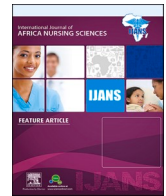


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Ethical challenges and reflection. Norwegian bachelor students' experiences during clinical placement in Sub-Saharan Africa

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ABSTRACT

Background: Clinical placements in nursing abroad are important for awareness and ethical reflections for Norwegian bachelor students in nursing. The purpose of this study was to gain a deeper understanding of Norwegian nursing students' experiences during clinical placements in Sub-Saharan Africa, with a focus on their ethical challenges.

Methods: Eight third-year Norwegian bachelor's degree nursing students carried out their clinical placement in Sub-Saharan Africa for 12 weeks. The data was based on one focus group interview and individual written assignments. Systematic text condensation was used to analyse the narratives of nursing students regarding challenges during their clinical placement. The COREQ checklist was applied. The study was approved by the Norwegian Centre for Research Data. The country where the study found place, is anonymised to a country in Sub-Saharan Africa.

Results: The students describe their clinical studies as challenging and educational. They often found themselves in contexts where ethical nursing dilemmas and problems occurred. The students described how they managed to solve the different ethical challenges with the help of ethical reflection.

Conclusion: Increasing awareness about ethical challenges in clinical practice seems important for student mobility and the ability to follow up nursing students in clinical placement abroad.

1. Introduction

To experience international clinical placement abroad is helpful for developing cultural sensitivity and cultural competence among Norwegian nursing students (Grudt & Hadders, 2018; Jørgensen & Hadders, 2015). However, one should keep in mind that this type of student mobility is far from an easy task. Several studies underline the difficulties and challenges the students encounter during clinical practices in a different cultural and professional context. For the students, to be in a challenging situation is both a demanding and potentially rewarding experience. Studies stress that clinical practices could involve situations where coercion, violence and threats take place (Adamson, 2018; Chaponniere & Hall, 2020; Grudt & Hadders, 2018; Jansen et al., 2021; Jørgensen & Hadders, 2015; Morgan, 2019; Trapani & Cassar, 2020; Tuncer Unver, Celebi Cakiroglu, Gungor Satilmis, & Harmanci Seren, 2021). Studies concerning the clinical experiences of Norwegian nursing students in different African countries, describe culture shocks,

frustrations and strong emotions in the encounter with different values and nursing practices than what they were used to from back home (Hovland & Johannessen, 2015; Ulvund & Mordal, 2017). Another study of Swedish nursing students abroad, shows that ethical dilemmas related to cultural differences were also a challenge 20 years ago (Sandin & Grahn, 2004).

To be in contexts that are ethically challenging requires a lot on a personal level (Addo, Amoah, Eshun, & Ocran, 2020; Ramos et al., 2015; Vråle, Borge, & Nedberg, 2017). The health profession is intrinsically value-based and sometimes different values and conflicts of interest come into play (Magelssen & Pedersen, 2020). Nurses have their own International ethical guidelines, developed by the International Council of Nurses (ICN). The guidelines are based on the United Nation human rights, being naturally universal, global and normative. The most recently revised, comprehensive code of conduct applies to all nurses, irrespective of the country in which the nursing takes place (International Council of Nurses, 2021). The local practice of different nations is

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based on the guidelines of ICN. Norway as an example, rely on their own national versions of the professional code of conduct (Norwegian Nurses Organisation, 2019).

