UNIVERSITY OF SOUTHAMPTON

FACULTY OF HEALTH SCIENCES

An Exploration of the Internationalisation of the

Nursing and Midwifery Curriculum in

Brunei Darussalam

by

Khadizah Haji Abdul Mumin

Thesis for the degree of Doctor of Philosophy
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ABSTRACT

FACULTY OF HEALTH SCIENCES

<u>Doctor of Philosophy</u>

AN EXPLORATION OF THE INTERNATIONALISATION OF THE NURSING AND MIDWIFERY CURRICULUM IN BRUNEI DARUSSALAM

by Khadizah Haji Abdul Mumin

This study explored curriculum developers' experiences of developing and internationalising the nursing and midwifery curriculum in Brunei Darussalam (henceforth: 'Brunei'), and students' and graduates' views of learning from the curriculum. The internationalisation of the curriculum, in education generally and health care and nursing in particular, has featured as a phenomenon in much global literature, describing attempts to ensure that curricula are fit for purpose, both to meet globally acceptable standards and accommodate an increasingly mobile workforce.

A qualitative case study approach was used for the research. Data were collected from 34 participants (curriculum developers [n=17], students [n=8], graduates [n=9]) through semi-structured in-depth individual interviews. Qualitative data analysis used grounded theory principles and thematic analytic methods.

Literature indicated that the evolution of the internationalisation of the nursing and midwifery curriculum in Brunei initially occurred due to the influence of the British over Brunei, from 1888 until 1983. The findings in this study showed that, in contemporary times, the integration of international perspectives into the curriculum has been culturally influenced whereby only perspectives considered as usable, culturally acceptable and applicable in Brunei would be selected for the curriculum. These international perspectives were further adapted to ensure relevancy to the Brunei context, in order to preserve its local identity. Data also indicated that curriculum users have contrasting perceptions on what constitutes relevance. Importantly students and graduates have particular views which characteristically were ignored in curriculum development.

This study has implications for the development of an internationally oriented curriculum in nursing and midwifery which takes into account the cultural context of a specific country. Since there existed different perceptions of curriculum developers and those engaging with and learning through the curriculum, the study also points to a need to involve students in the curriculum design, an inclusion that is not apparently commonplace.

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DECLARATION OF AUTHORSHIP

I, **Khadizah Haji Abdul Mumin**,

declare that the thesis entitled

An Exploration of the Internationalisation of Nursing and Midwifery Curriculum in Brunei Darussalam

and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this university;

- where any part of this thesis has previously been submitted for a degree or any other qualification at this university or any other institution , this has been clearly stated;

- where I have consulted the published work of others, this is always clearly attributed;

- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;

- I have acknowledged all main sources of help;

- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;

- none of this work has been published before submission.

Signed   : ....**Khadizah Haji Abdul Mumin**

Date   : ....**30/09/2013**...........................

ACKNOWLEDGEMENTS

thesis. Thank you to all the people whose names are not mentioned who have been with me in this journey.

My late father and mother in-law, Haji Abdul Mumin Haji Paya and Hajah Mazanah Mohamad: both of you are always my continuous inspiration and internal motivator throughout my journey. May Allah bless you, I hope I have made both of you proud!

ACKNOWLEDGEMENTS OF EDITING SERVICE

With the oversight of my main supervisor, editorial advice has been sought. No changes of intellectual content were made as a result of this advice.

I   TERMINOLOGY/DEFINITIONS

In this study, the following terms, presented in alphabetical order will be applied:

Andragogy/andragogic method or approach to teaching and learning

> Teaching strategies developed for adult learners and are concerned with student-centred teaching methods (Holmes & Arbington-Cooper 2000). Contents of a curriculum can be disseminate effectively to the students through the use of the andragogic method (Peelo & Luxon 2007).

Ahkam or Hukum

> The Islamic rules, provisions and laws including Allah's commands and words and norms of Prophet Muhammad (Peace Be Upon Him [PBUH]).

Brunei

> The term 'Brunei' carries two meanings. Firstly, Brunei as a country. Known as Brunei Darussalam. Usually called 'Brunei'.

> Secondly, Brunei as a sub-division of the Malay race ethnic group.

> Unless stated, the term 'Brunei' denotes to 'Brunei Darussalam'.

Course/programmes/training

> Planned learning experiences for nursing and/or midwifery education.

Curriculum/curricula

> The document(s) explicating the programme(s) or planned learning experiences for a specific education (for example nursing or midwifery), courses or training.

The Curriculum

The term referred to a group of curriculum of different types of programmes (e.g. children's nursing, community health nursing, cardiac nursing, midwifery and so on) for the different levels (e.g. certificate, diploma, advanced diploma, degree) of a specific programme (e.g. nursing and midwifery).

Curriculum developer(s)

A person or group of people whom are involved in developing the nursing and midwifery curriculum.

Curriculum user(s)

Curriculum users comprised people that used the nursing and midwifery curriculum. They encompass student nurses, student midwives, nurse/midwife tutors, curriculum developers, managers in the nursing and midwifery education, and graduates of the nursing and midwifery programmes or both.

Developed/industrialised country(ies)

Denotes country(ies) that have a high human development index (HDI) rating. The index includes level of economic development, national income, life expectancy and education (Nations online 2013).

Developing country(ies)

A term generally used to describe country(ies) with low level of material well-being. These may include part or all that comprised of low levels of economic development, weakness in human resources, low education profile, low healthcare and life expectancy (Nations online 2013).

Developing curriculum

A process of developing curriculum. This includes planning, designing and developing the curriculum.

Domestic/Home students

Citizens or permanent residents of a country (Brown & Saly 2004 p.5). Domestic students are also interchangeably referred to as host nationals or home students. Ward (2006 p.7) defined host nationals as individuals who are nationals of a country that accepts (and hosts) international students.

Education Officer (Nurse/Midwife Tutor)

A job appointment in Brunei Darussalam for a qualified nurse or midwife, who has acquired the necessary qualifications and experiences in nursing or midwifery and later gained a teaching qualification to enable her/him to become an educator for the training or education of the nurse and midwife.

Globalisation of higher education

A process by which there is a free flow of educational trends, issues and changes in between two or more countries, characterized by a state of interdependence and interconnectedness, disregarding the cultural differences, political state and economic climate of the different countries.

Graduates

Denotes to nursing and midwifery graduates. Also addressed as 'nursing and midwifery graduates'. Student nurses and midwives whom have successfully completed their training programme or course.

International

Another country or countries. One, two or more countries, other than the home country.

Internationalisation

The process of making something international.

Internationalisation at home

Internationalisation activities that took place domestically or for home students and academics who are not mobile or are unable to go to another country (Crowther et al. 2000; Teekens 2007).

Internationalisation of the curriculum

> The process in developing and making the curriculum international resulting to the 'internationalised curriculum' or 'international curriculum' that is designed for the non-mobile home or domestic students and foreign students studying at home or in a host country.

Internationalisation of higher education

> The process of integrating an international, intercultural, or global dimension into the purpose, functions or delivery of post-secondary education (Knight 2003 p.11).

Internationalised curriculum/international curriculum

> "Curricula with an international orientation in contents, aimed at preparing students for performing (professionally/socially) in an international and multicultural context and designed for domestic students as well as foreign students" (Bremer & van der Wende 1995 p.4).

Islamic Religious Knowledge (IRK)

> A subject on the principles, values and beliefs of Islam as a religion of the Muslim people. The Islamic Religious Knowledge (IRK) is a compulsory subjects at all level of education in Brunei, including nursing and midwifery education.

Local

> Relating to home country.

Malay

> The term 'Malay' carries two meanings. Firstly, Malay as a language. Malay subjects contains such as on grammar, verbs, nouns, idioms, and construction of sentences.

> Secondly, Malay as a race. This is the largest race in Brunei. Malay make up of seven indigenous group including, Brunei, Kedayan, Tutong, Belait, Bisaya, Dusun and Murut.

> Unless stated, the term 'Malay' denotes to the Malay language.

MIB philosophy

The term 'MIB' in full is *Melayu Islam Beraja*. It is a Malay phrase which is formally translated into English as 'Malay Islamic Monarchy'. The MIB incorporates Brunei Malay Culture, Islamic principles and the application of the monarchy system as a way of life of the Bruneian people.

MIB is taught as a compulsory subject from primary to tertiary and university level education in Brunei, including the nursing and midwifery education.

Nursing and midwifery education

Nursing and Midwifery education means any form of preparation for a person prior to practicing as a nurse and/or midwife. This may be formal and informal, consisting of only practical input, or in combination with theoretical input. The term also means all programmes that lead to a professional qualification or registration in nursing or midwifery. Unless otherwise stated, 'education' may at some points be used interchangeably with 'programme', 'course', or 'training'.

Qur'an

The Holy Book of the Muslim; those with the Islamic religion.

Students

Nursing and midwifery students. Also addressed as student nurses and student midwives. These are student nurses and student midwives enrolled in the nursing or midwifery programmes.

Syari'ah Law

The body of Islamic religious law.

The West/Western countries

Unless specified, the terms the 'West' or 'Western countries' will pre-dominantly mean the European nations, specifically United Kingdom (UK). The term is also used to refer to other countries such as the United States of America (USA), Australia and Canada. Although, in business, the above mentioned countries are usually collectively addressed as the 'North' instead of the West (BusinessDictionary.com 2011).

II ABBREVIATIONS

The followings abbreviations are used throughout the upgrade thesis:

AACN	American Association of Colleges of Nursing
AMED	Allied and complementary MEdicine Database
ASEAN	Association of the South East Asean Nations
BHSc	Bachelor of Health Science
BNI	British Nursing Index
BSB	Bandar Seri Begawan
CASP	Critical Appraisal Skills Programme
CBL	Case-based learning
CIA	Central Intelligence Agency
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CMB	Central Midwives Board
CON	College of Nursing
DHSc	Diploma in Health Science
DSSPMOB	Department of State Secretariat, Prime Minister Office, Brunei
DTE	Department of Technical Education
ENB	English National Board
EU	European Union
GANES	The Global Alliance for Nursing Education and Scholarship
GATS	The General Agreement on Trade Services
GenNext	Generation Next degree. A bachelor degree offer in Universiti Brunei Darussalam.
GNC	General Nursing Council
GT	Grounded Theory
HDI	High Development Index
HONM	Head of Nursing and Midwifery Programmes
IAU	International Association of Universities
ICN	International Council of Nurses
ICM	International Confederation of Midwives
IEM	International Experience Model
IHS	Institute of Health Sciences
IM	Institute of Medicine
IPRO	International and Public Relations Office
IRK	Islamic Religious knowledge
MHREC	Medical and Health Research and Ethics Committee
MIB	Melayu Islam Beraja (Malay Islamic Monarchy)
MoE	Ministry of Education
MoH	Ministry of Health

MSc	Masters of Science
n	Number
NMC	Nursing and Midwifery Council
NMTC	Nurses and Midwives Training Centre
PAPRSB	Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah
PBL	Problem-based learning
PBUH	Peace Be Upon Him
PhD	Doctor of Philosophy/Doctorate Degree
PHRU	Public Health Resource Unit
QUT	Queensland University of Technology
RMIT	Royal Melbourne Institute of Technology
RIPAS	Raja Isteri Pengiran Anak Saleha
SAP	Study Abroad Programme
SoM	School of Midwifery
SoN	School of Nursing
SoNM	School of Nursing and Midwifery
UA	University of Aveiro
UAE	United Arab Emirates
UBD	Universiti Brunei Darussalam (University of Brunei Darussalam)
UK	United Kingdom
UKCC	United Kingdom Central Council for Nurses, Midwives and Health Visitors
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USA	United States of America
VTE	Vocational and Technical Education
WHA	World Health Assembly
WHO	World Health Organisation
WTO	World Trade Organisation

Chapter One: Introduction

1.1 Introduction

This thesis reports a study on the process of developing and internationalising the nursing and midwifery curriculum, in particular, the process of integrating international perspectives in the curriculum, and students' and graduates' experiences of learning from this curriculum in Brunei Darussalam (henceforth Brunei).

This chapter provides background to the study. Section 1.2 presents a brief introduction on the internationalisation of higher education and of the curriculum. An overview of the internationalisation of the curriculum from the global perspectives, and also in Brunei is provided in section 1.3. In section 1.4 and section 1.5, a personal account of factors that influenced the study, and the statement of the rationale and significance of the study are presented consecutively. This is followed by section 1.6, which provides the context of the study. In section 1.7, the development and refinement of the study is explained. The statement of the study's aims and objectives, and research questions are outlined in sections 1.8 and 1.9. Lastly, section 1.10 provides the overview of the thesis.

1.2 Internationalisation of higher education

'Internationalisation' has become a key aspect of discussion and has been high on the agenda of higher education worldwide in the last two decades (Kreber 2009; Knight 2011). Responding to the phenomenon of globalisation, internationalisation of higher education is on the rise throughout the world that demands the provision of higher education be informed by global trends and events (Al-Gasseer & Persaud 2003; Izadnegahdar et al. 2008). Most institutions of higher education are also actively pursuing policies of internationalisation in order to reach out to global markets, contribute to trends across the world and ensure that their programmes have international relevance (Evans 2007). Another purpose, documented in much of the literature, is to prepare graduates that can function within the complex international context and where there are intercultural differences (Qiang 2003; Knight 2011). However, there are also arguments questioning whether

the attempts at internationalising higher education are really that genuine, or only rhetorical, for the purpose of competition and building national and institutional education empires (Greatrex-White 2008), and for the convenience of the "rich part of the world" (Leask 2005). Despite the different views, it is generally agreed in the literature that the main focus of internationalisation of higher education is on making higher education more internationally relevant (Huang 2007; Knight 2011).

Identifying a single or generic definition of 'internationalisation' is challenging. One of those challenges is the applicability of the definition to many different countries, cultures, and education systems (Knight 2003). Due to the various differences, Knight (2003) emphasised that with reference to education, it is of vital importance to have a definition that would be appropriate for a broad range of contexts, and that relates to all aspects of education and the role that it plays in society. The most widely adapted and used definition in education was that firstly defined by Knight and de Wit (1997 p.6) whereby internationalisation was defined as *"the process of integrating an international/intercultural dimension into the teaching, research and service functions of the institution"*. This definition was further restructured by Knight (2008, p.21) who claimed that the latter definition would reflect its global nature:

> *"The process of integrating an international, intercultural, or global dimension into the purpose, functions or delivery of higher education at the institutional and national levels"*

The process of internationalisation of higher education is complex as it encompasses various initiatives, strategies and activities (Knight 2011). A review of the literature revealed that the internationalisation of higher education has occurred in two ways: at home, such as infusing international contents in the curriculum for non-mobile home or domestic students; and across the borders or cross-border, such as students' mobility for attending education internationally (Crowther et al. 2000; Kinsella et al. 2008; Knight 2011). A more detailed discussion on internationalisation of higher education and the curriculum will be presented in the next chapter.

1.3 Internationalisation of the curriculum

For the purpose of this thesis, the term internationalisation of the curriculum is operationally defined as *'the process of integrating international perspectives into the local curriculum in order to develop an internationalised or international curriculum'.* The internationalised curriculum is *'a curriculum with international orientations or contents which is designed for the non-mobile home or domestic students and foreign students studying at home or in a host country'.*

There are several studies indicated in the international literature that were related to the topic of this thesis. Some of these studies were such as exploration of students' experiences of the inclusion of international education experience in the curriculum, particularly the short-term and long-term study abroad programme (Pross 2005; Ruddock and Turner 2007), where home students get to study parts of the components of their curriculum in another country. Another study focused on the experiences of curriculum developers regarding the formulation of international guidelines in developing a curriculum (Wright et al. 2005). Similarly, within the European Union (EU), a study by Kerklaan et al. (2008) also looked at the standardisation of the curriculum in higher education to ensure graduates would be able to work not only in their home countries but also amongst other countries in the EU. However, these studies are conducted either in Europe and Canada, none of which is necessarily related to Eastern countries.

Xu et al. (2002) conducted a study on the perceptions of developing China's curriculum by integrating international perspectives, specifically relating to the United States of America (USA). This was a survey of Chinese nurse academics' perceptions of the 21 key concepts extracted from the document produced by the American Association of Colleges of Nursing (AACN, 1998). Their findings highlighted that nurse academics perceived that whilst the AACN's document is relevant to nursing in the USA, providing a framework for developing, defining, and revising baccalaureate nursing curriculum, the document needed to be adapted in consideration of cultural benefits to China. However, their study focused only on the perceptions of relevance of the AACN's document, prior to consideration of the integration into China. The study was not about

the actual process of the integration of the document into the China's curriculum; moreover, their study only focused on nurse educators who may be curriculum developers, but did not include students and graduates.

Uys and Middleton (2011) conducted a study of nurse educators' perceptions of internationalising nursing and midwifery programmes amongst the nursing schools in developing countries, specifically the African countries. The main finding showed that nurse educators perceived that the process of internationalising had exposed them to the opportunities of sharing and exchanging nursing and midwifery knowledge and experiences. As with Xu et al. (2002), this study did not include students and graduates. In addition, the study was concerned with the integration of nursing and midwifery perspectives amongst and between African nations, but not that of the Western countries into the Eastern countries.

Kinsella et al. (2008) conducted a study focused on the international collaboration relating to the occupational therapy curriculum between Canada and European countries (notably England, Scotland and Ireland). This was a qualitative case study research involving students, stakeholders, managers and educators, exploring enablers and challenges to acquiring clinical experience in the European country, as one part of a Canadian university's occupational therapy curriculum. Some of the challenges identified by research participants included funding limitations for sending the students to the programme abroad, availability and timing of placements, and procedural issues such as applications for visas. In contrast, some of the enablers identified by the research participants included network support, accommodation support, international connections and communication technology. However, this study only focused on enablers and challenges to international practice education in the area of occupational therapy education. In addition, the study was associated with the Western countries and also did not explore the experiences of curriculum users of the process of integrating international perspectives into the curriculum between these countries.

On the other hand, the search and review of literature on internationalisation of the curriculum, in specific that related to nursing and midwifery programmes in Brunei revealed that apparently there have been no studies conducted on this precise topic. Nevertheless, there are some studies that have a relationship to the topic. For example Zakiah (1989) conducted a study related to the integration of a particular international perspective in Brunei. The model from Roper et al. (1980), originating from the UK, was taught in the nursing curriculum in Brunei and was introduced and implemented in clinical practice in order to provide individualised nursing care via the introduction of the nursing process in one of the hospitals in Brunei. The study aimed to measure nurses' attitudes regarding nursing practice and nurses' knowledge prior to, and following, the introduction of the nursing process using the Roper et al. (1980) model of nursing at that hospital.

Other studies have touched upon some aspects of the integration of features of international nursing and midwifery education into nursing and midwifery education and curriculum in Brunei (Abdullah 2007a; Mumin 2006). The study conducted by Abdullah (2007a) was of the perceptions of nurses about the possibility of introducing post-basic or post-registration courses into Brunei that were similar to those existing in the United Kingdom (UK). Meanwhile, the study conducted by Mumin (2006) was mainly about the development of midwifery education in Brunei, highlighting that this was influenced by the UK. These three Brunei studies, however, were not specifically about the experiences of curriculum users on the process of developing and internationalising the nursing and midwifery curriculum in Brunei.

Internationalisation of the nursing and midwifery curriculum is considered to be very important, not only in Brunei, but also worldwide. Brunei is among the countries of the world that aspire to a high standard of nursing and midwifery education which is recognised internationally, and is comparable with those provided by the Western countries such as the UK (Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing, Brunei [PAPRSBCONB] 2003). There were also indications that nursing and midwifery education in Brunei in general, and the curriculum in particular, has been internationalised. These were stated in the PAPRSBCONB's objectives:

> *" To design...courses...using nursing knowledge that has been*
> *generated in Brunei Darussalam and overseas . . . To interpret*
> *overseas nursing knowledge in the context of cultural and religious*
> *needs of the people of Brunei Darussalam . . . To establish links with*
> *international educational institutions for the exchange of information*
> *about developments in nursing and nursing education . . ."*

<div align="right">(PAPRSBCONB 2003 p 7)</div>

Later, the PAPRSBCONB ceased to function and merged with the PAPPRSB Institute of Health Sciences (PAPRSBIHS) (formerly the Institute of Medicine [IM]) at the University of Brunei Darussalam (UBD) in the year 2009. Amongst the activities legitimising the internationalisation of the curriculum at the UBD were those stated in the main purpose of the International and Public Relation Office (IPRO). It was emphasised that the IPRO has the responsibility to:

> *"establish and develop collaborative partnerships with overseas*
> *institutions...and...conduct the marketing of the University*
> *internationally so that the University can become an institution of high*
> *international repute"*

<div align="right">(UBD 2013)</div>

As a member country of the World Health Organisation (WHO), Brunei also takes into account the international standards and requirements of the nursing and midwifery education outlined by the WHO (for example the WHO publications in 1948; 1989; 1992; 1996; 2001). Apart from that, Brunei also made reference to the requirements for the provision of nursing and midwifery education from international professional bodies and organisations, such as the International Council of Nurses (ICN) and International Confederation of Midwives (ICM) (PAPRSBCONB 2003). Thus, the development of nursing and midwifery curriculum in Brunei is indirectly affected by the standards and requirements of these international professional bodies and organisations.

In addition, there are various documents that contain rules, guidelines, policies and standards which are produced by international organisations. These documents include, for example, the Safe Motherhood Initiatives by the WHO (1991), the International Classification for Nursing Practice by the ICN (2010), core documents of the ICM such as the ICM Global Standards, Competencies, and Tools, and the Philosophy and Model of Midwifery Care (ICM 2011), and Munich Declaration: Nurses and Midwives: A Force for Health (WHO 2000). The

contents of these documents legitimately set the international and minimum standards required of nursing and midwifery education and practice worldwide. As a result, many countries, including Brunei, make reference to these international documents and strive to develop nursing and midwifery curriculum that would produce nurses and midwives that are able to practice at an internationally recognised level.

1.4 Personal influencing factors to the study

The interest in this research area initially arose from my personal and professional experience as a student nurse and a nurse/midwife tutor in Brunei. As a former student nurse, my experience included studying nursing related subjects as well as nursing. Two examples of the former were sociology and psychology. Whilst learning these subjects, I noticed that some Western perspectives, including theories, were introduced as components within these subjects. Furthermore, when I started my teaching career in 1997, I also came across some nursing and midwifery students who questioned the significance of using theories, concepts and models from Western countries in subjects such as law and ethics, psychology, sociology, as well as in nursing and midwifery management, and applying them in the context of Brunei.

Students asked me whether it is important to learn rules and regulations documented by the Nursing and Midwifery Council (NMC) of the UK [e.g. see the code for standards of conduct, performance and ethics for nurses and midwives (NMC 2011)], the code of ethics for nurses by the ICN (first adopted in 1953, revised in 2006) (ICN 2010) and the international code of ethics for midwives by the ICM (ICM 2009). Students also enquired why they should learn about theories such as Kübler-Ross's (1969) model of dying, and Kurt Lewin's (1951) theory of change and management, when they are actually living in Brunei. As a nurse/midwife tutor, my reaction was to explain to students that it is of great importance to learn from these countries because they are more developed than Brunei. We should learn from them because we want to develop knowledge and practice in Brunei. Although these answers were acceptable to the students at that time, it encouraged me to think whether students should actually be taught Western perspectives.

Adding to the above experience, in 2005, I conducted a qualitative study of the development of midwifery education in Brunei for my Masters of Science (MSc) degree in Midwifery (Mumin 2006). Findings revealed that student midwives were concerned about whether some contents of their curriculum, perceived as being Western, was compatible with the context in Brunei. On the other hand, reflecting on my experiences as a member of the curriculum development committee in Brunei, the committee sets numerous expectations for the integration of Western perspectives into the Brunei nursing and midwifery curriculum. It is expected that the curriculum would be developed to a high standard so that they would be internationally marketable. It is also expected that nurses and midwives from the programmes would be able to work internationally, and give care to internationally mobile population in Brunei. The programmes were also expected to produce graduates that would be accepted anywhere in the world when pursuing their study. Simultaneously, the committee also expected that the curriculum would be designed to meet the cultural needs of the population of Brunei, to be relevant and compatible to the context of Brunei, as well as acceptable to the students and graduates.

As a member of the committee, the terms 'internationalisation of higher education', 'internationalisation of the curriculum', 'internationalising curriculum', 'international curriculum' or 'internationalised curriculum' had never crossed my mind. Also I was unaware if any one of the committee members held similar perceptions to me. After reading literature, I found that the expectations set by the curriculum developers in Brunei were not unique to Brunei, but were also echoed in the process of internationalisation of higher education and the curriculum worldwide. The phenomena have affected many countries and continents wherever they are, be it in the Eastern or Western parts of the world (e.g. Chalapati 2007; Engelke 2008; Bell 2008). My interest in conducting this study is therefore further precipitated by my desire to explore whether the experiences of the curriculum developers, in the process of developing the nursing and midwifery curriculum in Brunei, had been informed by the phenomenon of internationalisation. I now also became curious as to whether the enquiries from the students with regards to their curriculum containing the Western aspects were a result of the process of internationalisation, and not solely as a result of Western influences in Brunei.

1.5 Significance of the study

The brief overview in the previous sections, as above, suggested that curriculum development worldwide, and in particular, Brunei, progressed in a way that has been informed by the process of internationalisation. However, the experiences of curriculum users in internationalising the curriculum, specifically the actual process of integrating international perspectives into the curriculum have never been studied or evaluated. This study, therefore, would contribute to the first empirical evidence of experiences of curriculum users on the internationalisation of the nursing and midwifery curriculum in an Eastern country: Brunei. It is anticipated that the findings from this study could influence the future development of nursing and midwifery curriculum, facilitating curriculum development to meet the social context and cultural needs of Brunei. This study should provide an avenue for discussion among curriculum users in Brunei and globally. This is important, recognising that there is increasing evidence that partnerships and influences take place amongst Western and Eastern countries with regards to curriculum development in higher education (e.g. Xu et al. 2002; Jayasekara & Schultz 2006). More importantly, the findings from this study will add to the cross-cultural research and literature in the field of education, in general, and nursing and midwifery education in particular, at both local and international level.

1.6 Study setting

This study took place in Brunei. This section provides a brief description of Brunei, the features of the Brunei culture and the current nursing and midwifery education system. It is presented to facilitate a better understanding of the context of the study in which curriculum users function. Here, whilst references to the literature are included, some of the information is based on my personal and professional experiences in Brunei.

1.6.1 Brunei and the culture

Brunei Darussalam – the name means 'the abode of peace' (Government of Brunei 2008), has an area of 5,765 square kilometers and is situated on the northwest coast of the island of Borneo (Diagram 1.1). It consists of four districts, namely Brunei-Muara, Belait, Tutong and Temburong, and the climate

is equatorial with high temperatures, humidity, and rainfall. There is a
population of about 401,890 (Central Intelligence Agency [CIA] 2011).

Diagram 1.1 Geographical Location of Brunei

1 – WORLD MAP

2 – BORNEO ISLAND

BORNEO ISLAND

3 – BRUNEI

Source:

1. **WorldAtlas.com (2011)**
2. **Borneo Tour Specialists (2008)**
3. **CIA (2011)**
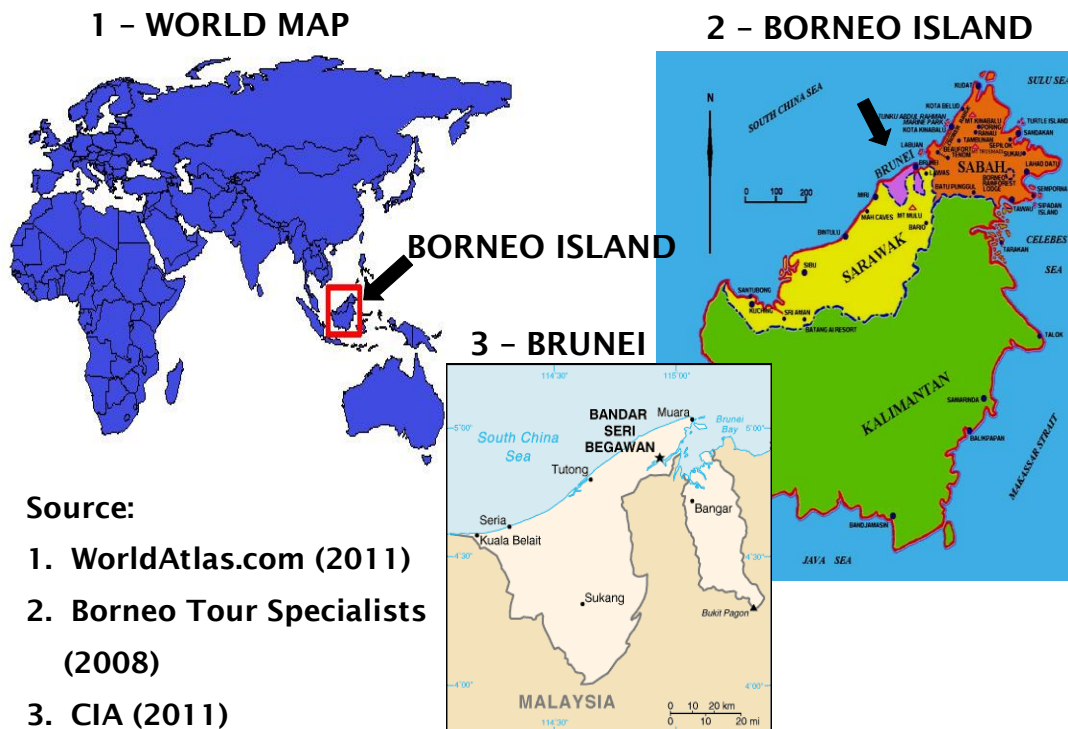
Brunei is the only absolute ruling constitutional monarchy in Southeast Asia
(Talib 2002). The national religion is the Shafeite sect of Islam, and the model
of Malay Islamic Monarchy ("Melayu Islam Beraja"– MIB) is upheld as the
national ideology or philosophy (Tuah 2002) of Brunei. It was a British
protectorate nation from 1888 to 1983 (SarDesai 2010). On the 1st of January,
1984, Brunei became an independent sovereign state, and immediately entered
the Commonwealth and became a member state of the United Nations (UN)
and WHO.

Brunei is a multiethnic and multiracial society consisting of many different
nationals. Three-fifths of the population is Malay, the dominant ethnic group
that comprises the indigenous communities of Brunei, Kedayan, Tutong, Belait,
Bisaya, Dusun and Murut (Government of Brunei 2008). Other ethnic groups
include Chinese, Indian, Iban, Dayak and Kelabit. Expatriates make up
approximately 21% of the population, of whom 9% are from the European

nations, Australia, and the USA, and the remaining 12% are from Indonesia and the Philippines (Government of Brunei 2008).

Islam, the official religion, dominates everyday life of the population of Brunei. Indeed, 67% of the population is Muslims, 13% Buddhists, 10% Christians, 10% are tribal folk-religionists and other religious groups (Maps of World.com 2013). These features necessitate the provision of nursing and midwifery education in Brunei to be appropriate to the different international, multi and intercultural backgrounds of the people residing in the country, focusing not only on the local people but also those from other countries.

During the time of the British protectorate (1888-1983), a British Officer from the United Kingdom was appointed to reside in Brunei. This officer was called the British Resident, a representative of the monarch of England, to advise the Sultan on all matters, except those concerning national customs and Islamic religious faith (Department of State Secretariat, Prime Minister Office, Brunei [DSSPMOB] 1983). Although Brunei had been an independent country for about thirty years, the past ninety-five years of British bureaucracy, and the influences can still be felt; among other areas, this is reflected in the education system of Brunei. The earliest model of British education was imported into Brunei by the Christian missionaries, who first introduced Western education in most colonial territories (Morni 2001). Students were being taught by the British in English, and it has since then been made compulsory for all students to learn English, as all subjects are delivered in English (Morni 2001; Jaidin 2009).

The Malay language is the national language and the official medium of daily communication in Brunei. However, Brunei espouses the dual language mastery of English and Malay within all levels of education (primary, tertiary and university) and in the workplace for all citizens. The Malay language is used to teach three subjects; Malay, Islamic Religious Knowledge (IRK) and MIB, whilst the English language is used for all other subjects including, of course, English. English is also the main medium of teaching in Chinese and Arabic schools in Brunei. It is therefore not uncommon to hear Bruneian people talking to each other using a mixture of English and Malay languages. However, since the

medium of instructions in nursing and midwifery education is English, the major parts of MIB and IRK are mostly taught in the English language (PAPRSBCONB 2003). The inclusion of the MIB philosophy and IRK as nursing and midwifery subjects emphasises that the provision of care to clients must be individualised, in order to meet the cultural and religious needs of the clients. The inclusion of MIB and IRK also implies that nursing and midwifery education in Brunei should not deviate from the MIB philosophy and the IRK.

In Brunei, culture and religion are viewed differently. Although culture can change with time, religion and religious knowledge, mostly contained in the Qur'an, are viewed as objective, factual and unchanging (Morni 2001; Jaidin 2009). These characteristics imply that caution must be taken when teaching international perspectives that might be in conflict with the religious context in Brunei. Morni (2001) acknowledged that it is not usual, within Brunei's culture, for a Bruneian to talk about their thoughts, opinions and feelings very openly or publicly. It is seen as normal to keep these to oneself and not to share them with other people (Naiyapatana & Burnard 2004; Morni 2001). Considering these characteristics, it is therefore a challenging task to make Bruneian students voice their thoughts and opinions, especially when it comes to discussion, synthesis, analysis and critique. These limitations inhibit students' participation in lectures and thus, in learning; in particular, when studying at a higher level such as in higher education institutions where the student-centred approach to learning and teaching is used, requiring critical analysis and students' overt participation.

1.6.2 Current nursing and midwifery education in Brunei

The PAPRSBIHS UBD, is the provider of health sciences education in Brunei, including nursing and midwifery, biomedical, medicine and public health. Nursing and midwifery education comprises the Diploma in Health Science (DHSc) (Nursing or Midwifery or Paramedics), Advanced Diploma in specialist programmes (operation theatre, children's nursing, emergency, critical care, mental health, community health and midwifery), and degree courses (Bachelor of Health Science [BHSc] in Nursing or Midwifery) (PAPRSBIHS, UBD 2011).

There are three groups of subjects taught in the nursing and midwifery curriculum. These include basic skills, Brunei studies, and sciences and social sciences. Basic skills involve computer studies and the English language, Brunei studies – IRK and MIB. Basic skills and Brunei studies are the foundation for other subjects. Sciences consist of anatomy and physiology, pharmacology, microbiology and pathophysiology. Social sciences include ethics and law, psychology, sociology, trends and issues and leadership and management skills. The curriculum emphasise a 'triple' focus – selective Western perspectives; the Islamic perspectives; and the Brunei's national philosophy – the MIB (PAPRSBCONB 2003). For example, in the management module, students learn both the leadership values of the Prophet Muhammad (Peace Be Upon Him [PBUH]), and reflected this with the Western-based leadership theories such as Weber (1947) and the change management model by Kurt Lewin (1951). An example in the MIB is the cultural aspects of the Malay, such as respect for spiritual beliefs regarding causes of illnesses and diseases (e.g. the beliefs that some illnesses are caused by supernatural forces) (PAPRSBCONB 2004). Further examples are the Islamic ethical and legal perspectives in delivering nursing and midwifery care, such as those highlighting the Syar'iah law in health care (e.g. 'ahkam' or 'hukum') (PAPRSBCONB 2004), as well as those ethical theories of the West such as 'utilitarianism' (Mill 1863) and 'deontology' (Kant 1995).

The inclusion of Western perspectives in the nursing and midwifery curriculum implies that international features are considered important in Brunei nursing and midwifery education. On the other hand, the inclusion of MIB and IRK as compulsory subjects signifies that Brunei's nurses and midwives must provide care and practice in line with the cultural needs and national philosophy of Brunei.

1.7 Refinement and development of the study

This research has undergone refinement in the course of this study. My initial proposed study was on the exploration of globalisation of nursing and midwifery education for Brunei. I perceived that the whole issues surrounding the universal phenomenon of globalisation had influenced curriculum development in Brunei. The intention to conduct the study of the topic was

further precipitated by the brief overview of literature, sequence of events as mentioned in the personal influencing factors and significance of conducting the study as outlined in the previous sections (section 1.3 to 1.5). However, the review of the current available literature revealed that globalisation is an umbrella term for many different issues such as internationalisation, Westernisation and many more. In reflecting upon my main aims for this study, my main interest was the fact that whilst there were some international perspectives integrated into the nursing and midwifery curriculum in the organisation where I work in Brunei, I was unsure whether curriculum developers and students were aware that the nursing and midwifery curriculum had undergone internationalisation. Therefore, I decided to find out how the curriculum was actually being developed by curriculum developers to their current state. I was also then interested to find out what are the students' experiences of learning from the current curriculum, i.e. the curriculum that has undergone internationalisation.

