinical placements of student nurses.

2. Background

While international clinical placements are much more common for medical than for nursing students, they had become increasingly common across all professional healthcare degrees until the COVID-19 pandemic caused a sudden decline (Anderson et al., 2012; Storz, 2022; Council of Deans and Universities, 2022). Many institutions are only just re-building their international clinical placement programmes post-pandemic. This new beginning, in combination with increasing awareness of the concepts of decolonisation and internationalisation, provides stakeholders of international clinical placements a valuable opportunity to reflect critically on practice. Currently, the ways in which international clinical placements are organised vary amongst countries, institutions, and healthcare degrees in terms of duration, level of oversight, communication, and input from sending and receiving institutions (Council of Deans and Universities, 2022; Browne and Fetherston, 2018). The limited research available comparing the efficacy of different models of international clinical placements usually focuses on the impact on the travelling students (Abedini et al., 2012; Ulvund and Mordal, 2017; Turale, 2015; Tuckett and Crompton, 2013; Gower et al., 2017; Kulbok et al., 2012), rather than the wider considerations, such as the impact on local people. It is fairly well established that students who undergo international clinical placements demonstrate enhanced performance across several key indicators, from attainment to employability (Universities UK International, 2023; Ulvund et al., 2023). However, there is growing concern about the unintended negative consequences of international clinical placements (Bauer, 2017; Crump and Sugarman, 2010). The findings of this review may contribute to this ongoing debate by establishing if these concerns are echoed by local people.

3. Methods

3.1. Search strategy

The search was conducted between June-July 2022. Inclusion criteria were chosen by dividing the research question into a SPIDER framework (Table 1) (Moher et al., 2009).

These criteria were used to determine the eligibility of studies. The search terms (including synonyms) were placed in five specific keyword groups, truncated, and combined using Boolean operators (Aromataris and Riitano, 2014). Keywords and synonyms in each group were combined with OR, and then the groups were combined using the AND operator (Table 2). The search was limited to 'English-only' articles. No time limit was set on the year of publication.

PubMed, Embase, Web of Science, CINAHL, Medline Ovid, and the Cochrane Library databases were used to search for original studies. A total of 588 original studies were found. After removing duplications, a total of 586 original studies remained. The titles of these were screened and 530 excluded because they did not meet the inclusion criteria. The abstracts of the remaining 56 studies were then reviewed, and an additional 47 were excluded because they did not meet the inclusion criteria, leaving nine original studies for the review. The reference lists of these studies were manually searched, and four additional studies were identified. All the papers were assessed using the CASP Qualitative Studies Checklist tool (CASP, 2018) and found to be of sufficient quality to be included in the review. Thus, 13 original studies were included for data synthesis (Table 4, Supplemental Material). The full texts of the final papers were reviewed, and relevant text was extracted for analysis. Thematic synthesis was chosen for the interpretation of results, as this was considered most effective in answering the review question (Aveyard, 2013).

4. Findings

Papers were included if they explored the experiences of any individuals living in low- and middle-income countries who were exposed to healthcare students on an international clinical placement (see Table 4, Supplemental Material). The papers were found to be largely focused on the perspectives of local clinicians, with total sample numbers of 225 local clinicians, 19 local students, 15 patients, and 14 community members (see Table 5, Supplemental Material). Of the clinicians, 72 % were physicians and 11 % other healthcare professionals (including nurses, pharmacists, midwives, and clinical facilitators). Some professional groups were absent from these papers, including physiotherapists and occupational therapists. Eight out of the total of 13 papers gave specifics about the clinical areas that the participants were recruited from, with four from hospitals, three from mixed hospital and community- based facilities/outreach, and one solely in the community (see Table 5, Supplemental Material). The other papers were less specific about the clinical settings from which the local people were recruited. The studies included perspectives from local people based in over 30 low- and middle-income countries, mainly in Africa and Asia, although the West Indies and South America were also represented (see Table 5, Supplemental Material). When referring to the local people, nationality/ethnicity were rarely explicitly mentioned in these papers.

All the papers used qualitative research designs, with one study using a mixed qualitative and quantitative approach (see Table 4, Supplemental Material). Hosts in most of the papers were recruited through convenience sampling. Local people in these studies were either all from the same host institution or had all been exposed to travelling students from a single sending institution.

The majority of the research papers (8/13) focused on local people who had been exposed to medical students. Only three papers concentrated on local people's exposure to nursing students specifically, corresponding to 20 % (45/225) of the total number of local people included in all the studies. The length of placements varied considerably, both within and between studies, from between two and 16 weeks (see Table 5, Supplemental Material).

The origin of the students the local people were exposed to also varied. On the whole, students were described according to the country their educational institution was based in, rather than their actual nationality or ethnicity. Local people reported being exposed to students from institutions across 13 high-income countries across North America, Australasia, or Europe. Many of the papers also explored the perspectives of international clinical placement students or faculty members or included some experiences from placements in high-income countries. As this was not the focus of this review, these elements were not be explored.