Studies indicate that a higher competence in ethics and reflection in clinical practice is crucial for nurses and in the training of nurses (Cannaerts, Gastmans, & Dierckx de Casterlé, 2014; Levi, 2009; McCarthy, McCarthy, Trace, & Grace, 2018; O'Rourke, Thompson, & McMillian, 2019; Poikkeus, Numminen, Suhonen, & Leino-Kilpi, 2014). Reflection on professional ethics could lead to more ethical awareness and higher quality in the profession (Magelssen, Karlsen, Pedersen, & Lillemoen, 2017; Magelssen & Pedersen, 2020). Different models of ethical reflections are developed. In the Norwegian health practices, one of them, systematic ethical reflection, is more or less an integrated model lead by an educated supervisor (Lillemoen, Gjerberg, & Nortvedt, 2020). Ethical reflection represents reflection over values at play in ethically challenging situations and separates from general reflection. Morality represents practically implemented ethics (Magelssen & Pedersen, 2020). Schön (1991) claims that reflection can take place simultaneously with a situation or it can follow in the wake of a concrete event. Reflection could lead to higher awareness about one's own pattern of action and represents a consciousness-expanding process with a clear intention of improving one's action in the encounter with new situations (Schön, 1991). An important point is that experience does not necessarily lead to learning, which instead happens through reflection on concrete action. Through reflection on experienced phenomena, new meaning and substance are developed (Kolb, 1984).

The Norwegian nursing educational paradigm is characterized by a focus on analytical, assertive, reflective, and academic qualities. The students are encouraged to approach nursing in a critical and analytical way. This pedagogic method promotes transformative learning where reflection represents a significant part. The authors claim that transformative learning has a pedagogic perspective that is well compatible with a global approach to the nursing education (McAllister & Ryan, 2019).

Of the 360 international credit points (ECTS) of the nursing education, 180 constitute clinical placement. The Norwegian nursing education is shaped and inspired by the Norwegian welfare system and ideology. The nursing education emphasizes ethical considerations, challenges and theories. Professional guidelines for nurses (Norwegian Nurses Organisation, 2019), theories related to ethics and systematic ethical reflection are introduced. As part of the education, the students are introduced to ethical reflection. They have had some theoretical case training at the university. The ethical dimension of the profession permeates the entire study programme in general (The Ministry of Education and Research, 2008). Many years of work related to international clinical placement for nursing students have prompted a need for a deeper understanding of the students' challenges in an international context (Grudt & Hadders, 2018; Jørgensen & Hadders, 2015).

This study aims to gain deeper understanding of Norwegian nursing students' experience during clinical placement in Sub-Saharan Africa, with a focus on ethical challenges.

2. Methods

2.1. Participants

In January 2019, eight third-year bachelor's degree nursing students from a university in Norway went through 12 weeks of clinical placement at different health institutions and hospitals in Sub-Saharan Africa. Sub-Saharan Africa represent a multi-ethnic region with a long post-colonial history. Different religious groups occur. The languages are English or French, but a lot of different local languages are practiced by the inhabitants. It has been a slowdown in the economic situation the last three years. Compared with other countries in the world, the healthcare has low ratings both for satisfaction and well-being. Data shows that people's health is of major concern (Deaton & Tortora, 2015;

The World Bank, 2023).

The clinical placement represents an optional course in Global Health, a topic linked to international public health nursing and global health challenges, in accordance with national guidelines (The Ministry of Education and Research, 2008). Four men and four women took part in the study. The students were before departure assessed based on their grades, language skills, personal suitability, and motivation to study abroad. Students who carry out international placement are specifically introduced to both cultural sensitivity and ethics before going abroad. As a part of this introduction, the students work in groups with different cases related to real experiences in the clinic. After returning home, they participate in student seminars where experiences are shared, and challenges discussed. The University in the Sub-Saharan Africa country offered the Norwegian student group supervision and regular debriefing sessions, with a clinical nurse educator at master's degree level in charge. In addition, weekly digital meetings, and email communication with the responsible Norwegian lecturer, took place.

All of the eight third-year bachelor's degree nursing students enrolled in the same Sub-Saharan Africa country, were invited to participate. None refused to participate. There were no other inclusions criteria than being one of the eight students in this specific student group, and no exclusions criteria. The students were already prepared for studying abroad.