1.8 Research aims and objectives

Considering the development and evolution of this study, the main aims were to explore:

1) how and in what way(s) the current nursing and midwifery curriculum in Brunei has been developed and internationalised by curriculum developers; and

2) the students' and graduates' experiences of learning from their nursing and midwifery curriculum in Brunei

The objectives of the study are therefore to:

a) explore the process of developing the curriculum;

b) investigate the process of integration of international perspectives into the curriculum;

c) identify whether the curriculum has undergone the process of internationalisation

d) examine the rationale for developing the curriculum in the way that it has been developed;

e) explore the relevance of the curriculum to the recipients, i.e. students and graduates

f) make recommendations for policy makers in the areas of curriculum development in Brunei.

1.9 Research questions

Based on the aims and objectives, the following research questions were set:

1) What are the curriculum developers' experiences of developing the nursing and midwifery curriculum?

2) What are the students' experiences of learning from the curriculum?

3) What are the graduates' experiences of learning from the curriculum?

1.10 Thesis structure

This thesis comprises five chapters. This chapter has presented the background, the rationale for the study and the aims and objectives. Chapter two presents the literature review encompassing internationalisation of higher education in general, and in particular, of the curriculum, both in Brunei and globally. Current studies conducted in Brunei and internationally related to the topic of this study will be highlighted in the literature review. The gap in knowledge identified as a result of the literature review will be ascertained. Chapter three discusses the research design and methods employed to conduct the study and chapter four presents the findings of the study. Chapter five discusses the findings of the study, and will distinguish the original contribution this study will make to current knowledge and practice. Chapter six evaluates this study, presents key reflections throughout conducting this study and concludes the thesis. In this thesis, terminology/definitions and abbreviations unique to Brunei, and that for the purpose of this thesis, are defined and explained on page xvii to xxiv.

Chapter Two: Literature Review

2.1 Introduction

This chapter presents the review of literature. There are three purposes for this literature review: first, to explore and analyse available literature on the internationalisation of higher education generally and, in particular, the curriculum. Second, to examine the specific focus of the research, and the methods that have been used to conduct that research. Finally, to identify the gaps in the knowledge, and thus indicate ways in which my study could help to fill them. In addition, non-research based literature was also reviewed, which could either be professional literature such as opinion papers, and official literature such as policy documents and official websites. The review of this non-research based literature has also helped to inform the study.

In this chapter, the search strategy is described first, followed by the results of the search. The findings from the literature review are presented in two parts. The first part presents internationally focused literature, and the second part explores literature originating from Brunei. A summary of the material reviewed will be offered at the end of this chapter.

2.2 Literature search strategy

Timmins and McCabe (2005) suggested that a quality literature review is dependent on a systematic, organised search of the literature that uses available resources effectively. They added that effective literature searching is a crucial stage in the process of writing a literature review. Therefore, the procedure for conducting a literature search and review must be explicit, thorough and rigorous. The literature search strategy had four stages.

In stage one, the available and accessible literature originating from Brunei and internationally was explored. In addition to the aims and objectives, and the research questions of this study, the general questions that guided the literature review were:

1) How has the process of internationalisation of higher education, and curriculum, occurred?

2) What are curriculum developers' experiences of internationalisation of the curriculum?

3) What are the students' and graduates' experiences on internationalisation of the curriculum?

Key authors for the topic were identified (section 1.1 of Appendix 1) and the keywords for searching were formed from these questions. These keywords are illustrated in table 2.1. Databases were searched using a combination of these keywords, and the use of Boolean operator 'and'. Truncation ('$' or '*') was also used to facilitate the inclusion of stem words (details of combinations of keywords are illustrated in section 1.2 in Appendix 1). The literature search was also facilitated by the use of several resources including the use of libraries in the UK and in Brunei (section 1.3 in Appendix 1). Electronic databases provided by the library of the University of Southampton were used to conduct the keyword searches, and reference lists from key articles were also followed up. As there are large numbers of electronic databases available, only databases significant to the study, particularly those relating to nursing, midwifery, medicine, and allied health sciences were included in the search. Section 1.4 in Appendix 1 lists the available electronic databases, those that are included in the search and a brief rationale for their inclusion in the search. These included OVID (BNI, EMBASE, AMED, MEDLINE), CINAHL, Intermid, Internurse and Web of Knowledge.

Table 2.1 Keywords

1) Global/Globalisation, Western/Westernisation, International/ Internationalisation
2) Nursing, Nursing Education/Programme/Curriculum/Training
3) Midwifery, Midwifery Education/Programme/Curriculum/Midwifery/ Training
4) Health Sciences, Medical Education, Occupational Health/Therapy, Psychology
5) Developed/Developing Countries
6) Third world countries
7) Industrialised countries

The search of available and accessible relevant literature, related to the topic of internationalisation of nursing and midwifery education, and in particular the curriculum, revealed sparse research literature, be it from Brunei or internationally. Searches were extended to include other fields of allied health sciences' education. In excess of 3000 hits were obtained, resulting from the

literature search. The literature search was then proceed to the second stage. Assessment of the relevant research literature, professional literature and official literature were conducted (See Table 2.2 for detailed explanations) from the title and abstract as displayed on the computer screen, and using the inclusion criteria outlined in Table 2.3. A total of 277 articles were thought to be relevant. A second check of the titles and abstracts was performed to detect duplicates and irrelevant literature that did not meet the inclusion criteria. As a result, 79 items were further excluded due to the lack of relevance to the topic and 22 items were found to be duplicates and, thus, were excluded. The total of papers/documents obtained was 54 from CINAHL, and 122 from the rest of the databases, making a total of 176 eligible to be reviewed.

Table 2.2 Type of literature included in the search

Type of Literature	Explanation	Rationale for Inclusion
Research Literature	Comprises qualitative and quantitative research, published and unpublished (e.g. theses and reports), and systematic reviews.	Ensuring that all literature is explored, because some studies might not be indexed in databases.
Professional Literature	• Written by professionals in nursing, midwifery, and allied health sciences • There is logical argument that withstands criticism • e.g. discussion paper, books	This literature usually contains facts, reflexive accounts of knowledge and experience or involvement in the process of internationalisation. The conclusions are related to evidence, although not necessarily research evidence.
Official Literature	Published by government and non-governmental institutions and organisations that contain rules, regulations and policies governing nursing and midwifery education and practice	Rules, regulations and policies have some emphasis on issues related to internationalisation.

Table 2.3 Inclusion Criteria

Inclusion Criteria	Rationale
• Full texts • Written in the English language only	• To have a complete picture of what is written in the paper • Literature written in English does not require translation
• Emanating from or relating to Brunei • Internationally focused	• To identify what is already known and what is not known, in terms of topics and methods of conducting research in relation to Brunei and internationally
• Brunei – from 1900 onwards • International – from 1990 onwards	• To explore if internationalisation of nursing and midwifery education, and the curriculum in Brunei is affected by being a British Protectorate. Brunei became a British protectorate in 1888. Reports on this protectorate commenced in 1906. • Internationally, there is a growing awareness of and initiatives related to internationalisation of higher education and the curriculum, including that related to nursing and midwifery, as from around 1990 • The term "internationalisation" has been introduced in about 1989 and subsequently became a matter discussed widely
Topic on integration of international (other countries') perspectives or ideas of nursing, midwifery, and allied health sciences into another country	To explore the issues that have been studied surrounding internationalisation in relationship to the title of this thesis.

In stage three, full texts of the available articles were accessed. Only 144 of the papers are full texts that could be retrieved resulting to a further exclusion of 32 papers: they were either not full texts or could not be accessed. In stage four, the collated literature was then included in the review. Of the 144 references, 33 papers were research literature, 26 professional literature, and 85 were official literature. Research articles were critically appraised using the Critical Appraisal Skills Programme (CASP) tools provided by the Public Health Resource Unit (PHRU), Oxford, UK, as well as four criteria for assessing the

trustworthiness of qualitative research: credibility, transferability, dependability and confirmability (Lincoln & Guba 1985). Similarly, publications classified under the non-research literature were also critiqued by using methods in documents analysis, as proposed by Scott (1990), in consideration of the nature (what is it?), the writer and the purpose(s) for whom and for which they were written. The summary of the search strategy used to underpin the literature review within this thesis is illustrated in Diagram 2.1.

Diagram 2.1 Strategies underpinning literature review

STAGE 1 – SEARCHING THE LITERATURE (n=3000+)

Electronic databases provided by the University of Southampton	**Official Literature** (Brunei Libraries and UK websites)	**Unpublished Research (Theses)** (Brunei and UK libraries)	**References Lists** of Papers

STAGE 2 – SCREENING THE LITERATURE (n=277)

Papers excluded (Irrelevant, not met inclusion criteria) **(n=79)**

Screening titles and abstracts on the computer screen from five databases for research and professional literature **(n=176)**

CINAHL **(n=54)**   OVID (BNI, AMED, EMBASE, MEDLINE), Intermid, Internurse, Web of Knowledge (**n=122**)

Duplicates Excluded **(n=22)**

STAGE 3 – SELECTING THE LITERATURE (n=176)

Papers further excluded (Not full texts, cannot be accessed) **(n=32)**

Full copies (full texts) printed from eight databases and papers are read for relevancy according to inclusion criteria **n=144**

STAGE 4 – INCLUSION OF THE LITERATURE IN THE REVIEW (n=144)

Research Literature (n=33)

Brunei **n=3** (Thesis)

International **n=26** (Research Literature)

n=4 (Literature Review)

Professional Literature (n=26)

Brunei **n=1** (Book)

International **n=25** (Discussion and Description Papers)

Official Literature (n=85)

Reports from Brunei **n=77** (Government) + **1** (Institution)

Brunei Websites **n=1** (Ministry) +**2** (Institutions) +**1** (Government)

UK Websites **n=1** (Regulatory Bodies - NMC)

International Organisations Websites **n=3** (ICN, ICM, WHO)

2.3 Part One: International literature

The first part of the review refers to the international literature and addresses several aspects. These include discussion of the differences between the terms 'globalisation' and 'internationalisation' and the relationship of the two. An overview of the internationalisation of higher education and the curriculum are also provided. This is followed by exploration of the issues related to internationalisation of the curriculum as highlighted in the current literature.

2.3.1 Globalisation and Internationalisation

'Internationalisation' and 'globalisation' are considered by some writers to be two different sides of a coin (e.g. Knight 2003). However the two terms are commonly used interchangeably and synonymously in higher education (Kinsella et al. 2008; Kerklaan et al. 2008). The terms are found to be complex and their definitions vary according to context and perspective (Haberland et al. 2008). It is therefore considered vital to briefly distinguish the differences between these two terms, and their relationship, in order to position what is meant by internationalisation of higher education, in general and in particular, of the curriculum within the context of this study. Some definitions from key authors (e.g. Giddens 1990; Knight 1994; van der Wende 1997; Knight 2003) and other literature are also brought forward.

2.3.2 Globalisation

The definition of globalisation is complex and controversial in nature (Tsuruta 2003). Tejada (2007) argued that various attempts at explaining and defining the processes of globalisation, although having resulted to a reduction of complexity, at the same time resulted in oversimplification. This oversimplification thus resulted in confusing the term globalisation with, for example Westernisation, Americanisation, Europeanisation and internationalisation (Tsuruta 2003). The later terms are responses to, and parts of the process of, globalisation (Engelke 2008). Westernisation, Americanisation and Europeanisation will be briefly overviewed at the end of this section, and internationalisation will be discussed in a separate section. As a starting point for discussion take, for example, two definitions of globalisation proposed by a sociologist (Giddens 1990) and two well known scholars in the field of internationalisation (Knight & de Wit 1997).

Giddens (1990, p 64) defined globalisation as:

> *"the intensification of worldwide social relations linking distant localities in such a way that local happenings are shaped by events occurring many thousands of miles away and vice versa"*

On the other hand, Knight and de Wit (1997, p 6) defined globalisation as:

> *"the flow of technology, economy, knowledge, people, values, ideas…across borders. Globalisation affects each country in a different way due to a nation's individual history, traditions, culture and priorities"*

Both definitions above are similar in the way that globalisation is viewed as a situation whereby countless worldwide events flow freely from one part of the world to any other part(s) of the world. However, Knight and de Wit (1997) were not clear on how globalisation has affected different countries differently due to the differences in the history, traditions, culture and priorities in each of these countries.

Looking at the theoretical propositions proposed by Giddens (1990) on how globalisation occurs, he proposed that globalisation has occurred in four dimensions which are interrelated and interdependent. The first dimension is the world's capitalist economy, where capitalist countries are the main centres of power in the world economy. The domestic and international economic policies of these countries involved many forms of economic activities and their regulations. The regulations largely influence the scope of wider global activities. The influence of any particular country within the global political order is also strongly conditioned by its level of wealth. Giddens claimed that the wealthier countries have a greater influence on global economic activities than those countries which are less wealthy.

The second dimension highlighted by Giddens (1990) is the nation-border system. This is linked with the sovereignty of a particular country, whereby the autonomy or territorial nature claimed by a country is sanctioned by the recognition of its borders by other countries. The third dimension is the world military order. Giddens highlighted that almost all countries, including many developing countries, possess excessive military strength as a result of the massive destructive power of modern weaponry. The USA and the Soviet Union were highlighted as the two most powerful militarily developed countries, both

having built a large system of global military alliances, joined by many countries. The last dimension is concerned with industrial development whereby there is the expansion of the global or international division of labour that differentiated between the more and the less industrialised countries of the world. Giddens (1990) suggested a sense of living in "one world" was created as a result of interdependence over the division of labour.

To summarise the definitions and points made by Giddens (1990), globalisation can be seen as a consequence of modernity, the dynamics of which radically transformed social relations across time and space. Globalisation, and its pace, is determined by global economic activities that took place in a borderless world. The state of economic development determined the state of power of countries in the borderless world. Countries that have larger power and alliances are those countries that are successful economically, and they became known as the industrialised nations. Countries whom are less successful economically became alliances to this industrialised nations, thus, the aggravation of the expansion and interdependence of international division of labour that is dominated by these industrialised nations. The two of the most industrialised nations being the USA and the UK.

In general, globalisation has been associated with the free flow of world economy (Hillier 2003) or an integrated world economy (Altbach 2007). Globalisation is about a growing interdependence and interconnectedness of modern institutions, implying a flow of goods, services and people (Held and Mc Grew 2000). On the other hand, with reference to higher education, Altbach (2007) summarised globalisation as incorporating an increasingly integrated world economy, new information and communications technology, the emergence of an international knowledge network, the role of the English language, and other forces beyond the control of academic institutions.

It could be acknowledged that theorists, opponents and proponents of globalisation in general, and specifically in relationship to education, have different perspectives on the terms. The definitions of the terms were further shaped or influenced by whether the theorists, opponents and proponents were from education, economic, political or other diverse backgrounds. The many definitions of globalisation have undoubtedly led to confusion over what

exactly the term meant. It could only be concluded that globalisation was most frequently defined in the context of the papers in which the process featured. Despite this, a similarity could be identified in these various definitions. In all the definitions, globalisation has been commonly addressed as a process of intensification or compression of the world 'as one'. Many similar terms were also popularly used to mean the same thing: 'one world' (Giddens 2006); 'global village' (Giddens 2006; Hillier 2003); 'borderless world', 'shrinking world' and 'the invisible continent' (Ohmae 2000).

It is claimed that the process of globalisation in some countries is initially predisposed by the process of Westernisation (Xu et al. 2001), Americanisation (Tsuruta 2003) and Europeanisation (Kerklaan et al. 2008). For example, Tsuruta (2003) highlighted that during the Meiji Restoration (1868-1912), higher education in Japan was shaped and strongly influenced by Europeanisation. Tsuruta (2003) pointed out that Europeanisation is a condition by which France, Germany and the UK influenced the development of education in Japan. However, Kerklaan et al. (2008) also used the term Europeanisation to address the condition by which education systems in the European countries have undergone submission to one set of European standards and requirements. Teichler (2003, pp.180) states that:

> *"Europeanisation is the regional version of either internationalisation or globalisation; it is frequently addressed when reference is made to cooperation and mobility, but beyond that to integration, convergence of contexts, structures and substances as well as to segmentation between regions of the world."*

van der Wende (2004) points out that 'Europeanisation' is associated with the phenomena of internationalisation on a 'regional' scale, particularly within the EU countries. van der Wende (2004) also highlighted the link of Europeanisation to globalisation, in that the phenomenon of Europeanisation tends to enhance the global competitiveness of the European region as a whole.

Tsuruta (2003) further pinpointed that, after World War II, Japan's education system was predominantly affected by Americanisation. This is a condition by which the USA influenced the development of, amongst many other things, education in Japan (Tsuruta 2003). Xu et al. (2001) used the term

Westernisation to denote the ways in which nursing education in China is influenced by Western countries such as the UK, USA and the Soviet Union. There is an agreement amongst Xu et al. (2001), Tsuruta (2003), and Kerklaan et al. (2008) that the processes of Westernisation, Americanisation and Europeanisation are parts of a larger process of globalisation of higher education in their countries.

2.3.3 Internationalisation

In the 1960s, the term internationalisation of higher education was used synonymously with the term 'international education'. Butts (1969), as cited by Huang (2007), used the term 'international education' to refer to:

> *"international contents of curriculum, international flows of training, research . . . and cooperation across national borders"*.

Later, in 1972 Harari stated that international education has three components, namely the content of the programme of study, international mobility of students, and provision of transnational programmes in other countries (Huang 2007). The importance and use of the term 'international education' diminished with the rise of the term 'internationalisation of higher education' (Huang 2007; Knight 2011).

There have been enormous debates on what comprises internationalisation of higher education (Knight 2005). Many different views were held on whether internationalisation of higher education should be seen as a process, a set of activities, or a set of approaches (Knight 2005; Knight 2011). Despite the debate, the common agreement embedded in the term 'internationalisation of higher education' is the attempts to make education international (Greatrex-White 2008).

In 1994 (p. 7), Knight proposed that the term 'internationalisation of higher education' could be defined as:

> *"the process of integrating an international and intercultural dimension into the teaching, research and service functions of the institution"*.

However, van der Wende (1997) disagreed with the definition and pointed out that it was institutional-based and thus had limitations. van der Wende (1997, p.18) expanded the definition of internationalisation of higher education as:

>*"any systematic, sustained effort aimed at making higher education*
>*responsive to the requirements and challenges related to the*
>*globalisation of societies, economy and labour markets".*

However, there are limitations with van der Wende's (1997) definition; the meanings of 'systematic' and 'sustained effort' were not made explicit. While scholars and authors may offer different definitions of internationalisation, it is useful at this point to explore the meaning of internationalisation as found in research. A 'phenomenographic' study on student nurses' conceptions of internationalisation in Sweden was conducted by Wihlborg (1999). The Swedish Higher Education Act pointed out that internationalisation is concerned with the preparation of students for their future profession as nurses that would enable them to interact with diverse ethnic groups in Sweden and to work in international and multicultural environments (Wihlborg 1999). From this study, internationalisation is seen as a process of provision of education that would produce nurses that could function internationally and multiculturally.

A similar definition was identified in a qualitative case study on internationalising university schools of nursing in South Africa, where Uys and Middleton (2011) adopted Ellingboe's (1998, p 199) definition:

>*"the process of integrating an international perspective into a*
>*college or university system. It is an ongoing, future-oriented,*
>*multidimensional, interdisciplinary, leadership-driven vision*
>*that involves many stakeholders working to change the*
>*internal dynamics of an institution to respond and adapt*
>*appropriately to an increasingly diverse, globally focused, ever*
>*changing external environment."*

Ellingboe's (1998) definition was similar to that of Knight (1994) in that it is seen as a process and institutional-based; it also resonates with van der Wende (1997), in that it pointed out rationale and causal aspects of the process of internationalisation of higher education. The only difference between that of Ellingboe's (1998) and Knight (1994) is that Ellingboe (1998) pointed out the direction of internationalisation of higher education.

Responding to van der Wende (1997) and taking into account the current trends in internationalisation of higher education, Knight (2003, p.2) further redefined the term 'internationalisation of higher education':

> *"the process of integrating an international, intercultural or global dimension into the purpose, functions, or delivery of post-secondary education"*

Knight (2005) pointed out that the new definition attempts to take into account the fact that the interests and approaches of the growing number and diversity of education providers are different from those of traditional institutions. The generic term's purpose, function and delivery therefore replaced specific functional terms of teaching, research and service (Knight 2005). Knight (2005) claimed that the use of the more generic terms can then be relevant to educational providers at the different levels; sectoral, institutional and various other providers, in the broad field of higher education (e.g. public, private, profit and non-profit, local and international).

The definitions of internationalisation of higher education most commonly cited in the current literature are those of Knight (1994; 2003), and van der Wende (1997). The most popular definition is that of Knight (2003; 2008), which is believed to be the most comprehensive definition (Vapa-Tankosic & Carić 2009; International Association of Universities [IAU] 2010). From the different definitions offered by the key authors and other authors, it can be concluded that internationalisation of higher education has been viewed as a process that occurs, or approaches that were taken, or a number of activities that were carried out, in making and enabling higher education to be considered or recognised as international.

Over the last two decades, there has been a proliferation of other terms that were used in conjunction with 'internationalisation'. These include 'borderless' – a term denoting the disappearance of borders and 'across-border or cross-border' – terms emphasising the existence of borders (Knight 2005). Others include 'transnational ' - all types of higher education study in which learners are located in a country different from the one in which the awarding institution is based (United Nations Educational, Scientific and Cultural Organization [UNESCO] and Council of Europe 2001).

2.3.4 The differences and operational definitions

Although there has been a plethora of the terms 'internationalisation' and 'globalisation' (Qiang 2003), it was not until the 1980s that these terms were widely used in the education sector (Baumann & Blythe 2008). There are tensions, debates and arguments on the synonymous use of the terms 'internationalisation' and 'globalisation'. The discussion undertaken in the previous two sub-sections revealed that there was no definitive and no conclusive evidence that explicitly suggest the exact definitions, and the differences and similarities of these two terms. It was found that different authors operationally defined these terms in the context of the papers they had written. It can be identified that 'internationalisation' is closely related to 'globalisation', in that 'internationalisation' is affected, or influenced, by 'globalisation', and vice versa. As long as globalisation and internationalisation are still taking place, the presumed and approximate definitions of these two terms, will continue to engender criticism, debate, and argument.

Therefore, for the purpose of this thesis, with reference to higher education, globalisation is operationally defined as '*a process by which education flows freely in between countries without border, precipitated by a state of interconnectedness and interdependence*'. This free flow of education between countries occurs regardless of the differences in the socioeconomic and political climate of those countries. On the other hand, internationalisation of higher education is (operationally) defined as '*a situation by which the phenomenon of globalisation is controlled by a selective process of perceived benefits of what can, and what cannot be transferred from one or more countries to another, having considered the differences in social, cultural, religious, political states, and economic climate between these countries*'.

2.3.5 Internationalisation of higher education

As mentioned in the previous chapter, internationalisation of higher education is seen to have occurred in two ways: at home and across the borders or cross-border (Crowther et al. 2000; Kinsella et al. 2008; Knight 2011). This section comprises a descriptive and conceptual literature review of these activities aimed to explore the position of internationalisation of the curriculum within the context of internationalisation of higher education.

Kritz (2006) stated that some of the many activities encompassing internationalisation across borders include the rapid growth of international research and programme collaboration between universities located in two or more countries. Programme collaboration could further be divided into two arrangements. The traditional arrangement was for students to pursue their education from one country to another to advance their studies (Kritz 2006). The second arrangement is concerned with what the OECD (2004) stated as depending on who or what migrate across the borders; the students, programmes or institutions. An example is the Study Abroad programme. The Erasmus programme in Europe is the largest Study Abroad programme (Shannon 2009). In Brunei, the typical example is the GenNext degree programme in the UBD, where undergraduate students study abroad for a year in a university of a chosen country, in the third year of their four year degree course (UBD 2012).

Another example where students or programmes migrate across borders is the programme partnerships, which are defined as international institutional collaborations under which each of the participating partners awards course credits (Kritz 2006). Some programme partnerships required studying abroad participation as part of the award. An example is the degree of medicine and surgery (MBBS) from the UBD. Undergraduate students are required to undertake their final three year course in a university abroad to gain their medical qualifications, having already taken a prior three year course at the UBD. In addition, it is also a requisite for them to do a two year junior housemanship in their chosen country, prior to returning as a qualified doctor to practice in Brunei (UBD 2011).

Branches of educational institutions (especially universities) or offshore campuses are also examples of internationalisation across borders. This initiative is concerned with the collaboration that involves the delivery of higher education in a different country than the one where the host institution is located (Kritz 2006). Take, for example, the branches of Nottingham University and University of Southampton of the UK, and Curtin University of Australia, located in Malaysia.

A further example of internationalisation across borders is Distance Learning. This is where students are allowed to do part of their course or courses from home, via the use of electronic communication (Kritz 2006). This electronic communication is usually through information communication technology (ICT) such as internet, videoconferencing, videocassettes, CD-Rom, and Email communications (Kritz 2006).

A study conducted by Uys and Middleton (2011) has identified some of the many processes of internationalisation across borders that took place in South African universities. These include, for example, the involvement of faculty members and students from developed or industrialised countries joining the African universities for research, teaching and learning activities. Further, there is development assistance and a system of sabbatical leave where African academics visit universities in other parts of the world (Uys & Middleton 2011).

On the other hand internationalisation at home is a term that was commonly used to denote internationalisation activities that took place domestically or for home students and academics who are not mobile or are unable to go to another country (Crowther et al. 2000; Teekens 2007). There were concerns about how to infuse international skills necessary for the non-mobile students, in preparation for the global challenges ahead in the twenty-first century. There was also a question of how to expose students and academics that are not mobile to intercultural and international experiences (Teekens 2007).

The activity which was commonly mentioned and associated with the internationalisation at home is internationalisation of the curriculum through curriculum design (see for example, Stier 2002; de Wit 2010; Teekens 2007). These include such aspects as programmes conducted by invited lecturers and professors from other countries in the home country (Uys & Middleton 2011), integration of the international perspectives into the curriculum (Leask 2005) and many more. The next section will further discuss internationalisation of the curriculum.

2.3.6 Internationalisation of the curriculum

This part of the literature review aims to compare and contrast current knowledge on the internationalisation of the curriculum. The review identifies how internationalisation of the curriculum has been described in the literature and concludes with an operational definition of the term that is used in the context of this thesis. Although a vast amount of literature pointed out that it is essentially a major component of the internationalisation at home, analysis of the activities encompassing internationalisation in general, and of the curriculum in particular, revealed that internationalisation of the curriculum is a component of both the internationalisation at home and also across borders.

Reflecting on the previous section, amongst others, internationalisation of the curriculum can be associated with collaboration of universities in the home country with universities in another country for structuring the Study Abroad Programme (SAP), and developing international programmes such as the twinning and sandwich programmes (UBD 2012). On the other hand, in internationalisation at home, one of the examples of internationalisation of the curriculum include such things as the integration of international or intercultural perspectives or components or themes in the curriculum for domestic and foreign students coming into the home country (see for example Nilsson 2000; Oxford Brookes University 2013; Griffith University 2013). From the review of the literature, it is found that the term 'internationalisation of the curriculum' has been used interchangeably with 'internationalising curriculum'. Similarly, the product of internationalisation of the curriculum, which is the 'internationalised curriculum' (Crowther et al. 2000) was also frequently used to synonymously meant 'international curriculum'.

International curriculum has been defined as;

> *"Curriculum with an international orientation in content, aimed at preparing students for performing (professionally/socially) in an international and multicultural context, and designed for domestic students as well as foreign students."*

(Organisation for Economic Co-operation and Development [OECD] 1996

in Nilsson 2000, p. 22)

Nilsson (2000, p.22) thought that the above definition was a little too passive, and therefore proposed the following definition:

> *"A curriculum which gives international and intercultural knowledge and abilities, aimed at preparing students for performing (professionally, socially, emotionally) in an international and multicultural context."*

In general, internationalisation of the curriculum refers to structuring courses, programmes and qualifications that focus on comparative and international themes, the emphasis of which is on developing international/intercultural global competencies (Qiang 2003; Knight 2004; IAU 2010). Olsson (2010) described it as infusing international and intercultural learning into the educational curriculum of a higher education institution. The output expected of the students' learning from the international or internationalised curriculum should be that they are able to display *"intercultural knowledge, skills, attitudes and perspectives of a globally competent student"* (Olsson 2010, p.11). Rizvi (2013) challenged that internationalisation of the curriculum should be seen much more than the integration of global perspective in curriculum design, development and evaluation. It should prepare students to be able to utilise this knowledge and skills when they work globally (Rizvi 2013).

Considering the discussion above and in the previous sections (section 2.3 and 2.4), in order to avoid confusion, in this thesis, the term internationalisation of the curriculum, as operationally defined in the previous chapter (see section 1.2), is *'a process of integrating international perspectives into the local curriculum in order to develop the internationalised or international curriculum'*. The term 'internationalised curriculum' will be used synonymously with 'international curriculum' to mean *'a curriculum with international orientations or international contents which are designed for the non-mobile home-based or domestic students and foreign students studying at home/host country'*. The word 'international' encompasses *'intercultural, multicultural and international aspects'*. The word 'perspectives' denotes *'any aspects including knowledge, ideas, models, principles, theories or concepts or all of these'*.

2.3.7 Current literature on the internationalisation of the curriculum

Review of current literature on internationalisation of curriculum showed that much of the study and areas of interest focus on international education experiences as part of the curriculum, international collaborations in development of curriculum and integration of perspectives in the international curriculum into the local curriculum. Apart from these, there were also professional and official literature on issues such as factors influencing, rationale for and significances of internationalisation of the curriculum. These areas of interest will be focused in greater depth in the sub-sections that follow.

2.3.8 International education experiences

The studies discussed in this section are concerned with students' experiences of learning or practices in another country as part of their local education or training. As mentioned earlier (section 2.3), some of the components of international education experiences include short and long-term SAP such as internship programmes, twinning and sandwich programmes (Kritz 2006; UBD 2011; UBD 2012).

Kollar and Ailinger (2002) stated that undergraduate and graduate nursing students in George Mason University in the USA were given the opportunity during their course to learn and practice community health nursing in Nicaragua for a period of two weeks. They conducted a study to explore the long-term impact of these international experiences on graduates of the university (n=12). Although the exact nature of their study design was not specified, from the presentation of the paper, it is likely that their study was qualitative in nature. Kollar and Ailinger (2002) described that the participants were contacted and asked to describe in their own words the long term effects of their Nicaraguan experience in their lives, both personally and professionally, and to provide examples. They said they used the International Experience Model (IEM) (Wilson 1993) conceptual framework to evaluate the data from their study. They further indicated that the IEM proposes that participants who study abroad develop a global perspective in four areas; namely substantive knowledge, perceptual understanding, personal growth, and interpersonal connections.

Kollar and Ailinger's (2002) main findings revealed that graduates found that their international education experience created cultural awareness and sensitivity to the needs and circumstances of other people. The graduates further stated that the international education experience prepared them for caring for patients from countries other than the USA. They also highlighted that the international experiences exposed them to cross-cultural issues, and helped them to appreciate what is available in the USA. Graduates also perceived that the international education experience increased their respect for health care systems in developing countries.

The confirmability of the findings from Kollar and Ailinger's (2002) study was, however, at risk because they did not specified their sampling strategy, there were no clear indications for the study design and no specific explanations as to how the data were actually collected (for example, through interviews, written statements or questionnaires or by other methods). This would make it difficult for another researcher to repeat the study. It was also apparent that the data analysis was limited by the use of the IEM that further indicated the lack of credibility of the findings.

In a similar vein, Grant and Mckenna (2003) conducted a qualitative descriptive/exploratory study of final year Australian undergraduate students (n=9) who spent four weeks of clinical experience in England and Northern Ireland. The study was designed to obtain students' descriptions of learning experiences of international clinical placements, explore their perceptions of the clinical environment, identify positive and negative aspects of participating in the programme, and provide information that would support future decision-making related to the programme. Data were collected through transcribed journal entries and interviews with the students (n=6 journal and n=3 interviews), and were analysed using qualitative the thematic analysis method developed by Burnard (1991).

Grant and McKenna (2003) found that students undergoing international clinical placement broadened their perspectives on nursing practice and its culture. The students were also shocked to identify the differences between the nursing practice in the UK and Australia. This is due to their initial impression that Australian's nursing was historically rooted from the British and their

perceptions that the development in the UK would somehow be similar to the present-day nursing in Australia. The differences in the nursing system and practice between Australia and England and Northern Ireland at some points limited the exposure of the students to practice in their international placements. Grant and Mckenna's (2003) study revealed that careful planning and preparation, prior to international clinical experience, is fundamental in order to increase the value of the programme rather than just merely seen as a 'student exchange' programme.

A methodological limitation identified in Grant and McKenna's (2003) study is that they did not mention the sampling strategy for their study. It is, therefore, very difficult to establish the extent to which the study participants were 'typical' or in any sense representative of the studied population (if indeed this was the intention) and the sample size was relatively small. However, justification for the study design, and the details of the data collection, gave some confidence in the credibility and confirmability of the findings of the study. There was evidence that the credibility of the findings were also enhanced by a process of validation of theme generation, by checking with colleagues and participants. However, this study lacked transparency, for example with regards to the decision trail that did not detail the discussion on how the themes were initially generated by the researchers during the data analysis process.

Pross (2005) carried out a mixed methods study comprising a qualitative descriptive study in the USA, using van Manen's (1990) phenomenological approach to explore nursing students' experiences of international education experiences, and quantitative study of the types of these experiences. Quantitative data were collected through mailed questionnaires (n=16) and qualitative data through phenomenological interviews (n=11). The questionnaires were aimed at identifying demographic data of the participants, their international education experiences, and reasons for participating in the experiences. On the other hand, the phenomenological interviews aimed to explore the meaning of international education experiences from the student nurses' perspective.

From the quantitative data collection, Pross (2005) identified that international education experience varies from international collaboration to international mission groups or ministries. The experiences mentioned by student nurses ranged from hands-on practice, teaching, to hands-off or just visiting. Two of the student nurses' main reasons for participating in international education experiences were to enhance their nursing education, and learn about other cultures.

The qualitative data collection highlighted four themes related to the nurses' international education experiences: preparing, adjusting, caring and transforming (Pross 2005). The theme of preparing indicated that preparation for international education experience begins in the home country. The international placements were considered by students as a once in a lifetime experience. Under the theme of adjusting, student nurses indicated feelings of comfort after experiences of initial shock. Student nurses mentioned that they were exposed to practice and cultural aspects that they had never experienced in their own country. Under the theme of caring, student nurses' feelings of caring were awakened. Students stated that human beings are the same everywhere, regardless of socioeconomic status, and that everyone needs and deserve safety, love, respect and caring. Under the theme transforming, nursing students transformed as they were challenged to examine their world view.

Similar to Grant and McKenna (2003), a methodological limitation identified in the study conducted by Pross (2005) was related to non-specification of sampling strategy. It is therefore difficult to establish the extent to which the study participants were the most appropriate for the study. However, the credibility of the findings were enhanced through a process of bracketing during data collection, and participants' validation was performed 'to confirm and validate' the findings of the study. Despite this, the claim that themes generation was done through a process of reflection, does not provide full details of the qualitative data analysis, thus compromising the credibility and confirmability of the findings of the study.

The findings from Kollar and Ailinger (2002), Grant and McKenna (2003) and Pross (2005) were confirmed by a study conducted by Ruddock and Turner (2007). This qualitative study explored whether having an international learning experience, as part of nursing education programme, promoted cultural sensitivity in nursing students. Nursing students enrolled on either a Diploma or Bachelor of Nursing course at a school of nursing in Denmark, who as part of their educational experience, took part in an international exchange: Jamaica, Malta, Greenland or Australia were included in the study (n=7). Data were collected using in-depth, conversational interviews and were analysed by using Turner's method (Turner 2003). This was informed by a Gadamerian hermeneutic phenomenological approach (Gadamer 1989).

Ruddock and Turner (2007) found that the international learning experiences increased the student nurses awareness of cultural differences. The students highlighted that the care given in the international countries was different from their experience in Denmark. It was also found that students developed cultural sensitivity and were adjusting to these cultural differences. Students mentioned that they shared and talked about these differences with colleagues, comparing the different culture, reflected and made sense of them. Students expressed cultural sensitivity in terms of "learning to relate to patients with empathy, respect and understanding", "developing insights into the experience of being a foreigner", "more aware of own values and the need to accept the value of others", and "willingness to be tolerant of others' lifestyles".

