



The Ottawa Charter Twenty Years On – an International Nursing Student Exchange Program Perspective



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Inequalities in health and
access to health care for rural
communities – an EU/Canada
funded student exchange
program

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The focus of the student exchange

To enable students to experience public health focused **practice** in another country, specifically focusing on rural inequalities in health and access to health care.

To enable students to undertake a meaningful exchange program enabling them to gain insights into, and experience of another culture.

Duration and extent of the project

- From Oct 2004 to Sept 2007
- A total of 24 EU students and 40 Canadian students will undertake an exchange
- Each exchange visit would last for approx 12 weeks

Pre-visit preparation

- Good preparation maximises the positive outcomes of the project
- Preparation helps students find value and purpose in the exchange
- The attitude of the tutors influenced the students' preparation providing reassurance and `excitement`

Orientation week

- Good and necessary
- Each institution had a different approach
- Students travelling from west to east needed it to overcome jetlag
- Provided a view of the new environment and way of life

Clinical experience

- Balance between variety and familiarity
- Placements with aboriginal groups 'truly served the purpose of the exchange'
- Scheduling was flexible to accommodate a variety of needs
- Language differences were on balance a bonus
- The year of the nursing program when the exchange occurred

While the students were away they were expected to undertake two tasks

1. Write an academic assignment focusing on one of the Ottawa Charter areas,

The area the student chose from the charter then acted as a framework for them to consider inequalities in access to health care and health improvement work.

2. Record three critical incidents, the students were asked to,

Analyse the incidents in terms of their impact on you and explain why you view them as critical in relation to rural inequalities in health or a specific area of the Ottawa Charter.

Analysing the student assignments (n=41)

The three areas highlighted most often from the Ottawa Charter were;

Developing personal skills (n=11)

Examples the students gave -

Changing of attitudes, empowerment skills

- Re-orienting health services (n=11)

Examples the students gave –

Emphasis on health promotion, incorporation of the broader determinants of health such as the importance of cultural aspects, e.g. the health of native people, collaborative efforts targeted at vulnerable groups e.g. teenagers, elderly

- Strengthening community action (n=10).
examples the students gave –
Enabling people to chose healthy lifestyles, improving the infrastructure, such as bicycle tracks, footpaths, sidewalks, evening light along walk tracks. Giving information on healthy lifestyles

- Creating supportive environments examples the students gave (n=6),
Supportive caring environments for patients and staff

- Only three Students chose to focus their assignments on the 'building healthy public policy' aspect of the Ottawa Charter
Examples, parental leave, father's opportunities to take parental leave. Lack of access to contraceptives, abortion or medicines.

Munich Declaration (2000)

- A WHO European strategy for Nursing and Midwifery Education

This states that to underpin public health nursing competence nurse education needs to enable nurses to “contribute to decision making at all policy levels (development and implementation) and to be active in public health and community development”.

Did students not address building healthy public policy in their assignments because what they saw in practice was health education or promotion?

Or

Was it because the nurse education system prepared them to focus on health education/promotion not policy development within their undergraduate programmes?

Inequalities/inequities

- This area was poorly developed in the student assignments with no definitions given.
- Examples given: situation of Aboriginal population and immigrants, less access to medical doctors, inequalities between economic classes, genders, municipalities and age groups.

Implications for Nursing

- Students view RN's as part of an interdisciplinary team that improves community health
- They did not articulate a unique role for RN's in primary healthcare or tackling inequalities (at odds with Munich Declaration)
- They considered RN roles in other countries and were beginning to analyse and compare one health system to another

Implications for Nursing Education

Students so overwhelmed with culture, language, being ambassadors for the institutions, etc. that they didn't always grasp the nuances of the assignments (related to the exchange).

Therefore students need close follow-up to focus on the task and not get caught up in the travel experience only.

Implications (cont)

- The presence of faculty at the visiting site who understood primary care, and health inequalities helped to facilitate the students' learning during their exchange to another country.

Implications (cont)

- Faculty need to work diligently at understanding the intentions of colleagues at other institutions. While we use similar language we don't always mean the same thing!

Positive outcomes

- An experience not to be forgotten
- Personal and professional development benefited greatly
- Increased skills and knowledge
- Intrinsic, unexpected outcomes were the best
- “I have made many friends and have been able to share in many health care experiences which I feel has enriched my knowledge and understanding of cultural diversity”

(Canadian student in Finland)



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