Table 1
Spider review form.

Sample	Inclusion Individuals living in low and middle income countries	Exclusion Individuals living in high income countries
Phenomenon of interest	• Exposure to international healthcare students (including medical, nursing, and allied health professionals) from high income countries • Students visiting for the purposes of an educational healthcare placement as part of a formal pre-registration degree programme in a high income country	• Students visiting as post-registration learners or students who undertake experiences outside of formal education
Design	Original published literature of any research design, peer reviewed written in English	
Evaluation	Perspectives, views, experiences	
Research Type	Qualitative, quantitative and mixed methods peer reviewed studies	Letter or opinion pieces or studies written in languages other than English

Table 2
Search terms and synonyms.

	1	2	3	4	5
Keyword	Healthcare*	Student*	International*	Placement*	Host*
Synonyms	Nurs* Medic* Midwi* "Occupational health" "Allied health" "Speech and language" Paramedic*	Undergraduate* Pre-registrat* Trainee* learner*	Overseas* abroad* global*	Exchange* Elective* Collaboration* Service-learning* Internationalisation* Clinical educat* Intercultural* mobil*	Partner* Facult* Mentor* Supervisor* Communit* Service user* Stakeholder* preceptor* patient* local*

Most of the local people in these studies had been exposed to medical students who appeared to be travelling independently and were unaccompanied by staff from their home institutions. However, in some papers, the local people had been exposed to groups of students who arrived together from the same institution and were facilitated by staff from both the sending and the local institution. Importantly, these were also the only papers specifically looking at non-medical students (nursing and midwifery).

5. Themes

The analysis of the extracted data from the literature focused on four themes, two of which were further divided into sub-themes.

5.1. *Theme 1: learning*

Learning was a major theme in every paper. Most of the papers focused on the local clinicians' perspectives.

5.2. *Sub-theme: travelling students learning from local people*

For local clinicians, a desire to teach was the primary motivation for hosting travelling students (Bozinoff et al., 2014; c; Kung et al., 2016). Many thought that the teaching could have a far-reaching impact in terms of how the students might go on to utilise their learning in the wider world (Kung et al., 2016). The learning outcomes that local clinicians thought travelling students gained from their placements included awareness of global health issues (Fotheringham et al., 2018; Kung et al., 2016), increased cultural competence, insight into different healthcare systems (Bull et al., 2020), and exposure to different disease presentations (Bozinoff et al., 2014). Many expressed pride in their role in helping deliver this education.

Responses from local students generally focused on what they themselves had learnt, rather than what they thought the travelling students had learnt (Bull et al., 2020; Tjoflåt et al., 2017; Gosse and Katic-Duffy, 2020). Nonetheless, where this was explored, the themes mirrored those emerging from the local clinicians' perspectives. By contrast, responses from local patients focused on what local clinicians could learn from travelling students, rather than what they thought the travelling students learnt (McMahon et al., 2019).

In discussing the education of travelling students, some common barriers to learning emerged. The most prominent of these barriers were: local clinicians' misconceptions around the students' scope and role, the lack of defined intended learning outcomes, and language/communication problems (Fotheringham et al., 2018; Kung et al., 2016; Kumwenda et al., 2015). Lack of communication with a sending institution often led clinicians to question the objective and relevance of the international clinical placement (Kumwenda et al., 2015).

5.3. *Subtheme: hosts learning from international students*

Host clinicians in all studies thought that both they and local students learnt from international clinical placements. Generally, reported areas of learning fell into three categories: an enhanced ability to think critically about their practice, better awareness of healthcare delivery in high income countries, and improved language/cross-cultural skills (Kung et al., 2016; McMahon et al., 2019). (Roebbelen et al., 2018; Renaud-Roy et al., 2020). Very often the learning occurred due to questions that travelling students asked, which resulted in local clinicians and students thinking more deeply about their established practice.

"The Australian students wanted to know why we do that in Indonesia. This makes me think and reflect on what we are doing here – in my own practice"- Host Clinician (Tjoflåt et al., 2017) (p3)

Most of the learning seemed to occur through day-to-day, unstructured communication during clinical work (Bozinoff et al., 2014; Fotheringham et al., 2018; Kumwenda et al., 2015), although some programmes had more structured peer-to-peer learning sessions led by clinical facilitators from both the sending and host organisations (Bull et al., 2020; Tjoflåt et al., 2017; Gosse and Katic-Duffy, 2020). Learning in both formats was generally perceived as useful. However, situations where independent travelling students proactively tried to lead structured education were not well reviewed. Host clinicians in Kraeker and Chandler (Kraeker and Chandler, 2013)

reported that they thought the travelling students felt they were there to teach local staff; they did so without fully understanding the local context or consulting local staff to identify learning needs. This resulted in inappropriate teaching or duplication of existing teaching programmes. In some cases, this resulted in offence to staff, patients, or both.