2.2. Data collection

The study was exploratory, relying on qualitative data collected between January and December 2019. Some of the students worked at local health centres in socially marginalized parts of a main city, while other students began their clinical placements at a major hospital in the city. The sources of data included written individual assignments with the students' reflections on their clinical experiences. The qualitative data consisted of texts from assignments and one focus group interview. The first assignment (A1) consisted of a narrative of approximately 700 words, describing their dilemmas and considerations based on one specific work situation. The final assignment (A2), consisting of 2500 words, was written by the students during the last week of their stay abroad. We included 16 assignments. The assignments were mandatory for all students during clinical placement, regardless of this study. The students were asked for consent to use their assignments as data in the study. The participants were approached by email.

The students participated in one focus group interview (FG) 6 months after their return home, and they had finished their nursing education. The interview was tape recorded and lasted approximately 90 min. The first author assisted the focus groups and the third author acted as moderator. The interviews were based on open-ended questions. The interview guide was prepared in advance to get a deeper understanding of the students' experiences during clinical placement. The interview guide was corrected by the second author. All participants were encouraged to express and discuss their own anticipations and experiences (Malterud, 2012). Notes were written during the interview. The focus group interview was not repeated.

2.3. Data analysis

Transcriptions and an audio version of the interview have been used during analysis of the data. Two of the authors read transcripts of the interview and the individual assignments several times independently. The interview was transcribed verbatim. The COREQ checklist was applied to ensure adherence to criteria for qualitative research (Tong, Sainsbury, & Craig, 2007). The data was coded by hand. The categories derived from the data material. Systematic text condensation, a modified version of phenomenological analysis was used (Malterud, 2017).

The process of analysis involves four steps. The first step aimed at gaining an overall impression of the data material by searching for re-occurring themes. Here, the main content was in focus. We attempted

an open-minded reading of the material where our preconceptions, as far as possible, were put aside. The focus was on the content of the texts, the voices of the informants and the various point of views of the participants. In the second step of the analysis, the material was reviewed sentence by sentence to identify the meaningful units. We primarily looked for the students' experiences related to ethical and moral challenges and the data material was coded. In the third step, the content was condensed, abstracted, and summarized. This means that the material was presented with the pronoun I and that the accumulated material was re-formulated, without reducing the quality of the data collected. The condensed material formed the basis of the analytical text. The last step of the analysis consisted of re-contextualization of the data material. Data was redefined as re-contextualized versions, providing the foundation for new descriptions and concepts. Quotes from the interview were used to support the findings in the study. The categories were coded from data without software. To ensure validity, we used the transcriptions to assess the analysed data (Malterud, 2017). See Table 1. The transcripts were not returned to the participants.

2.4. Ethical considerations

Approval of the study ID: 820,936 was obtained from the Norwegian Centre for Research Data (NSD). Participation was voluntary and withdrawal from the study could take place at any time. The terms were shared with the participants orally and in writing before the start of the interview. Written informed consent was obtained for the focus group interview and the use of the individual assignments. Names and the researchers' credentials were a part of the written and oral information. The consent described the objective of the study and the conditions of the participants' involvement. In addition, assurances were given that no individual names would be used in any publication. Code numbers identified the transcripts. All data material, such as student assignments and written individual learning objectives, were rendered anonymous. There were no conflicts of interest or personal bonds between the interviewers and participants. The name of the host country is anonymised. The students did not get directly feedback of the results.

3. Results

Based on the analysis, two main categories were identified: Clinical placement challenges with sub-categories as encountering a new clinical reality, abuse of power, distribution of resources, values and principles being challenge. The second main category was reflection on ethical challenges and learning with sub-categories as reflection related to ethical challenges and changing attitudes.

3.1. Main category 1: clinical placement challenges

3.1.1. Encountering a new clinical reality

The students expressed that they at times experienced the clinical placement as challenging. They often felt uncertain about intervening in situations that from their point of view were marked by unsatisfactory professional standards. It could be both frustrating and painful to witness some of the action and attitudes among local health workers.

