

The experiences of working with Barbados nurse during China Medical Team program from Chinese nurse: A qualitative study

Shunxia Sun¹, Li Guan², Jin Yang³, Xiuni Gan⁴, Nianqi Cui⁵

¹Department of orthopedics, Chongqing General Hospital, Chongqing, China ;

²Department of Nursing, Chongqing General Hospital, Chongqing, China;

³Intensive Care Unit, Chongqing General Hospital, Chongqing, China ;

⁴Department of Nursing, The Second Affiliated Hospital Chongqing Medical University, Chongqing, China;

⁵Department of Nursing, The Second Affiliated Hospital Zhejiang University School of Medicine (SAHZU), Hangzhou, China.

*Corresponding author: Li Guan, No.118 Xingguang Avenue, Liangjiang New District, Chongqing, China. 401147, China
 Tel +86 17729615707, Fax +8663390006, Email 564262627@qq.com

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Abstract

Aim: Barbados has been receiving a Chinese medical team (CMT) continuously since 2016. This study aimed to observe how Chinese nurses on the CMT experience working with local nurses in Barbados in North America.

Design: A descriptive explorative qualitative design was applied in this study.

Method: The Chinese nurses who had participated in the CMT program in Barbados from 2016 to 2020 were included. The data were collected in 2020 through eight semi-structured interviews and analyzed using qualitative content analysis. This paper adheres to the EQUATOR research checklist (SRQR).

Results: The analyzed data revealed three themes related to the CMT nurses' experiences of working with the local nurses: (1) Arduous integration process, (2) Conflict and integration of different cultural backgrounds, and (3) Multiple emotional experiences.

Keywords: Chinese nurse, local nurse, humanitarian assistance, qualitative analysis.

1. Introduction

Health aid is a critical piece of the foreign aid program and an important avenue for China's role in global health. Health aids are delivered through the Chinese Medical Team (CMT). (Chen et al., 2019) China has been sending medical teams to other countries since 1963. CMTs are currently working in 53 countries, and most of the countries are located in Africa. Thousands of Chinese nurses have been working overseas for this project. They were distributed into different wards in the recipient hospital and worked with local nurses. Their task was to supplement nursing human resources and nursing guidance. Several studies have described the CMT's experience working with African medical staff and assistant nurses who come from high-income countries to work with local nurses. (Tjoflåt, Melissa, Mduma, Hansen, & Søreide, 2017) However, to the best of our knowledge, there has been no research concerning the experience of Chinese nurses from the CMT working with local nurses on assistant missions. Such research could provide important knowledge about how nurses from different cultures and knowledge

backgrounds work together. In addition, valuable, useful information could be generated for international health assistance programs and assistant nurses. Therefore, the main purpose of this research is to explore how Chinese nurses on the CMT experience working with local nurses in Barbados in North America.

2. Background

International health equity is promoted through the collaboration of government and nongovernment organizations. (Lee et al., 2015) Most of the Chinese Humanitarian Aid programs are provided by the Chinese government. China has a long tradition of providing medical staff with expert knowledge for humanitarian aid since 1963. Since then, China has dispatched CMTs consisting of more than 20,000 medical professionals to approximately fifty African countries that have provided health care for over 270 million patients. (Lin et al., 2016; Liu et al., 2014) The CMT program is arguably the most prominent of these mechanisms and is often considered a key component of China's foreign diplomacy, especially in Africa. As China continues to expand

south-south cooperation in the areas of economics, trade, and health, CMTs have the potential to play an important role in improving health in Africa.(Lu et al., 2016)

China has been sending CMTs to North America since 1995. Four CMTs are working in Guyana, Trinidad and Tobago, Barbados, and Dominica. Nurses are an important component of CMTs in North America, especially in Barbados. Barbados is a developed country with a gross national income (GNI) of \$17158 (2017). The CMT in Barbados has been working in Q hospital, which is the largest public hospital in the Eastern Caribbean. Q hospital has 600 beds, has approximately 60,000 hospital admissions per year, and employs 600 nurses. However, there is a shortage of specialist nurses in critical care, hemodialysis, and pediatric care; therefore, Q hospital had an urgent need for professional nursing staff. According to the needs of the recipient country, the Chinese government dispatched Chinese nurses who have rich clinical experience in related specialties, in addition to supplementary nursing human resources, to Barbados. The other important tasks of Chinese nurses are quality of care improvement and nursing training.