Language was cited as both an opportunity for local people (including students, clinicians, and homestay families) to develop English language skills (Kung et al., 2016; Bull et al., 2020; McMahon et al., 2019) and a barrier to international students' learning and consultation skills (McMahon et al., 2019). Studies that sought the perspectives of local students generally reflected the same views as the clinicians (Bull et al., 2020; Tjoflåt et al., 2017; Gosse and Katic-Duffy, 2020).

In the only study to consult patients (McMahon et al., 2019), the view that foreign students brought exposure to more advanced medical knowledge was prominent. Some patients also believed that travelling students could help in the local hospital's development. McMahon et al. (2019) noted that "patients specifically reported visiting students may bring knowledge of novel treatments, technologies, and sanitation**".** (McMahon et al., 2019) (p218)

5.4. Sub-theme: optimising learning

Studies in which local people engaged with independently-travelling students (as opposed to those undergoing highly-facilitated placements) generally thought that students would get more from their placements if they were more prepared prior to departure (Bozinoff et al., 2014; Fotheringham et al., 2018, Kumwenda et al., 2015; Lukolyo et al., 2016). Suggestions for preparation included increasing clinical knowledge of tropical diseases, understanding of local culture and customs, and learning the language. The length of placement was also discussed in terms of optimising learning. For students travelling independently, local clinicians generally agreed that the longer the placement, the better, with placements shorter than two weeks being ineffective (Fotheringham et al., 2018; Kumwenda et al., 2015; Lukolyo et al., 2016). More highly-facilitated placements were often around two weeks in duration, and local people seemed to report these were effective, although a discussion specifically about length of placement was not included (Bull et al., 2020; Tjoflåt et al., 2017; Gosse and Katic-Duffy, 2020).

All local clinicians and students perceived international clinical placements as being beneficial for the education of the travelling students and identified benefits for themselves. However, the balance of benefits was often seen to be weighted in favour of the travelling student (especially for those local people engaging with independently-travelling students). International clinical placements in which staff from the sending institution travelled with the students were perceived as more equal, and some local people who had been exposed to independently travelling students felt that placements would be improved with more structured learning programmes, including regular debriefs/reviews, facilitated by staff from the sending institution (Fotheringham et al., 2018).

The theme of reciprocity was present in all the studies when local people were discussing what would make the most successful international clinical placements. Hosts consistently agreed that local students and clinicians would be keen to access opportunities to gain international experience and learning opportunities but rarely had the means to do so. International clinical placements were unanimously seen as a potential opportunity to develop relationships with individuals and institutions that could lead to greater mutual collaboration in terms of education, research, and exchange.

5.5. Theme 2: resources

5.5.1. Sub-theme: enhancing resources

Studies in which local people engaged with independently-travelling students generally reported the main benefits to be the additional resources that students contributed to them and their institutions. This was both in terms of clinical skills (Bozinoff et al., 2014; Fotheringham et al., 2018; Renaud-Roy et al., 2020) and monetary contributions (Fotheringham et al., 2018; Kung et al., 2016; McMahon et al., 2019). Hosts' perceptions of the value of the travelling students' clinical skills varied; there was a recognition that, generally, travelling students were primarily coming to learn and not to work (Kumwenda et al., 2015) and that some students were more competent than others (Fotheringham et al., 2018; Kung et al., 2016). There was also consensus that the longer the student stayed at the institution, the more useful they became (Fotheringham et al., 2018; Kung et al., 2016; Kumwenda et al., 2015; McMahon et al., 2019; Lukolyo et al., 2016). All the studies in which local people discussed the value of travelling students' clinical skills concerned local people who had been exposed to medical students, so it is unclear how local people perceived the value of clinical skills brought by other health professionals or in more highly-facilitated placements. Where mentioned, monetary contributions to the institution were universally recognised as valuable (Kumwenda et al., 2015; McMahon et al., 2019), although there was sometimes resentment that the clinician did not personally receive any monetary remuneration for the added work it took to support the students (Kumwenda et al., 2015).

In a number of papers, local people expressed the hope that travelling students would draw from their experiences when making career decisions and thus saw the placements as a contributing resource to wider global health (Kung et al., 2016). Generally, local people hoped that students would go on to serve underrepresented communities in their home country, the country of the international clinical placement, or elsewhere (Fotheringham et al., 2018; Kung et al., 2016; Renaud-Roy et al., 2020).