The students found diseases like HIV and AIDS to be subject to feelings of shame. That someone wished to be treated after being diagnosed with a stigmatizing disease was not self-evident. Sexual orientation tended to be a taboo subject. To remain on the side lines and observe those who refused live-saving treatment seemed particularly challenging for the students.

The students found relationships, documentation, collection and assessment of vital patient data to be insufficient. Moreover, they experienced that there was a lack of routines for assigning priority to patients' treatment. The students highlighted events that were incompatible with their own knowledge in nursing. For instance, hygienic standards were lower than what they were trained to accept. To express

Table 1
Example of the analysis process.

Meaningful units	Condensed meaningful units	Subcategories	Main category
<p>“During clinical placement here in NN I have learned to appreciate the amount of reflection and ethics in our curriculum, which will enable us to handle nursing as a profession”.</p> <p>«Throughout our stay abroad, we have been able to reflect together about minor and major matters, sharing anger, happiness, frustration and tears».</p>	<p>I came to realize how important ethics and reflection was for us when implementing nursing abroad.</p> <p>I (we) had the opportunity to reflect on our thoughts and emotions along with fellow students during clinical placement.</p>	<p>Reflection related to ethical challenges</p>	<p>Reflection on ethical challenges and learning</p>
<p>“Reflection has been a source of learning and understanding”</p> <p>“And in a retrospect view when you can think back and feel uncomfortable with the situation, now I have a clear mind what to do in such a situation if I came up with it another time”.</p> <p>“When remembering things that I didn't find acceptable, I will be in a better position to know what to do next time something like this happens”.</p> <p>“This insight made it easier for me to deal with an everyday life and a culture that is very different from what I am used to”.</p>	<p>I was able to understand and learn through reflection.</p> <p>In hindsight, my experiences enable me to better know how to respond if I should end up in similar uncomfortable situations later.</p> <p>My experiences make me better prepared and able to know how to act next time I come across unacceptable events.</p> <p>The insight I acquired makes it easier to accept cultural diversity.</p>	<p>Changing attitudes</p>	

their own thoughts regarding what they observed proved to be challenging. The students were reluctant to hurt the feelings of local employees by sharing their own points of views and assessments.

FG: «...the standards we were used to... and now, we were introduced to a different context, in a different culture, with different areas of reference. It was hard not to have a critical attitude when comparing things to what one knows to be right or wrong».

A2: “It is important to be cautious and make an effort to learn from their culture instead of becoming an instructor”.

3.1.2. Abuse of power

The students observed the use of coercion towards both children and older persons with dementia. Elder people were in some cases tied to the bed with a sheet to cover them. Physical force was also used against

children in connection with various procedures.

FG: "I think it is dangerous to remain in such a context over time. One will probably become less empathic if one continues to apply coercion towards children without reflecting on it".

Nobody intervened to calm down children who cried from pain for longer periods of time. The use of analgesics was insufficient, in the opinion of the students. Children tended to be left alone in cases where they had been separated from their parents. When students asked why children were subjected to coercion, they were told that children did not have the right to self-determination. The students said that they were allowed to play with the children. They also observed that one employee threatened a child with an injection in case the child acted disobediently.

FG: «In cases where there were children involved and coercion was used as a first resort, it was hard to stand and watch. This is clearly an ethical dilemma. Should you intervene and tell people that this is not, right? And then get into trouble with the employees? ».

3.1.3. Distribution of resources

The students pointed out that the lack of and distribution of resources was another challenge. The number of health care workers was perceived as sufficient, but there was a lack of access to modern medical functional equipment and clean water. Outdated equipment tended to be used. Provisional and creative measures were attempted by the staff in order to respond to the shortage of resources. According to the students, the lack of diapers and clean sheets meant that patients over time remained wet or dirty with faeces. According to one student: *A2: "What do you do if a patient has been unlucky and defected on himself, without any diapers or clean sheets available?"*. The students pointed out that patient insurance schemes were not without loopholes, in spite of the health services being officially free of charge. If you were hospitalized and did not pay for the required medicines, the treatment would have to continue without medication. Patients subsequently tended to remain in the hospital, which caused a reduction in bed capacity.