Ruddock and Turner's (2007) justifications on the appropriateness of qualitative methodology and data collection methods, and details on the procedure for data analysis were adequate, thus gives confidence in the rigour of the study. However, a greater detail regarding the choice for the Gadamerian hermeneutic phenomenological approach for the study would further promote credibility and confirmability of the findings.

Although there were many benefits to international education experiences, as mentioned by the studies cited above (Kollar & Ailinger 2002; Pross 2005; Ruddock and Turner 2007), Kinsella et al. (2008) brought to light the challenges and enablers to international practicum education experience, as

reported by stakeholders (practice settings of the host nation). They conducted qualitative case study research into Canadian occupational therapy education on students, professors, directors, preceptors and faculty members (n=37). Data were collected through tape recorded in-depth, semi-structured interviews. In addition, a document review and a curriculum content review were also conducted.

Kinsella et al. (2008) revealed some of the enabling factors that include funded financial support as opposed to self-funding, an international relationship with the hosting institution/country, and the existence of information technology, such as the internet. The challenging factors include inadequacy of funding sources, availability and timing of placements, and procedural issues such as visa arrangements. They identified three major factors influencing the success of international practice education experiences: financial support, cultivation of relationships with international partners and creation of a supportive culture for international practice education.

The provision of the decision trail, such as details and justification of their research design, and performance of 'member checks' for ensuring accuracy of data were some of the measures that promote credibility, confirmability and possibly transferability of Kinsella et al.'s (2008) study. However, in order to further promote confirmability, further justification of the appropriateness and adequacy of their study participants is recommended.

2.3.9 International collaboration in curriculum development in higher education

In this section, the studies concerned with collaboration between countries regarding efforts for internationalising higher education, in general, and curriculum, in particular, will be discussed. With reference to the University of Aveiro (UA) in Portugal, Kerklaan et al. (2008) conducted a qualitative study in 2006 on the role of language in the internationalisation of higher education. The study was conducted to find out how policy-makers and staff, at a local level, perceived language issues resulting from the process of internationalisation and how they dealt with such issues. Data were collected from three sources: review of relevant EU documents, university papers and websites; interviews with key informants comprising representatives of the

Rectorate and Central Administration Services (n=6), professors holding coordinating positions at the Department of Languages and Cultures (n=10), and members from other departments (n=3); and short informal talks with students.

From the review of documents, Kerklaan et al. (2008) found that the process of internationalisation in UA was affected by two factors; these were firstly, through participation of the UA in European education and research programmes, and secondly, establishment of relationships with HEIs, university networks and consortia on a bilateral and multilateral basis with partners worldwide. The researchers also identified three means of internationalisation at the UA; namely through research, student and institution. The UA established international partnerships in research projects, in collaboration with international researchers. There was also the issue of students' mobility to and from other countries via programmes such as the Socrates-Erasmus programme, Erasmus Mundus, Campus Europe initiative, Leonardo da Vinci and other exchange programmes with Brazil and other Latin America countries.

At the institutional level, following the Bologna Declaration, policy-makers at UA were pressured to adopt a language policy with, in particular, English as opposed to Portuguese as the medium of instruction, in order to promote study programmes at UA at the international level. Language was identified, by the key informants, as an obstacle in the process of UA to becoming an international university. Informants were not confident, and did not feel not competent, to teach in English. In addition, informants also questioned the benefits of using the English language, when the majority of international students studying in UA were from Brazil (which is also a Portuguese speaking country) (Kerklaan et al. 2008).

Some methodological issues can be identified in this study. The dependability and transferability of the findings of their study was affected by the lack of details on the research design, sampling strategy, ethical considerations, information on how the interview questions were constructed, and explanation about the interview questions or topics. There are some indications that Kerklaan et al. (2008) expressed their own predispositions, rather than

findings that emerged from the data which further compromised the confirmability and credibility of the findings.

Uys and Middleton (2011) offered a different perspective from that of Kerklaan et al. (2008). Their study was concerned with internationalisation amongst the developing countries, in particular, African nations. They carried out a qualitative single case study design to explore nurse academics'/curriculum developers' (n=8) perceptions on internationalisation of six universities in African countries. The study explored whether an international partnership, developed around a community of practice partnership model, can contribute to the understanding of internationalisation as a symmetrical process of engagement in learning/teaching in nursing and midwifery education. Data collection commenced with a group interview, which was complemented by individual interviews with those participants who were absent during the group interviews, and email questionnaires for individuals who could not be interviewed. The interviews were based on five open-ended questions, following the content of the research focus. Uys and Middleton (2011) stated that the data were analysed using Lave and Wenger's (1991) theoretical framework of four central components of communities of practice (meaning, practice, community, identity), as well as allowing for other themes to emerge.

Uys and Middleton (2011) found that curriculum developers perceived internationalisation as a process that enables international and inter-cultural competence. Participants stated that there are exchanges of learning experiences through the international collaboration. In addition, participants also stated that internationalisation helps to improve the quality of education in the institutions involved. From this study, internationalisation was seen as a collaboration and partnership, rather than as dominance, if compared to the case where collaboration was with major developed and industrial nations. Participants also stated that they learnt how to work internationally and prepare themselves for international involvement.

Uys and Middleton (2011) presentation of findings indicated thick description of the phenomenon under study, thus promote confirmability of the study's findings. However, they failed to specify their sampling selection and did not

indicate the adequacy and appropriateness of their sample which have impinged on the credibility of their findings.

2.3.10 Integration of international perspectives into the local curriculum

This section offers a discussion of studies related to the integration of international perspectives from developed countries into developing countries. Xu et al. (2002) examined nurse educators' perceived relevance of *The Essentials of Baccalaureate Education for Professional Nursing* (AACN 1998) to curriculum development for baccalaureate nursing education in China. *The Essentials* contains 21 concepts embedded in five components: liberal education, professional values, core competencies, core knowledge, and role development.

Xu et al.'s (2002) conducted a three-part survey that involved the deans/chairs of all baccalaureate nursing programmes in China (n=22). The first part of the survey instrument collected demographic information about the targeted programmes.The second part collected quantitative data, using a six point Likert-scale questionnaire (1 as *less important* to 6 as *most important*) on nurse educators' perceived relevance of the 21 key concepts in *The Essentials*. The third part of the survey acquired qualitative data on additional areas that the Chinese nurse educators considered important for inclusion in a baccalaureate nursing education curriculum. Eleven responded and returned their completed questionnaire; however one was excluded as it was improperly completed.

Xu et al. (2002) found that Chinese curriculum developers were not satisfied with some of the 21 key concepts from *The Essentials*. Nurse academics perceived that the concepts that were important and most culturally relevant included 'technical skills', integrity', 'communication', 'illness and disease management' and 'human dignity'. Based on this finding, Xu et al. (2002) suggested that these concepts are highly transferable to the Chinese baccalaureate nursing education. By contrast, the concepts that were consistently ranked the lowest and irrelevant to China were 'autonomy', 'global healthcare', 'healthcare systems and policy', 'human diversity' and 'designer/ manager/coordinator of care'. Similarly, there were large discrepancies

between the present curriculum and the ideal curriculum across the three measured dimensions, on the concepts of 'autonomy', 'designer/manager/ coordinator of care', 'critical thinking', 'global healthcare', 'healthcare systems and policy' and 'human diversity'.

From the qualitative data, Chinese nurse educators recommended some other concepts in addition to four of the five components identified in *The Essentials*. For example, the component of professional values includes 'respect for patient privacy', 'informed consent', initiative to help others', collectivism and team spirit', 'self-perception', and 'nurses' rights and obligations'. Some of the recommended concepts for the component of the core competencies are 'the capability and perseverance to deal with adversary', 'pedagogical competence' and 'management skills'. According to Xu et al. (2002), the majority of the recommended concepts reflected equal needs for the preservation of some of the Chinese traditional cultural values, and expansion of some others. For the core knowledge, the majority of the recommended concepts are related to science and medicine-related courses which reflected the preferences of the Chinese nurse curriculum to be physiologically-based and disease-orientated. The recommended concept for the component of role development is more related to interpretation of the existing key concepts which already exist in *The Essentials*.

Xu et al. (2002) concluded that two features could be identified from the findings of the study. The first one relates to universality (the fact that there are shared values). The second was related to diversity (the fact that there are different values existing, due to cultural differences). They therefore suggested that some concepts in *The Essentials* are not readily transferable because of the diversity of the concepts in the baccalaureate nursing education curriculum in China and in the USA. They recommended that self-awareness, caution, and sensitivity must be exercised to prevent ignorance, imposition, and ethnocentricity if cross-cultural transplantation of *The Essentials* is attempted in a non-Western setting. This is because the document is rooted in the values, norms, and assumptions of American nursing (Xu et al. 2002). They suggested that prior to adopting international nursing curriculum into another setting, there is a need to test the validity and reliability in that setting, in other words

to adapt, and substantiate the universality and diversity of baccalaureate nursing education around the world.

Xu et al.'s (2002) data collection instruments was reviewed for linguistic accuracy by two independent Chinese health sciences scholars, thus, promoting face and content validity of the instrument. The instruments were also piloted and refined, but were not further retested, thus questioned the adequacy of measures that have been taken to promote reliability and content validity of the instrument. The attrition rate of those who responded to the survey (55%) compromised the internal validity of the study. Non-probability sampling and small sample size may lead to potential findings' bias; hence the limitation for generalisability of the study's findings to the wider population, so compromising the external validity. The instrument might be relevant and reliable, but the findings must be interpreted with the concepts of internal and external validity in mind.

Jayasekara and Schultz (2006) claimed that historically most developing countries have borrowed and adapted other countries' curriculum (mostly from developed countries) for restructuring nursing curriculum in their countries, mainly through internationally funded or collaborative education projects. Due to this concern, the two researchers conducted a comprehensive systematic review to appraise and synthesise the best available evidence on the feasibility and appropriateness of introducing nursing curriculum from developed countries into developing countries. They specified some of the types of outcome measures, including cost-effectiveness, cultural relevancy, adaptability, consumer satisfaction, and student satisfaction. They also included opinion papers and narrative reports in the absence of research studies.

Jayasekara and Schultz (2006) identified 347 papers that were potentially relevant to the review, from which 38 were selected to be reviewed. Only four papers met their inclusion criteria. Two of the papers pertained to cultural relevancy of curriculum models, of which one was a descriptive study by Xu et al. (2002) (reviewed above), and another was an opinion paper by Davis (1999) exploring the global influence of American nursing. The other two papers related to adaptability of cultural models that included an evaluation paper by

Cameron (2001) on examination of the adaptability of the Canadian baccalaureate nursing program in Sri Lanka, and an opinion paper by Kronfol and Athique (1986) describing adaptability of the Bahrain model of the nursing curriculum in the United Arab Emirates (UAE).

Of the four papers they included in their review, only two papers are considered to be research in nature and therefore any conclusions raised by Jayasekara and Schultz (2006) need to be treated with some caution. However, they posited that most developing countries were still borrowing concepts and curriculum directly from developed countries, mainly due to the global influence of nursing from those developed countries. In addition, they pointed out that the introduction of developed countries' education models into the developing countries are influenced by educational assistance provided by international organisations. These include such as international collaboration with the majority of international organisations such as the WHO, Canadian International Development Agency, and Japan International Cooperation Agency. They suggested that the direct transplantation of a curriculum model from one culture to another is not appropriate without first assessing its cultural relevancy. It was also suggested that a collaborative approach encompassing international, regional and local experience, may be a more effective strategy for ensuring better adaptability of another country's curriculum in a culturally and socially different one.

2.3.11 Issues with internationalisation of the curriculum

One of the issues is the different perceptions held by different individual or groups of individual on what is meant by internationalisation of the curriculum. For example, Izadnegahdar et al. (2008) found that the internationalisation of Canadian medical education curriculum was achievable by two means: integrating international or global health activities or issues in the course, or participation in internationally based electives. Despite this, they found that there was no uniform approach to the contents in the internationalised curriculum and no standard definition on what is meant by an internationalised curriculum across all Canadian medical schools. As a result of this, there was also lack of standardised criteria for determining an internationalised curriculum (Izadnegahdar et al. 2008).

Similarly, Wihlborg (1999) conducted a qualitative study in Sweden that aimed to describe variations in ways to conceptualise internationalisation in a group of nursing students (n=25). These students were in a nurse programme that was initiated to correspond with the contents of nurse education in other EU countries. It was found that students described internationalisation as a universal concept. Students expressed that internationalisation is associated with concern for open boundaries between countries of the EU that further lead to penetration into the global markets. By internationalising the curriculum, students stated that they desired for international recognition of their qualification, and broader working possibilities. This specifically encompassed the wish to be able to work, study and live abroad, mainly within the EU. International recognition was also mentioned with regards to being accepted to work in more or less the whole world. Students observed that by learning from an internationalised curriculum, international recognition could be achieved. Students also observed the importance of adapting what is going on in the world, such as the international conditions and issues into nursing curriculum in Sweden (Wihlborg 1999).

Another issue related to internationalisation of the curriculum is the pressure and perceptions of the compulsory needs for internationalisation. Kwiek (2001, p. 31) highlighted that there are pressure on universities due to the need to cope with *"new cultural, societal, political, and economic surroundings brought about by globalisation"*. As a result, universities felt pressurised to embrace internationalisation strategies in order to raise their global profile in the competitive higher education market (Kerklaan et al. 2008). An example of such pressuring events is the inclusion of education as a service in the 1990s at the General Agreement on Trade Services (GATS) of the World Trade Organisation (WTO) (IAU 2010). This was seen as one of the major events associated with internationalisation of the curriculum that affects nearly every country in the world (Cesca 2008). Education is viewed as a commodity that is not only produced and consumed domestically but also traded internationally (IAU 2010). In order to enable education to be traded amongst countries of the WTO, the education needs to be acceptable, attractive and comparative; thus, necessitating the global nature of curriculum in higher education (van der Wende 2001).

The Lisbon Convention, originated from the European region, is also seen to be another further pressuring event influencing the internationalisation of the curriculum. Signed in 1997 under the joint auspices of the Council of Europe and the UNESCO, the Convention was formed in the effort to standardise higher education qualifications amongst the countries in Europe (Shannon 2009). The Sorbonne Declaration followed this, which was signed by France, Germany, Italy and the UK on the 25 May 1999, that also laid the foundation for the Bologna Process (Shannon 2009). The 'Bologna Process' was born as a result of the Bologna Declaration that was signed by 29 countries on the 19th of June 1999 (Lunt 2005). The purpose of this Conventions and Process was to further make academic degree standards (the Bachelor, the Master and the Doctorate) and quality assurance standards for qualifications more comparable and compatible throughout Europe. This, in turn, would lead to a higher level of mobility in the education and employment of students and graduates, not only throughout Europe but also internationally; both from within and outside the EU (Kerklaan et al. 2008). Currently, the Bologna Process extends beyond Europe and is called the Tuning Educational Structures project (Gobbi 2004). Some countries that ratified this project include the USA (Cesca 2008), Latin America, Africa, Canada, Israel, Australia, New Zealand and Asia (van der Wende 2009).

Knight (2011) and de Wit (2011) highlighted that in response to internationalisation, it is not uncommon for universities to design their curriculum in the English language. One of the issues underpinning internationalisation of the curriculum is the misconception that a curriculum will only be perceived as an internationalised curriculum if the contents are delivered using English as the medium of instruction (Knight 2011; de Wit 2011). Many non-English speaking countries such as Portugal (Kerklaan et al. 2008), China (Wang 2008) and Indonesia (Rokhman and Pratama 2013) have internationalised their curriculum, and perceived that it should be delivered using English as the medium of instruction to both the domestic (home) students and also incoming international students. This view was adopted in order to promote universities' programmes at the international level and attract international candidates into the universities (Kerklaan et al. 2008). However, Kerklaan et al. (2008) argued that the use of English in designing and delivering curriculum is only advantageous to English speaking countries, but

may be inconvenient to the non-English speaking countries. The students in non-English speaking countries may encounter problems in learning from a curriculum that is designed in the English language (Alghamdi 2010).

Limited research has been found with regards to the use of English language as a medium of instruction in a non-English speaking country. Alghamdi (2010) conducted a study on the use of English as a foreign language amongst home students, in the context of Saudi Arabia. The study showed that the home students were not able to master the use of the English language because English is only used for academic purposes, and is not their mother tongue. The home students encountered difficulties with learning when trying to use English, and as a result, students often ended up with familiarising and memorising model answer pieces and reproducing them for exams (Alghamdi 2010).

Similarly, international students, whose first language is not English but who are studying in universities that deliver their curriculum in the English language may also face the same problems. Andrade (2006) highlighted that international students' academic adjustment difficulties can be exacerbated by variables such as their lack of English language competency, due to the fact that English is not their first language. Joseph (2008) found that international students studying in a Western context are usually disadvantaged owing to the use of English as a medium of instruction.

There are many studies that indicate international students, whose first language differs from that of the host country, found linguistic and communication difficulties as foremost amongst their academic challenges (e.g. Chapman et al. 2008; Ellis et al. 2005; Galloway & Jenkins 2005; Zhai 2002; Zhang & Brunton 2007). Furthermore, a lack of confidence in their second language competency may inhibit international students from actively participating in group work, class discussions and presentations (Grey 2002). In addition, these drawbacks are exacerbated by difficulties in comprehending the idiomatic or colloquial language and cultural references utilised by their colleagues and lecturers (Ellis et al. 2005; Grey 2002; Lacina 2002; Robertson et al. 2000). On the whole, international students also experienced fatigue and anxiety due to the needs for reading academic texts and complete written

assignments in their second language (Andrade 2006; Ellis et al. 2005; Grey 2002).

The use of an andragogic approach to teaching and learning the international curriculum was also identified as an issue. Andragogic methods or approaches to learning are teaching strategies developed for adult learners and are concerned with student-centred teaching methods (Holmes & Arbington-Cooper 2000). From considerable literature, it is evident that in order to be able to disseminate the contents of the general curriculum effectively to the students, the use of the andragogic method of teaching is mostly recommended (Peelo & Luxon 2007). It is also evident in the vast amount of literature that andragogic approach was advocated for teaching the international curriculum as this approach is likely to increase students' interests in learning the international contents that are very much different from that of their countries and culture (e.g. Mestenhauser 2002; Andrade 2006).

Carroll and Appleton (2007) stated that international students faced 'academic culture shock' when they studied abroad, particularly in the Western context. This is because they have different diverse cultural backgrounds that usually practice the pedagogic approach (in the literal sense of the word) rather than that of the andragogic approach in the Western culture (Mestenhauser 2002). Due to the differences in the culturally based learning expectations and values, international students may have difficulty balancing the expectations of the traditional Western curriculum/teaching perspective and the andragogic strategies used to disseminate the curriculum (Mestenhauser 2002; Peelo & Luxon 2007). Andrade (2006) highlighted that international students' difficulties are due to the unfamiliar styles and expectations for learning curriculum content, which did not recognise their unique cultural experiences and worldviews. Internationalisation of the curriculum reflects that Western ideology or concepts associated with education are being exchanged across the world, being both exported and imported (Hillier 2003).

2.4 Part Two: Brunei literature

This second part of the literature review consists of two sections. Section 2.4.1 provides an overview of the evolution of internationalisation of the nursing and midwifery education and curriculum in Brunei. Section 2.4.2 explores the current literature related to the integration of international perspectives into the nursing and midwifery curriculum in Brunei.

2.4.1 The evolution of internationalisation of nursing and midwifery education and curriculum in Brunei

Abdullah (2007a) and Mumin (2006) identified that the State of Brunei Annual Reports (1906 to 1986) contained data on the early process of internationalisation of nursing and midwifery education in general, and of the curriculum in particular, in Brunei. Similar evidence was also found to have existed in other official literature (the Ten Year Report of the PAPRSBCONB 2003; official website of the PAPRSBCONB 2011) and professional literature (Abdullah 2007b). The findings from this non-research literature are relevant to my study, in that, they provide knowledge on the evolution of the internationalisation process in Brunei.

However, there are several limitations that should be taken into account when using data generated from non-research literature. For example, the 'State of Brunei Annual Reports' (1906 to 1986) are official reports. Although they are firsthand accounts, there may be recall bias as the reports were written after what had happened in the particular year, not, during or immediately after the event. The contents of the annual reports were found to be repetitive and therefore documents have been selectively analysed for any evidence of the internationalisation of nursing and midwifery in Brunei. Due to the official nature of the reports, they convey what is considered to be an 'authorised' version of the events. The reports, being largely colonial (1906 to 1951), pose possibilities that they might primarily present the views of a foreigner from a different social context from Brunei, and therefore should be seen from this perspective.

Like the 'State of Brunei Annual Report', the Ten Year Report of the PAPRSBCONB (PAPRSBCONB 2003) is also a firsthand report. The limitation of this report is that it may have been produced by, and in the interest of, the PAPRSBCONB for the purpose of documenting the development of the institution. These limitations also apply to the official website of the PAPRSBCONB (2011). On the other hand, Abdullah (2007b) wrote a book on a collection of nursing papers presented in the biennial international nursing conferences held in Brunei from the year 1994 to 2004. There is a chapter in the book on the development of nursing and midwifery education in Brunei. The data in Abdullah (2007b) are not research based, thus may not provide concrete empirical evidence, though they were based on her critical and reflexive accounts of her professional and personal experiences.

Review of the non-research literature revealed that prior to the time of formal training of nurses and midwives, there was no educational preparation for practicing as a nurse or midwife in Brunei. Similar to the situation in other parts of the world (e.g. Benoit 1989; Davis-Floyd 1998a; Davis-Floyd 1998b; Shillington 2005), when there was no courses or didactic education, the practices of nursing and midwifery were passed through generations, and acquisition of knowledge and skills was through observation and experiential learning (Mumin 2006). The nurses and midwives during those times practiced traditionally and within the sphere of their family members and friends. Neither internationalisation nor Westernisation affected nursing and midwifery practices in Brunei (Mumin 2006).

However, a review of the State of Brunei Annual Reports of the year 1906 to 1986 confirmed that the early influence of internationalisation of nursing and midwifery education in Brunei was precipitated by the situation of Brunei being a British Protectorate country. British Residents lived in Brunei throughout the period of the protectorate whom dealt with administrative and managerial matters of Brunei as a State, except the religious aspects (State of Brunei Annual Reports 1906 to 1986). This could have included the management of the nursing and midwifery education and practice. The beginning of internationalisation of nursing and midwifery education in Brunei could be traced as far back as the period post World War II in 1946, with the establishment of formal nursing education in Brunei. It was stated that *"the*

training of nurses recruited locally is proceeding and the syllabus includes midwifery training in addition to general nursing" (Peel 1948, p.15). This was supervised by a European Nursing Sister.

Moreover, the development of a new hospital, post World War II, emphasised the need for more nurses and midwives. Peel (1948) wrote that the Brunei Government's aim of promoting better health for the population required resources such as a hospital, more nurses and midwives, along with other health professionals, hence accelerating internationalisation of nursing and midwifery education in Brunei. Following a visit from a representative of the UNICEF in 1949 (Pretty 1950), Barcroft (1952) reported the arrival of two Health Sisters from the UNICEF in Brunei in 1950, who assisted the training of local staff. In 1951, there was an addition of another Public Health Nurse from the WHO, which coincided with the commencement of the assistant nurse programme (Barcroft 1952). It is documented in the PAPRSBCONB (2003) and Abdullah (2007b) that these assistant nurses' programme was equivalent to that of enrolled nurses in the UK. A further event that contributed to the internationalisation of nursing and midwifery education for Brunei, relates to the sending of a local nurse to New Zealand to pursue further studies (Department of State secretariat, Prime Minister Office, Brunei [DSSPMOB] 1954). It could be surmised that on her return to Brunei, internationalisation of nursing and midwifery education in Brunei may have been influenced by the integration of her knowledge and experiences acquired from her study abroad.

The report of the year 1954 (DSSPMOB 1955) brought to light three critical factors affecting the internationalisation of nursing and midwifery education in Brunei. First, the fact that the immediate aim of the teaching department was to improve the standard of training for Bruneian nurses at all levels, to the same standard as those nurses in England. Second, the nursing syllabus in Brunei was drawn up based on curriculum documents obtained from the General Nursing Council (GNC) for England and Wales, aspiring to be on a par with nursing education in the UK. Third, one of the long term aims was recognition of the training of nurses in Brunei by the GNC for England and Wales (DSSPMOB 1955), reflecting that Brunei viewed nursing education in the UK as being of an appropriate international standard. The reason for standardising nursing programme with that of England was to eliminate

graduates' difficulties in studying abroad if scholarships were awarded (DSSPMOB 1955).

When nursing and midwifery education was made formal, it was first provided by the Nurses and Midwives Training Centre (NMTC), previously known as School of Nursing and Midwifery (SONM) (DSSPMOB 1958). The NMTC was a vocational education institution under the management of the Ministry of Health (MoH). The NMTC was established in Brunei in 1957, followed by the commencement of the training of midwives based on the Central Midwives' Board (CMB) of the UK (DSSPMOB 1958). From this time until 1958, a small number of Bruneian nurses were reported to have furthered their training in centres such as Penang, Kuala Lumpur, Singapore and Kuching (DSSPMOB 1959). It could be identified that these nurses had been sent to the regions where the programme was designed according to the requirements of the GNC for England and Wales. Other noteworthy events in 1958, were that although the training of nurses was based on the GNC for England and Wales, and training of midwives followed that of the CMB of the UK, the syllabus was also suitably modified to suit conditions in Brunei (DSSPMOB 1959). There were however no further details in the report on what were modified and how the modifications were made. In the same year, it was documented that the standard of education to become midwives required the compulsory mastery of the English language (DSSPMOB 1959). These events implied that not only the curriculum contents were influenced by the UK but also the mode of delivery of the curriculum was in English.

Despite the fact that the nursing and midwifery curriculum continued to be developed in Brunei, according to the requirements of the GNC for England and Wales and CMB, UK until 1960, there was still no reciprocity of the programmes in Brunei with that of the UK (DSSPMOB 1961). The internationalisation of nursing and midwifery education in Brunei continued to take place from the year 1959 until 1986. More nurses were reported to have been sent abroad to centres such as Johor Bhahru, Singapore and the Federation of Malaya for the training of midwives, and to Australia and Great Britain for administration and management courses related to nursing and midwifery (DSSPMOB 1962; 1964; 1966; 1969; 1970; 1972; 1974; 1975; 1978; 1980; 1982; 1983). It could be identified that the identical feature of these

countries was that they were all either former British colonies, or countries that structured their nursing and midwifery education based on that of the UK.

In 1986, further evidence of internationalisation of nursing and midwifery education in Brunei emerged when the PAPRSBCONB was established. The PAPRSBCONB, a full government-funded vocational and technical education institution was established under the auspices of the Ministry of Education (MoE) under the management of the Department of Technical Education (DTE) (PAPRSBCONB 2011).The establishment of the PAPRSBCONB was claimed to be in view of the changes in health care needs and development of professional nursing education in Brunei (PAPRSBCONB 2003). As a result of this, the NMTC was merged with the PAPRSBCONB in 1998. Since then, the PAPRSBCONB has run full-time courses at pre and post-registration levels, offering nursing and midwifery courses at certificate and diploma levels (PAPRSBCONB 2011).

The PAPRSBCONB established an academic link with the School of Nursing Studies, Cardiff University (formerly the University of Wales, College of Medicine, Cardiff) (PAPRSBCONB 2003; PAPRSBCONB 2011). This relationship functioned to advise PAPRSBCONB on nursing and midwifery development in the UK and other countries (PAPRSBCONB 2003). The linkage ascertained that nursing and midwifery education in Brunei would obtain international recognition and accreditation (PAPRSBCONB 2003; Abdullah 2007a; Abdullah 2007b). These developments showed that internationalisation of nursing and midwifery education in Brunei was greatly affected by the UK. In particular, there were indications for the process of integration of nursing and midwifery perspectives into that of nursing and midwifery curriculum in Brunei.

Furthermore, since the graduation of the first intake of the PAPRSBCONB, from 1990 onwards, in line with the 'Bruneisation' scheme, selective graduates of the nursing and midwifery programmes have been sent for further studies in the UK, Australia and Canada, preparing them to teach in the PAPRSBCONB (PAPRSBCONB 2011). This suggests that the internationalisation of nursing and midwifery education in Brunei may have been influenced by exposure to the nursing and midwifery education in those three countries.

Other contributing factors to the internationalisation of nursing and midwifery education in Brunei include a one year abroad programme of the pre-registration nursing course, for selected outstanding students in the PAPRSBCONB, to Australian's universities that commenced in 1993 (PAPRSBCONB 2003; PAPRSBCONB 2011). These universities are Curtin University, Royal Melbourne Institute of Technology (RMIT), University of Western Sydney and Queensland University of Technology (QUT), (PAPRSBCONB 2011). In addition, there has also been a four months' nursing course attachment, in countries such as Singapore and Malaysia, since 2006 (PAPRSBCONB 2011). Furthermore, since 1992, the annual ten days' educational visits to nursing and midwifery institutions such as in Hong Kong, Shanghai and Beijing in China, Australia, Kuala Lumpur and other Malaysian's countries also could have contributed to the internationalisation of nursing and midwifery education for Brunei (PAPRSBCONB 2011).

In June 2009, in order to facilitate the development of nursing and midwifery education to a higher level, the PAPRSBCONB was integrated into the PAPRSB, Institute of Health Sciences, UBD (PAPRSBIHS, UBD) (formerly the Institute of Medicine [IM], UBD). The PAPRSBIHS, UBD is an entirely government-funded university level education institution. Diagram 2.2 illustrates the evolution of the internationalisation of nursing and midwifery education in Brunei.

Diagram 2.2 The evolution of internationalisation of the nursing and midwifery curriculum in Brunei

European Nursing Sister and English nursing/midwifery tutor	Brunei modeled UK for standard of nursing and midwifery education and developed programmes according to UK GNC and CMB	Nursing Sister and Public Health Nurse from UNICEF/WHO

Brunei as a British Protectorate Country (1888 to 1983)

Development of medical and health Institutions and services in Brunei

Development of Nursing and Midwifery Services in Brunei

Development of Nursing and Midwifery Education in Brunei

THE EVOLUTION OF INTERNATIONALISATION OF THE NURSING AND MIDWIFERY CURRICULUM IN BRUNEI

Brunei as a British Protectorate Country (1888 to 1983)

UK teaching methods and styles	Brunei nurses and midwives sent for further studies to former British colony's countries or countries that developed their nursing and midwifery programmes based on the UK	Brunei's government aim to promote better health for the population	Post World War II effects; • Loss of life • Reconstruction of life • General health of Brunei's population

2.4.2 Research literature on the internationalisation of the nursing and midwifery curriculum in Brunei

There was only limited research that provided evidence relating to internationalisation in general, and internationalisation of the curriculum, specifically for Brunei. These comprise three Master's Degree research dissertations, of which two are unpublished (Zakiah 1989, Mumin 2006) and one published (Abdullah 2007a). Zakiah (1989) reported a mixed methods study (n=17) that was conducted to measure nurses' attitudes regarding nursing practice and nurses' knowledge prior to, and following, the introduction of the nursing process using the model of nursing put forward by Roper et al. (1980) at the Raja Isteri Pengiran Anak Saleha (RIPAS) General Hospital, Bandar Seri Begawan (BSB), Brunei. The main finding in her study was that the implementation of an international teaching programme had resulted to positive changes in nurses' attitudes and facilitated improvement in knowledge regarding the model for caring for the patient (Zakiah 1989).

Zakiah (1989) said that the study was conducted using action research design. Questionnaires consisting of closed (using a five-point Likert-scale [strongly agree to strongly disagree]) and open-ended questions were firstly distributed to measure nurses' attitudes and nurses' knowledge on nursing practice, in using a model for caring patients. Although participants agreed on the importance of providing individualised nursing care to patients using nursing model, the result of the questionnaires revealed that no model was used. In the light of these findings, a teaching programme, "A systematic approach to nursing care", using the "Open University package course P 553" was also implemented. This initiative was to ensure that nurses gained some knowledge on the systematic approach to caring for patients.

Next, a nursing process form was developed based on Roper et al.'s (1980) model. The form was reviewed and modified by participants so that it would meet the clinical practice context in Brunei, and then later was implemented. After the implementation of the form, a similar set of questionnaires were distributed and non-participant observation was also conducted to measure nurses' attitudes and nurses' knowledge following the introduction of the nursing process using the said Model (Zakiah 1989).

The claimed that the form is applicable to the local requirements in Brunei was subjective to the 17 participants that modified the nursing process, thus, might not be generalisable to the whole population of nurses in Brunei. In addition, since the implementation of the model in RIPAS hospital in 1989, there have been no measures taken to validate the adaptation of this model to Brunei. There was also no follow-up study to confirm whether the model is acceptable and applicable to nursing and midwifery education and practice in Brunei.

The lack of in-depth qualitative data resulted from the use of open-ended questionnaires as a data collection method have negatively affected the credibility of the findings of Zakiah's (1989) study. There was also potential bias of the findings of the study as there was no mention of reflexivity; for example the author's status might have affected the process of the research, considering that she was one of the senior members of the study setting. All these limitations, to some degree, compromised the dependability and confirmability of the findings of the study, thus, in turn, might decrease confidence in the robustness of the methods and rigour of the conduct of the study.

Nevertheless, the findings from this study and the influence for Brunei were found to be relevant for the development of my study. First, Zakiah (1989) introduced and implemented international nursing perspectives to nursing practice in Brunei; namely the teaching programme and the nursing process form developed based on the Roper et al.'s (1980) model of nursing. Second, although subjective, she and the participants modified the nursing process form to suit clinical practice in Brunei. Third, the fact that this model was being taught at the PAPRSBCONB, and still continues to be taught at PAPRSBIHS, UBD to the present (PAPRSBIHS, UBD 2009a; 2009b) is important. Zakiah's (1989) research showed that there was a process of internationalisation of the nursing and midwifery curriculum. Specifically, there is an indication that international nursing perspectives were integrated into that of the nursing curriculum and practice in Brunei.

In 1991, Abdullah (2007a) conducted a mixed methods study to investigate the need for professional development of nurses in Brunei and attitudes of nurses towards professional development. She conducted a survey in the RIPAS and the Suri Seri Begawan (SSB) Hospitals, the School of Midwifery (SoM) and the PAPRSBCONB. Data were collected quantitatively through the distribution of questionnaires consisting of five-point Likert scales to nurse academics (n=10), nurse/midwife administrators (n=17), and nurses (n=87) (Total n=114). Abdullah (2007a) also collected qualitative data through semi-structured interviews of key people in very high positions (n=2), senior nursing officers (n=2), nursing officer (n=1), staff nurse (n=1), hospital assistant (n=1), and trained nurse (n=1) (total n=8). The researcher stated that the qualitative data were analysed using thematic content analysis.

The main finding from her quantitative data highlighted that participants strongly agreed that continuing education was an important factor for nurses' professional development. In her qualitative data, Abdullah (2007a) found that participants' perceived professional development include such as seminars, workshops, short courses and other educational activities that lead to the acquisition of certificates (diploma, degrees, masters' and PhDs). She identified an inadequacy of the educational programmes existing in Brunei and unequal opportunities for nurses to continue their studies abroad. She also revealed that trained nurses and others at the lower rank levels have limited opportunities for professional development, as compared to those nurses in the higher ranking positions.

As the participants in her study were selected through opportunistic and convenience sampling selection, the quantitative findings of her study cannot be generalised to the wider population, compromising the study's external validity. Abdullah (2007a) might also have overlooked the sampling error which was indicated by unequal distribution of the sample ages in the study. Seven percent of the sample population was aged below 25 years (n=8 out of the 114), 50% between 25 to 35 years (n=58), 37% (n=43) aged 35 to 45 years, and 6% (n=7) aged 45 to 50. Errors in the classification of the ages could be identified, in that there were overlapping categories. In addition, 14% of the participants (n=19 out of the initial targeted 133) did not return their questionnaire, which further threatened the internal validity of the study.

Abdullah (2007a) detailed the process of qualitative data analysis and presented her findings adequately and explicitly, thus increasing confirmability of the findings of her study. However, similar to the study by Zakiah (1989), there was no mention of reflexivity in her report, especially with regards to her role as an 'insider' in her research. This is cognisant of the view that she was a member of the population she studied and held a senior position in nurse education and practice in Brunei. This status issue was likely to influence her research, particularly the responses of study participants, and hence the findings of her study, thus, decreased the confidence in the confirmability of the study's findings.

