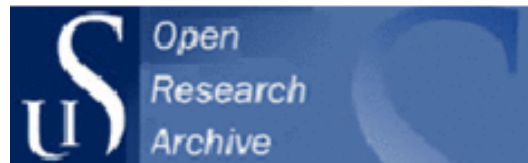




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# Challenges in sharing knowledge: reflections from the perspective of an expatriate nurse working in a South Sudanese hospital

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**Aim:** This account, based on the experience of the first author, aims to describe an example of practice from a hospital in South Sudan. The example illustrates a cross-cultural encounter and the challenges that a Sudanese nurse and an expatriate nurse face in sharing knowledge when providing patient care.

**Content:** The constructed practical example between nurses with different knowledge bases and experiences was characterized by the expatriate nurse giving her instructions and not allowing the Sudanese nurse to respond to them. This 'one-way' communication demonstrated that the expatriate nurse considered herself to have the better knowledge of nursing care. These aspects of the encounter formed the basis for the following discussion, which sheds light on how the expatriate nurse ideally could have worked by using a dialogue instead of one-way communication. The importance of having knowledge and understanding of the context in cross-cultural encounters was also emphasized.

**Conclusions:** The discussion of this practical example can provide insight for other nurses when working in cultures other than their own into the importance of using a dialogue when sharing knowledge in a cross-cultural encounter. In addition, expatriates can be made aware of the importance of acquiring knowledge about the context for 'the other' when working cross culturally. Finally, it should be noted that the description and discussion of the experience reflect only the perspective of the expatriate nurse.

*Keywords:* Civil War Consequences, Cross-Cultural Encounter, Dialogue, International Committee of the Red Cross, Nursing, Sharing of Knowledge, South Sudan

## Introduction

The story told in this article is intended to shed light on the challenges of sharing knowledge in a cross-cultural encounter between an expatriate nurse engaged by the International Committee of the Red Cross (ICRC) and a Sudanese nurse when they worked together in a ward at a hospital in South Sudan. The constructed practical example will be described and discussed. The description and discussion reflect only the perspective of the expatriate nurse and do not refer to any specific events or to any specific persons working at the hospital. The author secured written consent from the ICRC to use experiences from the mission in this article.

## Background

The ICRC was involved in supporting a hospital in a town in South Sudan, from 1993 through 2007. The people were suppressed and poverty ridden due to the long civil war and largely destroyed infrastructure, many being internally displaced (British Broadcasting Company, BBC News 2012). The hospital was a government-run facility with a capacity for 500 inpatients. The ICRC support to the hospital included teaching/supervision and logistical support as well as support to the nursing school and a Health Training Institute, educating medical assistants.

One of the general objectives of the two training institutes at the hospital was based on a joint assessment by the hospital leadership and the ICRC. It was proposed that the expatriate nursing team should work alongside the national Sudanese nursing staff to share knowledge to achieve a sustainable standard of treatment and care, comparable with that of any well-functioning rural African hospital. Clinical and theoretical teaching of different topics linked to patient diagnosis was an integral part of the combined work in the wards (ICRC 2004, 2005 internal confidential documents).

During the recent civil war (1983–2005), the Sudanese nurses working at the hospital were trained as certificated nurses following 3 years of nurse training with a curriculum from 1956 examined and set from Khartoum. After the election in July 2011, Sudan split into two countries, Khartoum is now the capital of Sudan while Juba is the capital of South Sudan (BBC News 2012). Due to the war, nurses had little access to teaching resources or to educational courses. The teaching in the nursing school was theoretical and didactic. Students were expected to repeat knowledge and then present it to the teacher. There was a weak link between the taught theory and practice in the hospital. The work in the ward was organized on a system of task allocation; one nurse was responsible for the medicine, one for wound care, etc. Many of the nurses in the hospital had problems reading, speaking or writing English, due to lack of access to education during the war. Their living conditions were difficult because the town had been affected by the civil war for 22 years. In addition to a full-time job in the hospital, the Sudanese nurses frequently had a second job because the government often did not pay them their salaries.

International expatriate nurse teams are most often from a Western country. The nurses working in these Red Cross missions are selected by their national Red Cross society or the ICRC against specific professional and personal competence criteria. Previous studies have indicated that the expatriate nurses are highly motivated to work in conflict zones (Tjoflåt 1999, 2007). They undergo a special Red Cross integration programme before the commencement of the mission and take on a kind of 'expert role'. The expatriate nurses are, however, novices when it comes to how the expert knowledge can be implemented in a different socio-political and cultural context. In addition, the expatriate nurse is a guest in the country for a specific time and returns to his or her home country when the mission has ended (Tjoflåt et al. 2000). Each expatriate nurse usually stays from 6 to 9 months, when working in the hospital.