Another challenging aspect described was the country's inhabitants' conception of time. Irregular working hours and seemingly disorganized tenures could often result in unpredictable staffing at work. The time schedules were often unclear. Work tasks were frequently changed, with implications for patient care and treatment.

A2: «If you are the one on the night shift you run the risk of remaining at work long into the late morning hours, as the day shift is not on time. The same happens between the morning and evening shift. Work tasks were accordingly postponed, which we found quite frustrating».

3.1.4. Values and principles being challenged

The students expressed those professional values, norms and ethical principles were not always observed the way they had learned to expect. They witnessed irregularities, negligence, inaccuracies and ignorance of the profession. Employees in some cases approached their own work in a manner that was crude and admonishing and seemed less concerned with care and attentiveness. In many situations, the patients' right to self-determination was not respected, according to the students. Some students described that they registered repeated breaches of the duty of confidentiality. Screen boards were available in the hospital, but the boards were not effective in preventing noise from spreading across the room. One of the students described that the basic rights were not respected. The students could take their own values into account.

A1: «When I found myself in this situation, my wish was to act according to my own values and social roles that I was used to».

Various challenges in the clinic also made the students realize that it was necessary to build up trust between themselves and patients and staff. One example was to learn some words of tribal languages, as

language differences could lead to misunderstandings. According to the students, the normative values of the persons could vary according to religious or tribal identity. A strong personal belief was in the view of the patients often a source of assistance and support under trying circumstances. In spite of this, religious considerations could also be a barrier against seeking out and accepting assistance from the health services. In one case a student came across a man who for religious reasons refused his wife's health assistance.

A1: "A woman with particular work tasks may be controlled by her husband. It prevents several women from contacting the health services".

Another observation by the students was that humility and conformism were strong ideals in a system they conceived as hierarchical. There was a fine balance between taking the initiative and at the same time maintain a cautious, humble, and reserved approach. The students were not always allowed to make active contributions. Their responses were met with mixed reactions. They said they wished to take responsibility for promoting a professional and responsible nursing practice.

A1: "I got hurt by this lady. She wanted to keep the baby, while the health staff thought she should have an abortion".

3.2. Main category 2: reflection on ethical challenges and learning

3.2.1. Reflection related to ethical challenges

The students highlighted that they were offered reflective conversations with nurses at the venue of practical training. In some ways this proved difficult, as the nurses themselves could well be the same ones who were involved in the challenging situations. For this reason, the students preferred to keep some discussions to themselves without the presence of the staff, in addition to the conversations they held with the nurses. They were able to process the episode within the group. Ethical reflection on ethical dilemmas could take place in the middle of the situation, or retrospectively after difficult events in practices. Topics discussed included cultural relativism, professional ethics, ethical dilemmas, norms, principles, and values within the nursing profession. Knowledge from their own nursing discourse was sometimes applied during the ethical reflection meetings. The students did not inform us if they followed a systematic ethical reflection model or not.

FG: "The debriefing we did in our leisure time, only among us students, was most effective for us".

3.2.2. Changing attitudes

The students emphasized that even if ethical challenges were not always solved, they at least became subject to discussion about how to respond to difficult situations during the clinical practice. They stressed that ethical reflection was vitally important for identifying and handling some demanding situations. It made it easier to distinguish between what one was able to influence and what was impossible to change as students in a foreign environment. The students expressed that their own experiences made them develop a broader perspective regarding challenging events in the clinic. The student found that their ability to adapt culturally was enhanced. Cultural humility was described as important. The students described this country as a country in gradual development. They found that the staff did their very best, given the framework and conditions they operated under. As the students expressed, challenging situations gave space for ethical reflection and perspectives about what marks a responsible and professional nursing practice in another country.