5.5.2. Sub-theme: draining resources

The main drain on resources identified was the time it took for local clinicians to supervise international students (Bozinoff et al., 2014; Kumwenda et al., 2015; McMahon et al., 2019). Often staff reported that they worked in departments that were understaffed and poorly resourced and in which they were responsible for a high number of patients, and so finding time to support travelling students was challenging (Bozinoff et al., 2014; Kumwenda et al., 2015). They also noted that not all clinicians in their hospitals were interested

in teaching international students, as there was no real incentive for doing so, and they had other clinical or teaching responsibilities (Fotheringham et al., 2018). Although common concerns voiced in other literature about the safety and quality of supervision was not prominent in these studies, it was present, with some local clinicians identifying that inadequate supervision had resulted in travelling students being disappointed (Browne and Fetherston, 2018) and an increased risk to patient safety (Fotheringham et al., 2018). Some voiced concerns that inadequate supervision may have resulted in travelling students exceeding the boundaries of competence and performing procedures that they would not be permitted to do in their home countries (Fotheringham et al., 2018). Instead of viewing all this negatively, some pointed out that travelling students needed to recognise that medical education systems in many low- and middle-income countries were underdeveloped and that inconsistencies were part of the learning process (Kumwenda et al., 2015). Some studies also identified that there was potential for local students to miss opportunities due to the presence of travelling students (Kumwenda et al., 2015; McMahon et al., 2019).

Some local people also identified that international clinical placements resulted in the draining of physical resources, such as gloves and gowns, which travelling students used more liberally than local staff (Bozinoff et al., 2014; Kung et al., 2016; Tjoflåt et al., 2017). Some participants who mentioned these costs also explained how they might impact the patient:

> "*Norwegian students are unaware of the cost of an IV cannula. When the Norwegians fail to apply a cannula the first time, they throw the cannula away and take a new one, resulting in higher costs for the patients. We also know that we should not reuse the cannula, but here it is the norm because of poverty.*" - Host Student (Tjoflåt et al., 2017) (p36).

Bozinoff et al. (2014) identified that the draining of local resources was exacerbated when numerous travelling students arrived at the same time and did not bring their own medical supplies.

5.5.3. Subtheme: optimising resources

The main suggestions for improvements related to resource use were: better planning of placement timing (i.e., ensuring there are not too many students at once and making the placements longer) (McMahon et al., 2019), ensuring adequate funding/remuneration (Kumwenda et al., 2015; McMahon et al., 2019), better supervisory structures, and more suitable students (Kumwenda et al., 2015). The route to achieving this was generally seen as having stronger links to the sending institutions and fostering more partnership collaborations.

Kumwenda et al. (2015) reviewed perspectives from multiple different types of placements and found that local clinicians felt that the more tutors from sending institutions established links with the local site, the better the organisation of the international clinical placement. Most respondents mentioned the partnership model as their preferred type of international clinical placement approach because it helped to ensure that there were adequate resources to support the students, allowed the local site to plan, and was more likely to result in a beneficial experience for all involved. Hosts across numerous studies echoed this (Tjoflåt et al., 2017; McMahon et al., 2019; Roebbelen et al., 2018; Renaud-Roy et al., 2020; Lukolyo et al., 2016; Underwood et al., 2016). Many were keen to establish stable sources of funding through partnerships with sending institutions. Financial support from partner institutions could help improve the standard of care, help pay translators and international clinical placement supervisors, and fund professional training for staff (Kumwenda et al., 2015). Having students accompanied by tutors from sending institutions (Lukolyo et al., 2016) and possibilities for exchange programmes (McMahon et al., 2019) were all suggested as ways to improve current structures. Selecting appropriate students, with appropriate attitudes and clinical knowledge, was also seen as important: generally, the more senior and more mature the student, the better (Kumwenda et al., 2015). This was one area in which local people felt a partnership approach did not work so well, as, when working with partners, they had less say over which students participated (as opposed to students who applied to the institution directly) (Kumwenda et al., 2015).

5.6. Theme 3: behaviours

Hosts were interested in the different behaviours travelling students demonstrated, especially towards patients. This was mentioned in relation to issues including personal space (Gosse and Katic-Duffy, 2020) and dress code (Bull et al., 2020). However, it was most prominent regarding consent; a large number of local people mentioned that travelling students were more likely than local clinicians to ask for consent from patient (Tjoflåt et al., 2017; Roebbelen et al., 2018; Renaud-Roy et al., 2020).

> "*But trainees, systematically, even when they want, for example, a photo of the patient, they always ask the patient, whereas we don't ask*" - Host Clinician (Renaud-Roy et al., 2020) (p307)