## An example of practice

The literature has demonstrated the ideal exchange of knowledge in a cross-cultural encounter (Foronda 2008; Jose 2010; Parfitt 1999; Walsh 2004). However, practising this ideal is often challenging. The first author, who worked in the South Sudanese hospital as a part of an expatriate nurse team for 1 year, was struck by the complexity of sharing knowledge with Sudanese nurses who had different knowledge bases and backgrounds. Returning to Norway after the mission, she had time to reflect on the numerous professional experiences, notes from a personal diary and unstructured observations made when working in the wards in the hospital. Based on these experiences, an example of practice in the hospital ward was constructed. The example of practice illustrates different situations in which the expatriate nurse tried to share her knowledge with Sudanese nurses in the wards. To emphasize the challenges of sharing knowledge in this context, the practical example below has been simplified to high-light important elements.

One of the surgical wards in the hospital had a small post-operative unit where patients who needed close follow-up after surgery were admitted. The working language was English. A newly arrived expatriate nurse, on her first mission, worked with one national nurse to provide post-operative care for patients admitted to the observation unit. Recording patients' vital signs, such as pulse, blood pressure and respiration, was an important part of the post-operative patient care provided. According to the protocol in the hospital, vital signs should be taken every hour. This was the first time the expatriate nurse worked in the ward and she did not know the Sudanese staff at all.

The expatriate nurse explained that vital signs should be observed every 15 min and showed the national nurse how to record them. Then she left to visit another ward. When she came back 1 h later, she discovered that no vital signs had been recorded since she left and she became upset.

### **The encounter between the Sudanese nurse and the expatriate nurse – are they sharing knowledge?**

From the first author's point of view, the situation described may be characterized as one-way communication. The expatriate nurse gave her instructions and did not allow the Sudanese nurse to respond to them. She explained how the Sudanese nurse should record vital signs without asking what the Sudanese nurse already knew about this procedure and whether she understood the instructions. The expatriate nurse showed little interest in the knowledge or experience of the Sudanese nurse. On the other hand, the Sudanese nurse seemed to just listen to what the expatriate nurse was saying. The one-way communication gave little opportunity for questions, doubts or different arguments, and may reflect what can happen when cultural competence is not addressed. To be able to share knowledge, a dialogue for forming new insights could be essential in such cross-cultural encounters. The literature has demonstrated that the core of dialogue is respect for others' words, a willingness to listen and to understand other people's perspectives, and respect for self. Differences in knowledge and experience should not be perceived as a threat, but considered an opportunity to create new insight and knowledge (Dysthe 2001). Freire (1974, 1999), who developed a pedagogy of the oppressed, also suggested that a good dialogue is characterized by equality and respect between the partners involved. It is necessary to value the differences and see the unique contribution the other person represents and to understand the wider culture, the culture of the healthcare system, and how it works. In addition, neither the expatriate Norwegian nurse nor the Sudanese nurse was speaking in their own native language; the problem could have been compounded by both having to use English, which was not their native tongue.

The expatriate nurse in the situation considered herself to have the most accurate and up-to-date knowledge. She did not ask the Sudanese nurse what kind of knowledge she had about how to act in the specific situation or how the Sudanese staff normally carried out the recording of vital signs. This is consistent with Freire (1974, 1999), who states that if we look upon ourselves as the ones with the correct knowledge, we will never be able to create a dialogue. In a dialogue, you have to believe in people and in their capacity to produce and reproduce.

In addition, the encounter was challenging because the Sudanese nurse and the expatriate nurse were bringing different knowledge and experience into the situation. The Sudanese nurse brought knowledge and experience from a Sudanese school system and country which has gone through 22 years of war. On the other hand, the expatriate nurse was trained and selected in her developed home country (in this case Norway). Both education and culture were different from that of the Sudanese nurse. The expatriate nurse was a guest in South Sudan for a fixed period and returned to her home country when the mission was completed. The expatriate nurse had solid theoretical and practical knowledge in post-operative care from her home country. In South Sudan, she was, however, a novice about knowing how to implement this knowledge in a completely different environment with a Sudanese nurse whose skill sets were unfamiliar to her.

The constructed practical experience revealed that there was no 'common room' where the nursing team could discuss and reflect upon the different knowledge and practices that they were bringing to the situation. According to Hylland Eriksen & Sørheim Arntsen (2006), establishing such a common room where diversity of knowledge and experiences are explicitly described and critically discussed and reflected upon could be essential to gain new insight and knowledge. In the practical example, sharing knowledge to develop and optimize nursing care did not occur. In the following paragraphs, we will discuss and reflect upon learning outcomes from this experience and essential areas for policy improvement.