A2: «I tried to be conscious about my own attitudes and action, in the meeting with other people. I showed respect and understanding for the values of nurses and patients, even if I did not agree on everything they did

or said. I did my best to accept the big differences in nursing practice, as we have quite different cultures and access to resources».

4. Discussion

The discussions are based on categories and sub-categories in the result chapter. Clinical placement challenges with sub-categories as encountering a new clinical reality, abuse of power, distribution of resources, values and principles being challenge. The second main category was reflection on ethical challenges and learning with sub-categories as reflection related to ethical challenges and changing attitudes.

This study has provided an insight into the experiences of the students with ethical challenges, and their response to them. The results show that clinical studies in the host country caused emotional reactions. The students' own ethical values were challenged, as this context was quite different from what they were used to from Norway. It is worth mentioning that the students in this study are influenced by growing up in one of the world's wealthiest countries in their meeting with nursing practices in low- and middle-income countries. In spite of (or perhaps rather because of) this, a gap emerges between the experience and expectations towards different cultural contexts. Studies indicate that culturally and ethically challenging situations are not uncommon. Violence, coercion, intimidation, and a lack of relationship-building, respect and decent behaviour towards patients have already been mentioned (Grudt & Hadders, 2018; Jørgensen & Hadders, 2015). The students also described their experience of dilemmas related to cultural differences between their clinical placement in the host country and Norway. They reacted to and reflected on, the phenomenon of social stigma in their encounter with women from a different culture. A study on the topic of abortion supports that social stigma is a common phenomenon (Aniteye, O'Brien, & Mayhew, 2016). Another study emphasize the importance of maintaining cultural respect, as well as creative and open-minded communication in the encounter with patients from a different culture (Hemberg & Vilander, 2017). This is in accordance with what the students in this study conceived as significant. One study from another countries among nursing students and educators in the multicultural Iran, indicated that their own values mostly were similar with universal ethical values as a part of the globalization process in the nursing profession (Boozaripour, Abbaszadeh, Shahriari, & Borhani, 2018).

The students in this study seemed to maintain their professional responsibility as well as they could. Magelssen and Pedersen (2020) claims that values are often linked to positive phenomena that nurses attempt to achieve, and there are norms that trend towards things that are good, just, respectful, and self-determining. Nevertheless, conflicts of values in clinical placement tend to generate ethical dilemmas or problems. It seems crucial that nurses have a conscious approach to ethics when encountering a challenging value-based situation in clinical placement.

The students found solutions to cope with various situations, as well as handling the ethical dimension of the nursing profession. Confidence-building measures like distraction techniques to alleviate pain as soothing effect on the children were initiated. This is in line with the concepts beneficence and non-maleficence, which are two of the four ethical known principles (Ivanov & Oden, 2013). They acknowledged that the hierarchical structure of the country's health system was hard to change overnight, and that distribution of resources is a political challenge in the country. A study confirms that sustainability is a key ethical principle when decisions are made, and practical nursing is carried out. The students had good intentions regarding their own action and attitudes, but still at times found it difficult to implement their own knowledge in nursing. For instance, they perceived the hygienic standards as insufficient. Improvisation and new approaches were tested, as the water resources were limited and some of the staff lacked certain skills (Riedel, 2015). In spite of all the challenges, one of the students

chose to see things in a positive light and characterized the clinical placement as a placement with potential for development and change in the long run. Earlier studies of Norwegian students on clinical placement in African countries indicate many of the same challenges that the students in the current study encountered. The experience made the students realize how privileged they were to live in Norway and how their new context affected the nursing practice (Hovland & Johannessen, 2015; Ulvund & Mordal, 2017).