Barbados is a British Commonwealth country, so the health care system setting is quite similar to that in the UK. The referral system and free national health service system are adopted here. Most of the doctors from Q hospital were educated and trained in the United States or a British Commonwealth country. However, the health care and mechanical education system in China is entirely different from that in Barbados. Nurses on the CMT have developed a wealth of knowledge and experience in their own specialty, but they are novices when they work in a different context. They lack experience in implementing their professional knowledge in unfamiliar environments.(Tjoflat, Karlsen, & Saetre Hansen, 2016) Cultural competence is defined as a continuous process, and aid nurses continuously struggle to obtain the ability to work effectively in a new cultural environment. (Campinha-Bacote, 2002; Crigger & Holcomb, 2007)

Table 1: Participant characteristics (n=8)

Variable	Male/Female	Age median (range)	M.S./B.S.	Total
CN	3/0	32 (30-35)	1/2	3
HN	1/1	31.5 (34-29)	0/2	2
PN	2/0	31 (30-32)	1/1	2
SN	1/0	29 (29)	0/1	1

Abbreviations: CN, critical care nurse; HN, hemodialysis nurse; PN, pediatric nurse; SN, surgical nurse; M.S., master of science; B.S., bachelor of science.

4 Methods

4.1 Participants

Chinese nurses who had participated in the CMT program in Barbados from 2016 to 2020 were interviewed. Purposeful sampling was adapted to select interview subjects. The inclusion criteria were that nurses must have worked in Barbados for more than half a year and be willing to be interviewed. The researchers were familiar with the study and selected the study participants according to the inclusion criteria. Sampling continued until data saturation. Eight Chinese nurses were invited to participate in the present study (see Table 1).

Several studies have focused on expatriate nurses' and other health professionals' experiences participating in humanitarian missions. However, most of these studies described the experience of expatriate nurses from Western developed countries and committed to exploring the dilemma of aid work caused by differences in economic level and cultural background. To our knowledge, no studies have described Chinese aid nurses' experiences participating in humanitarian missions in non-African countries.

The first author was an expatriate nurse in the CMT program who engaged in humanitarian assignments in Barbados from July 2017 to August 2018. She worked in the Medicine Intensive Care Unit (MICU) as a registered nurse (RN). She has deep insight and rich experience with the CMT's overseas aid work. In this study, nurses from CMT and nurses from Barbados are referred to as Chinese nurses and local nurses, respectively.

3. Design

The study was a qualitative study using semistructured interviews based on a topic list and content analysis.(Lovink et al., 2019; Vaismoradi, Turunen, & Bondas, 2013) The SRQR (Standards for Reporting Qualitative Research) checklist was used for reporting the study (see Supplementary File 1).

4. Methods

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4.2 Data collection

The data were collected by the first author through semistructured interviews. The interviews followed a topical interview list.(CT, 2012) Each interview began with an introduction. The purpose, confidentiality and practicalities of the study were described. The interviewers emphasized that the participants' experiences of working with local nurses were useful for this study, and the answers were not judged right or wrong. The interviews were conducted in Chinese. The interviews included questions about how Chinese nurses integrated into the local nursing team in Barbados at the beginning of the mission, how they overcame

the cultural differences between China and Barbados, and what emotions they experienced while working with local nurses. The interviewer repeated some responses to ensure that the answers were well understood.

The interviews lasted approximately 30-60 minutes and were conducted in quiet and private rooms where they were not disturbed or interrupted. To control the spread of COVID-19, four interviews were conducted via video calls over WeChat. The interviews were audiotaped, and the contents were transcribed verbatim within 24 hours of the interview.

The authors had access to information that could identify individual participants during and after data collection.