### **Suggestions for improvements**

#### **The importance of context knowledge**

The cross-cultural experience may yield suggestions for how a nursing team from differing cultures can work together to ensure quality in patient care. First, before starting work in the ward, the expatriate nurse needs to have knowledge about the culture, context and hospital, as well as the health educational system in the country. In addition, it will be important to know how the teaching is conducted in the nursing school. In relation to the constructed example, the expatriate nurse should have known that the work in the ward was organized by a system of task allocation, and that according to the current Sudanese hospital protocol, vital signs should be taken every hour and not every 15 min as explained by the expatriate nurse. Knowledge of cultural differences and values is an important attribute in a cross-cultural encounter (Foronda 2008; Parfitt 1999; Walsh 2004). Knowledge about the system and the protocols could therefore have prevented the expatriate nurse from being disappointed by the Sudanese nurse's performance. Another reflection of the expatriate nurse's attitude may relate to the fact that she confronted a Sudanese nursing protocol concerning vital signs that was not consistent with Western medicine. With her professional commitment,

she might have difficulty in accepting this standard. The expatriate nurse was selected and trained to support the Sudanese nurses who have been living in a town affected by the civil war for 22 years. This may indicate that although it is important to acknowledge and work within the foreign health system, it is difficult to work in other cultures (Parfitt 1999). Recognizing that the local nurse was doing the best she could in her own culture was not acknowledged, due to lack of experience in adjusting to, and work in different cultures.

Finally, knowing that several nurses in the hospital had problems in speaking English due to lack of education in the English language during the war would have been helpful for the expatriate nurse. One key element for successful exchange of knowledge in a cross-cultural encounter is that the team can communicate together in English. Identification of language problems within the team, as well as finding solutions to overcome them by considering a translator, is therefore crucial.

### **How to improve sharing of knowledge**

Instead of explaining and showing the Sudanese nurse how to record vital signs, the expatriate nurse could simply have asked to work together with the Sudanese nurse while she was performing the task. By working with the Sudanese several times during the shift, the expatriate nurse could have gained valuable information about the Sudanese nurses' theoretical knowledge and practical skills, as well as the equipment used to carry out the procedure. This approach would have been consistent with the literature, which suggests that knowledge and understanding of the context is an important attribute in a cross-cultural encounter (Foronda 2008). In addition, working together to carry out a procedure could possibly have created a working collaboration within the team. The expatriate nurse could have shown respect for the Sudanese nurse's knowledge and experience by giving support while the Sudanese nurse carried out the procedure (Dysthe 2001; Foronda 2008; Jose 2010).

To optimize care, it is necessary to value the differences and see the unique contribution the other person represents (Foronda 2008; Freire 1974, 1999). Exchange of information concerning procedures of blood pressure, pulse and respiration could possibly create lively discussions and reflections within the nursing team to create a context for learning, consistent with project goals. A relevant topic for discussion within the team could have been the importance of recording vital signs more frequently, and not only every hour, emphasizing these tasks as an essential part of post-operative care. Although the care in the hospital was primarily task focused, this kind of discussion could give the Sudanese nurses other perspectives and understandings of why recording vital signs is part of the care patients need postoperatively. One may also assume that a nursing team gathered in the common room would be open to different opinions and understandings and that this could motivate the nurses to share knowledge and to practice new knowledge. The expatriate nurse may thus have gained an understanding of how to implement her knowledge in an unfamiliar context and how to work effectively in a cross-cultural environment, including understanding the Sudanese nurses' situation, as well as developing respect for their knowledge and experience.

### **Conclusion and future implications for policy and practice in cross-cultural situations**

This article describes and discusses a simplified, constructed example of practice illustrating an encounter between an expatriate Norwegian nurse and a Sudanese nurse working together. The main purpose was to shed light on the challenges of sharing knowledge in such an encounter. The encounter between nurses with different knowledge bases and experiences was characterized by one-way communication in which the expatriate nurse gave instructions without allowing the Sudanese nurse to respond. The expatriate nurse seemed to consider her knowledge to be the best and most accurate with respect to post-operative patient care. Such beliefs may hamper cross-cultural communication, as well as knowledge development and further improvements in care without considering the existing level of care by local nurses and the healthcare culture context. Moreover, the article has shed light on how the expatriate nurse could have worked, utilizing a dialogue encompassing respect for each other and an understanding of the Sudanese nurse's knowledge, experience and context. It is likely that the Sudanese nurse also had the goal of a sustainable standard of care, but as long as the example did not include any input from the perspective of the Sudanese nurse, this was not a shared vision. Ideally, a balanced learning situation for both nurses should be expected. However, based on the first author's experience at the hospital, the expatriate nurse feels she gained more from this learning experience than did the Sudanese nurse.

Overall, the analysis of the practical example in this article may give other nurses, as well as humanitarian organizations, important knowledge to consider for recruitment and preparation of nurses who want to work cross-culturally or in a humanitarian mission overseas.

The presentation and discussion in this article reflects the importance of professional debates that concern the significance of cultural knowledge, sensitivity and attention to culture inter- actions. There is currently much enthusiasm for nurses to engage in exchange visits to countries other than their own, in addition to working with Aid agencies. It is hoped that this example will have shown the need to address the dynamics in cross-cultural encounters where social, educational and cultural differences exist.

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## Author contributions

I. T. drafted and wrote the entire manuscript; B. K. provided critical revision and constructive feedback to the manuscript.

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