Hosts often reflected that many of the different behaviours they noticed were neither positive nor negative but did help them reflect on their own practice (Tjoflåt et al., 2017; Renaud-Roy et al., 2020). There were, however, some specific different behaviours and attitudes that were perceived as positive or negative. Behaviours that were looked on favourably included taking an interest in local culture (Fotheringham et al., 2018), learning the local language (Fotheringham et al., 2018; Kumwenda et al., 2015; Tjoflåt et al., 2017; Underwood et al., 2016), being mindful of the limitations of resources (Kumwenda et al., 2015; Tjoflåt et al., 2017), and being respectful of local knowledge and customs. Attitudes that were disliked included students mistakenly seeing themselves as having superior clinical knowledge or expertise (McMahon et al., 2019; Kraeker and Chandler, 2013; Lukolyo et al., 2016) and making promises that they did not keep (e.g., keeping in touch, fundraising on return to their home, returning to work in the future) (Kung et al., 2016). Hosts reported that these attitudes could lead to local people feeling resentful, disappointed, and hurt. Furthermore, local people often reported occasions where students had misunderstood both the cultural context of the care setting (Roebbelen et al., 2018) and the implications of limited resources on care (Tjoflåt et al., 2017; Kraeker and Chandler, 2013). Whilst most individual

travelling students were reviewed positively, local clinicians said some did not take the opportunity seriously and were either merely observers (Kung et al., 2016), were using the placement as a holiday (Kung et al., 2016; Kumwenda et al., 2015, Bull et al., 2020), or did not integrate with or respect local staff (Fotheringham et al., 2018; Lukolyo et al., 2016).

> "…*some students do come with an attitude that because they are Western medical students they will know much more than what our clinical officers know. They will find that they are not right and they have to learn to respect the Malawian clinical officers…*" - Host Clinician (Kumwenda et al., 2015) (p529)

Travelling students' inability to speak the local language was also disliked (Kung et al., 2016; Kumwenda et al., 2015; Tjoflåt et al., 2017; Kraeker and Chandler, 2013; Underwood et al., 2016). In a number of studies, local people reported that students were unable to participate fully in care, as communication was impossible (Kung et al., 2016; Tjoflåt et al., 2017). The first-hand views of patients were underrepresented in the studies, but the only study to seek input from patients did find that patients found the language barrier the biggest drawback of engaging with foreign students:

> "*I could not completely understand the foreigner due to the language barrier, but she gave me good advice to do a chest X-Ray and blood test.*" – Host Patient (McMahon et al., 2019) (p219).

Another patient said that he was unsure about what the student and physician were talking about in English during his consultation (McMahon et al., 2019). Across all studies, there was consensus that the more the student and sending organisation understood about the local context, language, and culture before they came, the better.

Despite culture shock and emotional distress featuring highly in literature focusing on students' experiences, in only two of the studies, local people mentioned the emotional wellbeing of the travelling students (Bozinoff et al., 2014; Roebbelen et al., 2018). Bozinoff et al. (2014) stated "Occasionally hosts also raised concerns about the emotional impacts the experience may have on the students". This is echoed by Roebbelen et al. (2018):"Host supervisors expressed the challenge of witnessing international medical students' distress when they were confronted with health inequities and ethically challenging situations and were sometimes unsure of how to best navigate this with the student".

5.7. Theme 4: prestige

A number of studies explored how hosting travelling students impacted the reputation of the host institution (Bozinoff et al., 2014; McMahon et al., 2019; Roebbelen et al., 2018). All the institutions/clinicians in these studies had hosted medical students (as opposed to other healthcare students), and the studies had primarily focused on the views of local clinicians, most of whom were physicians. It was clear that participants in these studies thought receiving travelling students had a positive effect on the prestige of the host organisation in the eyes of the local community (Bozinoff et al., 2014; Kung et al., 2016; McMahon et al., 2019), as well as sometimes in the eyes of local staff (Renaud-Roy et al., 2020; Kraeker and Chandler, 2013) and the wider national/ international community (Bozinoff et al., 2014; Kung et al., 2016). Bozinoff et al. (2014) also highlighted the positive effect on the reputation of individual local clinicians.

It was clear that local clinicians also thought that local patients viewed the travelling students positively. In some studies, clinicians specifically explained that this seemed to improve the relationship between them and patients. In fact, in some studies, local people reported that they thought patients preferred being treated by travelling students rather than local clinicians or students because travelling students were perceived as being better.

> "*Patients will feel better about coming to our hospital because they think the foreigners will offer better care.*" – Host Clinician (McMahon et al., 2019) (p219)

In two of the papers the white ethnicity of travelling students was highlighted as contributing to this perception (Bozinoff et al., 2014; Tjoflåt et al., 2017). However, Kung et al. (2016) stated that it was "visible foreignness", rather than race, that local community members equated with wealth, power, and influence and therefore prestige. Only one of these papers sought opinions directly from patients as well as local clinicians. The responses from these patients seemed to corroborate the views of local clinicians.