4.3 Data analysis

The interviews were independently coded by two researchers. (Graneheim & Lundman, 2004) The transcripts were read several times to obtain a comprehensive understanding of the interviews. An inductive content analysis was performed. The two researchers implemented open coding, category creation, and abstraction independently. (Härkänen, Blignaut, & Vehviläinen-Julkunen, 2018; Sriyasa, Almqvist, Sridawruang, & Häggström-Nordin, 2018) They compared and discussed their codes until a consensus was reached. The emerging categories were discussed with the other researchers on the team.

4.4 Rigor

The trustworthiness of the study findings was based on the following criteria: credibility, dependability, confirmation, and transferability. The interview topics were based on a systematic review to confirm credibility. In addition, researchers who knew about skill mix change were allowed to conduct the interviews. Confirmation was enhanced by extensive discussion of the results within the research team members with different backgrounds. The participants and setting, data-collection procedures, and the process of analysis are described to promote dependability and transferability.

4.5 Ethical considerations

The study obtained ethical permission from the reference person in the selected hospital in China (Ethics committee of Chongqing General Hospital). The purpose, content, confidentiality, and practicalities of the study were provided in informational letters. The participants were informed of the principle of voluntary participation and the ability to quit at any time. All subjects participated in this study voluntarily.

5. Results

5.1 Participant demographics

Eight Chinese nurses were interviewed in this study (Table 1). They were registered nurses from four hospitals in Chongqing, a city in Southwest China. They worked as critical care nurses, hemodialysis nurses, and pediatric nurses. Two nurses had a master's degree, and six nurses had a bachelor's degree in nursing. All of them had been working in Q hospital in Barbados for an average length of 10 months on assignments (ranging in length between 7 and 13 months). They were working in the pediatric ward, surgical ward, hemodialysis room, and intensive care unit in the recipient hospital. The average duration of interviews are 22 minutes (range 10-35 mins) .

Three macro themes emerged in the experiences of Chinese nurses who worked with Barbados nurses. These macro themes had a number of interconnected subthemes, which are elaborated below.

5.2 Arduous integration process

5.2.1 Lack of systematic orientation

According to the participants, Chinese nurses lacked systematic training before the beginning of the aid mission. Barbados has received less aid from other countries' medical staff. The Chinese nurses lacked experience with pre-job training for expatriate nurses. The CMT nurses received a uniform orientation when they came to the hospital for the first time. However, when they were assigned to various departments, the departments lacked a further training framework about the clinical nursing system and process for Chinese nurses. The introduction of key points of nursing is also absent. Due to the great differences in the nursing system, the lack of systematic orientation, and the language barrier, there was a long familiarization period for Chinese nurses. When I got to the intensive care unit for the first time, the head nurse was not on duty that day. No one gave me an introduction to the department environment, workflow and formulation. The main information was provided by the last batch CMT's companion. We must rely on ourselves to actively understand and be familiar with the environment. (nurse 3)

All of the CTM nurses received long-term English training. Barbadians have a strong local accent in English, making it difficult for Chinese nurses to understand at the beginning. Some local nurses were enthusiastic and willing to introduce the environment and personnel of the department to me, but the language barrier makes communication more difficult. (nurse 5)

5.2.2 Lack of active communication

The participants also mentioned that Barbados nurses were not proactive in contacting Chinese nurses during the familiarization period. This may be due to language barriers and resistance to strangers. They seldom proactively talk to Chinese nurses and actively introduce the work content and procedures of the department. This resulted in a longer adaptation period for Chinese aid nurses.