The findings from Abdullah's study in 1991 provide the basis for curriculum development planning for professional nursing education in Brunei. In 1995, a post-registration course (Diploma in Higher Dependency Nursing) was established (PAPRSBCONB 2003; PAPRSBCONB 2011). In addition, the former Certificate in Midwifery Division 1 was upgraded to the Diploma in Midwifery in 1999, and a Diploma in Paediatric Nursing was also introduced in 2002. More post-registration courses commenced between 2003 and 2009 (e.g. Diploma in Community Health Nursing). The post-registration courses were aimed at the professional development of qualified nurses, in particular for those whom were not able to study abroad (PAPRSBCONB 2003; PAPRSBCONB 2011). Curriculum were designed with collaboration and consultancy from the representatives of Cardiff university in the UK, whom advised the PAPRSBCONB on the development of the nursing and midwifery curriculum for each course offered, and reviewed the curriculum to keep up with the current international issues relating to nursing and midwifery (PAPRSBCONB 2003). This knowledge is significant to the development of my study in that it indicated that there was evidence of internationalisation of nursing and midwifery education in Brunei; specifically the integration of international nursing and midwifery perspectives into the nursing and midwifery curriculum in Brunei.

Mumin (2006) conducted a qualitative study in 2004 to explore social processes involved in shaping the development of midwifery education in Brunei; and the organisation and development of midwifery education in Brunei. The study was conducted with the participation of nurses, midwives, midwife educators and managers using in-depth semi-structured individual

interviews (n=1), conjoint interviews (n=2), email interviews (n=3) and the distribution of open-ended questionnaires (n=5) (Total n=11). In addition, analysis of documents (n=6) pertaining to legislation and development of midwifery education was also conducted. The data was analysed by using the constant comparative methods.

The findings of the study highlighted some of the processes in the evolution of the internationalisation of nursing and midwifery education in general, and internationalisation of the nursing and midwifery curriculum for Brunei, in particular. The development and provision of nursing and midwifery education in Brunei are influenced by Brunei having been a British protectorate, and the United Nations Children's Fund (UNICEF) and the WHO activities, in cooperation with the government of Brunei through the MoH, in developing midwifery as a legal profession. The British curriculum model was also adopted in Brunei's midwifery education, which complied with the CMB, and the English National Board (ENB), UK's standard in the late 1950s (Mumin, 2006). Brunei's midwifery curriculum were also developed with reference to the ICM documents (PAPRSBCONB 2009a), Safe Motherhood initiatives (WHO document) (PAPRSBCONB 2009b) and the adoption of the former United Kingdom Central Council for nursing, midwifery and health visiting (UKCC) publications on requirements for qualifying as a midwife, midwives rules and code of practice (UKCC, Midwives Rules and Code of Practice, 1998, Clause 33: 3).

There were also data concerning curriculum developers' and graduates' experiences of internationalisation of midwifery education, in general, and the Brunei's midwifery curriculum, in particular. Curriculum developers were concerned with the 'marketability' of the Brunei's midwifery programme, emphasising the importance of designing the curriculum using the NMC's of the UK documents and obtaining consultation from representative of a British university in order to ensure international credibility (Mumin 2006). The findings also revealed that students raised concerns about the existence of Western theories, models and concepts in the curriculum and perceived these as lacking relevance in Brunei (Mumin 2006).

Mumin (2006) identified some of the limitations of her study in her research report. She stated that the range of data collection methods for her study were a result of the change in her circumstances, in that her study was self-funded. The provision of a detailed decision trail could be identified as one of the measures that was undertaken to promote some degree of confidence to the confirmability of the findings of the study. As the study was conducted in a combination of Malay and English language, there was a concern about the quality of the data presented. It was not entirely possible to translate all the data exactly as it was obtained. She performed a procedure for promoting credibility of the findings of the study by cross-checking the translated data with two Bruneian colleagues, who were also conducting Masters' degrees in the UK. This was done in order to ensure that the translated data would reflect as closely as possible what the participants had said or meant.

On the other hand, in a similar way to Zakiah (1989) and Abdullah (2007a), reflexivity of the relationship between researcher and participants was not mentioned. There may be potential findings bias because Mumin (2006) was a member of the study setting she was studying, thus, decrease the confirmability of the findings of the study. Sufficient explanations of the data analysis process and adequate presentation of the findings increase the confidence in the credibility of the findings.

Despite the said methodological limitations of the three studies, their findings are relevant to the development of the current study. The research studies of Zakiah (1989), Abdullah (2007a) and Mumin (2006) brought to light some valuable findings that have contributed to the existing knowledge on the internationalisation of nursing and midwifery curriculum in Brunei. However, although the studies revealed that there were indications of the internationalisation of the nursing and midwifery curriculum, specifically the integration of international perspectives into nursing and midwifery curriculum in Brunei, the perspectives of the curriculum users were not adequately sought. There were inadequate details on the exact process of internationalisation of the nursing and midwifery curriculum in Brunei. Therefore, there is a need for this current research to address the gap in knowledge identified in these studies.

2.5 Summary

Literature that originated from Brunei and internationally was reviewed and critically appraised in this chapter. The existing knowledge on the studies related to internationalisation of the curriculum conducted internationally and Brunei was identified. The most common research design employed to conduct the studies were action research, a combination of qualitative and quantitative study, case study research design, descriptive qualitative research, and phenomenological research.

Internationalisation of higher education in general, and the curriculum, in particular, was influenced and precipitated by various market driven changes (van der Wende 2009). One of these changes was the inclusion of education as a service in the GATS of the WTO in the 1990s, reflecting the needs for trading education (Shannon 2009). Another change was the Lisbon Convention in the EU which is signed in 1997, followed by Sorbonne declaration and the Bologna Process in mid 1999 (Lunt 2005). All these changes were aimed at standardising degree programmes and qualifications of higher education institutions in the EU to be more comparable and compatible, not only could attract students in the EU but also internationally (Gobbi 2004). The Tuning Educational Structure Project which was an extension of the Bologna Process was participated by other countries beyond the EU and include the USA, Canada, Australia, New Zealand and Asia (van der Wende 2009).

The Internationalisation of higher education has been viewed as a process that occurs, and approaches or activities that were carried out in enabling higher education to be considered and recognised internationally. One of these processes, approaches or activities is internationalisation of the curriculum. This activity is seen as important in all healthcare education and nursing and midwifery education is not exceptional. Internationalisation of the curriculum affects many countries, regardless of whether they are the developing or developed/industrialised countries. It has been identified as a process of developing an international or internationalised curriculum that is designed for non-mobile domestic or home students as well as foreign students studying in the home or host country (Crowther et al. 2000; Teekens 2007). Higher education institutions believed that by internationalising curriculum, it will

inculcate international and intercultural global competencies that would prepare graduates to readily function in any parts of the world (Qiang 2003; Olsson 2010).

The integration of international perspectives into the curriculum can be done in two ways; through direct adoption of the international curriculum (Xu et al. 2002) or through collaborations with curriculum developers of the international curriculum (Jayasekara & Schultz 2006; Uys & Middleton 2011). There was evidence that historically most developing countries were borrowing concepts and curriculum from developed countries which was believed to be mainly due to the global influence of nursing and midwifery education from the developed countries (Jayasekara & Schultz 2006). They suggested that the direct transplantation of a curriculum model from one culture to another is not appropriate without first assessing its cultural relevancy.

Xu et al. (2002) further identified the issues and limitations in the direct adoption of international curriculum, and emphasised the importance of universality (the fact that there are shared values in the curriculum, be it national or internationally) and diversity (the fact that there are different values existing due to cultural differences) of a curriculum. It was recommended that when adopting international curriculum to another country, there is a need to substantiate the universality and adapt the diversity of the curriculum so that the designed curriculum would be acceptable and applicable to the local context (Xu et al. 2002). Hence, collaboration between the developed and developing countries was suggested to be a more effective strategy for ensuring better adaptability of the international curriculum in a culturally and socially different one (Jayasekara & Schultz 2006).

Empirical studies documented the many perceived relevance of internationalising curriculum. Students perceived that it is important to learn international issues so that they would later able to work globally (Wihlborg 1999). Other importance include that it creates cross-cultural awareness and sensitivity to the needs, circumstances of population and different systems and in another country(ies) (Kollar& Ailinger 2002; Grant & McKenna 2003; Pross 2005; Ruddock & Turner 2007). In addition, curriculum developers also identified that internationalisation improved the quality of education of higher

education institutions that collaborated for internationalising their curriculum (Uys & Middleton 2011).

The review of the literature indicates the many issues related to internationalisation of the curriculum. This included issue concerning misconceptions on the internationalised curriculum such as that of the need to teach the curriculum in the English language (de Wit 2011; Knight 2011). The fact that international perspectives in the curriculum need to be teach by using an andragogic approach was also identified as one of the major issues faced by the students whom are not used to this approach, in particular international students studying in the Western context (Castaneda 2004). Students also faced difficulties with understanding and valuing the international perspectives due to the fact that these perspectives are different from that existing in their culture (Andrade 2006). Most of these international perspectives were identified to be originated from the Western countries (Hillier 2003).

To conclude, the findings from the international literature review have highlighted that, there is much known about international education experiences, international collaboration in curriculum development in higher education, integration of international perspectives into the local curriculum and issues related to internationalisation of higher education in general, and the curriculum, in particular. However, little is known of the actual process, as experienced by curriculum developers, on how the international/ internationalised curriculum is developed and experiences of graduates and students in learning from the internationalised curriculum.

The findings from the studies in Brunei highlighted some of the evidence of internationalisation of the nursing and midwifery curriculum in Brunei. For example, findings from Zakiah's (1989) study was concerned with the integration of an international nursing model and teaching approach into Brunei's nursing curriculum and practice. In Abdullah (2007a), the findings are related to the current trends and changes in post-registration nursing education internationally, and the significance of these findings to the development of nursing education and internationalisation of nursing curriculum in Brunei. The findings in Mumin (2006) highlighted the integration

of international organisation and contents of the midwifery curriculum from abroad into Brunei's midwifery curriculum. The review of non-research literature, based mainly on the State of Brunei Annual Report, from the years 1906 to 1983, and the ten year report of the PAPRSBCONB (2003), revealed the gentle progress of the evolution and acceleration of the internationalisation of nursing and midwifery curriculum in Brunei. The literature from Brunei indicated that the UK is the main country that influenced the curriculum development; thus internationalisation of the nursing and midwifery curriculum in Brunei continues to the present day.

It could therefore be concluded that my current study is an area about which little is known. First, it focused on curriculum developers', students' and graduates' experiences. Second, it focused on exploring the process of the internationalisation of the curriculum, specifically the integration of international perspectives into the Brunei's curriculum as a process of developing the internationalised curriculum in Brunei.

Chapter Three: Research design and methods

3.1 Introduction

This chapter presents the research paradigm underpinning this study, the procedure undertaken for the process of reflexivity, and the type of research design chosen for the study. Ethical considerations are also presented, followed by the methods of recruitment of research participants and data collection. The data analysis process and strategies to promote quality in qualitative research will also be explicated.

3.2 Research paradigm

Denzin and Lincoln (2005) highlighted that research is interpretive, guided by the researcher's set of beliefs and feelings about the world and how it should be understood. The paradigm that underpins this study is constructivist-interpretive. The term 'constructivism' acknowledges the social construction of knowledge (Guba & Lincoln 2005). The constructivist paradigm assumes a relativist ontology (that there are multiple realities) and a subjectivist epistemology (that the researcher and participants co-create understanding) of the studied topic (Denzin & Lincoln 2008). Therefore, constructivism highlights the construction of knowledge between the researcher and the researched, and thus, knowledge and interpretation is viewed as the result of collective processes, as opposed to an individual process (Denzin & Lincoln 2005).

Throughout this study several fundamental aspects with regards to the relationship of the researcher with the participants and the research settings have been considered. It is important to understand the context in which the study took place in order to have a better understanding of curriculum users' experiences of developing the nursing and midwifery curriculum in Brunei, as well as students' and graduates' experiences of learning from the curriculum. The context is represented by the norms and practice in the nursing and midwifery institutions researched, and also the social, cultural, religious and political aspects of Brunei. The impact of this context in shaping participants' experiences was therefore taken into account. The findings of this study were constructed out of the data collected from research participants who attempted to explain and make sense of their experiences, both to the researcher and to themselves (Corbin & Strauss 2008).

3.3 Reflexivity and field diary

The principles underpinning reflexivity corresponds with the constructivist-interpretive paradigm that underpins this study. Reflexivity is an important aspect of qualitative research. It has been associated with rigour and credibility (Topping 2006; Gilgun 2010), transparency, accountability and general trustworthiness in qualitative research (Gough 2003). Reflexivity is a process involving a critical self-reflection on the research process and interpretation of data (Topping 2006). By being reflexive;

> *"the qualitative researcher reflects continuously on how their own actions, values and perceptions impact upon the research setting and affect the data collection and analysis"*
>
> (Gerrish & Lacey 2006, p539).

Furthermore, reflexivity encourages qualitative researchers to explore the "ways in which his/her involvement with a particular study influence, acts upon and inform" such research (Nightingale & Cromby 1999, p228). I am aware of my dual role in this research; first, as a researcher, and second, as one of the members in the study settings. I am very conscious that this could influence the study. It is acknowledged that researchers bring their own assumptions, understandings, beliefs and values, and past experiences to their research, which may affect how researchers think throughout the research (Finlay 2003; Greene 2008). On the other hand, it is also not uncommon that the researchers' 'way of thinking' will change and evolve throughout the period of study (Creswell 2009). Therefore, as such, the interactions among the researcher, research setting and research participants which were informed by the constructivist–interpretive paradigm, were also further explored through the process of reflexivity.

Gilgun (2010) stressed that researchers are reflexive when they are aware of the multiple influences that they have on research processes and how the research processes affect them. In order to engage with the process of reflexivity, a field diary has been kept throughout the period of conducting this study, enabling thoughts, experiences and emotions to be documented. Topping (2006) emphasized that a diary should include descriptions of what was seen, said and done in the act of doing research.

I regularly revisited my diaries to enable me to reflect upon what I have written in relation to the experiences that I have acquired as a member of the research settings, and the knowledge that I have acquired from my past experiences, reading, research experiences and research training. By doing so, I was able to identify any possible bias, and undertake several courses of actions to minimise this bias throughout the research process. Corbin and Strauss (2008) highlighted that a field diary provides ways of keeping track of research progress. In this way, further actions could be planned and altered that, in turn, facilitated future progress of the research (Corbin & Strauss 2008).

Some of the examples of things written in my field diary at the beginning of this research included personal reflections on my knowledge, experiences, views, feelings and emotions relating to the process of curriculum development, specifically with regards to the integration of international perspectives into Brunei curriculum (section 2.1 and 2.2 of Appendix 2 for some excerpts from this diary). Later, the ethical issues related to the process of recruitment of research participants were also documented. Most of what was written in my field diary was concerned with my journey during the process of data collection and data analysis. Another example of a thing that I have recorded in my field diary was the evolution of changes in my perceptions and expectations. Prior to the study, I had negative views about the integration of international perspectives into nursing and midwifery curriculum in Brunei. I also expected research participants to hold the same view. Throughout the study, this view changed as I was confronted with the unexpected and different views of research participants. Patton (2002, p436) stated that "recording and tracking analytical insights during data collection are part of fieldwork and the beginning of qualitative analysis". I also documented how best I could facilitate the data collection (e.g. techniques and procedures during interviews), which later enabled me to alter my approach to interviewing accordingly.

By recording thoughts, feelings, views and emotions in the field diary, I was able to become reflexive. At the same time, keeping a field diary and being reflexive are also precautions attempted at ensuring that interpretation of findings has not been influenced by my prior knowledge and experiences, emotions and feelings (Maykut & Morehouse 2003).

I also wrote memos in relationship to significant issues encompassing the data analysis process and drew diagrams in the field diary, representing my conceptions and ideas regarding my perceptions of the findings of the research (section 2.3 and 2.4 of Appendix 2 for an example). Corbin and Strauss (2008) stated that memos and diagrams are essential aspects of analysis because they stimulate and document analytic thought processes. Some key reflections encountered throughout this study will be discussed and presented in chapter six, the final chapter.

3.4 Qualitative research

A research design is the framework or guide used for the planning, implementing and analysing a study (Burns & Grove 2005). It is the plan for answering the research question and whether or not the research design would increase insight, understanding and knowledge of the subject under investigation (Polit and Beck 2004; Sousa et al. 2007). The most appropriate research design should therefore be selected on this basis. A qualitative research design was determined to be of relevance, and most suitable, for this study. As already indicated in the literature review to date, there has been limited research conducted on the topic of my study, particularly research that is specific to Brunei. Qualitative research is a useful research design when little or nothing is known about the subject under investigation (Holloway & Wheeler 2002). In addition, Ritchie (2003) pointed out that qualitative research is concerned with discovering or uncovering new insights, meaning and understanding.

Qualitative research is also relevant to this study because the desire is exploration, as opposed to quantitative research that is aimed at objective measurement (Polit & Beck 2004). One of the main aims of this study was to explore how, and in what ways, the nursing and midwifery curriculum in Brunei have been developed by the curriculum developers. The objectives for example include an investigation into the process of integrating international perspectives into the curriculum and examining the rationale for developing the curriculum in the way that it was developed. The aim and objectives of this study are consistent with a qualitative research design, which is said to be useful at describing social processes (Silverman 2006).

This study also concurred with some of the main functions of qualitative research which are to understand, by means of exploration, human experiences, perceptions, motivations, intentions and behavior (Holloway & Wheeler 2002; Polit & Beck 2004; Parahoo 2006). Furthermore, the qualitative research paradigm is concerned with studying things in their natural settings, attempting to make sense of, or interpreting, phenomena in terms of the meanings people bring to them (Denzin & Lincoln 2005). The qualitative research design paradigm therefore addresses the aims and objectives of this study, and is in line with the constructivist-interpretive paradigm. It therefore became clear that a qualitative research design would be the most appropriate for this study.

3.5 Specific research design

In this section, the case study research is discussed. Following this, the justification for choosing this as a research design in comparison to other qualitative designs is highlighted. Some principles underpinning ethnography that complemented the case study research are explained. Lastly, the case, the units of analyses, and other characteristics that defined my study as a case study are identified.

3.5.1 Case study

Baxter and Jack (2008) highlighted that qualitative case study research corresponds with the philosophical underpinning of the constructivist-interpretive paradigm. The interaction between the researcher, research participants and the context in which the study took place could therefore further be explored through employing a case study research approach (Appleton 2002).

Case study research is the examination of a specific case or phenomenon within its real-life context, when the boundaries between the phenomenon and context are not clearly evident (Yin 2003; 2009). Although Yin's (2003; 2009) definition could be considered to be more positivistic in approach (Appleton 2002), as one of the first proponents of case study research, his definition has been highly advocated. In addition, from the qualitative point of view, following his in-depth review of the case study research, Creswell (2009) stated that by

using case study in qualitative research, the investigator explores a real-life, contemporary bounded system (a case), or multiple bounded systems (cases), over time through detailed, in-depth data collection.

3.5.2 Why case study?

One of the reasons for selecting case study research as my design was because the boundaries between the phenomenon and context were not clearly evident (Yin 2003; 2009). The case, which is the process of the internationalisation of the curriculum in Brunei is not clearly defined nor easily understood. The relationship of the phenomenon or case and the context of the nursing and midwifery institutions where the curriculum is developed, and the context of Brunei were also not clear. Case study offers a valuable means of exploring the phenomenon in its context and assumes that the context is of significance to an understanding the phenomenon (Yin 2003; 2009). Case study research implies that there is a need to understand the impact of the context on the establishment, processes and outcomes of the phenomenon (Clarke and Reed 2006).

Yin (2003; 2009) pointed out that case study research is employed if the focus of the study is to answer "how" and "why" questions. My research questions are concerned with "how" and in what ways has the curriculum been developed and internationalised by curriculum developers, and the impact this has had on students and graduates. In addition, one of the objectives of my study was to explore 'why' this phenomenon took place in the way it did. Hence, a case study approach is suitable for the research as it offers the opportunity to present a detailed description of why certain outcomes happen and how these are interrelated (Denscombe 2007).

Case study design centres on exploration, and is very useful for investigating the 'process' (Stake 2008). This is further supported by Clarke and Reed (2006) who stated that case studies are best at answering questions about processes, by treating the phenomenon being researched as a distinct entity or case, and exploring the phenomenon in the context in which the phenomenon occurs. Clearly, my research intended to explore the process of internationalisation of the nursing and midwifery curriculum in Brunei.

The key aspects of case study research are that a certain phenomenon or variable (or set of variables) is the core of the inquiry and data are often collected that relate not only to the present state but also to past experiences and situational factors relevant to the problem being examined (Yin 2003; Polit & Beck 2004). These key aspects are parallel to my study because it gathered data on the previous and current experiences of study participants of the process of developing, internationalising and learning from the curriculum. As such, case studies provide researchers with opportunities to have an intimate knowledge of a person's condition, thoughts, feelings, actions (past and present), intentions, and environment (Polit & Beck 2004).

Before adopting a case study research design, other qualitative research approaches were considered. For example, a phenomenological approach was not pursued because it focuses on exploring the lived experienced of participants and is usually less concerned with process and context (Todres and Holloway 2006). In a similar vein, grounded theory was also taken into account as a methodology for conducting the research but was rejected because the main aim of GT is to generate or build theory which is believed to be grounded in the data (Holloway and Todres 2006; Creswell 2009). This was not the prime focus of my research. Likewise, the possibility to employ narrative research was examined. The approach was identified as not appropriate for my study because the intention of this kind of approach is to generate the stories as narrated by the participants (Holloway & Freshwater 2007).

3.5.3 The principles of ethnography in the case study

Hammersley and Atkinson (2007) and Creswell (2009) pointed out that different qualitative research approaches can be used to complement each other when exploring a topic to be studied. It was appreciated that culture could have some impact on the case being studied. For example, it could shape the experiences of curriculum developers of developing and internationalising curriculum, and students' and graduates' experiences of learning from that curriculum. However, it was not my intention to perform an in-depth analysis of the culture. In my study, the culture of the group was merely considered for the purpose of developing an in-depth understanding of the case or to facilitate exploring issues (Creswell 2009).

3.5.4 Defining the case

Appleton (2002) highlighted the importance of clarifying the 'case' in a case study research, because it will inform how data will be collected. Clarke and Reed (2006) added that a clear definition of the 'case' ensures effective conceptualization of the issues under study. While it is important to determine the case(s) and units of analysis in a case study, Baxter and Jack (2008) suggested that this can be a challenge for researchers. Miles and Huberman (1994, p25) defined the case as "a phenomenon of some sort occurring in a bounded context". Appleton (2002) and Creswell (2009) both agreed that it is the phenomenon of interest that constitutes the case. Hence, the case or phenomenon that I investigated in this study was the process of internationalisation of nursing and midwifery curriculum in Brunei. The real-life context of my case study is the Brunei's context; i.e. nursing and midwifery institutions where the curriculum is developed, internationalised and learnt; as well as the social, cultural, religious and political context of Brunei. It is also important to define the units of analysis. In my case study, these were:

1) curriculum developers who are/were the producers of the nursing and midwifery curriculum;

2) students as recipients of that curriculum; and

3) graduates as the end-users who applied what were learnt from the curriculum into real-life.

In addition to defining the case, Denscombe (2007) also pointed out that it is crucial to set the boundaries for a case study to provide a distinct identity of that case. This ensures that the researcher would remain focused on the phenomenon being studied (Denscombe 2007). Creswell (2009) depicted that 'boundary' is the actual nature and periphery of the case, and how it might be constrained in terms of time, events and processes. Gerring (2007) highlighted that, when the case study has not yet been conducted, the researcher might have difficulty in determining the boundaries for that case. Similarly, Simons (2009) also asserted that while boundaries can usually be set in the beginning of the case study, the final boundary can only be established towards the end of the study. However, Gerring (2007) pointed out that, despite this difficulty, some temporal boundaries must be assumed. Hence, the main boundary for

my case study is the time during which the process of internationalisation of the nursing and midwifery curriculum in Brunei occurred/occurs.

Since this study only focuses on the process of internationalisation of the nursing and midwifery curriculum as experienced by curriculum users, this will be a single case study (Yin 2003; 2009). This case study is also of a within-site, case study (Creswell 2009), as it is only focusing on a nursing and midwifery institution in Brunei, and not comparing with others. With reference to Stake (2008), my study is also an intrinsic and descriptive case study, whereby as a researcher, I wished to seek clarity and understanding about a particular case and provide descriptive account of that case.

3.6 Ethical considerations

3.6.1 Approval and access to conduct the study

This study was funded and approved by the Government of His Majesty the Sultan of Brunei under the sponsorship of the Ministry of Education, via the Public Service Department, through the Public Service Commission. This study was assessed and approved on the basis that it would be a valuable contribution to nursing and midwifery education and practice in Brunei; particularly curriculum users and the nursing and midwifery institutions.

Throughout the first year of the PhD study in the University of Southampton, the research proposal went through considerable changes. On discussion with the supervisory team, there were refinements of study topic, research design and methods in order to ensure the feasibility of conducting and reporting the research within the timeframe of the PhD study. The amended research proposal was submitted for enhanced peer review to the School of Health Sciences (formerly the School of Nursing and Midwifery) in the University of Southampton. The research proposal required minor amendments and the amended research proposal was then submitted to relevant authorities for obtaining approval to conduct the study in Brunei. Before conducting the study, there was a need to 'gain access' to the participants and the sites of study from the 'gatekeepers' (Cheek 2005).

There were three 'gatekeepers' to the participants of my study. First, the authorities for approving research in Brunei's Ministry of Education (MoE) for the purpose of gaining access to curriculum developers in the former PAPRSBCONB. Second, with the merger of the PAPRSBCONB to the PAPRSBIHS, UBD, the PAPRSBIHS, UBD was then the gatekeeper for gaining access to nursing and midwifery students there. The third gatekeeper was the Ministry of Health (MoH), Brunei, for the purpose of gaining access to nurses and midwives, who had graduated from the nursing and midwifery programmes in Brunei.

In order to gain access to the PAPRSBCONB, a letter requesting permission to conduct research at the study site was submitted to the MoE, Brunei, via the Principal of the PAPRSBCONB through the Department of Technical education, Brunei (section 3.1.1 in Appendix 3). The peer reviewed research proposal was attached with the letter. Approval was obtained from the Deputy Permanent Secretary of the MoE (section 3.1.2 in Appendix 4).

A similar process was carried out for requesting permission to conduct the study with graduates of nursing and midwifery programmes working in the MoH. This was submitted to the Director General of Medical Services in the MoH (section 3.2.1 in Appendix 3). The research was further discussed with the Medical and Health Research and Ethics Committee (MHREC) of the MoH. Two meetings were held with them and following the first meeting, a provisional ethical approval was sought on the basis that the research would take into account some requirements of the committee in line with the ethical research practices in Brunei's clinical settings (section 3.2.2 in Appendix 3). In the second meeting, clarification about the recruitment of participants for the study was made. A final approval letter was issued retrospectively, following presentation of the result of the current research (section 3.2.3 in Appendix 3).

Similar to the above, permission to conduct the study on nursing and midwifery students in the PAPRSBIHS, UBD was also sought from the Dean (section 3.3.1 in Appendix 3). Interviews with nursing and midwifery students proceeded, following the receipt of a letter of approval from the Dean (section 3.3.2 in Appendix 3).

3.6.2 Involvement and rights of participants

The involvement of participants in the study was voluntary and arranged at their own preferred time and place. When human beings are involved as participants in research, care must be exercised in ensuring that the rights of those participants are protected (Polit & Beck 2004). Invitation letters (Appendix 4) and participant's information sheets (section 5.1 in Appendix 5) were given to the participants regarding involvement in this study. The invitation and the information sheets were developed in order to make sure that participants were fully informed of the study and could therefore make an informed decision whether to participate or not (Flory and Emanuel 2004). Participants were required to respond if they agreed to participate. Prior to the day of the interview, the participants were also informed again of the nature and purpose of the study so that they could further decide whether to participate or withdraw from the study. In accordance with the requirement of the MHREC of the MoH (section 3.2.2 in Appendix 3), the participant's information sheets for the graduates of the nursing and midwifery programmes of the PAPRSBCONB and PAPRSBIHS, UBD, included details about data protection, including the disposal of data when participants decided to withdraw from the study, along with my contact details. It was also explained that they were free to withdraw from the study at any time; should this occur, all the pertinent data, including their personal data, the audio-taped interviews and the transcribed data would immediately be destroyed. Otherwise, where they decide to continue participation in the study, the transcribed interview and other data will be archived for ten years, in order to meet the data storage requirements of the University of Southampton.

The four rights of the participants were considered; the right not to be harmed, the right to full disclosure, the right of self-determination and the right of privacy, anonymity and confidentiality (Parahoo 2006). Participants who agreed to participate in the study were required to respond to the reply slips (section 5.2 in Appendix 5), and sign consent forms (Appendix 6) to confirm their participation. The consent form was based on that recommended by the University of Southampton Ethics Committee.

In line with recommendations made by the MHREC of the MoH, Brunei, the consent form for the graduates of the nursing and midwifery programmes of the PAPRSBCONB and PAPRSBIHS, UBD, also specifically included a section by which an independent witness is required to counter-sign the form.

3.6.3 Confidentiality and anonymity

This study was carefully designed in accordance with the requirements of the Data Protection Act, 1998 of the UK (Office of Public Sector Information, UK) and followed recommendations outlined by the University of Southampton (2011). In order to maintain confidentiality throughout the study, any documents displaying contact details of the participants, such as reply slips and consent forms, were stored in different sealed envelopes and kept in a locked safe box in a locked cupboard at the researcher's home. Copies of the transcripts and recordings are also stored in the same locked safe box, but in different envelopes. Pseudonyms have been used to refer to the participants in order to ensure anonymity.

The participants will not be identified in any written material or publication. A code was assigned to each of the participants and recorded on the transcribed interviews. For example, curriculum developers were coded as CD; diploma students were coded as Dip; advanced diploma students were coded as Adv, and nurse and midwife graduates as NM. A record of these codes was stored in a file on a password protected personal computer and also a laptop computer that has a firewall and regularly updated virus protection.

The participants were informed that the data were only be accessible to the researcher and her supervisors, and only sections of the transcripts of interviews would be used in the PhD thesis. The participants were also informed that the transcript would be transferred to the word document programme on a personal computer which is protected using a pin number which is only known to the researcher.

3.7 Research participants

3.7.1 Targeted population

There were three groups of targeted populations involved in this study. The first group comprised nurse/midwife tutors who were involved with curriculum development, including those who are in managerial positions (addressed as curriculum developers in this study). The second group was nursing and midwifery students and graduates from the nursing and midwifery programmes in Brunei. When this study was planned in 2007 and commenced in 2008, the only institution in Brunei that provided nursing and midwifery education was the PAPRSBCONB. However, halfway into the period of conducting this study, in June 2009, the PAPRSBCONB was merged with the IMUBD (renamed as PAPRSBIHS, UBD at the end May, 2010). Regardless of these changes, the targeted population of curriculum developers remained unchanged. However, the targeted populations comprising the graduates of the nursing and midwifery programmes were those from the former PAPRSBCONB and PAPRSBIHS, UBD. The third targeted population was the nursing and midwifery students who were studying in the PAPRSBIHS, UBD.

3.7.2 Sampling selection and procedure

This study involved different groups of participants in order to collect data that would represent the diverse experiences of the curriculum users. Although there might be similarities across these different groups of participants, it was also likely that there would be some differences in their experiences. For example, the experiences of those developing the curriculum and involved with the curriculum for teaching, i.e. nurse/midwife tutors (curriculum developers), would be different from recipients, i.e. nursing and midwifery students and graduates of the nursing and midwifery programmes. In addition, the experiences of nursing and midwifery students would be different from that of the graduates. Nursing and midwifery students' experiences might be influenced by their experiences gained when undertaking their course. On the other hand, graduates' experiences may be influenced by a comparison of experiences during undertaking their courses with that of their working experiences as nurses and midwives.

The selection of participants for this study takes into account the fact that they should be able to give the researcher the information that relates to the study, i.e. purposive (Procter & Allan 2006). In qualitative research, the purpose of sampling is exploring and increasing understanding of a phenomenon, as opposed to generalising findings to a wider population (Goodman & Evans 2006). To be purposive, the participants in this study were selected through convenience and snowball sampling procedure guided by coherent inclusion and exclusion criteria (Table 3.1). Convenience sampling involves the selection of the most accessible subjects to the researcher, whilst snowball sampling is a strategy where a human network is used to gather a sample or identify informants that could inform the research (Procter & Allan 2006). Participants accessible to the researcher were approached and invited to participate in this study. Through a snowball sampling method, some of these participants also recommended to the researcher other participants who fulfilled the inclusion criteria for selection in this study.

3.7.3 Recruitment of participants

I was given permission by the former Principal of the PAPRSBCONB to directly contact, identify and invite curriculum developers for this study. This procedure of contacting and recruiting participants for the study remained unchanged, even with the merger of the PAPRSBCONB into the PAPRSBIHS, UBD. The detailed procedure for recruitment of participants will be discussed further.

On receipt of approval to conduct the study from the Deputy Permanent Secretary of the MoE, discussions were held with the former Principal of the PAPRSBCONB with regards to the recruitment of curriculum developers. I was given a list of the names of all nurse/midwife tutors working in the PAPRSBCONB. Permission was given for me to personally approach, contact and recruit them as participants for my study. All the eligible potential participants who met the inclusion criteria were personally approached with an invitation to participate in this study.

Table 3.1 Inclusion/exclusion criteria for selection of research participants

PARTICIPANTS'	PARAMETER	INCLUSION CRITERIA	EXCLUSION CRITERIA
Curriculum Developers	Job Appointment	• Education Officer (Nurse/Midwife Tutor) • Nursing Officer (Tutor)	• Clinical Instructor • Staff Nurse (Teaching) • Retiree
	Place of work	• PAPRSBCONB • PAPRSBIHS, UBD	• Not working in PAPRSBCONB or PAPRSBIHS, UBD
	Work experience and experience in Brunei's curriculum development	• One year or more	• Less than a year
Nursing and Midwifery Students	Place of study	• PAPRSBIHS, UBD	• Elsewhere
	Length in the course	• Pre-registration– six months or more into their third year of study • Post-registration– six months or more into their study	• Pre-registration– less than six months into their third year of study. • Post-registration– less than six months of their study
Nursing and Midwifery Graduates	Graduates From	• Bruneian Nursing and Midwifery Institutions: - SONM/NMTC - PAPRSBCONB - PAPRSBIHS, UBD	• Other countries. • Brunei graduates who have: - pursued study abroad - attended short courses abroad - attended clinical placements abroad

Documentation related to the study, such as invitation letter, participant's information sheet, reply slip and consent form, were also given to those who expressed an interest. Participants stated their preferred time, date and place for the interview. Prior to the interview, they were contacted via telephone to confirm arrangements. Although the interviews continued when the curriculum

developers had moved to the PAPRSBIHS, UBD, the interviews with all curriculum developers were completed prior to the official merging of the PAPRSBCONB into the PAPRSBIHS, UBD. With advice from the former principal of the PAPRSBCONB, a similar ethical approval and recruitment procedure was not undertaken in the PAPRSBIHS, UBD.

The procedure for recruitment of the graduates of nursing and midwifery programmes was similar to that of the curriculum developers. The graduates were approached in the same way as the curriculum developers, following the initial approval given by the MHREC of the MoH. With regards to recruitment of students, permission was obtained from the Dean of the PAPRSBIHS, UBD. The Head of Nursing and Midwifery Programmes (HONM) liaised with the specific coordinators of the pre-registration and post-registration nursing and midwifery programmes to facilitate the recruitment of students. The study's inclusion criteria, and all the necessary documentations (invitation letters, participants' information sheet, reply slips and consent forms) were given to the HONM to guide the recruitment of nursing and midwifery students. The reply slips were collected by the coordinators and given to the HONM. The HONM then gave me the reply slips so I could proceed with contacting the students interested in the study, confirming their participation and arranging for a preferable time and place for their interviews.

3.7.4 Sample size

There is very little guidance on the procedure for determining size of samples in qualitative research (Procter & Allan 2006). However, the main aim of qualitative research sampling is gathering quality data rather than focusing on sampling a large number of participants included in a study, as in quantitative research (Seale et al. 2004). For the purpose of this study, as an initial guide, the sample size used in previous studies similar or relevant to the current study, was identified. These studies dealt with sample sizes ranging from eight (e.g. Uys & Middleton 2011) to a maximum of 37 participants (e.g. Kinsella et al. 2008). For example, in Kinsella et al. (2008), although the total sample size was 37 participants, this comprised six students, eight preceptors/practice educators, and 23 academic personnel at the managerial level. It is, however, important not to take previous studies as strict guidance for estimating the sample size of the current study. Morse (2000) warned of the risk for taking

sample sizes of other studies at face value, in that an oversize sample may lead the researcher to "drown in data". On the other hand, inadequate sample size may cause the risk of collating data that is "thin" or "not thick" (Polit & Beck 2004), in that the data are not sufficient and do not reach the point of saturation.