> "*Our patients are always happy to see white faces and will trust our department more even though the foreigners are just students.*" **–** Host Clinician (McMahon et al., 2019) (p218)

This high regard for foreign students sometimes seemed to result in misunderstandings about their role. In McMahon et al. (2019) many of the patients had misconceptions about whether the travelling students were students or physicians. Likewise, in Kung et al. (2016) local clinicians reported occasions when patients had "cherished the knowledge of high-income countries trainees, perceiving the trainees as possessing high qualifications beyond their actual level of training". 22 (p1125) Whether this positive regard for travelling students was a positive or negative was rarely explored by local people, but when it was, it was seen as positive. In Kung et al. (2016), the local clinicians unanimously agreed that they did not find their patients' preferences for the travelling students frustrating but welcomed the reputational advantage it brought, with one clinician noting: "*White skin is an advantage for us. . . we should use it.*" (Kung et al., 2016) (p1125)

Furthermore, researchers from one study indicated that this bias in favour of travelling students was stronger even than entrenched cultural gender bias. In Renaud-Roy et al. (2020) local clinicians explained that women tended to be considered inferior and deferential at work compared with males. Many local people thought it was positive that travelling female students did not evoke this gender inequality:

> "*Because there are patients who refuse! African patients who refuse to be treated by Beninese women … I noticed they didn't refuse when it was [female] foreign trainees.*"- Host Clinician (Renaud-Roy et al., 2020) (p307).

Kung et al. (2016) echoed this, which highlighted that the positive bias for foreign students could help overcome prevalent negative attitudes towards serving socially-marginalised populations. The reason for the positive regard was also rarely discussed, but this quote seems telling:

> "*You know there is limitations that persists in Africa where the white man is almost like God. When a white comes to treat someone the patient says to himself: "I have the best care". There is still this myth that exists. As a result, it easily facilitates access to patient for foreign students when they come to Benin. […] You know there was the colonization there was the fact that the European countries are more developed than the African countries.*" – Host Clinician (Renaud-Roy et al., 2020) (p307).

6. Discussion

In this review, we shed light on several emerging themes that are highly relevant to international clinical placements for student nurses. Although the themes of learning, resource availability, and behaviour align closely with existing literature examining international clinical placements from the perspectives of travelling nursing students (Underwood et al., 2016; Kalbarczyk et al., 2019; Gower et al., 2023a), the theme of prestige is not widely recognized in this body of literature. This implies that travelling student nurses and sending institutions may be largely unaware of the implications associated with the notion of prestige.

The findings demonstrate that the perceived prestige associated with being a foreign student can result in local individuals being highly receptive to the active involvement of these students in caregiving. On the one hand, this can be seen as beneficial, as it may enhance the learning experience for travelling students and provide additional human resources, thereby freeing up time for local clinicians. On the other hand, this dynamic can be deeply problematic.

While it is theoretically possible that some students possess superior knowledge and skills, as highlighted by insights from clinicians (Fotheringham et al., 2018; Kung et al., 2016), students' abilities vary, and they often lack an understanding of how their knowledge can be best utilized in the local context. The local bias towards foreign students appeared to be solely based on their foreignness (or possibly their perceived whiteness), which may stem from entrenched cultural attitudes rooted in historical colonialism rather than objective assessments or qualifications. This blanket bias, coupled with potential misunderstandings of roles and levels of competency, gives rise to numerous risks and ethical considerations.

For instance, if an unqualified travelling student is perceived as an authority by a patient, the patient may become misinformed and not realize that they have a choice in receiving treatment. Even if travelling students are more likely to seek consent than their local counterparts (Renaud-Roy et al., 2020), this power dynamic can be exploitative and undermine the concept of genuine informed consent. Additionally, this situation may limit learning opportunities for local staff and students and erode patient trust in local senior and supervising clinicians.

Students may be unaware of the privileged position they occupy and the potential negative implications it carries. Furthermore, this dynamic can reinforce existing biases that students may have regarding their own superiority, often rooted in historical colonialism.

Colonialisation in global health refers to "the enduring legacy of colonial structures and power differentials that drive discrimination and allow for disproportionate benefits to individuals at high income country institutions at the expense of their low- and middle-income country partners" (Bowen et al., 2021). Current models of international clinical placements for student nurses, even when highly structured, rarely provide students with education about the legacy of colonialisation or of how power imbalances due to colonialism, racism, and injustice continue to shape inequitable relationships in global health (Garba et al., 2021; Kalbarczyk et al., 2019). This is a complex and multifactorial issue rooted within long-standing, broader inequities.

In 2010, Crump et al. proposed a comprehensive set of ethical guidelines for international placements (Crump and Sugarman, 2010). However, these guidelines draw primarily from research exploring the experiences of sending organizations and participating students. The perspectives of local individuals, although recognized as stakeholders, were largely absent from the supporting research due to limited availability at the time. Since 2010, an increasing number of studies have examined the perspectives of local people, and this review synthesizes their findings, revealing that the viewpoints of locals exposed to travelling students generally align with the recommendations proposed by the guidelines (Crump and Sugarman, 2010).