In many ways, the students' descriptions reflect stressful experiences. Both in their reflection notes and discussions between themselves they described what they conceived as a gap between expectations towards professional practice and the «culture shock» in their meeting with an unfamiliar approach to care and treatment. One study describes difficult situations involving moral stress. Moral stress may occur when one is confronted by challenging situations over time (Vrâle et al., 2017), but another study points out that the exchange of nursing students has its advantages, but that there are drawbacks like stressful situations as differences in health systems and cultures prove to be more pronounced than expected (Adamson, 2018). Another study confirms some of the same findings in their study. Mentioned here are cultural differences related to professional challenges and language problems. It is stressed that students often must learn to leave their comfort zone in their encounter with things that are different (Jansen et al., 2021).

The students in this study, discussed the balance between confronting and accepting different contextual and challenging situations as abuse of power and resource distribution. McAllister and Ryan (2019) claim that increasing globalization causes a form of complexity that students need to approach critically but also find ways to adjust to in clinical settings abroad. The sharing of experiences and knowledge makes it possible to gain a contextual understanding of and a broader insight into the strengths and weaknesses of the health systems of other countries. When confronted with the challenges of a different system it is important to behave respectfully. The nursing education involves both painful and difficult tests and the authors compare the process of handling such events as the evolution from «worm» to «butterfly». The students should meet the new context with a non-judgemental attitude and approach the challenges with an open and receptive mind in order to benefit their own learning (McAllister & Ryan, 2019). Another study found that students emphasized the importance of relaxation and the use of humour in situations that involved feelings of frustration and physical strain. Good planning and debriefing have been mentioned as important factors when facilitating international students mobility (Chaponniere & Hall, 2020). One study focused on Canadian nursing students' experiences of moral uncertainty being abroad in clinical practices. The authors described that unfortunately the students seldom reflected on their global health experiences, and therefore could miss professional development and growth (Greig, Pesut, Marck, & Burgess, 2021). In a study by Tschudi-Madsen and Skrautvol (2022) the informants describe the student group as vital. After returning home the students often got a feeling of emptiness. The researchers followed up by asking the students what measures the university could use to assist the students after their stay abroad, a period which for a number of students was marked by loneliness and emotional reactions (Tschudi-Madsen & Skrautvol, 2022). Our students handled ethical reflection without supervision as long as they were abroad. They had digital contact weekly with their supervisor at their university in Norway, but they did not have systematic ethical reflection with the supervisor.

The students sometimes were in situations where cultural habits, religious beliefs and norms differed from what they were used to in Norway. Our Western understanding of ethical values and guidelines are probably not transferable to other countries and cultures without taking factors like religion and cultural habits into consideration. One question is how the rituals, habits and norms of other countries affect an ethical and moral practice. Studies indicate that there is a potential for conflict in cases where students exclusively consider other cultures from a Western ethical perspective (Harding, 2013; Ivanov & Oden, 2013; Levi,

2009). Interestingly some scientists point out significant correlation between cultural competence and ethical codes observed (Sadeghi, Azizi, Tapak, & Oshvandi, 2022). Claus and Viken (2009) mention three key steps leading to a higher cultural awareness: Cultural sensitivity, cultural attention and cultural reflection. To acquire cultural competence before departure would benefit the ability to maintain ethical norms in the encounter with other peoples, cultures and religions (Claus & Viken, 2009). This is supported by others who emphasize the importance of developing cultural skills through experiences, reflection, and a proper follow-up during clinical placement abroad (Hovland & Johannessen, 2015; Ulvund & Mordal, 2017). The students in our study encountered a different culture, and the ethical challenges that such an experience entail. ICN (International Council of Nurses, 2021) paragraph 4.8 claims nurses worldwide to collaborate across countries, to support principles and politics to develop global health. Some authors discuss ethical components in practices and focus on well-prepared implementation and planning to assure partnership between the host community and foreign nursing students in a sustainable way (McKinley Yoder, Soule, Nguyen, & Saluta, 2022). Others also points out the educators' possibilities to facilitate predeparture training for nursing students studying abroad (Greig et al., 2021).