Morse (1991; 2000) further highlighted that the eventual quality of qualitative research is contingent upon the appropriateness and adequacy of the sample. The number of participants required in a qualitative study could be considered as adequate when the data collected have reached saturation point (Morse 2000). Glaser and Strauss (1967) addressed data saturation as a situation whereby no new ideas or theories emerge from the data. This means that the sample size would be adequate if the participants provide the researcher with rich and complete data, and would be appropriate if they provide the researcher with the desired data, according to the conceptual requirements of the study (Polit & Beck 2004). In addition, determination of sample size in qualitative research is also related to the homogeneity or heterogeneity of the population (Bryman 2001). If the goal of research is to understand and describe a particular group in depth, it is therefore very important to keep the sample as homogenous as possible (Ritchie 2003). The more homogeneous the population, the less the need for a large sample of participants who can inform the researcher about the phenomenon under study (Bryman 2001).

The estimation for the sample size of this study was initially informed and determined by reference to sample sizes used in previous studies similar to my own but later, sampling also took into account the point at which the data appeared to reach saturation. It was then decided that the initial sample size for my study would be up to 20 curriculum developers, 10 nursing and midwifery graduates, and 10 nursing and midwifery students. At the end of my study 17 curriculum developers, nine nursing and midwifery graduates, and eight nursing and midwifery students were included. Reflection on the data collection process and initial analysis have indicated that saturation has been achieved as no new data appeared to be emerging. Therefore interviewing ceased at the above mentioned stage.

3.8 Data collection methods

Data were collected through a semi-structured, in-depth, individual interview. The interviews were conducted with the different groups of participants in three stages. Table 3.2 illustrates these stages.

Table 3.2 Stages in data collection

STAGE	SAMPLES/ PARTICIPANTS	TIMEFRAME
Stage 1	Curriculum Developers	December 2008 to March 2009
Stage 2	Nursing and midwifery graduates	August 2010 to September 2010
Stage 3	Nursing and midwifery students	December 2010

3.8.1 Semi-structured in-depth individual interviews

In line with the aim, research questions and objectives of my study, it was decided that data would best be collected by interviewing the participants. Interviewing is the most common form of data collection in qualitative research (Turner 2010). Paget (1999) contended that interviewing is not simply a technique for acquiring information; it is also a search procedure, grounded in a series of issues being investigated by a thinking subject. Paget (1999) added that the data from in-depth interviews produces knowledge and illuminates human experience: the complexity, opaqueness and mystery of the participant. Interviewing provides a way of generating empirical data about the social world by asking people to talk about their lives (Holstein & Gubrium 2005). The interviews were conducted face-to-face with individual participants, and were aimed at acquiring in-depth data.

A limitation of the interview technique is that some conversations might be irrelevant to the study if the interview is not structured properly (Holstein & Gubrium 2004). It was suggested that an interview schedule should be designed to focus the interview on the topic to be explored (Holloway & Wheeler 2002). Therefore, in this study, a semi-structured interview was

conducted, using an interview schedule as a guide (section 7.1 in Appendix 7). I found that using the semi-structured interview, facilitated by the interview schedule, enabled me to interview all participants by using the same topic questions as guidance.

Employing such a research instrument also allowed me to expand the scope of my inquiry to obtain in-depth data (Britten 2006). Silverman (2005) pointed out that in employing a semi-structured interview, a researcher needs to prepare a list of questions that would focus on the scope of the study but which also allows flexibility with the sequencing of the questions. Semi-structured interviews help to minimize the occurrence of 'dross rate' (the amount of material of no particular use to the study) (Holloway & Wheeler 2002).

The interview schedule was based on the findings from the literature review, aims, research questions and objectives of this study. Participants were not directly asked about the process of internationalisation in general or internationalisation of the curriculum in particular. This was done to eliminate bias, as it appears from my personal and professional experiences, that the participants were likely to have insufficient idea of the study topic to be able to offer informed or unbiased responses. In addition, asking the participants questions related to their actual experiences, rather than introducing complex questions, should stimulate them to talk more openly.

The interviews with the curriculum developers began with questions regarding their general roles in curriculum development. This focus then led to the identification of activities surrounding curriculum development, as well as factors and issues considered in developing a curriculum. It was anticipated that the curriculum developers would spontaneously mention the integration of international perspectives into the curriculum. On most occasions, this was the case. There were only three occasions when I had to stimulate respondents to give information on whether there were any Western-based or international perspectives that had been explored and integrated, during the development of the nursing and midwifery curriculum in Brunei. The curriculum developers were also asked about their rationale for undertaking such actions and activities in curriculum development.

At the end of the interview, in view of the increased advocacy of the importance of internationalisation of the curriculum within higher education that was found in the literature (e.g. Izadnegahdar et al. 2008; Uys & Middleton 2011), curriculum developers were also asked about their overall views and experiences, including their perceptions of the relevance of internationalisation, in general and in relation to the curriculum. This included probe questions such as being asked about the relevance of integrating international perspectives in the nursing and midwifery curriculum.

There was evidence in the literature review to suggest that students conceived internationalisation positively where they had a desire for a standardised nursing programme that would enable them to be accepted to study and work across the EU (Wihlborg 1999). In addition, Pross (2005) found that students positively view internationalisation as a means of exposure to, and a development of, their sense of awareness of issues that exist in other countries. Thus, such questions were asked in the interviews with the students. As with the structure of interviews with curriculum developers, the interviews with students began with their general perceptions and experiences of learning from the curriculum. They were asked questions about the contents of their curriculum, their perceptions of relevancy of the curriculum and their comments about them. Since all of them touched on the integration of international perspectives into the curriculum, more probes were only used to stimulate further discussion of this aspect. At the end of their interviews, they were asked for their overall views and experiences about internationalisation in general, and of the nursing and midwifery curriculum in particular.

Questions asked of the nursing and midwifery graduates were similar to those asked of the students. However, they were expanded to include whether views that the graduates had held during their course had changed now that they were working as nurses and midwives. The topics which informed the interviews and the rationale for covering the topics are illustrated in Table 3.3.

3.8.2 Procedure for interviews

Prior to the interview, I introduced myself to the participants and ensured that my student identification card was shown. This was to alleviate the participants' anxiety, whilst at the same time establishing rapport (Rubin & Rubin 2004). I also checked the participants' understanding of the study, and invited them to ask questions. This was to ensure that they fully understood the details of the research. According to Rubin and Rubin (2004), participants are more likely to cooperate with the researcher during the interview if they understand the details of the research. I also ensured that participants signed two copies of consent forms; evidence that they had consented to participate in the study (Polit & Beck 2004).

Participants were reminded that they did not have to answer any questions that they would prefer not to. In addition, they were assured that they could terminate the interview or decide not to participate in the research at any point in the study. Participants were encouraged to ask questions if they did not understand the question asked, and it was highlighted that there were no right or wrong answers as I was only interested in their views. As part of this process of preparation, I gained permission from the participants to audio-record the interviews.

The interviews were conducted at the time and place preferred by the participants. This ensured that participants were interviewed in the environment that suited them best. Environmental issues, such as those that might interrupt or affect the quality of the interview, for example noise factors, positioning of the researcher and the participants, and the pressure that could be caused due to the length of the interview (Holloway & Wheeler 2002), were also taken into consideration. Thus, I ensured that the interview was conducted in a calm and quiet environment which was free from distraction. Most of the interviews were conducted either at the interviewees' home or at their offices after working hours. As far as possible, the interviews were audio recorded and transcribed immediately following the interviews. This ensured that the information given by the participants was still fresh in my memory.

As suggested by Bluff (2006), the following prompts and strategies were employed as required. For example:

- Are you saying that…?
- What do you mean by that?
- Keeping silent to allow participants thinking time.

As advised by Rubin and Rubin (2004), care was taken not to interrupt wherever possible; this meant simply nodding or repeating the last words used by the participant as a way of encouragement.

After the interview, it was also checked whether there was anything the participant would like to add and whether any part of the interview had been too distressing. In the event that there was, a debriefing procedure was planned to facilitate a discussion of the issues with the participant. It was also planned that any issues that may be too sensitive or unethical that could not be tackled during the debriefing session would be brought forward to the attention of the HONM. The participants, however, were assured that anonymity and confidentiality would still be kept. However, throughout all of the interviews, there were no indications that participants had been distressed. I also reminded the participant about the use of verbatim quotes and that the audio-taped interview was archived in its original form. Lastly, I thanked the participants for their time and valuable contribution.

3.8.3 Trial interviews

A trial interview was conducted with the first three curriculum developers who met the inclusion criteria. Reflection on these three interviews was undertaken in order to identify strengths and limitations of this method of data collection. The trial interviews enabled me to be reflexive on issues relating to this procedure, and this was of relevance in deciding what to include or exclude in the subsequent interviews. Some of the advantages of these trial interviews are listed in table 3.4. There were no major amendments in the interview schedule with regards to the topics to be included in the interview. However, some of the questions were reworded, and made more open-ended, in order to encourage more open responses from the participants (Holstein & Gubrium 2005). Since there were very few changes, the participants in the trial were included in the sample of the final study.

Table 3.3 Interview topics

PARTICIPANTS	TOPICS	RATIONALE
Curriculum Developers	Role in curriculum development	Description of roles
	Factors and issues considered in curriculum development	• What is considered? • When? • How? • Why?
	Western or international perspectives in curriculum development?	• Any evidence of inclusion? • What is included? • Why included? • How included?
	Views on the internationalisation of the nursing and midwifery curriculum in Brunei	• What are their views? • What is their general understanding of internationalisation? • Why? (Have they developed the curriculum with relationship to internationalisation?) • Relevance to Brunei
Nursing and midwifery students	Subjects learned	Descriptions of subjects learned
	Western or international perspectives in the course	• Any? • What?
	Views on the internationalisation of nursing and midwifery curriculum in Brunei	• What are their views? • What is the general understanding of internationalisation? • Why? • Relevant to them? Brunei? • How relevant/not relevant?
Nursing and midwifery graduates	Similar to the topics asked in interviews with nursing and midwifery students, but also including whether the views held during their course had changed since working	

Table 3.4 Advantages of the trial interviews

Facilitated improvement of interview schedule
Gained familiarity with the interview schedule
Enhanced interview technique
Improved selection of sample in the study
Facilitated the control of the length of interview session (duration of the interview)
Facilitated the control of the place where interviews taken place (venue)
Facilitated responses during interview

3.9 Qualitative data analysis

This section comprises six parts. The choice for the specific data analysis method is first justified. Next, the choice and process for the management, storing and organisation of data are discussed. This is followed by an explication of the process that was undertaken during data analysis aided by the use of the computer, the theory underpinning that process and key challenges encountered.

3.9.1 Choice for qualitative data analysis

As a beginner researcher, I found that the Grounded Theory (GT) data analysis process was very clearly explained in a step by step approach by Charmaz (2006) and Corbin and Strauss (2008). Therefore, whilst this study was not constructed as a GT study from the start, the analysis of the interviews has drawn upon the principles underlying the methods of data analysis in GT. The central principles of GT used in this data analysis are the process of coding, categorising and constant comparison. These principles of data analysis in GT correspond with my aim of conducting the analysis which was to understand the topic under investigation and to explain what was learnt in the participants' words as far as possible (Maykut & Morehouse 2003), taking into account the research setting and the researcher's perspective. The GT method of qualitative data analysis also corresponds with the constructivist-interpretive paradigm (see section 4.1) and principles underpinning case-study research design.

3.9.2 Choice for storing, managing and organising data

I considered whether to do the data analysis manually, or to use computer-assisted qualitative data analysis software (CAQDAS), or a combination of both. I explored the possibility of using CAQDAS such as QSR NVivo or ATLAS.ti or QSR NUD.IST. I identified that there were advantages and disadvantages of using CAQDAS in facilitating data analysis. However, this software is primarily for storing, managing and organising data. The data cannot be completely analysed by using CAQDAS (Putten & Nolen 2010). On the positive side, manual management and storage of qualitative data using a form of CAQDAS can be helpful, especially in managing large quantities of qualitative data (Rademaker et al. 2012). Nevertheless, I realised the importance of being close to the data and thoroughly immersing myself in the data which can best be achieved through using a manual method to data analysis (Winch et al. 2000).

A recent study, conducted to compare manual methods of data analysis with CAQDAS on the same set of qualitative data by the same researchers, found that they were inconsistencies in the findings between the two methods (Putten and Nolen 2010). The total number of codes formed by the CAQDAS was more than that of the manual methods, and the codes were different from those generated by manual methods (Putten and Nolen 2010). Unlike manual methods, whereby the researcher is be able to create descriptors, have an understanding of meanings and concepts hidden in the data (Rademaker et al. 2012), CAQDAS is limited in this respect. Reflecting on my previous experience during my MSc course of conducting qualitative data analysis by using manual methods on 22 transcripts, I found that manual methods aided by the Microsoft Word program were feasible, manageable and achievable provided that the researcher is willing to invest energy and time in employing the methods meticulously. Therefore, I decided to employ manual methods for the qualitative data analysis within my PhD study.

3.9.3 Process of storing, managing and organising data

A computer programme, specifically the 'Microsoft Word document for Windows', was used to aid data storage, management, organisation and analysis. A main folder named 'Data Analysis' was created for storing or saving all folders and files documenting the data analysis activities. There were a further five folders created under this folder.

The first folder was named 'Transcription Data'. This folder was created to save all files related to interview transcriptions of all study participants. Under this folder, a further three folders were created for the different groups of participants (named 'curriculum developers' transcripts', 'graduates' transcripts' and 'students' transcripts') to store these respective transcripts . The research participants were rendered anonymous by using pseudonyms to name the file of each transcript (CD1 for curriculum developer 1; Dip1 for diploma student 1; Adv1 for advanced diploma student 1 and so on).

The second folder was named 'Data Translation'. This folder was created to save all files related to translated transcriptions. This folder also contained a further three folders (named 'curriculum developers' translation', 'graduates' translation' and 'students' translation'). Each interview transcript   file that had been translated was named with the addition of the letter 'T' at the beginning of participants' pseudonym (TCD1, TAdv2, TDip3, TNM4 and so on) and saved under the participants' respective group.

The third folder was 'Data Coding'. This folder was created to save all files related to the process of coding. A further three folders were created: 'curriculum developers' coding', 'graduates' coding' and 'students' coding'. The file for each translated transcript was then saved with the word 'Code' at the beginning of participant's pseudonym that indicated coding was undertaken (Code TCD1, Code TDip2, Code TAdv3, Code TNM3 and so on) and was saved under the respective participants' group.

The fourth folder was 'Themes Formation'. This folder was created to save all files related to the activity of the formation of preliminary themes of the different groups of participants. Three different folders were created: 'CD themes' formation', 'graduates' themes formation' and 'students' themes formation'. The letters 'TF' were added to the file for preliminary themes' formation of each participant of the different groups (TF Code TCD1, TF Code TDip2, TF Code TAdv3, TF Code TNM3 and so on).

The fifth folder was 'Groups Preliminary Themes' Formation'. This folder was created to save all files related to the grouping together of all preliminary themes from each participant in the three different groups. Three file were created under this folder namely 'curriculum developers' preliminary themes', 'graduates' preliminary themes' and 'students' preliminary themes'.

Finally a separate file, 'Final themes Formation', was created under the main 'Data Analysis' folder to save the merging of all themes from the three different groups of participants (See Diagram 3.1 for the system of organising, managing and storing data).

3.9.4 The use of computer in conducting data analysis

The process of coding was done electronically on the computer screen by reading the transcripts line by line. The interview transcripts were stored in Microsoft Word Documents under the respective folder and file name as described in the previous section (3.9.2) in a form of table (see Diagram 3.2). I also used the 'Find and Replace' tool of the Microsoft Word Document to aid with searching for and identification of similar words throughout the data analysis. It took me approximately eight months to complete the process of translation, transcription and analysis of the interviews and to use this coding to develop the final themes as presented in this thesis.

3.9.5 The process of analysing data

The data analysis in this study used an inductive process as espoused by Charmaz (2006) and Corbin & Strauss (2008). The process of conducting data analysis was commenced concurrently with the data collection.

Diagram 3.1 System for managing, storing and organising data

MAIN FOLDER	FOLDERS	BRANCH FOLDER	FILES
DATA ANALYSIS	Transcription Data	Curriculum Developer Transcripts	CD1, CD2, CD3, CD4, CD5, CD6, CD7, CD8, CD9, CD10, CD11, CD12, CD13, CD14, CD15,CD16, CD17
		Graduates' Transcripts	NM1, NM2, NM3, NM4, NM5, NM6, NM7, NM8, NM9
		Students Transcripts	Dip1, Dip2, Dip3, Dip4, Adv1, Adv2, Adv3, Adv4
	Data Translation	Curriculum Developer Translation	TCD1, TCD2, TCD3, TCD4, TCD5, TCD6, TCD7, TCD8, TCD9, TCD10, TCD11, TCD12, TCD13, TCD14, TCD15,TCD16, TCD17
		Graduates' Translation	TNM1, TNM2, TNM3, TNM4, TNM5, TNM6, TNM7, TNM8, TNM9
		Students' Translation	TDip1, TDip2, TDip3, TDip4, TAdv1, TAdv2, TAdv3, TAdv4
	Data Coding	Curriculum Developer Coding	Code TCD1, Code TCD2, Code TCD3, Code TCD4, Code TCD5, Code TCD6, Code TCD7, Code TCD8, Code TCD9, Code TCD10, Code TCD11, Code TCD12, Code TCD13, Code TCD14, Code TCD15, Code TCD16, Code TCD17
		Graduates' Coding	Code TNM1, Code TNM2, Code TNM3, Code TNM4, Code TNM5, Code TNM6, Code TNM7, Code TNM8, Code TNM9
		Students' Coding	Code TDip1, Code TDip2, Code TDip3, Code TDip4, Code TAdv1, Code TAdv2, Code TAdv3, Code TAdv4
	Themes Formation	Curriculum Developer Themes' Formation	TF Code TCD1, TF Code TCD2, TF Code TCD3, TF Code TCD4, TF Code TCD5, TF Code TCD6, TF Code TCD7, TF Code TCD8, TF Code TCD9, TF Code TCD10, TF Code TCD11, TF Code TCD12, TF Code TCD13, TF Code TCD14, TF Code TCD15, TF Code TCD16, TF Code TCD17
		Graduates Themes' Formation	TF Code TNM1, TF Code TNM2, TF Code TNM3, TF Code TNM4, TF Code TNM5, TF Code TNM6, TF Code TNM7, TF Code TNM8, TF Code TNM9
		Students Themes' Formation	TF Code TDip1, TF Code TDip2, TF Code TDip3, TF Code TDip4, TF Code TAdv1, TF Code TAdv2, TF Code TAdv3, TF Code TAdv4
	Groups Preliminary Themes Formation	NIL	Curriculum Developers Preliminary Themes
			Graduates Preliminary Themes
			Students Preliminary Themes
	NIL	NIL	Final Themes Formation

The first stage of data analysis commenced with preparing the data for analysis which included two steps. The first step in the preparation stage was the verbatim transcription of interviews with research participants. The second step in the preparation stage was concerned with translation. As the participants answered in a combination of Malay and English language, all the data from the interviews were then fully translated into English. A table with four columns was created for each interview transcript comprising the 'line number for the interview'; 'interview transcripts'; 'initial/open coding' and 'focus/selective coding' to aid with the process of coding (Diagram 3.2).

Diagram 3.2 Sample of table for the process of coding

Line No.	Interview Transcripts	Initial coding	Focus coding
1 2 3 4 5 6			

The second stage in the data analysis was the process of immersion into the data. Each interview transcript that was fully translated into English was read. Where necessary, these transcripts were read more than once, in order to become very familiar with the data.

In the third stage of the data analysis, a process called 'coding' was undertaken. This was the central process that facilitated the data analysis. Lathlean (2010) highlighted that data are broken down into component parts or units and names are given to the parts. The 'names' were derived from the word(s) that emerged in the data (Charmaz 2006). New 'names' were given as they emerged which did not match with the existing 'names' (Maykut & Morehouse 2003). Through the process of coding, I have been able to interact with the data again and again, ask many different questions of the data (section 7.2 in Appendix 7 for examples), study and make sense of the data.

The process of coding involved 'initial coding', which later proceeded to 'focused coding' (Charmaz 2006). During the initial coding, the process was done line-by-line with the interview transcripts, and the coding was closely related to the data (Charmaz 2006). The initial coding was done openly, a

process also referred to as 'open coding' (Corbin & Strauss 2008). The coding was conducted without having preconceived concepts in mind (Glaser 1978). This was conducted through putting aside the prior knowledge and experience that might influence the process of coding (Charmaz 2006). During the initial coding Charmaz's (2006) suggestions were taken into account, which included remaining open-minded, staying close to the data, keeping codes simple and precise by constructing short codes and comparing data with data. The initial codes therefore were provisional, comparative, and grounded in the data (Charmaz 2006). During the initial coding, I also encountered some situations whereby research participants assigned special meanings to some terms (section 7.3 in Appendix 7 for examples of terms). Charmaz (2006) pointed out that these special meanings may be regarded as 'in vivo codes', which help the researcher to preserve participants' meanings of their views and actions in the coding itself.

The initial coding proceeded to a more focused coding, where 'theoretical coding' is also accounted for (Charmaz 2006). In this study, theoretical coding was not used for building or generating theory, but for developing themes that would explain the process of internationalisation of the nursing and midwifery curriculum in Brunei. Focused coding was a selective phase, where the most significant or frequent initial codes were used to sort, synthesise, integrate, and organize large amounts of data (Charmaz 2006; Corbin & Strauss 2008). Focused coding involved decisions about which initial codes would make the most analytic sense in order to categorise my data incisively and completely (Charmaz 2006). Focused codes were developed through comparing different aspects of data, as well as comparing data to these codes, which in turn helped to refine them and led to the process of categorising (Glaser & Strauss 1967; Charmaz 2006; Corbin & Strauss 2008), the fourth stage in my data analysis.

As indicated, I had also used the 'constant comparative methods' to establish analytic distinctions which facilitated comparisons at each level of analytic work (Glaser & Strauss 1967). This is the fifth stage in the data analysis process which included comparing data with data in the same interview transcript, as well as with another interview transcript, in order to find similarities and differences (Charmaz 2006).

The constant comparative methods are used until all the data are accounted for and no further coding is necessary (Maykut & Morehouse 2003). When conducting the constant comparison of the data, I also took into account 'data saturation'. Data saturation is concerned about "when no new categories or relevant themes are emerging" (Corbin and Strauss 2008, p 148), and that "the major categories show depth and variation in terms of their development" (Corbin and Strauss 2008, p 149). Data saturation also links with the fact that a researcher is able to determine that a category offers considerable depth and breadth of understanding about the phenomenon being investigated, and that the relationships of the category to other categories are clear (Corbin & Strauss 2008).

Data saturation has been associated with sample size in qualitative research (e.g. Charmaz 2006; Corbin & Strauss 2008). It is stated that sample size is adequate when data saturation is reached (e.g. Glaser & Strauss 1967; Morse 2000; Charmaz 2006; Corbin & Strauss 2008). After interviewing 10 curriculum developers, I noticed that similar thoughts had been repeatedly expressed by participants. After interviewing 15 of them, there was no new information emerging and I was no longer gaining new insights from the participants. I continued to interview another two participants in view of the possibility for collecting more new information. However, the interviews confirmed that no new data were emerging. Therefore, I stopped conducting the interviews after the 17th participant. This experience and technique was then used as a basis for interviewing nursing and midwifery graduates and nursing and midwifery students.

I also wrote memos about the codes and comparisons and any other ideas about the data (Charmaz 2006). These memos were written in my field diary and the process of memo writing became intertwined with my reflexivity. The writing of memos has helped to capture the comparisons and connections formed as well as making data analysis concrete and manageable (Charmaz 2006; Corbin & Strauss 2008) (section 2.3 in Appendix 2 for an example of memo writing).

In stage six, themes were formed resulting from the process of coding, categorising and constant comparison. It should be noted here that the stages in the data analysis were not undertaken as a linear process but rather as a process that was interchangeable with and dependent on each other. The columns for the initial and focused coding from the table created earlier on during the process of transcribing interviews were cut and pasted into a new file. Another column was added, 'preliminary themes', to indicate preliminary themes' formation (See Diagram 3.3 for examples from a participant). The look alike/feel alike (similar and overlapping) codes and categories were constantly examined and refined (Maykut & Morehouse 2003), until an exhaustive list of categories was generated, whilst avoiding unnecessary category reduction (Charmaz 2006).

The preliminary themes were cut and pasted into a new file, and a column was added next to the 'preliminary themes' column which was named 'Preliminary Final Themes' to aid the further data analysis process. The preliminary final themes of each participant from the different groups were further analysed and later were amalgamated under their respective groups (see Diagram 3.4 for some examples). Later this process led me to stage seven, where themes were further refined, finalised and confirmed (See Diagram 3.5 for some examples). No core categories were attempted as that was not the intention of this study. The term 'themes' instead of 'categories' was also used to describe the findings. The colour used in the diagram indicated how some of the preliminary final findings were refined to become the final themes and sub-themes. The process of data analysis is summarised in the flow-chart as illustrated in Diagram 3.6.

Diagram 3.3 Sample of table for preliminary themes formation from a
participant

Initial coding	Focused coding	Preliminary themes
Course changed name	• International trends	• Criteria for an internationalised curriculum
Current trends of curriculum's contents	• Contents of internationalised curriculum	
Other countries' duration of course	• International standard requirements	• Setting standards for a curriculum
Knowledge about curriculum	• Past knowledge and experience to develop curriculum	• Factors influencing curriculum development
Study abroad experience		
Feel ownership of curriculum	• Team work/Committee development • Committee development	• Formation of committee for developing curriculum
How to develop curriculum	• Contents, feature and structure of general and internationalised curriculum	• Criteria for an internationalised curriculum
Importance of international perspectives	• Relevance of international perspectives	• Perceptions of internationalised curricula
Compare nursing education development abroad	• Standards and benchmarking of Brunei curriculum • Benchmarking	• Used of international documents as guidelines
How to develop Brunei nursing		• Standards for overall curriculum

Diagram 3.4 Some preliminary findings from the three different groups of participants

PRELIMINARY FINDINGS FROM THE THREE GROUPS OF PARTICIPANTS		
Curriculum developers	**Students**	**Graduates**
Forming committee for developing curriculum	Committee for developing the curriculum	The importance of committee
Searching guidelines for benchmarking and setting standards	Contents of the curriculum	The internationalised curriculum
Values of benchmarking to set standard	Identifying relevant perspectives	The contents of the international curriculum
Setting standard – 'benchmarking'	Standards of the internationalised curriculum	Overall standards of the curriculum
Evaluating and identifying guidelines for developing curriculum	Values of the internationalisation of the curriculum	Standards of contents of the curriculum
Developing and internationalising the curriculum	Andragogic approach to learning the internationalised curriculum	Values of international perspectives
Features and structures of the curriculum	Applicability to Brunei context	Means to make international perspectives seen as relevant
The contents of the curriculum	The use of real examples	Student-centred approach to learning
'Marrying' or 'blending' with the local context	Emphasis on the relationship of theory into practice	The use of real Brunei examples
Perceptions of internationalisation of the curriculum	Emphasis on underpinning principles, theories and concepts	Contextualization of the curriculum
Identification, adaptation, application and incorporation	Preservation of the local values	Adaptation of relevant perspectives

Diagram 3.5 Refinement of preliminary final findings to themes and sub-themes

Themes	Sub-themes
Formation of committees for developing curriculum	NIL
Identification of guidelines for benchmarking and standards' setting	Guidelines for setting overall standards of the curriculum
	Guidelines for setting standards of the contents
Features of the internationalised curriculum	Definition of international or global, and foreign or Western perspectives
	The international contents of the curriculum
	The use of English as the *'Lingua Franca'*
	The use of andragogic approach to teaching and learning
Preservation of the local values in the internationalised curriculum	Identification of the relevant international perspectives
	Adaptation and application of the international perspectives
Perceived understandings of the internationalisation of the curriculum	NIL

Diagram 3.6 The flow-chart for data analysis

1. PREPARATION FOR DATA ANALYSIS	Create folder-"Data Analysis" Create folder-"Transcription Data" Transcription of interviews
	Create folder- "Data Translation" Translation of interviews fully into English
2. IMMERSION IN DATA	Read
	Read again until familiar with data
	Create folder-"Data Coding"
3. CODING	• Identify unit of meaning • Initial coding/Open coding • Focus coding/selective coding • Axial coding • In-vivo codes
4. CATEGORISING	Create folder-"Themes Formation" for individual transcripts • Group the similar units of meaning together • Give title to similar group of units of meaning
5. CONSTANT COMPARISON	• Compare data within same transcript • Compare data with other transcripts • Do for all transcripts • Data Saturation
6. THEMES FORMATION	Create folder –"Groups Preliminary Themes Formation" • Group together similar themes (feel alike/look similar) • Separate different themes (not the same)
7. CONFIRMATION OF THEMES AND SUB-THEMES	Create file-"Final themes Formation" • Generation of exhaustive list of themes • Refinement and avoiding unnecessary themes reduction • Formation of themes • Formation of sub-themes (Themes that branch out from main themes)

3.9.6 Key challenges in data analysis

The main challenges encountered during the process of data analysis include language issues; methods of managing, storing, organising and analysing data; and refining data for final themes and sub-themes. As the second issue was already discussed in great depth in the previous section (See Section 3.9.2 to 3.9.4), only the first and the last issue will further be discussed in this section.

3.9.6.1 Language issues

The first challenge that I encountered was concerned with language issues. During the interviews, the participants were given the choice to answer in the language(s) that they preferred (either in the Malay language or English language or in a combination of both languages). It revealed that of the thirty-four interviews carried out, only one interview was answered completely in the English language; the rest were a combination of Malay and English. Twenty interviews were mainly answered in English, and the remaining thirteen were mainly answered in Malay. The challenge that I have faced therefore was related to the need to translate the interviews completely into the English language. This was a very daunting and stressful experience. In effect, I was carrying out a 'three in one' task; transcribing, translating and analysing at the same time.

Following translation, I was concerned with whether the translation reflected what was meant by the participants. A limitation was that research participants requested that the data acquired from them would not be shared with any other Bruneian colleagues, hence limiting who the researcher could refer to when dealing with translation concerns. Squires (2008) highlighted that a researcher conducting a study in a different language than that used for reporting, has a responsibility to maintain the integrity and credibility of translated qualitative data. The main concern with this is that the quality of data translated can affect the conceptual equivalence and accuracy of the study's findings (Fredrickson et al. 2005; Schultz 2004; Temple 2002). Following transcription and translation of the interviews, I contacted and met with the participants and individually showed them the transcriptions.

I highlighted the sections where translations were made and asked them to confirm whether the translations reflected their thoughts and intended meanings. I also encountered a challenge with translating some Malay words, which proved very difficult to translate because there were no equivalent English words. However, when reporting the findings, the approximate meanings of these Malay words were given (See for examples, Section 4.5.1, Section 4.7 in Chapter Four and Section 2.3 in Appendix 2). Data analysis was only carried out after the participants had confirmed that the translated transcriptions were correct.

The next challenge with translation was whether I had translated the transcripts in a way that was clear to the readers, for whom English is their main or native language. This issue was identified by my supervisors during the writing-up stage of this thesis. To me, this latter issue was more complex than the former. While all participants agreed that what I had translated was meaningful to them, I had yet to ensure that the translations into formal academic 'English' could be understood by a native English language reader, and were presented with no syntactical or grammatical errors. I had to read the translations repeatedly in order to ensure that I had conveyed to the reader what the participants meant. These experiences were more daunting than simply directly translating the interviews into English. My only measure to ensure that this was achieved satisfactorily was the feedback from my supervisors. If they could understand what I had translated, then so should other English readers.

3.9.6.2 Refinement of final themes and sub-themes

Refinement of final themes and sub-themes was not an easy task to perform. My initial plan was to report and present the findings from the analysis under the three different groups of participants, i.e. curriculum developers, students and graduates. When the writing up for presentation of the findings was commenced which was conducted parallel with the process of analysis of data, I found that there were overlapping themes. The writing up of the chapter on findings indicated that there was considerable repetition between these three different groups of participants.

In order to have a clear presentation of findings, I decided to integrate the findings from the different groups of participants where similar themes had emerged across the three groups. However, it is appreciated that some themes might be dominant within one group of participants in comparison to the others (e.g. themes 1 and 2 by curriculum developers and themes 4 and 5 by students and graduates).

I have undertaken several measures to ensure that the process of integrating the findings was performed rigorously. These included identification of "data saturation", generation of "exhaustive list" of themes, and avoiding unnecessary "themes reduction". This was a very challenging process that required me to employ the constant comparative methods to data analysis. I had to ensure that while there were no overlapping themes and sub-themes, the different themes and sub-themes should not have been mistakenly grouped under the same themes. These measures were already explained in the previous section in details (3.9.5). After attending to these rigorous processes, the preliminary final themes from the three different groups of participants (See Diagram 3.3) were refined into final themes and sub-themes (See Diagram 3.4) which are presented in the next chapter (Chapter 4). The colour coding in Diagram 3.3 indicated that these preliminary themes were considered for the formation of the final themes and sub-themes as shown in Diagram 3.4.

3.10 Quality in qualitative research

Since this case study has been conducted within a qualitative research design, some measures for ensuring qualitative research were employed. There has been considerable debate on the criteria for assessing quality in qualitative research (Mays & Pope 2006). Mays and Pope (2006) highlighted that although there are some means that could be taken to improve validity of qualitative research, there are no 'easy' solutions to limit the likelihood of errors in qualitative research. In addition, Popay and Oakley (1998, p347) identified that one criterion of good qualitative research is the provision of sufficient detail to enable the reader "to interpret the meaning and context of what is being researched . . . and exposes the experience as a process".

In addition the constructivist paradigm underpinning this study also highlighted the importance of being transparent with the trustworthiness, dependability, credibility, transferability and conformability of a qualitative study to enable readers to assess its worthiness (Lincoln & Guba 2005). Therefore, acknowledging the above mentioned issues, some practical measures to promote quality in this study were undertaken.

3.10.1 Sources of data

The findings of this study were from three different groups of participants: curriculum developers, students and graduates. I have undertaken these measures to ascertain that the findings of my study are not 'one-dimensional'. This should be seen as a way of making a qualitative study more comprehensive (Mays & Pope 2006), therefore providing a rich picture of the phenomenon that was investigated.

3.10.2 Checking translation

As the data collection was conducted in a combination of Malay and English languages, the interview transcripts were fully translated in the English language in preparation for data analysis and reporting in the thesis. Research participants were requested to check whether the translation reflected as closely as possible what they have said. This is not so much about 'respondent validation' as described by Mays and Pope (2006), but rather confirmation from the research participants with regards to accuracy of the translations. It should be acknowledged here that the translations were focused on construction of sentences that produced meaning-based translations rather than word-for-word translations (Jones & Kay 1992).

There were no major problems indicated by research participants, with regards to checking the translation. This was partly due to their dual mastery in the English and Malay language. Back-translation, first proposed by Brislin (1970) as one of the measures to minimize translation errors, was not performed in this research. This was because the research participants had confirmed their general satisfaction with the translations, making only minor comments and observations if they felt that the translation had not reflected what they said or meant.

Twinn (1997) examined the influence of translation on the validity of findings from in-depth interviews of non-English speaking Chinese women. She analysed the English version of data and compared it with the same data analysed by another researcher in its original form. Twinn (1997) found that major categories generated from data that were analysed in both languages were essentially the same, with a few smaller themes appearing in only one of the two languages. Validity of findings, related to translation, can be ascertained by ensuring that the translation represents as closely as possible what research participants have said (Esposito 2001; Squires 2008; Chen & Boore 2009).

3.10.3 Transparency of research process and decision trail

Popay and Oakley (1998) argued that the question is not whether the data are biased, but to what extent has the researcher rendered transparent the process by which the data have been collected, analysed and presented. Throughout this chapter, I have provided a clear 'decision trail' or 'audit trail' regarding the study (Lincoln & Guba 1985; Wolf 2003). For example, the justification for choosing a constructivist-interpretive paradigm (section 3.2); an explanation of the process of reflexivity (section 3.3); qualitative research (section 3.4) and the choice for case study design with some underpinning principles of ethnography (section 3.5) were offered in detail. In addition, the choice of using semi-structured in-depth interviews and the development of an interview schedule (section 3.8) for conducting data collection were justified.

Ethical considerations were outlined (section 3.6). Details regarding the procedure for recruitment, selection and determining the size of the research sample were also provided (section 3.7). Similarly, the choices for the principles underlying GT, as the data analysis process, were also justified and discussed in the previous section (section 3.9). The coding process was explained, and some illustrations were made to extrapolate the data analysis process (section 7.4 in Appendix 7). It was also ensured that the presentations of the findings in the next chapter (Chapter 4) are well supported by data (Mays & Pope 2006).