One aspect that may have been overlooked by Crump and Sugarman (2010) is the theme of prestige. The guidelines acknowledge the potential for power imbalances, emphasize mutual and reciprocal benefits, and recommend that sending organizations and travelling students learn about socio cultural, political, and historical aspects of the host community. However, they do not explicitly address the concepts of privilege or prestige. Steps to address this are identified in the Recommendations section.

Both the research in this review and in the wider literature about the international placements area is predominantly based on international placements supporting medical students, rather than nursing students or any other professional group. Whilst there is little in the existing evidence to suggest that local perceptions differ according to the type of healthcare student they are exposed to, the review does highlight local peoples' misconception about students' level of competence and training; it is also possible that the professional identities of the students were misinterpreted. More research specific to international placements for student nurses is required to confirm this hypothesis.

Although large-scale multi-centre quantitative data on the nature and organisation of international placements for student nurses is

limited, available studies suggest that these placements are typically more supported compared to placements for medical students (Browne and Fetherston, 2018; Gower et al., 2023a). Whilst some nursing students do travel independently, numerous individual studies reviewing specific placements describe nursing placements where academic staff from the sending organisation travel with the students or there are organised buddying schemes or other structured learning activities (Browne and Fetherston, 2018; Gower et al., 2023b). The higher level of support for nursing placements can be attributed, at least in part, to regulatory requirements imposed by some countries. For instance, updates to regulatory requirements in the United Kingdom (UK) in recent years stipulate the need for education audits in all international placement areas and supervision. These audits should be carried out by suitably-prepared UK Nursing and Midwifery Council-registered practice assessors and practice supervisors primarily based in the UK (Nursing and Midwifery Council, 2023). While achieving these requirements may pose challenges for many sending institutions and potentially reduce the number of students able to participate in international clinical placements, it also promotes a supportive, partnership approach. As this review highlights, the level of oversight, support, and involvement from the sending institution positively influences how local individuals perceive the placement. Therefore, an increased level of governance from regulatory bodies could lead to a more positive exposure of local people to travelling nursing students.

Greater governance may be particularly important when it comes to addressing one of the most concerning issues: that of the potential for a lack of proper supervision. Although some local people argued that this was an important learning experience, appropriate supervision and support of healthcare students is an essential aspect of safe healthcare education. Undergoing a placement in a different country and culture and potentially within an under-resourced healthcare system is inevitably going to involve some additional challenges for students. It therefore seems counterintuitive that this should be the point in training when students have the least support and supervision. Notably, none of the local people exposed to travelling students on placements where sending institution staff had accompanied students raised concerns about supervision, indicating that this model may help minimise this risk.

6.1. Recommendations

This work has clearly identified ways in which local people think international clinical placements could be improved. Central to all the recommendations is the concept of reciprocity and the desire that international clinical placements should be beneficial for all involved, rather than just for the travelling student. It is unlikely that this could be achieved at an individual student level; it is increasingly recognised that sending and local institutions should be regarded as equal partners in the organisation and delivery of international clinical placements, and both should be involved in every stage of their planning and delivery (Eichbaum et al., 2021; Ulvund et al., 2023). This arrangement has the potential to address the majority of local people's concerns, including ensuring the following: that the costs of the students being on placement are fully covered; that students get relevant and useful pre-departure information and training; that there is clarity about the students' competence, scope, and role; that there are appropriate mutually-agreed intended learning outcomes; that there are safe and appropriate supervision arrangements; that the duration of the placements is appropriate; and that placements are adequately spaced out. These help address the need for further research identified by Crump et al. (2010) and help confirm that local people's perspectives generally align with previously published ethical guidelines (Crump and Sugarman, 2010).

However, following these guidelines may be challenging; institutions in low- and middle-income countries are likely to lack the resources to commit to instigating an initiative like this, and whilst many UK courses benefit from providing international clinical placements, they seldom form a core element of the curriculum. Insights into the potential problems of international clinical placements are lacking, and there are few incentives and resources to ensure that the programmes are of good quality and equitable (Ulvund

Table 3
Summary of key recommendation.

Key Recommendations for institutions organising international placements for nursing students:
○ Follow existing ethics and best practice guidelines (Crump and Sugarman, 2010). ○ Get to know the locations nursing students are travelling to and develop strong, formalised relationships with host institutions. ○ Include the perspectives of local stakeholders in the planning, organisation, and evaluation of international clinical placements. ○ Consider international clinical placement models of delivery that have an element of reciprocity inbuilt. These could include shared teaching and research programmes and exchange or peer -to- peer learning programmes (either in person or virtual) (Underwood et al., 2016; Gower et al., 2023a). ○ Ensure faculty members travel alongside students. ○ Ensure any regulatory body requirements for international placements are met. ○ Embed learning about unconscious bias, colonisation, power, and privilege into the pre-departure training.
Key recommendations for travelling nursing students
○ Follow existing ethics and best practice guidelines (Crump and Sugarman, 2010). ○ Think carefully about how profession and level of scope/competence is communicated to all stakeholders. ○ Nursing students should actively reflect on their own identity and how it may influence their relative position of power, privilege, or vulnerability in their new environment.
Key questions for further research
• How are international clinical placements for nursing students currently planned, organised, and evaluated? • How do different models of international nursing placement delivery impact local patient and local clinician experience? • Are there differences in the way student nurses and medical students are received by local people? • What do travelling nursing students understand about colonisation and power dynamics within international clinical placements they participate in?