When I first arrived in the department, they didn't take the initiative to talk to me. I had a lot of questions about the new environment, so I have to take the initiative to ask them. (nurse 3)

5.2.3 Responsibility cognition deviation

Several participants mentioned that their understanding of the role of Chinese aid nurses was somewhat different from that of local nurses. The "Protocol on Sending Chinese Medical Teams to Work in Barbados" signed by the Chinese government and the Ministry of Health of Barbados mentioned that the responsibilities of Chinese nurses include not only cooperating with local nurses in clinical nursing work but also helping local nurses train specialist nurses and provide professional technical training. However, because Barbados is a developed country, it adopts the Commonwealth medical and health system, and the receiving hospital is the largest and most powerful public hospital in the Eastern Caribbean. The local nurses are very confident in their professional knowledge and skills. They think that assistance

from Chinese nurses is only a supplement to the shortage of nursing human resources. Some nurses even think that Chinese nurses are here to learn. This deviation in responsibility cognition prevented local nurses from learning from Chinese nurses. They are more confident in their skills. After I came here, the head nurse emphasized that their staff was relatively lacking and hoped that I could supplement their lack of manpower. However, I was not asked to carry out lectures or technical training. (nurse 2)

Due to the geographical position, Barbadians didn't know the development status of China's health care. Furthermore, we were the first batch of Chinese medical teams to assist Barbados. The purpose of Chinese nurses' assistance is still unclear to them. A colleague asked me how long did I come to study? (nurse 1)

5.3 Conflict and integration of different cultural backgrounds

5.3.1 Conflict of dominant concept

This subtheme reflects working in countries with different cultures and health care systems. Barbados is a Western country, and people's thinking is dominated by Western liberalism, and people-oriented concepts are more prominent. Among the Barbados nurses, this kind of thinking is mainly reflected in their attention to their own rights, such as enjoying vacations, asking for sick leave, and self-protection in working. By contrast, China is a socialist country with collectivism as the dominant thinking. Chinese nurses often give up their rights and interests in favor of collective interests. This ideological difference has led to inconsistent behaviors between Chinese nurses and local nurses at work.

They are not always punctual at work. For example, the day shift began at 7 o'clock in the morning. Mostly, I arrived hospital at 6:30 in advance. However, the local nurses are always delayed, and most of them will be late. Nevertheless, the nurses on night shifts seem to easily accept this status quo. (nurse 4)

There was a hurricane warning reported one time. I always arrived at the ward on time as I worked at home. However, all of the local nurses were absent without asking for leave from the nursing department or head nurse. This phenomenon hardly happened in China. (nurse 6)

5.3.2 Conflict of clinical decision

Due to the different medical systems and standards, Chinese nurses seem more serious and reliant on doctors' orders during the nursing process. However, the local nurses were more autonomous. Doctors in this area gave fewer critical orders, and the treatment and care of patients needed to be evaluated and implemented by the nurses themselves. Therefore, the Chinese nurses made clinical decisions depending on the doctors' advice. They always required doctors to give a more comprehensive treatment plan. However, local nurses think that it is the embodiment of nurses' ability to decide the corresponding matters for their patients.

They didn't use an electronic medical record system. Doctors' handwritten medical records are relatively simple and scribbled. The doctor's orders mainly list the medications and measurements that need to be given. The special requirements of medications and the amount and speed of the solution will not be

referenced. These should be determined by nurses. We do not have a comprehensive understanding of the patient's physical indicators, and we lack systematic experience and knowledge of clinicians. Nurses are not allowed to decide on treatment options in China. (nurse 7)

In addition to key procedures, such as emergency treatment and hospital infection control, most of their nursing operations lacked objective standards. Treatments and nursing vary from person to person. (nurse 3)

5.3.3 Integration of concepts and technologies

Some participants also pointed out that differences in cultural and institutional backgrounds also promoted mutual learning from each other. Local nursing managers liked to pay attention to the good behavior and skills of Chinese nurses and encouraged local nurses to learn. Chinese nurses always discovered the outstanding abilities of local nurses at work and tried to copy them to the best of their own abilities.