3.10.4 Reflexivity

The process of reflexivity was discussed in this chapter, and key reflections are presented in chapter six (section 6.3). Reflexivity ensured transparency with regards to issues and challenges encountered throughout the research study (Gilgun 2010). Being transparent during the whole research process would promote credibility and confirmability of the findings in this study (Lincoln & Guba 1985). Therefore, in turn, readers' confidence in the 'trustworthiness' of this study would increase (Silverman 2006).

3.11 Summary

This chapter has presented justification for the appropriateness of the research paradigm, research design and approach, methods of data collection and data analysis employed for this study. The choice of a qualitative research design, specifically the ethnographic case study approach for answering the research questions and achieving the aims and objectives of the study, was justified. This is in line with the constructivist research paradigm and semi-structured interview as the main method of data collection. The qualitative data analysis using the principles underpinning Grounded Theory specifically coding, categorising and constant comparison were described in details for the generation of themes from the findings of this study. Also discussed were ethical issues significant to the study including the procedure for ethical approval to conduct the study, and procedures for debriefing if unexpected circumstances were to arise. The inclusion of study participants which was purposeful for the study facilitated by convenience and snowball sampling strategy and guided by a set of inclusion/exclusion criteria leading to the homogeneity of the participants in the study. The relevance of reflexivity, keeping a field diary, and attending to other factors that ensure quality in qualitative research, such as issues in translation and transparency of this study, were also highlighted.

Chapter four – Findings

4.1 Introduction

This chapter presents the findings from the analysis of the interviews with the study participants. A total of 34 participants, in three groups, were involved, comprising (1) curriculum developers (CD [n=17]); (2) students [n=8] (diploma programmes (Dip [n=4]), and advanced diploma programmes (Adv [n=4]); and (3) graduates of Brunei's nursing and midwifery programmes (NM) [n=9].

The themes from the analysis are discussed in detail, with evidence to exemplify and illustrate the findings in quotes from the interviews. In order to maintain anonymity, each participant will be referred to using abbreviations as indicated in the Profiles (section 5.2). Names of individuals, universities and courses mentioned by participants have been omitted as indicated by brackets [ ]. The brackets ( ) clarified the word(s) quoted from the participants. There are differences and similarities in the experiences and views of the participants. In order to compare and contrast these findings, the interviews with the different groups are integrated in this chapter. If not otherwise mentioned, the term 'Brunei curriculum' will be interchangeably used with the term 'Brunei nursing and midwifery curriculum' or 'the curriculum' to denote the nursing and midwifery curriculum in Brunei. The chapter begins with the overview of the demographic profiles of the study's participants.

4.2 Demographic profiles of study participants

Seventeen curriculum developers who were nurse/midwife tutors were included in the study; 10 out of the 17 were also coordinators of either the Advanced Diploma or Diploma programmes. Table 4.1 provides the curriculum developers' profiles. For confidentiality reasons, their gender and precise information about age, years of experience, country where they acquired their qualifications and the name of the programme or specialty course they coordinated are not presented in the Table. Three of them are males. Their ages ranged between 26 and 55 years, with just over half being between 46 to 55 years (53% [n=9]). Just under half had from 31 to 40 years of working experience (47% [n=8]). The highest qualification that the majority of them acquired throughout their career is the Masters' degree (71% [n=12]). The

majority of them obtained their registration qualifications from Brunei (n=12), and the rest in the UK (n=3), and Singapore (n=2). Three had no first degree, but the rest of them obtained their first degree in the UK (n=13) and Australia (n=1). Ten of them had undertaken different postgraduates courses prior to their Masters degree in Brunei (n=8), the UK (n=1) and Australia (n=1). Seven of them acquired their Masters' degree from the UK, and the rest from Australia (n=1) and Brunei (n=4).

In the students' group, eight students (all female) participated in the study. Table 4.2 illustrates their profiles. Four of them were enrolled in either the Diploma in Nursing or Midwifery, or the Diploma in Health Sciences (Nursing or Midwifery). The others were graduates of these Diploma programmes and, at the time of the interviews, were enrolled in the Advanced Diploma in specialty programmes (Children's, Operation Theatre, Mental Health, Cardiac, Community Health, Emergency, Critical Care, Midwifery). For confidentiality reasons, the specific diploma programmes they were enrolled in are not indicated in the table. They were aged between 21 to 29 years. The majority of them aged 26 years, and the mean age is 24.1 years.

For the graduate participants, nine were involved in the study, five of whom were female. Table 4.3 illustrates their profiles. All are graduates of the Diploma programmes. In addition, five also graduated with either the Post-basic Diploma or Advanced Diploma in a specialty programme. They were aged between 27 to 46 years, with a mean of 32.7 years. Their working experience ranged from five to 25 years.

Table 4.1 Curriculum developers' profiles

Degree – Degree in Nursing or Midwifery or other

Masters – Masters' Degree in Nursing or Midwifery or other

CD – Curriculum developer

CURRICULUM DEVELOPERS	AGE RANGE	YEARS OF EXPERIENCE	HIGHEST QUALIFICATION
CD1	36 – 45	11 – 20	Masters
CD2	36 – 45	11 – 20	Degree
CD3	36 – 45	01 – 10	Degree
CD4	46 – 55	31 – 40	Degree
CD5	46 – 55	31 – 40	Degree
CD6	36 – 45	11 – 20	Masters
CD7	46 – 55	31 – 40	Masters
CD8	46 – 55	31 – 40	Masters
CD9	26 – 35	01 – 10	Masters
CD10	46 – 55	31 – 40	Master
CD11	46 – 55	31 – 40	Degree
CD12	46 – 55	31 – 40	Masters
CD13	36 – 45	11 – 20	Masters
CD14	46 – 55	21 – 30	Masters
CD15	46 – 55	31 – 40	Masters
CD16	26 – 35	01 – 10	Masters
CD17	36 – 45	11 – 20	Masters

Table 4.2 Nursing and midwifery students' profiles

Dip – Students of the Diploma in Nursing/Midwifery or Diploma in Health Sciences (Nursing or Midwifery)

Adv – Students of the Advanced Diploma in Specialty's Nursing or Midwifery

NURSING AND MIDWIFERY STUDENTS	AGE	DIPLOMA PROGRAMMES		
		DIPLOMA IN NURSING/ MIDWIFERY	DIPLOMA IN HEALTH SCIENCES (NURSING/ MIDWIFERY)	ADVANCED DIPLOMA IN SPECIALTY'S PROGRAMME
Dip 1	21	√		
Dip 2	22		√	
Dip 3	22		√	
Dip 4	21	√		
Adv 1	29	√		√
Adv 2	26	√		√
Adv 3	26		√	√
Adv 4	26		√	√

Table 4.3 Graduates' (nurses/midwives) profiles

CERT – Certificate in Nursing or Midwifery or Certificate of Assistant Nurse

DIP – Diploma in Nursing or Midwifery, Diploma in Health Science (Nursing) or (Midwifery)

ADV – Advanced Diploma in specialty programme (Children's Nursing, Operating Theatre, Mental Health Nursing, Cardiac Nursing, Community Health Nursing, Emergency Nursing, Critical Care Nursing or Midwifery)

PB – Postbasic Diploma in specialty programme (Diploma in Accident and Emergency Nursing, Community Health Nursing, Midwifery, Paediatric Nursing, High Dependency Nursing, Mental Health Nursing, CranioMaxilloFacial, Otorhinolarynx Nursing, or Therapeutic Nursing)

GRADUATES	AGE	YEARS OF EXPERIENCE	QUALIFICATIONS		
			CERT	DIP	ADV/PB
NM1	30	8	×	√	√
NM2	28	5	×	√	×
NM3	30	6	×	√	×
NM4	46	25	√	×	√
NM5	31	9	×	√	√
NM6	29	7	×	√	×
NM7	27	5	×	√	×
NM8	31	9	×	√	√
NM9	42	18	√	√	√

4.3 Findings from the interviews

The following sections present the findings from the interviews with all participants. The aims of this study were to explore:

- how and in what way(s) the current nursing and midwifery curriculum in Brunei has been developed and internationalised by curriculum developers;
- students' and graduates' experiences of learning from the curriculum.

The objectives were:

- to explore the curriculum developers' experiences in the process of developing the curriculum;
- investigate the process of integrating international perspectives into the curriculum;
- identifying whether the curriculum had undergone the process of internationalisation;

- examine the rationale for developing the curriculum in the way that it has been developed;
- explore the relevance of the curriculum to the recipients, i.e. students and graduates;
- make recommendations for policy makers in Brunei in the areas of curriculum development.

It was identified from the interviews that there were several activities and actions that have been undertaken by the curriculum developers in developing the curriculum. Similarly, these actions were also further confirmed in the interviews with students and graduates. Although some of the activities are general activities in curriculum development, some of what occurred was identified as having influenced the process of integrating international perspectives into the curriculum; thus, internationalisation of the curriculum. Five themes were identified from the analysis of the interviews with participants:

- Formation of committee for developing curriculum
- Identification of guidelines for benchmarking and standards' setting
- Features of the internationalised curriculum
- Preserving local values in the internationalised curriculum
- Perceived understandings of internationalisation of the curriculum

4.4 Formation of committee for developing curriculum

All curriculum developers stated that a committee needs to be set up in preparation for developing a curriculum. The formation of a committee is indicative of a collaborative approach and a sense of team responsibility towards curriculum development, rather than it being an individual effort. The majority of curriculum developers highlighted that the formation of a committee was essential in that the whole process of developing the curriculum requires joint decisions to be made. They confirmed that this committee facilitated a collective decision making process for such aspects involving the planning of appropriate learning experiences for the students, the theoretical and practical components of the programme; and types and modes of assessment to be conducted during the programme. This point was exemplified by two of the curriculum developers:

"In order to develop the curriculum, we have to form a committee. The committee members will work together during the development of the curriculum. They meet regularly for designing the whole curriculum until the curriculum is completely developed."

(CD16)

"...We make decisions and work in a team to review the learning objectives, contents of the current programme including the assessments...finalise the...subjects...to be included in the programme which also covers clinical placements...and all those that should be included in the curriculum..."

(CD13)

The committee comprised an average of six or seven members who had expertise in the relevant nursing or midwifery curriculum. The committee members were representatives of the nursing and midwifery education institution, and the MoH as one of the stakeholders. Membership included nurse and midwife educators and practitioners, specialists, doctors and managers; all of whom represented the specialist areas for which the curricula were being developed. By selectively including those specialised in the developed curriculum, this demonstrated the expectations of the curriculum developers for producing an ideal and comprehensive curriculum.

"They are all the selected coordinators...those who previously have run or coordinate the diploma in [a specialty area programme]...all of our bosses [names anonymous]...stakeholders...[names of doctors and nurse managers of a specialty area from the MoH]...we got people from every single area of the [specialty programme] to actually look into the curriculum..."

(CD1)

"...We, the committee, are not developing the curriculum on our own... we involved the stakeholders from the MoH in developing the curriculum."

(CD10)

However, there was no evidence from the interviews with the curriculum developers that indicated involvement of students as one of the stakeholders. All students further confirmed that they were not engaged in developing the curriculum.

"Although (involvement in curriculum development) would be a good idea, and we would love to, but we were not involved in developing the curriculum."

(Dip3)

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> *"The curriculum was developed by the lecturers and some staff*
> *from the MoH, but not us."*
>
> *(Adv1)*

However, just over a half of the graduates observed that their colleagues did take part in developing the curriculum. These colleagues were those who had graduated abroad in nursing/midwifery programmes, or those in managerial positions of specialised areas of clinical practice.

> *"From my observations, if you are only qualified from Brunei,*
> *and not qualified from abroad, you will not be invited for*
> *developing the curriculum. On the other hand, for example, for*
> *the Advanced Diploma in Accident and Emergency programme,*
> *you will still be invited, if you are the nursing officers...of the*
> *Accident and Emergency Department...even if you are not*
> *qualified from abroad."*
>
> *(NM9)*

Curriculum developers gave several reasons for including the representatives from the MoH in developing the curriculum. About a quarter of the curriculum developers highlighted that by doing so, such representatives would be made aware of the students' learning objectives for practice placement. Therefore, appropriate learning environments could then be provided for the students. Another quarter of curriculum developers pointed out that the involvement of the representatives facilitated the development of a curriculum that would produce graduates suited for working in Brunei.

> *"The MoH's staff plays a big role in supervising and facilitating*
> *our students in the clinical areas. They need to be involved in*
> *curriculum development so they know our expectations of the*
> *students when they are in the clinical areas, and that our*
> *expectations will also be in line with the expectations of the*
> *stakeholders."*
>
> *(CD8)*

> *"...The MoH as our stakeholders considered the kind of workforce*
> *to be produced...the course that we developed should be in line*
> *with their needs...how the students would be able to give service*
> *to [client in a specialty area] when they qualified."*
>
> *(CD10)*

Around a quarter of the curriculum developers considered the MoH personnel as "the most expert" in their specialised nursing and midwifery area. Half of the curriculum developers regarded them as "key individuals" that informed curriculum development on the actual practical aspects currently in practice in Brunei. The contents of the curriculum could then be determined and planned according to the information provided by the MoH.

> *"The stakeholders are specialised in their area. They are the experts. They would update us about the current nursing and midwifery care and practices in the hospitals and clinics. This is very important so that we designed the curriculum in reflection of the actual practice..."*
>
> *(CD6)*

> *"They (the representatives from the MoH) are the key people in curriculum development. Most of our time was spent teaching students...in the education institution. Without their involvement, we would not know what actually happen in the clinical setting."*
>
> *(CD9)*

The majority of curriculum developers also highlighted that the representatives from the MoH made major contributions in informing curriculum development about the international trends and issues currently considered and in practice in Brunei. It is worth noting here that although the integration of international perspectives into Brunei's curriculum was undertaken collectively by the committee, these decisions were informed by the information gathered from the representatives of the MoH.

> *"We have meetings with our stakeholders looking at the structure of the curriculum that we have developed from the start...with their viewpoints, we actually identify the essential content...look at what happens in Brunei and abroad...what are we going to remove?...and realign into the curriculum?...Our stakeholders proposed a module [of a specialty programme]...This is newly introduced in Brunei...if you go to the UK and Australia, this practice is already quite well established."*
>
> *(CD2)*

> *"They (the representatives of the MoH) keep us informed on...the nursing and midwifery care, practices, and trends and issues surrounding nursing and midwifery. What international aspects are being considered, accepted and already in practiced here in Brunei."*
>
> *(CD5)*

All of the students concurred with the curriculum developers' views about the importance of MoH involvement in curriculum development. Just above half of the students observed that this would ensure that what they have learnt in theory would match what actually exists in practice. A third of the students stressed that this had facilitated them in gaining the appropriate clinical experiences expected of the programme. They highlighted that they were being guided accordingly on the learning experiences to be achieved during their clinical attachment.

> *"It is good to involve the staff from the MoH in developing the curriculum. This has made them understand what we are supposed to learn and how to guide us in the clinical area."*
>
> *(Dip1)*

> *"If they (the representatives from the MoH) were involved in designing our curriculum, they would know better the aims of our programme and our learning objectives. This had made them guide us better during our clinical attachment."*
>
> *(Adv4)*

Likewise, two thirds of the graduates also said that students benefited more in their clinical learning experience if the nurses and/or midwives were involved in developing the curriculum. They highlighted that involvement of the representatives from the MoH in curriculum development created a feeling or sense of ownership of the curriculum amongst these representatives. The involvement of representatives from the MoH in curriculum development would also foster cooperation and makes them influences their colleagues to provide a more encouraging and supportive learning environment for students in the clinical areas, so that the students gained appropriate clinical experience.

> *"Students are treated better if they (representatives from the MoH) were involved (in curriculum development) rather than if they were not. During our time, staff (of the MoH) were not involved...this might have caused them to feel that they (representatives from the MoH) did not own the curriculum. In the absence of our lecturers, we were left alone to learn by ourselves in the clinical area. Now, the students are lucky, we were briefed by our nursing officers on...their programme. We have the obligations to facilitate them in gaining... the appropriate clinical experiences."*
>
> *(NM3)*

4.5 Identification of guidelines for benchmarking and setting standards

Following the formation of a committee, the next step identified by all curriculum developers was the search for available guidelines for benchmarking and setting the standards of the curriculum, thus developing the curriculum. All curriculum developers agreed that it was very difficult to do this in the absence of guidelines.

> *"Developing a curriculum is not easy without guidelines. It is like walking blindfolded. We need guidelines for setting the standards of the curriculum as a whole."*
>
> *(CD 4)*

> *"...it is very difficult to develop the curriculum without proper guidelines that will show you direction for developing the curriculum."*
>
> *(CD11)*

They gave various reasons as to the importance of having guidelines for facilitating curriculum development. Nearly all of the curriculum developers noted guidelines were needed to provide frameworks for designing the distribution of hours for the theory and practice components of the curriculum. The majority of them pointed out the importance of guidelines for determining educational entrance requirements to the programme for which the curriculum was designed. Just above two thirds of the curriculum developers further acknowledged that guidelines were required for verifying the theoretical knowledge content or themes that guide them in designing the contents of the curriculum. Sixteen curriculum developers identified the significance of guidelines for structuring the required competencies for practice of the programme and determining the length of the specific nursing and midwifery programme.

> *"We needed guidelines for structuring the course contents, theoretically and practically, and allocation of hours for theory and practice. We also required guidelines, for example in determining entrance requirements and duration of the course."*
>
> *(CD9)*

> *"Guidelines were very important for determining the competencies of practice required, and assessment and teaching methods suitable for the programme."*
>
> *(CD7)*

Fifteen curriculum developers were unsure whether there were any specific written documents that could be used as guidelines for developing the curriculum. They expressed their frustration and stated that there were either none available in Brunei or, if provided, these were not considered to be adequate or helpful.

> *"...We don't have guideline...we are not given any sample that we can follow."*
>
> *(CD4)*

> *"We were only given a piece of paper, not the whole curriculum, just one page (holding a piece of paper to demonstrate), 'this is how you do your curriculum'. We thought that's it...we adapt what was in that piece of paper to [a specialty area]...if only you have a proper guide, or a guideline, where you can actually hold on to it, and read, a concrete thing to grab on...but...we were not properly guided."*
>
> *(CD1)*

On the other hand, curriculum developers, who had chaired a curriculum development committee, indicated that they had received brief explanations as to how the curriculum needed to be developed, although they admitted that they were not given any specific written guidelines. They stated that this briefing came from the higher authorities in their institution on the importance of developing a curriculum that would at least be the same level or equivalent with the curriculum of a similar international programme. These requirements marked the search of international documents to be used as guidelines for developing the curriculum; thus the integration of international perspectives into the curriculum was initiated.

> *"Although it was very brief, not in depth and no written document was given, we were briefed on the need to develop our curriculum in consideration of and comparison with international curriculum. For example entry requirements, duration of programme, credit points, contents of the curriculum, teaching and assessment format, and theory to practice ratio must be on a par or similar with the curriculum of a same programme that exists internationally."*
>
> *(CD10)*

Interestingly, all curriculum developers recognised the need for, and the importance of, guidelines for developing Brunei's nursing and midwifery curriculum to a standard comparable to that of internationally acknowledged countries. They highlighted the value of benchmarking to set standards for the curriculum.

> *"The most important thing is benchmarking... the curriculum need to be developed to a specific standard with references to other countries..."*
>
> *(CD10)*

> *"We have got to have some kind of benchmark, or following some kind of standard or framework that is already established internationally..."*
>
> *(CD6)*

Similarly, the majority of students pointed out that it is fundamental to develop the Brunei curriculum to an accepted international standard. They showed concern about the standards of the course that they undertook. They pointed out that the contents of their curriculum should be equivalent to similar curricula from other countries.

> *"Our curriculum must be of the international standard...What we learnt from the curriculum in this country must be similar and at the standard of those learnt in curriculum of other countries. We must be at the same level of students from across the world."*
>
> *(Dip2)*

Likewise, the majority of graduates also confirmed the importance of developing the Brunei curriculum to the international standard. They considered that if their curriculum reached an appropriate international standard, this would later enable them to work and pursue their further studies anywhere in the world.

> *"If our curriculum is at the international standard, the chances are that we would be recognised and accepted to study anywhere in the world. We would be versatile, and not become too local and only suited to work here in Brunei."*
>
> *(NM6)*

However, due to the lack of extensive, or any, guidelines and subsequent guidance in developing the curriculum, the committee had to search for any available resources and documents from a variety of sources, originating from many different countries, which could help them in this process. The utilisation of resources from other countries further reinforced the fact that the Brunei curriculum was developed with some influences from other countries.

> *"When we develop our curriculum, we start off by collecting documents that we obtained from our previous study abroad, collate documents from those nurses and midwives in the MoH that ever study abroad, and also those that we can retrieved from the internet."*
>
> *(CD17)*

> *"Since we don't actually have very concrete things to grab as guidelines, we have to search for what is available out there to guide us...what I did was...I surf into the internet and I look for samples of guidelines such as from the UK...Australia and...the US..."*
>
> *(CD1)*

Some of the documents that the curriculum developers had collated included curricula, students' handbooks or similar documents which they acquired from their previous learning experiences when they had studied abroad. They also gathered these documents from the internet, colleagues, and nurses and midwives of the MoH who had graduated from various different countries. They indicated that these documents originated from the UK, the USA, Australia, Canada, Saudi Arabia, Malaysia and Singapore. These diverse countries of origin indicated that curriculum developers did not just focus on Western countries but also took into consideration countries in Asia.

> *"First of all, when we develop the curriculum, we looked at the curriculum document or that similar to this that we have obtained from studying abroad, such as that of the UK, the USA, Australia, Canada and many other countries. We also collected the clinical placements guidelines and course handbooks."*
>
> *(CD14)*

> *"A few nurses and midwives from the MoH...also attended courses in Saudi Arabia, Kuala Lumpur (KL) and also Singapore. So, we collect curriculum samples and outline of curriculum from these people."*
>
> *(CD7)*

All the advanced diploma students also confirmed that their lecturers were collating documents from their colleagues who had studied abroad. Similarly, seven graduates also noticed that their colleagues, who were committee members for curriculum development, also asked other colleagues who had studied in different countries to share their curriculum information with them.

> *"Our lecturers asked favours from us if we could inform our colleagues that have ever studied or had short courses in different countries if they could share their curriculum or any course handbooks. These include those colleagues that have attended short courses such as in Singapore, Saudi Arabia and Kuala Lumpur."*
>
> *(Adv2)*

> *"Our colleagues whom are involved with developing the curriculum in the Institute also gathered curriculum from many other colleagues whom have studied abroad. For example, from those who have studied in Singapore and Saudi Arabia."*
>
> *(NM5)*

Fourteen curriculum developers stated that other materials were retrieved from the internet including documents that were either produced by the regulatory bodies for nursing and midwifery of other countries (e.g. NMC, UK, and ANMC), or international organisations (e.g. WHO, ICN and ICM).

> " ...We use the framework that was developed by the NMC in the UK...for example 'fitness for practice'...and their recommendations... The professional and the ethical issues, care delivery and management ...Not only from NMC, UK, but also from...the Australian Nursing and Midwifery Council (ANMC)..."
>
> *(CD6)*

> "NMC of the UK is one of the very good international organisation that we referred to when we develop our curriculum...we also make references to the ICM, ICN, and the WHO."
>
> *(CD10)*

Similarly, there were also indications from some of the students and graduates that the Brunei curriculum was developed with reference to the above mentioned professional bodies and international organisations. They remarked that these could be identified from the contents of their lectures with regards to the standard of requirements for their nursing and midwifery practice.

> "In accordance to the NMC, UK, we were required to achieve [specific numbers of cases required for a specialty area]. Our competencies for practice were checked by examining our log of practice and clinical portfolios."
>
> *(NM7)*

> "The very first thing that I remember the most is that when we were introduced to nursing and health. We were oriented to...the definition of health advocated by the WHO. We were also taught on the standard of nursing practice produced by the ICN."
>
> *(Dip2)*

> "We were repeatedly reminded that we must achieve the standard of nursing and midwifery practice equivalent to that emphasised by the NMC, UK, WHO, ICN and ICM..."
>
> *(Adv1)*

Sixteen curriculum developers reported that the next step following the collation of documents was to discuss how the curriculum would be developed by consideration of, and comparison with, these many different documents. These documents, together with the curriculum developers' background knowledge and previous learning experiences of studying abroad, were discussed, reflected upon, analysed and evaluated by the committee.

Discussions were held and collective decision making was undertaken as to how these documents could be used as guidelines to inform the development of Brunei's curriculum. The majority of curriculum developers identified that reflection and evaluation were used as part of a dynamic and continuous process which occurred throughout the different stages of curriculum development.

> *"We developed the curriculum based on several experiences of members of the committee...one of us was from the [a university in Canada], we also based it from [a university in Australia]...and also from [different universities in the UK]"*
>
> *(CD9)*

> *"We share our experiences as students when we did our degrees in different universities in the UK, Australia and Canada...We look at our curriculum, handbooks, assessment packages, and the documents that we have collected...discussed how we are going to structure our (Brunei) curriculum...the topics that were taught, how we were taught, how we felt about the topics and...the teaching and assessing methods that we are going to use."*
>
> *(CD15)*

The sixteen curriculum developers also identified the importance of reviewing, examining, comparing and contrasting the documents in line with their previous knowledge and experiences of studying abroad. They pointed out that they also modified the contents of these documents when they adapted them for Brunei's curriculum. According to them, this was to ensure that the curriculum would not be developed by simply copying documents from other countries, and thus may lack relevance to Brunei's situation.

> *"We used the existing document, and as well as modified the content based on our previous experiences in our courses...The various experiences from...the UK, Australia, Canada, Africa and the US were taken into account and reflected with the different situation in Brunei."*
>
> *(CD10)*

> *"We carefully consider what are the contents that should be put in the curriculum...how are we going to develop the [a specialty programme] curriculum based on the available...documents that we have collected, and in comparison with our experiences and knowledge acquired from my previous study...we wanted our curriculum to be relevant in Brunei"*
>
> *(CD11)*

In addition to the above, twelve curriculum developers also indicated that although the majority of the curriculum committee members were nationals of Brunei, they had acquired either part or all of their qualifications from abroad. In addition, however, some members in the committee were expatriates. These characteristics, combined with the use of documents from other countries for developing the Brunei curriculum, further showed that the curriculum was influenced by, and developed with, the inclusion of perspectives originating from other countries.

> *"All of us are degree holder...have high education backgrounds, and...adequate experiences of studying abroad such as the UK, Australia and Singapore...Most of us are Bruneian, but some...are also expatriates ...from the UK, Australia, African countries, and Canada...We sought the ideas for the contents of the curriculum from our experiences in those countries...for example, the tutor from Canada bring what was there in the Canadian nursing and midwifery curriculum and...so forth."*
>
> *(CD10)*

Interestingly, the majority of graduates also perceived that the curriculum was being developed and introduced by either expatriate lecturers or those lecturers with qualifications from abroad.

> *"...The curriculum...contained ideas from their (the lecturers') countries or countries where they (the lecturers) have qualified from... the UK, Australia, Canada, Singapore and Malaysia...When they taught us, they share with us these experiences...Most...are Western knowledge, theories, models, concepts and ideas...taught in theory and...practical."*
>
> *(NM1)*

Likewise, the majority of students (Adv=3, Dip=3) perceived that Bruneian lecturers brought their experiences from studying abroad for developing the curriculum. They highlighted that this could be identified during their lectures, when some of the taught contents of the curriculum were from other countries.

> *"In psychology and sociology, we were taught about lots of theories from other countries. It seems that they (the lecturers) have used their experiences of studying abroad when developing the curriculum."*
>
> *(Adv2)*

> *"The curriculum must have been developed through their (the lecturers) experiences of studying abroad. During our lectures, even the local lecturers gave examples with references to their experiences of studying abroad. For example, the hierarchy of control measures from Australia."*
>
> *(Dip1)*

4.5.1 Guidelines for setting overall standards

Although all of the curriculum developers stated that they collated different documents from different countries, they confirmed that the NMC, UK and curriculum documents from universities of the UK were most commonly used as guidelines for developing the overall standards of Brunei's curriculum. All curriculum developers stressed that UK nursing and midwifery education was used as the benchmark for setting the standard of nursing and midwifery education in Brunei.

> *"We actually use the Nursing and Midwifery Council of UK...So, that was the benchmark. Of course, we look at our previous curriculum plus other curriculum that my colleagues have used in their previous learning...Mainly from the UK..."*
>
> *(CD8)*

> *"...a large part of the earlier process was looking at the UK nursing and midwifery education as a benchmark..."*
>
> *(CD2)*

Several rationales were given by the curriculum developers regarding the preferences for setting the overall standard of Brunei curriculum against that of the UK's nursing and midwifery education. All considered nursing and midwifery education in the UK as being the most reputable. They also highlighted that the MoE in Brunei even recognised that, in general, the education system in the UK was the most established in the world. The MoE also pinpointed the UK as the most preferred destination for further studies, as compared with that of the Association of Southeast Asian Nations (ASEAN).

> *"...I don't remember we have education fair promoting [Universities in ASEAN]...the [Universities in ASEAN countries] are not even in the list of the top 100 university supplied by the Ministry of Education (MoE)...that's the reason why we are benchmarking our curriculum against that of the UK..."*
>
> *(CD1)*

This preference was also confirmed by all of the advanced diploma students and all of the graduates. The UK was commonly recommended as a destination for pursuing their studies abroad by the Public Service Department and the Public Service Commission in Brunei, as well as the higher authority responsible for continuing professional education programmes in the MoH.

> *"When we voiced out to the [higher authority responsible for continuing education programme in the MoH] that we wanted to study abroad, they gave us a list of 100 top universities in the UK which was provided by the Public Service Commission."*
>
> *(Adv3)*

> *"There is a difference between if you are graduating from the UK, in comparison with if you are graduating from Australia or Singapore or Malaysia. The UK is seen to be of a good reputation and popular destination recommended by the Public service Department as compared to other countries."*
>
> *(NM9)*

The curriculum developers also admitted that their decisions for developing the overall standards of the curriculum against those of the UK, were also highly influenced by their exposure to, and familiarity with, the UK's nursing and midwifery educational system.

> *"We are more comfortable in using the curriculum [of a named university in the UK] for benchmarking our curriculum...we are familiar with it."*
>
> *(CD9)*

> *"The UK nursing and midwifery education system is so planted and engrained in me. When I did my diploma in Brunei, the curriculum was developed based on that of the UK. Then, I pursue my study in the UK for my degree and masters'. Again, I am exposed to the British education system. I have to admit that I have fallen into a trap whereby I am so engrossed with the UK. Moreover, all my colleagues agreed to benchmark the curriculum that we developed against that of the UK."*
>
> *(CD15)*

Sixteen curriculum developers also highlighted that their decisions were greatly affected by the strong influence of the UK's nursing and midwifery education on the development of Brunei's nursing and midwifery curriculum; an influence that had not changed from the 1950s until today.

> *"The influence of the UK at the moment into the development of our curriculum in Brunei is just so strong. From the establishment of our nursing and midwifery education in the 1950s until today, I still can feel that the influences are still so strong."*
>
> *(CD14)*

> *"Be it in the past and the current situation, the benchmark for developing the nursing and midwifery curriculum in Brunei is not changing...we have been following the standard of the universities in the UK and the NMC."*
>
> *(CD16)*

The majority of students and graduates further affirmed that they also felt strongly about the influences of the UK on the Brunei education system in general, including that of the nursing and midwifery education. Some of the

graduates even pointed out that not only could the UK influences be felt in all Brunei's education system, as early as the primary level until the current state, but the influences were so intense that they permeated their everyday lives.

> *"The UK influences can be felt everywhere...in education, at work and at home. Most of what we learnt in nursing and midwifery are those referenced from the UK. At work...we used the English system of care and practices. At home, when I switch on the TV, most programmes are in English. I can feel that UK is everywhere in Brunei."*
>
> *(Adv4)*

> *"From studying in the primary, and then secondary education, I felt that our education system is strongly shaped by the UK. When I continued to...nursing, then again there is the UK...The influences is so strong...they governed everything, at work, at home, and...kept on chasing me...I can feel that it is dissolving into my bones."*
>
> *(NM2)*

Ten curriculum developers also claimed that the documents produced by the NMC, UK were written coherently and were relatively easy to follow. They mentioned that they can even recognise if other countries are also quoting or referring to statements written by the NMC, UK. This indicated that although NMC is a professional body in the UK, it is highly influential internationally, including in Brunei.

> *"I am familiar with the UK, specifically the NMC, UK documents...Even those published elsewhere, say Australia or New Zealand, or even Saudi, I can recognise a bit of it that comes from the UK. We are not familiar with the States...so we have to abandon the idea of benchmarking our curriculum against the USA."*
>
> *(CD8)*

More than half of the curriculum developers decided not to set standards for Brunei curriculum against other countries whose nursing and midwifery systems they were not familiar with. As an example, they viewed the health care, nursing and midwifery education and practice in the USA, Canada and some countries in ASEAN as being highly influenced by the biomedical model, which they were not familiar with. They explained that the UK health care and nursing and midwifery education and practice is based on the health model, which they were more familiar with.

"Our intention...is for our students, once they graduated, to practice as [a specialty course], autonomously, not...medicalised. [Mentioned name of colleague] has a placement for a month in [a university in ASEAN]...she noticed from her observation...that [the practice in that ASEAN country] was medically orientated. So we exclude the curriculum [from that ASEAN country] from our benchmark's list."

(CD3)

"We do not want to benchmark our curriculum with that of the USA or Canada. We are not familiar with their system. They are a bit medicalised as compared to that of the UK."

(CD5)

"For example the American and the British, in terms of nursing education, they are...different...Even when we first started our nursing course in the College of Nursing...we were following the British model, the Nursing and Midwifery Council requirements..."

(CD6)

The majority of curriculum developers further confirmed the above, pointing out that the higher authorities prohibited them to set the standards of the Brunei curriculum against combining two or more countries that have different nursing and midwifery systems of education and practice between them. They further perceived that nursing and midwifery education and practice in the UK and Brunei are "not much different".

"We try to look at the Philippines' curriculum, but...they were influenced by the American...more medicalised. We were advised by the higher authority not to benchmark our curriculum against the countries with different system than that of Brunei... So we did not want to benchmark against the American or Canadian, they are...different from Brunei."

(CD2)

Just under half of the curriculum developers were not convinced about setting the standard of Brunei curriculum against countries other than the UK. They identified that adjacent countries to Brunei were also developing their nursing and midwifery curriculum with reference to either the UK, or Australia or the USA.

"Singapore and Malaysia were also developing their curriculum largely with references to the Western world...They also favoured the UK, the USA and Australia. So it seems reasonable to benchmark our curriculum with that of the UK..."

(CD12)

"Singapore's curriculum is more leaning to the American...the Philippines *'extracted' theirs from the USA..., Malaysia developed... with reference to the UK...Vietnam...adopt from countries where nursing is already very much established, the USA, the UK or Australia...If I were to *'extract' from Singapore, when actually Singapore also *'extract' from...these countries, then why don't I *'extract' directly from the countries where Singapore develop theirs from..."

(CD6)

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* Extract/extracted – was translated with agreement from CD6. The original Malay word used was *'mencadok'*.

(* See Memo in Appendix 5 for details)

These views were further confirmed by the students and graduates. Two advanced diploma students and seven graduates observed that some countries were developing their curriculum with references to the UK, Australia or the USA. They noticed this as they shared the experiences that they gained from their educational trips to Malaysia, Singapore and Australia. They commented that although generally the credits rating points for courses in the different countries are not the same, the contents of the courses offered by these countries are likely to have followed the models of the UK, USA or Australia.

"We went to visit [two universities] in Singapore for our educational trip. They used different credits points, but the contents of the courses they offered, and the references of their teaching are mostly similar to that of the UK, Australia and the USA."

(Adv 3)

"When we visited [three universities] in Kuala Lumpur, I observed that their programmes are not much different from Brunei. I saw that their references for teaching were that of the UK and the USA. They are following the standard of the NMC, UK."

(NM2)

"We went to Australia and visited [a university in Australia]. Although their credits points for degree are different from the UK...I noticed that the contents of the courses that they offered...the practical and also the theoretical components...are similar to that offered by universities in the UK. I believed that, in some ways, they are following the UK education system."

(NM6)

All curriculum developers explained the various aspects of the curriculum which they perceived as the overall standards of the curriculum that were developed in accordance to the publications and documents from the NMC, and universities in the UK. More than half of the curriculum developers stated these included the learning objectives for both the theory and practice placement. In addition, the majority of the curriculum developers further pointed out that these are inclusive of the framework for the contents, competencies for practice, and distribution of hours for the theoretical and practical components of the curriculum.