et al., 2023). That said, the restarting of international clinical placements post-pandemic, a growing public awareness of global health (Underwood et al., 2016), and increasing pressure on universities to decolonialise their curricula (Ulvund et al., 2023; Kalbarczyk et al., 2019) may provide a unique opportunity to act on these recommendations.

The question of how to address the ethical issues identified within this review is a difficult one, requiring institutional change. It may truly be addressed only by moving away from short-term international clinical placements altogether, in favour of longer term, more sustainable models. However, given that demand for short-term international clinical placements is likely to continue (Underwood et al., 2016), it seems important to make them as ethical as possible (Table 3).

6.2. Limitations

A limitation of the study was the involvement of a single investigator in the process of identifying and extracting data. As a result, there is a potential risk of researcher bias and subjective interpretation of the data. The absence of multiple researchers independently conducting these tasks could limit the objectivity and reliability of the findings. Collaborative involvement from multiple investigators would have provided a more robust and comprehensive analysis, allowing for diverse perspectives and reducing the influence of individual biases. This limitation should be acknowledged when considering the generalisability and validity of the study's conclusions. Findings may have been further limited by restricting the search to "English-only" papers.

This study focused on local people from low- and middle-income countries. This was based on the premise that there were specific issues associated with students working in clinical areas with a level of resource that was lower than they were accustomed to. However, it may have been overly simplistic to have selected local people purely on the basis that they were from low- and middle-income countries. Firstly, many clinical settings within low- and middle-income countries are very well resourced, and so the rationale for using 'low- and middle- income' country as a proxy for 'low-resourced setting' may be flawed. Secondly, even if the studies represent low-resourced settings, three of the four themes identified may have more to do with differences in culture, clinical practice, and ethnicity than differences in resources; these themes may well be present in certain international clinical placements in any country, including high-income countries or even different settings within the same country. Finally, it could be argued that grouping the experiences of local people from such different contexts and settings together, solely on the basis of them being based in low- and middle-income countries, is of limited value and may even be exacerbating harmful stereotypes further. However, this review has identified important trends that seem common across diverse settings and cultures, and these are significant enough to warrant further investigation.

Across all the papers reviewed, the majority of respondents had been exposed to only medical students (see Table 4, Supplementary Material), and so the views of local people exposed to other types of healthcare students were underrepresented. It is possible that the value of combining the findings from studies focusing on different professional groups of students may be limited, particularly because the only respondents who had been exposed to nursing and midwifery students had also participated in highly-structured placements that were supervised by staff from both the sending and receiving institutions. However, all healthcare students share some common ground, and the findings of this review indicate that some common themes exist in their international clinical placements. Given the scarcity of profession-specific research, it is likely that non-medical healthcare professional can still benefit from the insights gained.

It is not clear how the ethnicity and nationality of travelling students and local people may affect experiences. Most papers referred to local people as citizens of the countries where placements took place, although it was generally not clear how this information was established. All the travelling students were from institutions located in high-income countries. It was often implied that most students were white and citizens of the high-income countries, but the nationality or ethnicity of the travelling students was not explicitly explored or stated in any of the studies.

Hosts were recruited either through convenience sampling or personal contacts, which may introduce bias. Furthermore, only the most-engaged local people were likely to have chosen to participate in the studies. Host patient perspectives were almost entirely absent from the papers; insights given were mainly what the supervising clinicians perceived as the patient view, rather than being directly collected from patients themselves.

All studies originated from institutions in high-income countries and interviewed participants from low- and middle- income countries (see Table 4, Supplementary Material). Historical power-dynamics and entrenched cultural biases may exist between these two groups, and these may have influenced respondents' answers. It seems likely that respondents perceived that the researchers wanted to hear favourable reports of international clinical placements and travelling students, especially given that in some cases, the students were from the same university as the researchers. Overcoming this potential for bias in future research is likely to lie in one of the central messages of the review: reciprocity and mutually beneficial partnerships. Ideally, research in this area should be led, or at least shared, by the host institution.

7. Conclusion

This paper helps to inform practice by helping those organising, hosting, and undertaking international clinical placements understand the experiences of local people exposed to travelling students. Whilst challenges and drawbacks were identified, on balance local people were positive about travelling students and international clinical placements and were keen to continue receiving students. Sending and hosting institutions should think carefully about how to strengthen relationships, minimise power-imbalances, and work to optimise international clinical placements.

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Supplementary materials

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