We are always the most punctual when we go to work and take the initiative to undertake heavier tasks. Due to this, I have often been praised by the head nurse of the department, Diane, and encouraged local colleagues to learn from me. (nurse 8)

Local nurses didn't know how to operate the venipuncture technique. Doctors performed venous catheterization, including using peripheral venous indwelling needles. This is the most common technique for nurses in China. After obtaining the consent of the doctor, I performed venipuncture on a patient. After learning that I successfully completed the intubation, the head nurse proudly told everyone that this was done by our nurse. (nurse 5) Local nurses were indeed better at mastering the overall situation of the patients than Chinese nurses. They could take initiative to understand the indicators of their patients and use these indicators to guide the next step of treatment and nursing. This kind of working ability was worth learning. (nurse 2)

5.4 Multiple emotional experiences

5.4.1 Loneliness

Some participants mentioned that nurses tended to feel lonely in the adaptation period because of the new working environment, the great differences in cultural background and language, and the lack of experience working overseas. They usually thought that they were discriminated against by local nurses, and it was difficult to fully integrate.

After I started to manage patients independently, I always worked alone. Unless I had something to consult on, there was little communication with them. I feel that there was a big gap between us and it was difficult to integrate into their group. (nurse 6)

They often chatted with each other happily in their native language. It was hard for me to understand and get into their conversation. In that situation, I always felt lonely. (nurse 7)

5.4.2 Uncertainty

The second subtheme under this theme is uncertainty, which is also the emotional experience mentioned by many participants.

The ward environment in Barbados was quite different from that in China. Chinese nurses were uncertain about whether their work mode and content met the local standards and requirements. This kind of feeling may persist throughout the adaptation period. As they grew familiar with the local workflow, this feeling gradually relieved and disappeared. Moreover, Chinese nurses are not sure whether their work met the approval of local nurses and managers and was truly identified by other nurses.

At the beginning of my work, I mainly worked the same way I did in China. But, I found that there were many inconsistencies. I was not sure whether what I did was allowed locally, so I confirmed with them repeatedly. Despite all this, I also think the difference could improve the quality of nursing care. (nurse 1)

As an aid nurse, I certainly hope that the local nurse would recognize what I had done. But, they seldom gave me feedback on their evaluation of me. Sometimes, the head nurse gave some good feedback, but I was not sure whether the feedback could represent the views of most nurses. (nurse 5)

5.4.3 Excitement and pleasure

Some participants said that they often felt excited and happy because of the recognition, acceptance, and care of local nurses in the process of the aid mission. In such a special working environment, gaining recognition was more rewarding than working in China and made the Chinese nurses feel more excited. Some care behaviors of local nurses could make Chinese nurses feel accepted and produce a pleasant inner experience.

When the head nurse or colleagues expressed recognition and praise for the work I had done, I would be excited for a long time. I felt accepted, and my work was meaningful and valuable at that time. (nurse 8)

When I expressed to them how much I miss my family, they showed me their sympathy and talked with me about my family and children. When I told them my baby was ill, they were very concerned. One of them said that she went to church and prayed for my child. This emotional exchange made me feel very warm. (nurse 4)

6. Discussion

This study aimed to gain insight into Chinese nurses with CMT experience working with Barbados nurses. There were three main themes summarized: integration process, the effect of cultural background difference, and inner emotional experience. These three themes provide a practical and detailed perspective for the cross-cultural communication skills training of China's aid projects overseas. It also provides some reference for the preparation of aid nurses. In addition, it also provides a reference for how the recipient country can better accept aid workers and what kind of environment and conditions are provided to help them adapt to the environment and play a role faster.

One of the themes in this study, the arduous integration process, implies that Chinese nurses need to face various obstacles to integrate into the local nursing team. This is not a problem faced only by Chinese aid nurses. Many studies have demonstrated that (Philip, Manias, & Woodward-Kron, 2015; Wilson & Jal-

lah, 2019) foreign aid health workers from other countries also go through a difficult process at the beginning of the aid mission. Some obstacles are caused by objective conditions, such as language differences, different cultural backgrounds, and institutional systems. (Philip & Woodward-Kron, 2019) These obstacles are usually difficult to avoid or change. In this study, many subjective obstacles were found, including the imperfect nature of the pre-working training system, the lack of initiative of local nurses in communication, and the incomplete understanding of the responsibilities of foreign aid nurses. These factors can be improved through the joint efforts of aid providers and recipients. Hospitals receiving assistance can improve the effect of orientation by formulating a systematic pre-working training plan for foreign aid nurses. Hospital training and department training should be included in the plan. Nursing managers should strengthen coordination and encourage local nurses to actively communicate with foreign aid nurses. Qualities of being open-minded, active and modest should be emphasized to help individuals learn from each other. Recipients should report detailed information on aid projects to promote the staff's understanding of the purpose and significance of the project. It is expected that the above strategies will shorten the adaptation period of foreign aid nurses.