> *"...benchmarking our curriculum includes the learning objectives... and the framework for the contents of the curriculum"*
>
> *(CD15)*

> *" We want it to achieve the standard set by the NMC with regards to the theory and practice hours...We used the NMC's Standard of Proficiency document...we are following the UK's universities requirement."*
>
> *(CD3)*

> *"We set our curriculum against the standard of the NMC, and from my own experiences of learning from the curriculum in the UK...these include clinical competencies and the distribution of hours of theory and practice of 50%:50%."*
>
> *(CD11)*

Nearly all of the curriculum developers stated that the standards of the clinical practice component were also set against the regulations outlined by this body. They used the NMC's Code of Conduct for structuring and guiding the students' clinical practice. In addition, fifteen curriculum developers also stated that the appropriate practical and theoretical components for different levels of qualifications were also highly influenced by the standards of this professional body.

> *"Without the NMC, or such legislation body, there will be no way that we can see how we should develop our curriculum...what should we teach the students in meeting the international standards? the diploma level, the degree level. The educational training requirements are clearly mentioned."*
>
> *(CD10)*

The general aspects, or overall standards, of the curriculum that were benchmarked against that of the NMC, UK and the universities in the UK included different levels of programme, duration of the programme, the

distribution of hours between practical and theoretical components of the programme, the standards of practice required to qualify as nurses and/or midwives, framework for developing the contents of the curriculum, the teaching and learning styles, and the medium of instruction for delivering the curriculum.

> *"We develop the curriculum by setting the standard against that of the NMC, UK requirements for nursing and midwifery education, and the UK curriculum...These include the structure of the programmes, the theory and practice weighing, and the requirements for clinical practice. The standards of Brunei's curriculum should be in level or in line or similar to courses offered in the UK."*
>
> *(CD8)*

> *"The UK nursing and midwifery was used as benchmark for determining the standard of Brunei curriculum which include looking at framework for the themes concerning the contents of the Brunei's curriculum, the teaching and learning style, the different level of courses offered and the medium of instruction for delivering the curriculum."*
>
> *(CD15)*

4.5.2 Guidelines for setting standards of the contents

As indicated above, all curriculum developers confirmed that the general aspects or overall standards of the Brunei curriculum were that of the UK. However, they also stressed that the development of the contents and the references for teaching the contents of the curriculum must also take into account other countries in the world.

> *"We must make sure that the curriculum that we designed is comparable with the NMC, UK standard of education and practice...However, when we develop the contents of the curriculum and when we are teaching... we must also considers, explores and examines at what happens to the many countries outside of Brunei, not only confined to the UK."*
>
> *(CD16)*

Curriculum developers indicated several reasons for referring to different countries when they developed the contents of the curriculum. Nearly all of the curriculum developers considered the UK as their main point of reference for developing the contents of the curriculum. The trend continues to the current day, having peaked in the early 1990s. In addition to this, Australia and the USA were also favoured because the committee members gained their qualifications from the UK and Australia.

On the other hand, the majority of the curriculum developers claimed that the UK, Australia and the USA are the global leaders with regards to nursing and midwifery practice and education. The curriculum developers also stated that there was much literature and many publications produced in these countries which were easily accessible as compared to other countries in the world.

> *"We wanted to make sure that the curriculum that we...reflected the experiences of all of the committee members...we have developed the contents mostly with references to the UK, and...Australia... They were really our favourite and most popular at around the 1990s."*
>
> *(CD3)*

> *"Since the establishment of the College of Nursing until the current state, we are still favouring them (the UK, Australia and the USA) because they have a lot of publications that we can easily access. These showed that they are more developed than us in term of nursing and midwifery."*
>
> *(CD12)*

> *"They (the UK, Australia and the USA) are the three most common well-known countries for their established nursing and midwifery education and practice worldwide."*
>
> *(CD13)*

Sixteen curriculum developers stated that they also made reference to countries (or a country) adjacent to Brunei, such as Singapore when they developed the contents of the curriculum. They pointed out that since early year 2000, post registration students in Brunei have a four months clinical practice experience attachment in Singapore as part of their one year Advanced Diploma course in specialty nursing. Singapore was thought by the curriculum developers to be more advanced in some specialty nursing areas, as compared to the UK and Australia. Similarly, more than half of the curriculum developers highlighted that they also made reference to Canada, Iran and Japan. They explained that, by exploring the many different countries in developing the contents of the curriculum, it would facilitate the identification and selection of various international perspectives to be integrated into the curriculum. It was also indicated that the contents of the curriculum will further be enriched by these many different international perspectives.

> *"We...also look upon and make references to other countries, such as Iran...Iran is coming up with a lot of nursing and midwifery publications nowadays."*
>
> *(CD12)*

> *"The more countries we are looking into, the better. Whether we are looking into the Singapore's curriculum or the UK's or Malaysia's...as the English people always said 'the more the merrier'. We have to open our eyes and minds, and explore the many different international perspectives...This is to make sure that the contents of our curriculum are rich with diverse international perspectives. "*
>
> *(CD14)*

> *"We referred to many countries when we developed the contents of our curriculum. For example for...subjects related to transcultural nursing care, we referred to Canada...some of the references for...contents of management module are from Japan...on top of the UK and the USA."*
>
> *(CD 16)*

The fact that the curriculum contained diverse international perspectives was further confirmed by the majority of the students. They acknowledged that, with the exception of MIB and IRK, a large amount of the content of the curriculum originated from Western and other countries.

> *"With the exception to the *MIB and **IRK, I never encountered subjects without any references to the international or Western countries..."*
>
> *(Dip2)*

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*MIB – Pronounced as M.I.B. This is a Malay word for "Melayu Islam Beraja". The official English translation for MIB is the Malay Islamic Monarchy.

** IRK – Pronounced as I.R.K. Islamic Religious Knowledge or also called 'Ugama' in the Malay language.

Similarly, the majority of graduates also stated that their previous curriculum contained many aspects from various different countries. However, they specifically mentioned that a large amount of the contents of the curriculum was mainly from the Western countries, and only some of the contents were from the Asia Pacific region.

> *"Most of the things that were taught during our basic nursing course were those of many different countries, mainly the Western countries, and some from Japan, Saudi Arabia and Singapore."*
>
> *(NM3)*

*"The contents of our curriculum were mainly derived from the
Western countries such as the UK, Australia, the USA and
Canada. Although some of the contents are also from other
countries such as Japan and Saudi Arabia, these are very
minimal and countable."*

                                                                (NM5)

Just above a half of the curriculum developers stated that, by examining the
contents of curriculum of several countries, this would ensure that the
contents of the Brunei curriculum were evidence-based.

*"In order to make sure that the contents of our curriculum are
evidence-based, we must look at the curriculum from many
different countries..."*

                                                                (CD11)

*"It is very relevant, in making sure that we...look into contents of
curriculum from other countries as well...to ensure that the
contents of our curriculum are evidence-based."*

                                                                (CD13)

On the other hand, fourteen curriculum developers stated that they decided
not to use references from Malaysia because their publications are mostly
written in 'Bahasa Malaysia' (Malaysian Malay language). One of the challenges
that they would encounter, if they were to use Malaysia's publications for
developing the contents of the Brunei curriculum, involved having to translate
the publications from Bahasa Malaysia to English. It was feared that the
interpretation would not be an accurate translation, thus distorting the actual
meaning of the publications. However, eight curriculum developers stated that
they would use the publications from Malaysia provided that they are written in
the English language.

*"There are some Malaysian documents published in the English
language. These can be used as references...However, most are
written in 'Bahasa Malaysia'. I am not good at accurately
translating these into English. So I do not
prefer...those...published in 'Bahasa Malaysia'..."*

                                                                (CD9)

*"If you are gonna used Malaysian's publications, it would
required you to interpret what is written in 'Bahasa Malaysia'
and translated them into English...It is a matter of whether we
have interpreted and translated accurately according to what
were exactly meant?...it might distort the meaning. This is one of
the disadvantages..."*

                                                                (CD12)

> ***Bahasa Malaysia** – The official language in Malaysia. Also addressed as the Malaysian's language. It is similar to the Malay language but is not the same.

Similarly, some of the students highlighted that there are growing numbers of publications from Malaysia with regards to nursing and midwifery literature, and there are some interesting findings in the literature. However, these publications are mostly in 'Bahasa Malaysia' which they found very difficult to translate into English.

> *"There are increased publications from Malaysia with relationship to nursing and midwifery nowadays. Some of these are...very interesting ...However, most of us found the publications very difficult to use, we have to translate them from 'Bahasa Malaysia' to English."*
>
> *(Adv3)*

Likewise, some of the graduates also found that it is difficult to use references published in either the Malay language, in general or Bahasa Malaysia, in particular. This is in view of the requirement for English to be the mode of official communications in their programme and as with the students, it is very difficult to translate the publications into English.

> *"We have to write in English, and make our presentations in seminar or group discussions in English. It is very difficult to use any Malay publications or any articles which are published in Bahasa Malaysia. We have to translate them in English, and we are afraid that we might have not translated them in English accurately."*
>
> *(NM2)*

4.6 Features of the internationalised curriculum

This theme illuminated the participants' perceptions of the nature of the internationalised curriculum. Participants perceived that a curriculum would be internationalised if:

- it contained international perspectives,
- the English language is used as a medium of instruction for delivering the curriculum, and
- the andragogic approach employed as a method for teaching and learning the internationalised curriculum.

These qualifiers will further be presented in the following sections, which include the debates on the perspectives that they considered as international, global or Western; descriptions of the contents of the internationalised curriculum; the issues and challenges of using the English language as a medium for teaching and learning (English language as the *'lingua franca'*) the internationalised curriculum; and arguments on the andragogic approach to teaching.

4.6.1 International, global, foreign or Western perspectives

Participants argued and attempted to distinguish the perspectives or aspects or subjects which they considered as Western, or foreign, or international or global or all, which were integrated in the curriculum. They also gave examples describing what they meant by the terms that they used. It would be beyond the scope of this thesis to present all the examples given by the participants. Therefore, only some of these examples will be selected for inclusion in this section.

The majority of curriculum developers identified that a large amount of the contents of the internationalised Brunei curriculum contained international aspects or perspectives. The curriculum developers addressed these aspects or perspectives as international, and highlighted that they are borrowed from other countries to become part of, or integrated into, the Brunei curriculum. International perspectives consisted of trends and issues, care and practices, philosophies, principles, theories, ideas, models and concepts originated from other countries that are related directly or indirectly to nursing and midwifery. It was further explained that these international perspectives were derived from various international publications, such as from books, official documents, journals and the internet. It is worth noting that the Western focus was differentiated from that of the international or global perspectives; Western countries included the UK, Europe, the USA, Australia and Canada.

> *"Ninety percent (90%) of the curriculum is those integrated from abroad ...These are...such as trends, issues, concepts, theories, models, and practices...borrowed from the UK, Australia and the USA. For examples,...the research subjects, most...are extracted from books written by nurse researchers such as Parahoo, Polit and Beck, Polit and Hungler, Catherine Seaman, and a lot more from the Western countries."*
>
> *(CD14)*

> *"Nearly all the contents of the curriculum are international aspects such as nursing and midwifery care and practices, philosophies, principles, and ideas. Not only from the Western countries such as Europe, the UK, the USA, Australia and Canada, but also other foreign countries internationally such as Japan, Hong Kong, China, Saudi Arabia, and any countries that have accessible publications."*
>
> *(CD16)*

All the Advanced Diploma students agreed with the above and identified that their curriculum contained subjects or aspects or perspectives or knowledge similar to that found in an "international curriculum". Similar to the majority of curriculum developers, they used the terms "international" interchangeably with "global" perspectives, but specified and differentiated the perspectives which they considered as "Western". The term "Western" was synonymous with "foreign". The students had also been using the term "subjects" interchangeably with "aspects" or "knowledge" or "perspectives" when they explained what they had learnt in their curriculum. Like the majority of curriculum developers, they also described those perspectives, including nursing and midwifery trends and issues, ideas, concepts, theories, models, philosophies, and all that they have learnt throughout their nursing and/or midwifery courses, be it in the theoretical or the practical component.

> *"We learned contents relevant to our practice placement and theoretical knowledge. There are lots of them...these are the aspects on principles such as how to conduct research, law and ethics such as non-maleficience and beneficience...; theories of dying, bereavement, communications...; Ropers' and Henderson's model of care...; theories and philosophies of leadership and management; concepts of health promotion and so on."*
>
> *(Adv1)*

> *"Those international perspectives are from different countries. Apart from those Western or foreign countries like the Europe, UK, USA, Australia and Canada, some perspectives are from Japan, Saudi Arabia, Singapore, Malaysia, Hongkong and so on. Basically any countries which have publications related to all those that we learnt."*
>
> *(Adv3)*

> *"Our programme is based on international programmes. Most of the contents of our course are international aspects. We are learning subjects and knowledge relating to the global nursing and midwifery trends and issues."*
>
> *(Adv4)*

The majority of graduates also acknowledged that their previous curriculum contained subjects that they considered as either "international or global or Western or foreign" in nature. They argued that those international perspectives or aspects or subjects or knowledge should also be considered as global and universal. However, similar to the students, they specifically regarded the "Western" subjects as "foreign", and perceived a difference between those subjects that they considered as "Western" or "foreign" from those they considered as "international or global". Nonetheless, they conceded that if the "Western" or "foreign" perspectives were also learnt in any nursing and midwifery curriculum globally, then these perspectives should not be regarded as "Western" but should be considered as "international" and "global". They further highlighted the importance of acquiring these international perspectives in order to prepare them to be able to give care to patients globally.

> *"The so called Western or foreign theories, concepts and models, were actually... taught and practised globally. Although they are from the Western countries, they are taught in almost any countries, then, they are global, not Western."*
>
> *(NM7)*

> *"Western or foreign perspectives are only applicable to Western countries, but the Western perspectives which are also learnt and applied internationally or globally are adopted in international curriculum, anywhere in the world. We must learn this global knowledge so we can give care to any patients in any part of the world."*
>
> *(NM9)*

Moreover, all the Diploma students also added that, although much that was taught to them was derived from Western publications, some programme content originated from other non-Western countries. In addition, they also acknowledged that despite the origins of these perspectives being from Western countries, they are being extensively learnt and adopted worldwide. It was argued that these perspectives should therefore be considered as "global" and "universal". Some respondents even classified these perspectives as "modern".

> *"All of the subjects we learnt...are based on modern trends and issues...theories, concepts and models...We cannot exactly say that the knowledge and practices written in the Americans' books belong to them. The...knowledge and practices can be applied globally. Otherwise they might not have been learnt in Brunei, and also in other parts of the world."*
>
> *(Dip2)*

> *"Theories, models, trends and issues in the Western countries...are taught in every corner of the world...although they are developed by the Western people...They are universal and global...we are not learning the Western, but instead...global knowledge of nursing and midwifery..."*
>
> *(Dip3)*

These perceptions are similar to the perceptions of the curriculum developers. Twelve curriculum developers claimed that the "Western" perspectives, which are adopted and learnt worldwide, should actually be considered as "international and global" and must not only be seen and classified as "Western". In addition, they further explained that some of these international perspectives originated from non-Western countries, including Eastern ones. Therefore, they argued, those 'outside of Brunei' perspectives integrated into the curriculum, should not be solely categorised as "Western" but should be widely accepted as "international" and "global".

> *"The perspectives...integrated in our curriculum are mostly from the Western countries, and some are from the Eastern world...If they are applicable to be taught anywhere in the world...they should not be considered as the Western, instead they are international or global perspectives."*
>
> *(CD10)*

> *"We seriously consider what happens with the world outside of Brunei...We integrate a lot of international perspectives into our curriculum...because these perspectives are frequently and popularly learnt in nursing and midwifery curriculum all over the world..."*
>
> *(CD15)*

4.6.2 The contents of the internationalised curriculum

All the participants referred to the many different international perspectives which were integrated into the contents of the internationalised curriculum. Some of the examples provided by the developers included such topics as health sciences, psychosocial issues, leadership and professional development.

> *"Considering similar curriculum from other countries, we have*
> *included ...evidence-based nursing, foundation in [a specialty*
> *programme] nursing, advanced [a specialty subject]...health*
> *sciences, patient's care, psychosocial issues, and leadership and*
> *professional development."*
>
> *(CD11)*

Curriculum developers gave some examples of the theories and models integrated into the Brunei curriculum, confirming these theories and models are learnt in the theoretical component of the curriculum, which later would be relevant for application during the students' practice placement. It was suggested that these international perspectives are universal as they are being learnt in many other countries, and are not necessarily confined to the UK and Australia.

> *" The crisis theory...the SPIKES model...not only being used here,*
> *in fact it also has been used worldwide, and also throughout UK*
> *and Australia... other theories are such as coping theories, family*
> *dynamic theories, anxiety theories...theories that look at people*
> *perception of health... sociological theory... Cicely Saunders'*
> *model of bereavement... and the integration of psychosocial*
> *theories..."*
>
> *(CD8)*

Similarly, advanced diploma students also gave different examples of the international perspectives which were integrated into the theoretical component of the curriculum. Some students suggested that these included the principles, concepts and theories on leadership and management that originated from Germany and the USA. They indicated that these principles, concepts and theories are well established and learnt worldwide. They also acknowledged that there are various publications and literature relating to these principles, concepts and theories which could be retrieved from the internet and also journals.

> *"We obtained a lot of literature from the internet and also*
> *journals in the library on the Western perspectives such as those*
> *of Kurt Lewin, Carl Marx and many more. I noticed from my*
> *google search that they were also learnt in curriculum in many*
> *other countries."*
>
> *(Adv1)*

> *"The Western principles and concepts for leaderships and*
> *management such as autocratic, democratic and laissez-*
> *faire...theory of change by Kurt Lewin. We learnt this...during*
> *the last six months of our final year...in the clinical area..."*
>
> *(Adv4)*

In addition, some students also gave examples of Western theories adopted from countries such as Australia. These students identified that subjects such as psychology and sociology are foundation studies, which were learnt in many nursing and midwifery courses and programmes worldwide. Likewise, some other examples given by some of the graduates are that of the mother-infant bonding and family centred care. The graduates argued that although these subjects are Western in origin, they found that these subjects are also those commonly taught in many nursing and midwifery courses worldwide.

> *"The hierarchy of control measures...from...Australia...This...was about prevention of hazards. We learn this in our occupational health module. These are the international perspectives, I believed that all other nursing students in the world are also learning similar to what we are learning here in Brunei."*
>
> *(Dip1)*

> *"We learn a lot of theories in foundation studies such as psychology and sociology. They are also learnt in many countries. For example... Erikson's theory in human development from childhood to elderly... Marxist's theory of social classes...Maslow hierarchy of needs...in relationship with motivation theory."*
>
> *(Adv2)*

> *"We learn about a theory on kangaroo care. I believe this theory of infant mother bonding originated from the West. We also learnt about family centred care which our tutor taught us based on the Western perspectives."*
>
> *(NM2)*

The curriculum developers emphasised that the international perspectives were fundamental aspects of the theoretical component of the curriculum, pointing out the importance of learning these perspectives during the theoretical component of the curriculum and later using these perspectives to underpin the practical placement component of the curriculum.

> *"By emphasising this knowledge into practice...we are trying to set a balance of this two...This is to ensure that...they can see the importance of the...theoretical into their...practical knowledge..."*
>
> *(CD4)*

> *"Our focus in developing this curriculum is...for example, by learning international theories and concepts in psychology and sociology, students would be able to use these...for demonstrating the quality of psychosocial aspect of caring, for example for patients and family..."*
>
> *(CD11)*

Similarly, all graduates gave examples of the international perspectives which were integrated into the curriculum and that they have applied into their practice placement. They identified that those that they learnt were typical and similar to contents that are learnt and widely adopted in nursing and midwifery curricula across the globe. An example given by the majority of graduates was that of the British model of nursing care known as Roper's model. Some other examples mentioned by graduates include the theory of leadership and management, theories in psychology and sociology, cultural sensitivity and awareness among others.

> *"We applied the theories of cultural sensitivity that we learnt in transcultural nursing subject to the care of different patients in Brunei, Dusun, Iban, Kedayan, Tutong, and the British, the Dutch, Indians, Nepalist..."*
>
> *(NM5)*

> *"We learnt...about Roper's model of nursing care...During our clinical placement...we applied and translated this model through the use of nursing care plan for assessing patients in the ward, especially during the admission procedure."*
>
> *(NM8)*

Likewise, some students also acknowledged the fact that their clinical practices were also taught based on that of international organisations such as the WHO, and Western countries such as the UK.

> *"...We learnt about child assessment in theory. We were shown how to use forms that were based on the UK practice and recommended by the WHO. These forms really help our understanding of child development which is done through child assessment."*
>
> *(Adv3)*

In addition, it was stressed by the curriculum developers that the content of the curriculum, be it practical or theoretical, must be realistic and reflect as much as possible current international trends and issues in nursing and midwifery practice. They asserted that there is a need to continuously update the international perspectives, which were integrated into the curriculum, in order to ensure that those taught to the students are not obsolete.

> *"...Recent issues like...H1N1...for example...If we look into our previous curriculum, some of the contents are not practical anymore. It has been worn out. We have to be realistic. Does this still exist internationally? Do you still do [previous nursing practice in a specialty nursing]? How do you [current nursing practice in a specialty nursing]..."*
>
> *(CD1)*

It was also suggested that the theoretical component of the curriculum should prepare students to acquire research knowledge, critical appraisal of research papers, critical analysis ability and the ability to use evidence to inform their practice.

> *"Like the UK and Australia, we want our students to be able to critically analyse their practical skills...become research-orientated, ...and aware of...the changes that happen outside Brunei..., their nursing practice should be evidence-based...they should have visions in their career, not only 'ok after I did my Advanced Diploma, that's it'..."*
>
> *(CD1)*

Research was branded as a Western subject that belongs to the British and the Americans by the majority of the graduates who also acknowledged that research is another example of a typical foundation course content of utmost importance to nursing and midwifery curricula internationally. They further pointed out the importance of acquiring research knowledge and skills in nursing and midwifery. They viewed research as the basis for all other subjects as well as the foundation for informing evidence-based practice.

> *"Research is very important basic subject in nursing. If you looked at the nursing and midwifery curriculum anywhere in the world, I dare to bet and guaranteed that there is none of these curriculum that are without the research subject."*
>
> *(NM2)*

> *"We learnt research, a Western based subject...References and books are mostly from the UK and USA...Theories...are probably the combinations of British and the Americans. For example...qualitative research methods such as phenomenology, ethnography and grounded theory..."*
>
> *(NM4)*

> *"Research is not only a subject to be learnt. It is also a skill to be acquired by all nursing students, regardless wherever you are in this world. Research is foundation to other nursing subject and facilitates the development of evidence-based practice."*
>
> *(NM8)*

In the same way, some of the statements made by the curriculum developers concurred with the graduates. Sixteen curriculum developers stated that they also encouraged students to learn practical knowledge by reading research papers. They explained that the students were facilitated to identify the best current practice through critical appraisal of the available research publications associated with recent nursing care and practices.

By doing such reading, they believed that the students then would be able to evaluate the applicability of the research evidence to the Brunei situation. It was suggested that through learning research, students were becoming more aware of evidence-based practice, rather than fixated on following what is written in textbooks. The curriculum developers highlighted the importance of learning about research and understanding it due to the fact that nursing and midwifery practice must always be based on evidence in view that nursing is a very dynamic profession. They further pointed out that there is a continuous evolvement of nursing care and practices, whereby some nursing care and practices may become obsolete and abandoned, and some others are changing.

> *"There is a lot of research, studies and literature about...nursing care and practices...we can use these references and critically appraised the papers for judgement of best practice and also examination of applicability to...our own local situation...we scrutinize certain things."*
>
> *(CD4)*

Practical knowledge learned in clinical practice could and should also be further developed in the theory block. They acknowledged that the students were encouraged to examine their practical knowledge through a process of reflection upon the application of international theories and models. They observed that learning objectives would be more achievable in this way, and that the students would be more appreciative of what was learnt during their practice placement.

> *"We encourage students to explore types of reflective models and used these to learn practical knowledge...For example, Gibb's model of reflection, ENB model of reflective process and some others...so they would learn to become more reflective of their clinical experiences...and performed reflective thinking systematically..."*
>
> *(CD11)*

Books which were published in many different countries have been recommended by the curriculum developers for teaching in Brunei. These publications are largely from the Western countries, predominantly the UK and the USA. One of the examples of the books that they recommended is the Brunner and Suddarth's Textbook of Medical-Surgical Nursing written by Smeltzer et al. (2010). They acknowledged that this book has been used since the PAPRSBCON was first established in 1986.

Other books that they recommended, to name a few, are those for teaching sociology such as by Haralambos and Holborn (2008); health promotion such as by Parsons et al. (2011); anatomy and physiology such as by Waugh and Grant (2011). The references made to these books further indicated that international perspectives have been used for teaching and were integrated into the Brunei curriculum.

> *"I teach students…a lot…are nursing care…skills and…procedure…Based on…the Brunner and Suddarth's medical-surgical nursing for teaching. I think it is the USA publication…I found this book easier to follow and convenient to be used…This book has become local."*
>
> *(CD5)*

> *"Ninty percent (90%) of the references for teaching which were recommended in the curriculum are from the Western countries, mainly from European countries such as the UK and the USA. Theories on communications, management, leadership, even anatomy and physiology, nursing care and practices."*
>
> *(CD6)*

In the same way, all students and graduates also mentioned various official documents, publications and books which were recommended by their lecturers throughout their nursing and midwifery programmes. The majority of students and graduates identified that a large amount of references that were used throughout their nursing and midwifery programme were from Western countries, mainly the UK and the USA. They indicated that these references were retrieved and obtained from the libraries and the internet. Examples of publications given by students included those that were used to teach basic nursing and midwifery skills, such as the principles and concepts of positioning, basic dressing, gloving technique and maintenance of sterility. Specific texts included Brunner and Suddarth's Medical-Surgical Nursing book (Smeltzer et al. 2010) which they acknowledged as written by Americans. Other publications mentioned related to texts to aid research and researchers, such as that of Parahoo (2006); legal aspects of nursing such as that by Dimond (2005); transcultural nursing by Giger and Davidhizar (2012) and Leininger and McFarland (2002); health promotion books, articles from journals and official documents from the internet .

"A lot of the books that we used as references are from the Western countries. We learnt the administration of medicine, communication skills, handwashing...and even nursing care with reference to a USA medical-surgical book, called Brunner and Suddarth."

(Dip4)

"Those Western books and journals publications' are available in our libraries and also could be retrieved from the internet. For example, those that we used for learning health promotion, research, critical analysis,

(Adv1)

"All the books that we used during our course are from the Western countries. I would say mainly they are either those of the UK or the USA. We referred to Burns and Grove for learning research, theory of knowledge by Benner, model of nursing by Roper and colleagues. I can go on and on and on to give you more examples. They are a lot more..."

(NM3)

4.6.3 The use of English as the '*lingua franca*'

All curriculum developers agreed that the English language has been considered as a global international language. They also argued that although the Malay language is the official medium of communication in Brunei, the Brunei government has made the English language the medium for delivering education as early as at the nursery education level. It was noted this made English language the compulsory medium for delivering education at all levels, not just the tertiary level. They confirmed that the English language was used for writing and delivering the nursing and midwifery curriculum in Brunei. By using the English language, it was strongly believed that the curriculum would be comparable with international education standards; an internationalised curriculum, it was concluded, must be delivered in English. This indicated the dominance of the English language as the *'lingua franca'*, not only internationally, but also in Brunei.

"It is important to develop...the curriculum in English. We wanted accreditation of our programme from other countries. English is an international language, thus...people from other countries could easily enrol into our programmes as they would understand the contents of our programmes if written in English."

(CD11)

"The medium of teaching should be in English, we are developing our curriculum and referencing our teaching from those countries that used English as their medium of instructions...This is to ensure that our programmes are at the international standards..."

(CD13)

However, just under a half of the curriculum developers voiced their concern about the problem of delivering the curriculum in the English language. A minority of the curriculum developers noted that, although the students do not have problems with understanding what was being taught, there were issues with assessments. They highlighted that these issues arose from the fact that theoretical and practical examinations are conducted in the English language. To elucidate, the problem is specifically related to English literacy skills, combined with students having to learn the international perspectives that contain many complex terms often involving jargon or technical terminology.

"The main problem is not related to learning and understanding the international aspects in the English language...I found that most of the students translated the Malay words directly into English...when they are doing their assignments or answering their exam questions. I do understand what they mean and what they wanted to say...But...the sentences became less meaningful."

(CD6)

"There are many jargon in those international perspectives that they (the students) learnt . . .for example in ethics, they learnt about the philosophies and theories such as consequentialist, utilitarian, beneficience, non-maleficience. It is very difficult to explain these terms in English and there are no similar Malay words that could be used to explain these terms."

(CD7)

The majority of graduates further confirmed that the difficulty they encountered was not related to learning and understanding international perspectives. They stated that they could always approach their lecturers after lectures and ask questions in the Malay language about what they did not understand. Consequently, they said that their lecturers would offer further explanations in the Malay language which enhanced their understanding. However, they also acknowledged that they encountered problems during assessments; particularly in the viva, written assignments and examinations.

The graduates further pointed out that these problems were related to having to use the English language in order to answer their oral and written examinations, and assignments.

> "The Western perspectives contain a lot of complex terms. They are all in English. I found this a challenge to me. I didn't have problem with learning them. But, when it comes to assessment, I have to battle with writing and applying this theories and concepts in English in our context, while at the same time also battling against using English for learning all these. I have no choice."
>
> *(NM4)*

Likewise, the advanced diploma students also revealed that the use of English in their curriculum posed major challenges. Similar to the graduates, they pointed out that they usually felt more pressure with oral and written examinations, in comparison to writing assignments in English. This finding suggested that the advanced diploma students' English literacy skills were dependent on the amount of time that they had for thinking and enhancing those literacy skills. All the advanced diploma students considered that examinations required immediate thinking and writing, as compared to the writing of assignments when there would be more time to think and write.

> "We wrote our assignments, answer our written exams and OSCE in English. When it comes to OSCE, I feel like I am wasting my time thinking of the right English words to be used when giving explanations to the examiners. I feel like I wanted to speak in Malay, knowing that the examiners are all Malay. It is not that I did not know the procedure being examined, but, I struggled with explaining it in English."
>
> *(Adv3)*

Similarly, some curriculum developers admitted that the use of English in teaching and learning posed them with a challenging situation which was unique and complex. They said that this was because they were non-native English speakers, but had to guide and assess students in Brunei who were also non-native English speakers. There was a sense of obligation to emphasise the importance of using English in teaching and learning to the students, while the reality was that the developers themselves were also not expert in the English language. They further indicated that great tolerance, coupled with some degree of empathy and leniency, are required during the teaching and learning process.

Hence, as a result creating a teaching/learning environment so that the students would feel that what is learnt, when using the English language, was more important than the focus on the use of the English language itself.

> *"When I was in the UK, my lecturers picked up quite a lot of my limitations in writing in English. Now, I am faced with students who are not English speakers, but taught in English...Being a member of the community that I taught, I got some reservation on overly criticising their English. We are also not the expert of the English language. I have to really put myself in their shoes."*
> *(CD11)*

All the diploma students agreed with the sentiments concerning the difficulties caused by the English language. Some of them admitted that if they cannot think of the right English word(s) for the Malay word(s) that they wanted to express during examination, they have to put the Malay word(s) in either inverted commas or in brackets. They were aware that these were prohibited by the institution, but they hoped that their examiners, who were also Malay, would have clemency on them, and be accepting of these actions. All diploma students also argued that they should be assessed on their understanding of the subjects, not on the use of English in learning those subjects. However, such an ideal compromise might not be possible due to the use of English as a compulsory requirement.

> *"I am sure they (their examiner for assignments) could see the bigger picture of what we are trying to write. Grammatical errors and construction of sentences might distort the meaning of what we have written. But, are these all they cared about? Are they assessing our understanding of the international perspectives or are they assessing our English?"*
> *(Dip2)*

However, some curriculum developers argued that there should be some measures employed for monitoring the standard of writing in English. They further stressed the importance of enhancing the students' English literacy skills in view of the fact that the external moderators and examiners for the final exams and dissertations were from the UK.

> *"The problem is what if the moderators and examiners do not understand what was written? I do not want to enhance or develop the students' habits of answering exam questions using direct translation of Malay into English."*
> *(CD12)*

Some graduates suggested that their English literacy skills might have been improved if they were studying abroad, particularly in countries they considered as Western. They believed that the standard of written English in those countries would be higher because English is the native language there. Moreover they observed that the environment would be made up of people communicating in English. By comparison, although they have to study in Brunei using the English language, unlike the Western countries, the environment in Brunei would be made up of people who would not normally be communicating in English. They identified that the expectation for mastery of the English language is higher when studying in an English language environment, as compared to studying in a non-English language environment, i.e. Brunei.

> *"Maybe I will improve my English if I study in the UK or Oz. The country is English, the people are English, and the whole atmosphere is pack with English. It is not the same as studying here, in Brunei...There is a different between writing in standard academic English in a country where English is everything, as compared to here in Brunei, where English is only used for the sole purpose of studying."*
>
> *(NM2)*

4.6.4 Andragogic approach to teaching and learning

Most curriculum developers pointed out that when they developed the internationalised curriculum, the teaching and learning strategies were structured to meet international standards. They affirmed that the standards for teaching styles in Brunei draw on an andragogic model which is currently popularly employed in higher education in the UK and many other countries. They acknowledged that the student-centred model, rather than the previous "spoon-feeding" teaching style, was most favoured by the majority of curriculum developers. They also identified some of the most common and widely used student-centred teaching styles including group discussion, seminar, the use of a learning contract, case-based learning (CBL) and problem-based learning (PBL).

> *"Most of the teaching is student centred, such as seminar, students' discussion, CBL...we give student self-directed learning and PBL..."*
>
> *(CD1)*

> *"In...line with the trend at most universities in the European countries, mainly the UK. I am using the concept of student-centred learning...For the clinical practice, I am enhancing students' practice through the use of learning contract...I am also doing a lot of PBL...with our students..."*
>
> *(CD8)*

The majority of graduates agreed with the above and observed that although the student-centred teaching style originated from Western countries, it had become increasingly favoured by both the students and lecturers in Brunei.

> *"We learn by using discussion and other student centred learning methods...the spoon feeding method of teaching is slowly eliminated. We and the lecturers prefer the student centred learning in comparison with the previous method"*
>
> *(NM9)*

Interestingly, PBL is a teaching and learning method that originated from McMaster University in Canada. However, it has been widely adopted in many counties and indeed, curriculum developers said that they have been getting a professor from an English university to train them in PBL.

> *"We have been getting an outside Professor from the University of [a university in the UK] , to train us on PBL...He has been giving us a lot of information and emphasis on using PBL as the main teaching style in this institution..."*
>
> *(CD8)*

The majority of curriculum developers asserted that the use of an andragogic approach in teaching and learning was very important. They further acknowledged that the andragogic approach to teaching and learning is claimed to enhance students' abilities to be reflective and use their critical analysis and critical thinking skills to support their learning. Some curriculum developers highlighted that these learning skills should be continued when students graduated, so that they could critically analyse their practice.

> *"...We don't want the student to just digest whatever was taught. We ask them to think it over again, why? Ask them to look at many different aspects and try to compare what and which might be applicable to our local situations. We have to be selective with the ideas from the Western countries. Some are useful and some are not...at the beginning it is very difficult to inculcate this critical thinking, but later they gradually developed their ability in using critical thinking..."*
>
> *(CD4)*

Similarly, the majority of graduates confirmed that a large part of their curriculum was previously learnt through the andragogic approach of teaching and learning. They argued that learning is the learner's responsibility. Some of the graduates appreciated and perceived that they retained knowledge acquired through the student-centred teaching / learning model better than via the teacher-centred methods.

> *"The Western people may think that we in the East are more familiar with spoon feeding...our tutors were expatriates qualified from Western countries...We were encouraged to learn and seek for information by ourselves...We tend to remember what was learnt better than if we are spoon-fed."*
>
> *(NM4)*

Likewise, the majority of the students tended to appreciate the relevance of learning international perspectives, if these were taught by using the student-centred teaching style. The majority of the students further elaborated that although initially they were not interested in learning the international perspectives, their interest gradually developed when group work, discussion and presentation were used as the teaching and learning styles. The majority of the students also identified that the student-centred teaching and learning styles facilitated understanding of the international perspectives being taught, which were foreign and complex to them, and contained many jargon terms. They elaborated that by discussing the international perspectives in group work, they accessed opportunities to share and clarify their thoughts with their colleagues, thus enhancing understanding of these international perspectives.

