Social responsibility: Internationalisation of health care over a bridge

Abstract
The mobility of people, linked to the desire to gain access to resources outside national borders, has been a feature of human behaviors from very early times. Improving student’s competence to understand the context of the global labour market has become an obvious requirement for universities. In health care professions, staff is increasingly expected to work in international settings or incorporate internationalized perspectives into local practice. How can we best prepare students for such demands?

Keywords: Social entrepreneurship, internationalisation of higher education, collaboration, professionalization, glocalisation.

Introduction
There is only 20 minutes’ drive between Malmö in Sweden and Copenhagen in Denmark and yet the nursing students from both cities were attending exchange programmes in Australia, Thailand and all over the world, rather than crossing the bridge over the Øresund strait. Since 2012, a mutual programme between the two cities helped students to experience each other’s health systems and to get to know a similar, but still quite different nursing culture. Both sides benefit. The near monopoly of the Swedish health system gives the employees a poor negotiating position, while on the Danish side unemployment is a problem, so an international labour market has its merits. At the same time, the health system as a whole is under re-assessment in both Sweden and Denmark. New organizational models as well as new ways of working are being discussed, which gives the students a glimpse of their future working environment.

Case study: The Øresund Course
The EU financed course, run jointly between Malmö University and Metropolitan University College in Copenhagen aims to prepare students better for working on the other side of the strait.

The course comprises 15 ECTS credits, is aimed at second-year students on the Bachelor of Nursing programme. The course content incorporates different themes with an emphasis on the welfare and healthcare delivery systems in Sweden and Denmark.

The areas addressed are legislation, nurses’ responsibility for managing patients, the multicultural aspects of care in different clinical settings, home healthcare, informatics-telemedicine and quality improvement approaches on both sides of the Strait. The constructive alignment approach (Biggs and Tang, 2007) was used as a general framework for creating a learning environment that
influenced the students’ development. The implication is that individual learning involves acquisition of knowledge, skills and understanding, resulting in a more flexible, up-to-date workforce and offering individuals improved employment potential.

**Transformative learning**

Cross-border, cross-campus programmes such as the Oresund Course expose students to issues in contexts that are out of the ordinary and likely to create disequilibrium, which in turn promotes the students’ transformative learning.

Students gain a better understanding of their own healthcare system by encountering a different system. They feel that as prospective nurses they are part of a fellowship, a universal community, even if they have different approaches to clinical practice. Insight into differences, not only in how models of healthcare provision are incorporated but also in the development of cross-border practices and in health-related concerns generally, makes it easier to work in another country. The students from the course summarized their experiences in three areas: Increased awareness of occupational and professional self, transcultural caring and career opportunities.

**Increased awareness of occupational and professional self**

The students found that they were carrying out their caring work differently: “You become aware of why you are doing something in a particular way but you also learn that you can do things differently. This will strengthen me as a nurse.”

**Transcultural caring**

The students gained experiences of the similarities and differences in both health care systems. Some students have expressed it as: “There are clear boundaries between the health care professions in Denmark. There are different views in both countries about what a nurse is allowed and not allowed to do.” Another student expressed that “The care perspective is more preventive in Denmark whilst in Sweden the emphasis is more on emergency procedures.” More students’ voices can be exemplified with common statement that “In Denmark, the view is more pragmatic and they are more inclined to test new things in day-to-day work. In Sweden, we first want to investigate and test before something new is introduced. Maybe more things are correct from the start in Sweden but we lose time.”

**Career opportunities**

The students also found their experiences helpful should an opportunity of an employment occur in one of the countries across the bridge: “It feels as if career opportunities in nursing have opened up.”

**Conclusion**

In summary, such cross border programmes enable insights into how models of health care provision are incorporated in various countries and can make it easier to ‘think’ about what it is supposed to work in another country. From the experiences of both teachers and students, it is concluded that careful educational planning and international experiences through joint programmes between higher education institutions can achieve outcomes of positive developmental effects on students’ occupational skills and conceptions, which better prepare them to live and work in a glocalised world.

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References