The second theme, "conflict and integration of different cultural backgrounds", reflects the large differences in the educational background, the health care system, and the philosophy between foreign aid nurses and local nurses. A double-edged sword will not only cause conflict but also promote integration and promotion. Some participants said that when Chinese nurses put forward different opinions on nursing work, local nurses usually ignored them. Even though they sometimes agree with the opinions or suggestions, few changes will be made to the actual work. As proposed by Ingrid's research. (Tjoflat et al., 2016) When aid nurses mention some new guidelines or consensus, they are not humbly converting the new knowledge into nursing practice but constantly asking why changes should be made. Conversely, this difference in the cultural background is also the driving force promoting mutual learning. Many participants said that although local nurses are confident in their knowledge and skills, they will accept changes, as confirmed by the good clinical practices of Chinese nurses. Almost all participants also expressed that they learned a lot of new knowledge and techniques by observing the differences in nursing work. The conflict and tolerance remind us that both foreign aid nurses and local nurses should maintain a tolerant and modest heart, be willing to accept opinions, suggestions, and new things, and should not be blindly confident in their own knowledge and skills. Only in this way can we reduce conflicts, promote mutual complementarity of knowledge and skills for both of them, and achieve the purpose of improving nursing quality and work efficiency.

The third theme of this study is the description of "inner feelings and emotional experiences" of Chinese aid nurses. Chinese nurses are prone to feel lonely, uncertain, excited, and happy during their missions overseas. The unfamiliar environment, pressure from the work, language barriers, and separation from family, and other factors will cause adverse stimuli to foreign aid nurses. If these stimuli persist without relief, they will easily lead to negative emotional reactions in nurses, and depression may even

occur in severe cases. In this study, almost all nurses mentioned that they had experienced different degrees of adverse emotional distress. Researchers in some countries have gradually begun to pay attention to the emotional problems of foreign aid nurses. (Philip & Woodward-Kron, 2019) During the preparation period, CMT members will be given corresponding psychological tests and training to improve their psychological coping ability. As managers of overseas aid projects, attention to the mental health of foreign aid nurses should be given not only in the project preparation period but also in the whole mission process to ensure that nurses can maintain a healthy mental state.

7. Conclusion

This study reflects the work experiences and feelings of eight Chinese nurses during their assistance in Barbados. The results of this study confirm that due to the cultural differences between the East and the West, Chinese nurses will face a difficult start in assisting in Western countries. At the same time, the differences between them will lead to conflicts at work, but it will also promote the improvement of the quality of nursing care. Throughout the process of the aid mission, Chinese nurses will experience negative emotions because of the stimulation of various adverse factors. However, with the acceptance and emotional involvement of local nurses, these types of negative emotions will disappear and be replaced by positive emotions. According to the exploration of nurses' inner experience, it is necessary to improve the pre-working training system of foreign aid nurses to shorten the adaptation period. Both foreign aid nurses and local nurses should treat each other with tolerance, humility, and acceptance. Active communication and learning should be carried out throughout the aid progress. Finally, the project manager should pay attention to the psychological state of foreign aid nurses and give necessary mental intervention to ensure that the nurses maintain a good mental state.

8. Limitations

The participants of this study were from the 1st to 4th batches of the CMT, and the findings may not be generalizable to the whole program.

9. Acknowledgments

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10. Disclosure

The author reports no conflicts of interest in this work. The authors have confirmed that the ICMJE authorship criteria are met by all authors: (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work, (2) Drafting the work or revising it critically for important intellectual content, (3) Final approval of the version to be published, (4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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