The ability to process events seemed to be important for both the students professional and personal development. It seems that it was meaningful for the students to make ethical reflections together in a group. They described ethical reflection in clinical placement as useful for both learning and developing awareness. Some expressed that the conversations contributed to a higher understanding, as well as awareness of what they could influence, cultural humility and what they had to accept. The students emphasised that they reflected on their clinical experience, how to solve problems and how to apply their knowledge to approach their work in new and different ways. The reflections took place simultaneously with the events or retrospectively following the end of the workday. This is in line with what Schön (1991) describes as reflection and reflective practice. According to Kolb the students in this study observed and reflected on action and attitudes experienced and implemented a learning aspect, during their clinical practice (Kolb, 1984). Several studies stress the need for knowledge about research as well as ethics, ethical theory, reflection, and skills development (Lechasseur, Caux, Dollé, & Legault, 2018; Poikkeus et al., 2014). One study emphasizes how significant it is that nursing students develop their ethical competence. If one is to internalize challenging ethical values, ethical reflection ought to take place in a safe environment (Cannaerts et al., 2014), and as others indicated, - dialogue is a way to find solutions of ethical problems that occurs (Ramos et al., 2015). Further introduction into the soft aspects of the nursing profession is envisioned also by nursing students (Laari & Dube, 2017). In order to achieve new learning, reflection based on experience could generate new insights. From a pedagogic point of view, ethical reflection is useful for both professional development and skills development (Bruun, Huniche, Stenager, Mogensen, & Pedersen, 2019; Magelssen et al., 2017). Reflection is an integral part of transformative learning. With an open-minded, critical perspective, the students in this study got to experience a way of learning that emphasizes the significance of global challenges and approaches in the nursing education (McAllister & Ryan, 2019).

5. Limitations and recommendations for further studies

5.1. Methodological considerations

This study is limited to a specific group of students and their experiences during 12 weeks of clinical practice in a Sub-Saharan country. The study is limited to one specific country and thus does not necessarily reflect the experience of students in other countries. It is important to consider that this study focused on the experiences of a small group of students from Norway, when considering the findings' transferability. In

spite of this, the students contributed with descriptions of their experiences in their host country that were rich in content and possibly transferable to other cases of international practice in comparable contexts. The authors applied systematic text condensation for data analysis. This analysis was considered appropriate. To enhance credibility, the four-step analysis was performed jointly. Two authors conducted all the interviews, to establish dependability. Examples of the analysis are presented in Table 1. To allow for transparency of the results' reporting, quotations are presented. The students spoke freely with extensive description, which provide a deeper insight of how they experienced their clinical placements abroad. Saturation of data was achieved (Lincoln & Guba, 1985).

The study does not include local health professionals, patients, and their relatives in the host country as participants in the study. This excludes the perspectives of other persons involved in the same context during the same period. They were not able to offer their views on what ethical and moral practice means for them. It could also be interesting to get more knowledge about how foreign nursing students react on clinical practices in Norway and worldwide, focusing on ethical challenges.

5.2. Concluding remarks

This study highlights the ethical challenges encountered by nursing students during their clinical practice in Sub-Saharan Africa. Ethical reflection on experiences was vitally important for better understanding and learning related to the ethical dimensions of the profession in a different culture. In their clinical nursing practice, the students were able to develop their ethical and moral awareness, as the nursing context proved quite different from what they were used to in their own country. In spite of the reflection and learning achieved during clinical placement, it is fair to ask whether the university could do even more in terms of preparation and follow-up before, during and after the clinical placement.

Further studies would be required for a deeper perspective and a broader understanding of the ethical dimension of the students in their meeting with an unfamiliar nursing practice in a country abroad.

CRedit authorship contribution statement

Tove Kristin Greaker: Writing – original draft, Methodology, Investigation, Data curation. **Ingvild Aune:** Methodology, Supervision. **Solveig Kirsti Grudt:** Methodology, Data curation, Supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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