> *"When the concepts, theories and models from the Western countries were taught...we felt sleepy...the complicated terms and words are foreign to us...we are not interested. With group work, discussion and examples given by tutors, we became motivated and interested to learn. We slowly realised their relevance..."*
>
> *(Dip3)*

> *"There are a lot of new terms and jargons associated with all these theories and concepts from the Western countries. Not being an English speaker, yet exposed to a lot more complex English words...put us off...We were involved in the learning process...We discussed...with colleagues and make presentations...we appreciated their importance..."*
>
> *(Adv4)*

4.7 Preservation of local values in the internationalised curriculum

This theme represents participants' perceptions and experiences of how international perspectives have been integrated into the curriculum by ensuring that Brunei's (socio-cultural) context is also preserved.

All 17 curriculum developers believed that it is paramount to integrate international perspectives into the curriculum in order to ensure that the Brunei curriculum is developed to a high standard, thus making it recognised internationally. However, the majority of curriculum developers also felt that it is very important to preserve the Brunei context. Curriculum developers used the term 'local values' and 'Brunei context' interchangeably to encompass variables such as the social and cultural attributes of the many different people of Brunei, the majority of whom are Malay; the religions practiced in Brunei, the official religion of which is Islam; and the political climate of Brunei, specifically the Melayu Islam Beraja (MIB) or Malay Islamic Monarchy (MIM). It was further pointed out that having an understanding of the Brunei context would foster an appreciation of other people's cultures and vice versa. Awareness of different cultures facilitates the identification and appreciation of the relevant international perspectives to be integrated into the Brunei curriculum.

> *"We put international perspectives into our curriculum...but also protect our local values...there are many religions practised in Brunei, bearing in mind that our official religion is Islam, our country's philosophy which is the MIB, the seven different Malay groups in Brunei, and as well as the many different expatriates in Brunei."*
>
> *(CD6)*

> *"It is important that we do not go overboard of Brunei social aspects and political climate when we integrate the international aspects into our curriculum...We must respect and used our culture, political atmosphere and social background as a basis for understanding other people's culture...and decide the international aspects relevant to Brunei."*
>
> *(CD14)*

Some curriculum developers expressed the importance of not overemphasising Western aspects in the development of the Brunei curriculum. They acknowledged the need to produce a curriculum that is of international quality, but at the same time, they also addressed the need for Brunei's curricula to

have their own identities, rather than be duplicates of other countries'
curriculum.

> *"To purely use UK or any other international curriculum, I mean, I*
> *am quite conscious of this...the uniqueness of our culture could*
> *be... questioned in the future at some point. Our curriculum must*
> *have its own identity and must be of international quality."*
>
> *(CD9)*

The findings from the majority of graduates also concurred with the above.
They highlighted that, while ensuring that the Brunei curriculum must be
'international', it must also include emphasis on local values and these values
must be preserved, specifically, the Islamic religious values and the MIB
philosophy. They shared their views on what they observed from the curricula
of the UK and the Australia. The graduates pointed out that although the
contents of the curricula from these countries are similar in many aspects, the
curricula are also different between them. The graduates highlighted that the
difference between these curricula is that they placed emphasis on the specific
context of their countries. The majority of the graduates concluded that
Brunei's curriculum must therefore have a distinct feature which differentiates
it from the curricula of other countries, if the curriculum is to be relevant to
Brunei.

> *"We learnt...anatomy and physiology and many other nursing*
> *subjects...using American books...We also learnt Leininger's*
> *theory of Transcultural nursing from Canada...sociology,*
> *psychology and pharmacology. But our curriculum must be*
> *distinctive from curriculum of other countries. We must have*
> *more emphasis on MIB and Ugama which relates more to our*
> *society and culture."*
>
> *(NM1)*

> *"My colleagues share their curriculum with me...[a university in*
> *the UK] and [a university in Australia]. Although there are some*
> *similarities... the one from UK contains things like their NHS,*
> *and...social benefits in their health care system. The one from*
> *Australia emphasised on Australia's health care system...the*
> *curriculum also focus on the natives and aborigines of Australia*
> *in one of the cultural subject. So, Brunei curriculum must have*
> *its own identity."*
>
> *(NM4)*

Similarly, a few students confirmed that the relevance and applicability of
Brunei's curriculum could be maintained if local values are preserved. A means
of preserving the local cultural was given by the students, with an example of

observations from their educational visit to Beijing. The students shared that although Western medicine was introduced in Beijing, the people in Beijing have the choice either to embark on Chinese traditional medicine, or Western medicine or on both. The students concluded that there was so much that could be learnt from these observations, and the significance of such observations can therefore be used for the purpose of developing Brunei's curriculum.

> *"We have been to Beijing, China...I learnt that they are focusing on the...traditional Chinese medicine and scientific...patients can opt out for either one, or combine both...although Western medicine dominated health care system of the world, but Beijing still preserved and promote their traditional medicine. We can learnt from here that the Western perspectives are relevant to be learnt here in Brunei curriculum, if they are married with the local perspectives."*
>
> *(Adv4)*

Two thirds of the graduates also suggested that international perspectives would be relevant if they were incorporated into the cultural, religious and social context of Brunei. They asserted that Brunei is the only strong political Monarchy in Asia which abides by the MIB philosophy, the dominant and official religion of which is Islam. They suggested that some of the Western perspectives integrated into the curriculum would obviously be in conflict with the religion, norms and culture in Brunei. They recommended that in order to make the Brunei curriculum relevant in Brunei, the international perspectives integrated into the curriculum must be made applicable to, and incorporated with, Brunei's context. However, there were no further suggestions from these graduates as to how to incorporate the international perspectives into Brunei context, whilst preserving acknowledged cultural values.

> *"If they (Western perspectives) are to be applied in our country, or any other countries with different cultural, religious, and social context...the application of this knowledge needs to be done with some modification or adaptation..."*
>
> *(NM7)*

The majority of curriculum developers made the point that international perspectives integrated into the curriculum must be made relevant and seen as relevant to Brunei. They suggested that this could be done by drawing the relationship and significance of these international perspectives into Brunei. They further gave several examples of how this could be achieved.

Some curriculum developers illustrated the relationship of the international perspectives with the principles embedded in that of Islamic religious values and the MIB philosophy. As an example, they explained that aspects of the theory of leadership, such as that of the laissez-faire model, will be explained in association with that of the practise of leadership of the Prophet Muhammad *(PBUH) such as **"Muzakarah", and that of the monarchy aspects of the MIB philosophy.

> *"For example from the religious point of view, some association can be made to the practise of leadership of our Prophet Muhammad *(PBUH) such as that of the ***"Muzakarah" when teaching the principles of leadership such as laissez-faire…and the relationship of the international theories to the MIB philosophy could also be drawn. The association between what was in the Qur'an on "doing good and doing no harm" to teaching the ethical principles of beneficience could also be made…(many examples were given)"*
>
> *(CD 9)*

> *"Although we emphasise that our curriculum must be developed to meet the international standard and comparable with that of the UK, we also cannot overlook that our curriculum must also suit with the local taste, for example associating the international perspectives and emphasis their relevance to our religion, the MIB philosophy and our culture, which is…the priority…"*
>
> *(CD16)*

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*PBUH – Peace be upon him. A saying commenced whenever the name of the Prophet Muhammad is said or stated.

**Muzakarah – a state of arriving to a decision by using discussion and equal participation from everybody in a group.

The majority of curriculum developers acknowledged the above process as "to Bruneise" or "Bruneising" the international perspectives. They considered this to be a distinct feature of the Brunei curriculum. The majority of curriculum developers used the term *'to Bruneise'* or *'Bruneising'* to denote a process by which the international perspectives borrowed from other countries are integrated into the Brunei context (social, cultural, religious and political aspects of Brunei). Also identified was that the process of *Bruneising* also involved shaping the international perspectives to become local by incorporating them into the Brunei context. The original Malay word for this is *'memBruneikan' or 'diBruneikan'* (See Memo in Appendix 5 for detail).

> *"There are two things that I am looking at...in designing this particular ...curriculum. Number one, it should work with our...setting...Number two, recognized internationally. So, I try to match this two and not disjoining the two...I **Bruneise** the international aspects with consideration of the Brunei's context."*
>
> *(CD6)*

> *"We borrowed the curriculum, clinical placements guidelines and course handbook from [a university in the UK]. We...discuss the feasibility of adopting these into Brunei...We gained permission...to use some of the contents of the curriculum...We **Bruneise** the curriculum."*
>
> *(CD14)*

The majority of curriculum developers identified that *Bruneising* the curriculum is a rigorous process involving the identification of the relevant international perspectives, and adaptation and incorporation of these perspectives into the Brunei context for integration into the Brunei curriculum. They further pointed out that if the curriculum is *Bruneised*, this would result in the production of a curriculum which would not only be considered as internationally acceptable but also relevant and suitable to Brunei.

> *"There...was a very intensive process of identifying the relevant international perspectives for integration into our curriculum. These are done rigorously by selecting relevant content and omit the irrelevant ones. We adapt and incorporate the perspectives with the Brunei's culture and values for suitability of integration into the curriculum....We make sure that the curriculum...is...appropriate for Brunei and internationally recognised."*
>
> *(CD17)*

Furthermore, the process of *Bruneising* the curriculum was about *'blending'* the international perspectives within the Brunei nursing and midwifery curriculum, in consideration of the Brunei context; by 'blending' is meant that the curriculum must contains the '*married*' aspects of the international perspectives with that of the different culture in Brunei, the Islamic values and MIB philosophy in Brunei.

> *"The international perspectives have to be blended with the local practices of nursing and midwifery...and blended with the Brunei's context...in order to produce the nurse of the future in Brunei. Nurses that not only can work in Brunei, but also internationally."*
>
> *(CD16)*

> *"We could not just throw the international perspectives into the curriculum...we have to blend them into our curriculum, we have to incorporate them with the Islamic values, emphasis and uphold the Malay Islamic Monarchy principles or philosophy...We should marry them together, the Western perspectives with that of the East, which is our country philosophy and culture and values."*
>
> *(CD12)*

Curriculum developers illustrated an example of *blending* the international aspects with relation to social and cultural aspects of Brunei by drawing on some of the principles in the subject of transcultural nursing concerning the fact that different patients have different social and cultural backgrounds, and the existence of various natives and aborigines with diverse cultures in many countries of the world. Attention was then drawn to an association between the significance of the above mentioned social and cultural aspects, relative to the provision of health care for these people. The curriculum developers explained that the relationship of the principles underpinning these international perspectives could then be *blended* into the social and cultural aspects of Brunei. They further pointed out that a similar, diverse situation exists in Brunei, whereby there would be different cultural belief held by the seven different ethnic Malay groups, in addition to the ethnicities of many different expatriate immigrants in Brunei. It was reasonable to conclude that common cases drawn from clinical experiences in Brunei could be used as examples to clarify the way international perspectives were 'blended' into the social and cultural aspects of Brunei.

> *"There are many natives and aborigines in many different countries in the world...money has no value to them in comparison to those people that lived in urban areas. Their customs, rituals and belief must be considered which could impede nursing and midwifery care. They may also not have health insurance which could ethically affect inequalities in the provision of health care. These groundwork principles of the international perspectives could then be blended into the many different customs, rituals and cultural belief held by the seven different ethnic Malay groups in Brunei and expatriates' immigrants whom also came from different ethnic groups...Examples [different immigrant workers from several ASEAN countries in Brunei] who may not be able to finance their health care as compared to the Western people."*
>
> *(CD7)*

Another example, relating to the issue a socio-culturally appropriate curriculum is *blending* the international perspectives with the religious aspects of Brunei. The curriculum developers drew a relationship between the principles of ethical decision making with the provision of care of pregnant women whose fetuses were diagnosed for having Down's syndrome following a triple test. They gave examples with references to the Western world whereby abortion is a choice as long as the pregnancy is within the 24 weeks gestation. They then established a relationship of the principles underlying these international perspectives into the Islamic religion that prohibited abortion in pregnancy regardless of the gestational age and condition of the foetus. They also identified the needs for inviting a lecturer from the **State Mufti Department* in Brunei to clarify with such related issues.

> *"A classic example influencing the principle of decision making is related to abortion. In the Western countries such as the UK, abortion is not prohibited as long as the pregnancy is not more than 24 weeks. However when this principle is blended in Brunei...bear in mind that the Islamic religion totally prohibited this despite the condition of the foetus and the gestational age. We also invited speaker from the *State Mufti Department to clarify issues with regards to Islamic religious aspect."*
>
> *(CD9)*

> ***State Mufti Department** –A department consisting of pious Muslims appointed by the Sultan of Brunei. The department is responsible for making decisions related to right and wrong with relationship to Islamic ethics and religious law (State Mufti Department, Brunei, 2012).

Other curriculum developers exemplified how international perspectives were blended with the political aspects of Brunei. They gave examples in relation to communication. They pointed out that the common practice of Western people was to address people by surname, using touch as an effective non-verbal communication. They further highlighted that if these international perspectives are to be blended with the political aspects of Brunei, the MIB must be taken into consideration. They elaborated that the Malay and Islamic aspects of the MIB philosophy prohibited touch between opposite sexes. They also pointed out that the Malay and Islamic aspects of the MIB philosophy observed that addressing people by surname was disrespectful and rude.

> *"Unlike in the Western culture whereby touch can be seen as therapeutic...the MIB philosophy does not allow this between two opposite sexes in Brunei...When addressing patients, unlike the Western whereby surname is used to address people, in Brunei, doing the same is seen to be as a rude act and very disrespectful. People should be called by "brother", "sister", "dear", "auntie", "uncle", their first name and honorary titles..."*
>
> *(CD6)*

4.7.1 Identification of the relevant international perspectives

The majority of curriculum developers identify processes involved in cultural approach to internationalisation of the curriculum. They stated that the first process is the identification of the relevant international perspectives to be integrated into the curriculum. The relevance of the international perspectives was assessed by their appropriateness and practicality to Brunei. They pointed out that the international perspectives should be compatible with Brunei context and applicable for the practice placement. The international perspectives are considered to be suitable as long as these perspectives do not conflict with the Brunei context. Specific nursing or midwifery care and practice, or provision of health care originating from other countries, would only be practical and be integrated into the curriculum, if there is availability of the practice placement for the students to acquire learning experiences.

> *"With regards to [trends in care of a specialty area]...we have to really make a decision...'Is it time now?' or, 'shall we wait another five years in order to put the knowledge in the curriculum?'...If we put this in, where would the students get the experience to see this sort of things? Is this relevant to Brunei and the student? You want to make it more contextual to Brunei by examining the suitability and practicability of the knowledge to culture, religion and social context of Brunei."*
>
> *(CD2)*

The majority of students and graduates had different opinions and suggestions as to how to assess for the relevancies of the international perspectives to be integrated into Brunei curriculum. Half of the students stated that the content of the curriculum would be considered as relevant if they were applicable to clinical practice in the Brunei context. To be applicable in Brunei, the contents must 'match with Brunei culture' (Dip3), 'resources are available' (Dip1) and those taught exist in clinical practice (Adv1).

> *"For example, things like Ropers model and the 12 ADL (activities of daily living) are readily applicable in the clinical practices because they were integrated in our nursing process, nursing care plan and are used for passing report at the end of our duty. This is very relevant to...us"*
>
> *(Dip2)*

A few graduates considered that to be relevant, the knowledge should be applicable, suitable and practicable in Brunei. The graduates highlighted the need to be cautious on the selection of the relevant international perspectives to be integrated into the curriculum. They perceived that the knowledge is considered to be irrelevant if it cannot be applied, and if it is in conflict with the local MIB philosophy and Brunei culture.

> *"To be relevant, they (Western perspectives) need to be applicable, suitable and practicable in Brunei. They are not relevant if we cannot apply them. And if they are in conflict with the MIB philosophy and our cultural aspects."*
>
> *(NM4)*

> *"Care should be taken on the application of these Western perspectives into Brunei...The Western perspectives should be practical and can be incorporated into the local (Brunei) context."*
>
> *(NM8)*

A few students further emphasised that the international perspectives would be perceived as irrelevant, if they are not applicable. One student highlighted that this may be due to the difficulty to apply such knowledge and practices, or by being impeded by the non-existence of such practices or lack of resources supporting such practice in Brunei.

> *"Most of them might not be applicable in practice...either because such practices are non-existent or lack of resources made it difficult to be applied in the clinical areas..."*
>
> *(Adv3)*

> *"Even though we learn about these Western perspectives...if they are not practised in the clinical areas...We would not be able to apply them..."*
>
> *(Dip4)*

Few students also added that the contents would be irrelevant if it is impossible to apply them. The students identified that this would be due to a mismatch between what was taught and what existed in practice. The students addressed the failure to tackle issues related to cultural differences, coupled with the unavailability of resources, and non-existence of such practices; issues

which would result in the perception that the international perspectives would not be relevant.

> *"I realised that there are lot of mismatch between what I have learnt and what are available in practice...these are mainly due to cultural differences and non-availability of resources...I do not think bridging the theory into practice would be possible, let alone...marrying the international perspectives into Brunei."*
>
> *(Dip4)*

> *"The applicability of the theoretical knowledge from the Western countries was about 40%...due to cultural differences and unavailability of resources in the clinical areas...Maslow hierarchy...was not practised...only half of what we have learnt in the child development theory were practised...When the knowledge is applicable, they are relevant. If it is not applicable, then they are not relevant."*
>
> *(Adv1)*

Some of the curriculum developers who were involved with reviewing and upgrading the previous post-basic diploma in specialty programmes, to an advanced diploma, noted that the curriculum was reviewed and restructured. They claimed that some of the international perspectives, which previously had been considered as relevant, were currently becoming increasingly irrelevant in Brunei. These perspectives are not relevant anymore because these perspectives are not established and are not practiced in Brunei. Due to the difficulty in providing, or even a failure to provide, the appropriate learning environment for the students, these perspectives are omitted from the curriculum.

> *"We have removed parts that are no longer relevant, or, where we have found in the past, are difficult in getting students the environment for them to learn. But, we do still keep few aspects...that we feel still needs to be there in view of the future development in the [a nursing specialty]...those aspects have been retailored in order to meet the current need of our services"*
>
> *(CD2)*

4.7.2 Adaptation and application of international perspectives

Once the relevant international perspectives had been identified the second process, outlined by the majority of the curriculum developers, is the adaptation stage. This is followed by the process of application and incorporation of international perspectives into the Brunei context. It was evident from the majority of curriculum developers that this stage could only be assessed once the Brunei curriculum had been implemented.

Nearly all curriculum developers emphasised that this stage as central to the process of *Bruneising* the curriculum. They stated that the students' ability to adapt and apply international perspectives into the Brunei context could be assessed in three ways: first, through practical assessment; second, through written assignments; third, through written examination. Many examples were given, including: the demonstration of application of theories, principles, concepts and models of leadership and management, health promotion, transcultural nursing, and law and ethics in the nursing or midwifery care and management.

The curriculum developers highlighted that students must demonstrate their ability to adapt and incorporate these international perspectives into a Brunei context when they write their assignments. With regards to practical assessments, it was explained to the researcher that the students would either be assessed by their clinical supervisors or lecturers and that each assessor would be provided with a set of practical assessment sheets containing criteria required to be met by the students during the assessment. For health promotion, the curriculum developers pointed out that the students are required to assess, plan, implement and evaluate a health education session with a group of clients and the students would be assessed on the adaptation and application of the related principles, models and theories to Brunei context. For leadership and management, the students would be assessed on how they applied the theories, principles and concepts to manage their tasks, colleagues, and care of patients satisfactorily during their practice placement.

> *"It is important to adapt and incorporate the international perspectives into our local values in order to Bruneise our curriculum...For example, the models in [practice related to a subject learnt]...originated from either the US, or the UK. We try to adapt and incorporated and apply them to our country...We assessed the students' understanding of the models and their ability to apply these into the Brunei's context. We can observe this when the student [conduct this practice to patients]..."*
>
> *(CD13)*

> *"We assessed the students' understanding of the international perspectives through written examinations, written assignments, and practical assessments. We assessed if the students are able to demonstrate the contents underpinning the international perspectives into their care and management, both theoretically and practically."*
>
> *(CD16)*

Similarly, some graduates considered that the international perspectives learnt in the curriculum could be optimised and applied locally. They gave an example related to the subject of law and ethics which involved the applications of the principles underpinning a professional organisation, such as the nursing and midwifery regulatory body of the UK, and international nursing and midwifery organisations, such as the ICN and ICM. The graduates pointed out that the applications of these international perspectives into the Brunei context, through their written assignments, creates an understanding of the importance of having such similar organisations in Brunei. The graduates summarised that such professional and international organisations were required for uplifting the nursing and midwifery practice in Brunei to the accepted international standards.

> *"I would love to see a code of conduct...or similar to that of the NMC, UK...made available here in Brunei...Nurses should act professionally, and there should be rules and regulations...We do not want our practice to be **'cincai-bocai'*...Our nursing practice should be at the minimum standard requirement of international organisations such as the ICN and the ICM. We wanted...to be recognised worldwide"*
>
> (NM5)

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* **cincai-bocai** – a Brunei Malay word used to describe a state of practicing things according to whatever one likes, without any standard or quality

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The majority of the curriculum developers also noted that prior to teaching the students, firstly it is fundamental to examine whether the relevant international perspectives could immediately be adopted in Brunei. Secondly, if these relevant international perspectives cannot be adopted directly into Brunei, it is important to determine whether the underpinning principles are still deemed relevant. In addition, with regards to the second case, the curriculum developers also stressed that these perspectives should be modified or altered for suitability and applicability to Brunei; further explaining that in both cases, when teaching the international perspectives these perspectives must be incorporated into the Brunei context.

> *"Which ever countries the contents are from…the incorporation into the local aspect is very very important. It is not like literally ***scooping** out from a can of milk and try to paste it anywhere…We do not want to literally ***adopt** the international perspectives…we have to be very careful. What do we have locally? What do they have there?…Is it practical to put it here…we must adapt and modify the international perspectives to suit our culture"*
>
> *(CD1)*

> *"We explore the possibilities of either adopt the international perspectives and then directly put them in the curriculum without alterations or modifications, or, if they are still considered to be relevant but cannot be immediately adopted, they must be adapted by modifying or altering them in a way that it would be applicable in Brunei."*
>
> *(CD3)*

***Adopt** – This word is used in agreement with CD1. The word came from the term ***scooping out** which was referred to by CD1 in the metaphor of ***scooping out from a can of milk and try to paste it anywhere.**

Nearly all of the 17 curriculum developers asserted that regardless of the origins of the international perspectives, it is important that when teaching students, the international perspectives must be incorporated appropriately into the Brunei context. It was further emphasised that an understanding of the Brunei context is fundamental in order to determine how these international perspectives are going to be adapted and incorporated accordingly. The importance of teaching the students the principles underpinning those international perspectives, in case these perspectives might not be totally applicable, culturally acceptable and even religiously prohibited in Brunei, was forcefully expressed.

> *"When we develop the contents for the transcultural nursing concept that originated from Canada…we emphasise on upholding the MIB concept and Islamic religion to guide the provision of nursing care and practice to culturally diverse people, the many different migrants and religions, and complying with those prohibited by Islamic religious law and that not culturally acceptable in Brunei."*
>
> *(CD12)*

> *"In law and ethics, there are many legal and ethical dilemmas...for example...issues such as abortion and permanent sterility. A line could be drawn between what are acceptable in the Western countries with that of not culturally and religiously acceptable to Brunei. The principles and concepts behind the Western ethical theories and legal aspects were blended with the Islamic values."*
>
> *(CD5)*

The curriculum developers pointed out that many of the subjects that originated from the international countries need high levels of analytical skills, including such subjects as research, critical appraisal, ethics and law, and evidence-based practice. The required level of knowledge input of these subjects, for those students enrolled in the degree level, must be higher than those students of the advanced diploma and diploma courses. The curriculum developers identified that students must be taught the underlying theories, principles and concepts of these subjects in order to create the students' understanding of these subjects. It was concluded that if the students understand the underlying theories, principles and concepts behind what was taught, they would develop an interest to learn them and appreciate the relevance of learning them.

> *"International perspectives such as research, critical appraisals, ethics and law and evidence-based practice, they are hi-fi subjects. These subjects are very important. They pre-equip us so we would not have problem when we study abroad. But, they must be taught to the students...according to the level of their qualifications and based on what we wanted them to learn, not according to what we have learnt during our course."*
>
> *(CD14)*

> *"The hi-fi subjects such as...in management...theories, models and approaches such as Peter Druker's TQM...the PDCA or PDSA Japanese model of management. There are no points of teaching details over these hi-fi and complex subjects...You have to teach by adapting to the level of qualifications of the students that you are teaching...try to dilute and modified the version in the curriculum...Most important...is the students must grasp the basic principles behind these subjects."*
>
> *(CD16)*

In a similar way, students and graduates revealed that it is fundamental for the lecturers to demonstrate to both cohorts the importance of understanding and appreciating the principles and concepts underpinning the international perspectives. They also suggested that although some of the international

perspectives taught might not exist in Brunei, the most important thing was to analyse and understand the principles and concepts underpinning them. They identified that although the international perspectives might not be totally applicable, some of these principles and concepts are relevant to be applied in the Brunei context. They gave many different examples of how these principles can be seen as relevant in the circumstances in Brunei.

> *"I am not aware of any similar documents to the Code of Professional conducts of the NMC, UK, and the rules and regulations in Brunei...The way I digest this...was to think about what should or can be done, and what should not or cannot be done to our patients...digest the principles and concepts...and...relate and apply this into Brunei's context."*
>
> *(NM9)*

> *"We learnt Leininger's theory of Transcultural nursing...about cultural sensitivity...giving care based on different cultural aspects of clients. This theory is relevant to Brunei...They are eight ethnic groups...and ...many expatriates...working in Brunei...We have the Filipino, English, Dutch, Chinese, Indians, and so on."*
>
> *(Adv4)*

On the other hand, four graduates argued that they tended to regard the international perspectives as irrelevant, and lost the interest in learning about them. They further argued that this was due to their failure to identify the basic principles and concepts behind these perspectives. They also stated that the international perspectives would be further ignored, due to the fact that they are different from the local perspectives.

> *"All those perspectives from the Western countries...Even if they do not exist in Brunei...the most important thing is I can apply the theory, principles and concepts behind those I have learnt into my working environment. They became irrelevant if...I cannot apply the theory and principles to Brunei, moreover they are foreign to us."*
>
> *(NM6)*

A few curriculum developers also stated that there is a need to adapt the international perspectives in such a way that they would become applicable and be seen as relevant to be learnt in Brunei curriculum. They emphasised that it is important for the students to appreciate that these international perspectives are not merely learnt because they are learnt worldwide. The curriculum developers further noted that the students must appreciate the importance of learning these international perspectives and the contribution of these perspectives to a Brunei context.

> *"If these (international) perspectives are applicable to Brunei, we immediately adopt them into Brunei...But, if they are not...we either have to adapt them...incorporate them into our culture, the MIB and our religion...or improvised them"*
>
> *(CD1)*

> *"Some of the principles underlying these (international) perspectives are relevant to Brunei but they do not exist and not being practised. They should be improvised...the groundwork principles in these perspectives must be taught in a way that the students would see the relevance of learning such perspectives."*
>
> *(CD9)*

Similarly, a few students also made some suggestions as to how to modify and adapt the international perspectives to fit the Brunei context; thus making the perspectives relevant both to them and their patients. Like the curriculum developers, the students also pinpointed the importance of incorporating the international perspectives into the Brunei context. They gave examples of how to incorporate and make the twelve activities of daily living, as mentioned by Roper et al. relevant to both the patients and themselves. They commented that discussion of matters with regards to sexual needs is a sensitive issue in Brunei culture and therefore, must be addressed in consideration of this appropriately during assessment. In addition, the students also suggested the need to use the best available resources that existed in Brunei to attend to issues related to limited availability of resources. This finding explicated that creativity is a very important aspect of teaching, especially regarding that which is new and foreign to students.

> *"Resources stated in the Western books might not be the same and available in Brunei. We can always substitute...or improvised the available resources. If there is no basic suture pack, we can use basic dressing pack, and add suturing materials, a pair of scissors and more gauze swabs..."*
>
> *(Dip3)*

Some curriculum developers demonstrated that giving examples pertaining to what really happens in Brunei, when incorporating the international perspectives with the local values during teaching, will further facilitate students' understanding of these perspectives. They further revealed the importance of giving examples, with reference to the local context, when teaching students. This is to ensure that the students would see the applicability of the international perspectives in the Brunei curriculum. The curriculum developers also stressed that if real examples related to the local

situation were given, then the international perspectives taught to the students would be meaningful to them.

> *"...For the students to be able to learn and appreciate these international perspectives, we need to integrate them into the Brunei's context. Applying it and actually integrating it into our local perspectives. We gave examples on particular issues in Brunei and establish the relationship with the foreign perspectives."*
>
> *(CD2)*

> *"In order to make them understand this concept, you must gave local examples...so students can see the relationship to the theory being explained...the theories taught would be more meaningful to them and enhance their understanding...For example, when you are teaching social sciences...use real examples occurring in Brunei and relate this to what happens in their life."*
>
> *(CD12)*

In a similar way, the importance of giving examples when teaching international perspectives was also identified by the majority of students. Nearly all of the students said that they encountered difficulty in trying to see the relationship between the international perspectives that they had learnt in theory, with those they encounter in clinical practice. They further acknowledged that it is of utmost importance to give real life examples when incorporating the international perspectives into the local cultural aspects and context. By doing so, their learning will be more meaningful to them and thus would be seen as relevant and valuable experiences.

> *"...In law and ethics...not all can be applied into Brunei, such as...those related to sensitive religious and cultural matters, for example abortion, family planning, sex education for teenagers and the decision for DNR (do not resuscitate). Incorporation of these international perspectives into Brunei by giving real examples would be beneficial to us."*
>
> *(ADV3)*

The curriculum developers asserted that culture is what makes nursing vary from country to country. They elaborated that cultures shape nursing: culture determines the type of nursing care and how the nursing care is to be provided to individual client/patient. They further pointed out that the Brunei culture is unique only to Brunei. A few curriculum developers even pointed out that even if Brunei is one of many Eastern countries, the culture in Brunei is not exactly the same as other Eastern countries such as Malaysia, Singapore, Saudi Arabia, Japan and China. They acknowledged the danger of stereotyping the culture of

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the Eastern countries as the same, although they may bear, to a certain extent, some similarities.

> *"The MIB philosophy is our daily living philosophy. We should abide to this philosophy. We must take into account our own culture which is very much different from that of the UK, Australia and Singapore. Even if we are in the same region with that of Singapore and Malaysia, we may be similar in some ways, but we are not the same...We are unique in so many ways. This is what make nursing varies from country to country."*
>
> *(CD14)*

Taking into account the above points, some of the curriculum developers acknowledged the challenges they faced associated with the adaptation of these international perspectives. The curriculum developers emphasised the need to be "very sensitive" and "very careful" in adapting theories or models that were developed from a "different society" into Brunei and integrating them into the Brunei curriculum. They pointed out that this is because different countries have different social, cultural, religious and political contexts. They further asserted that the challenges are associated with determining which international perspectives would be considered relevant to be integrated in the curriculum, and whether the international perspectives have been adapted in a way that could be seen as relevant and be acceptable in Brunei.

> *"There is no harm to learn these provided that we try to relate them to our society...try to see whether it will work or not...The question is whether the theories can be applied in our culture?...These are great challenges to us."*
>
> *(CD8)*

Some other curriculum developers also admitted that they have to critically examine their own values. The curriculum developers argued that it was not easy to be mindful of those international perspectives to be adapted and integrated into the curriculum, when they must still preserve the Brunei context when incorporating international perspectives. They also pointed out that the situation became more challenging when the international perspectives that they consider to be relevant, might not be similarly seen as relevant by their colleagues. They stated that this perceptual mismatch has resulted in contentious debate, arguments and discussions amongst the members of their committee. However, they also noted that the issue was later resolved by taking into consideration the majority of the members of the committee's decision for the most preferred international perspectives to be

taught to students. The action to resolve the issue as explained here indicated team-work (a particular example of *Muzakarah* from the Islamic perspectives).

> *"The theories are relevant…It doesn't matter whether you are in Brunei or overseas…But…it should be fitting well into the Brunei's context …How much should it be culturally structured according to Brunei? How to integrate the international perspectives into the curriculum? In using references from abroad, we must always remember and be cautious of the challenges that we are also adapting those to the different culture here…"*
>
> *(CD8)*

However, some graduates argued that the integration of international perspectives into the Brunei's curriculum should not be considered as a major issue. The graduates pointed out that culture is constantly changing, due to many influences originating from other countries. They exemplified that these shifts are brought about by the Western influences, in the case of Brunei, having been a British protectorate, also experiencing colonial-type input from Spain, China, Japan and the Dutch. They further elaborated that other influences are also brought into Brunei by those nurses and midwives who graduate from different countries, such as the USA, Australia and Canada. The graduates, therefore, concluded that there is no culture in the world that is in its purest form.

> *"Our culture and other cultures in the world are not genuine anymore. We tend to be influenced by other cultures and we are not aware of these. We even considered these influences as part of our culture…So as our curriculum, which is being influenced by theories, concepts and models from the Western countries…There should be no problem with these."*
>
> *(NM8)*

4.8 Perceived understandings of the internationalisation of the curriculum

The 17 curriculum developers were initially interviewed to explore their experiences of how, and in what way, they have developed Brunei's nursing and midwifery curriculum. One of the objectives was to explore how international perspectives have been integrated into that curriculum. In addition, another objective was also to explore the curriculum developers' reasons for the actions that they have taken, when developing the curriculum in the way that it has been developed.

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From my review of literature, it can be seen that some of the actions undertaken by the curriculum developers were very much related to the process of internationalisation of the curriculum. At the end of the interviews, I therefore asked participants questions, in order to explore if they have some understanding of the process of internationalisation. Particularly, I wanted to find out whether the curriculum developers had undertaken the procedures in developing the curriculum that they had explained to me, in consideration of the internationalisation of the curriculum. Similarly, I also wanted to explore the perceptions of the students and graduates with regards to internationalisation in general, and also their views that were specific to the internationalisation of the Brunei curriculum. The questions were not asked at the beginning of the interviews, as I did not want my queries to influence their descriptions of experiences throughout the interviews.

None of the participants spontaneously mentioned the terms 'internationalisation', 'internationalisation of the curriculum', 'internationalising', or 'internationalised curriculum' during the interviews. At the end of their interview, when questioned about their understanding of the term 'internationalisation', the majority of participants' described internationalisation with specific relationships to curriculum development. Each group of participants (group n=3) and each individual (n=34) in the groups had different views on these. There was evidence that indicated curriculum developers had developed the curriculum with a view to its internationalisation. However, it appeared that they had insufficient knowledge about internationalisation in general, and of the curriculum in particular. There was also no clear evidence indicating that the students and graduates had a clear understanding of the general concept of internationalisation, so as the internationalisation of curriculum.

Just above a third of the curriculum developers perceived that internationalisation is about developing the curriculum, in collaboration with universities in other countries, for the provision of international experiences to home students (Brunei's students) as part of their curriculum.

> *"Internationalisation is about developing the curriculum in collaboration or partnership with other universities, for example, in the *GenNext programme, the discovery year, a one year educational experience in another country is part of the main content of the curriculum for the BHSc Nursing or Midwifery."*
>
> *(CD10)*

**GenNext – "the Generation Next degree programme" (UBD 2012).

Just above two thirds of the curriculum developers articulated their expectations of the curriculum in explaining the term "internationalisation". A few curriculum developers stated that internationalisation is about ensuring that the contents of the curriculum would be at least equivalent to an acceptable international standard, which is seen as an important criterion for ensuring quality of the curriculum. Other curriculum developers pointed out that internationalisation is about developing the curriculum in such a way that it would gain international recognition.

> *"The contents of the curriculum should be in level or on par...to the standard...of similar...courses offered internationally...that is any countries outside Brunei. We wanted the curriculum to be recognized worldwide..."*
>
> *(CD10)*

> *"To promote an international standard...contents of our curriculum must be of high quality...We want to be at par with the international curriculum."*
>
> *(CD11)*

Similar to the curriculum developers, the majority of students and graduates drew a relationship between internationalisation and the importance of having international perspectives in the contents of their curriculum. The majority of students and graduates pointed out that internationalisation is about having international perspectives integrated into their curriculum. They perceived that nursing and midwifery are international professions and therefore, required international perspectives be integrated into their curriculum. They also pointed out that the integration of international perspectives into their curriculum ensured that the curriculum would be similar to, and at the same level, as other countries. They added that this would further make their curriculum be recognised worldwide, and not merely considered as a "rigid" or "local curriculum".

> *"We must learn international aspects which are also learnt by students studying in other countries. Our curriculum will be at the same level with any other countries in the world."*
>
> *(Dip2)*

> *"Our curriculum must be recognised by other countries as having high standards similar to them. We do not want to have curriculum that only is applicable to us. It becomes too local. People from abroad would not be interested in our curriculum."*
>
> *(Adv3)*

> *"Nursing and midwifery are international professions. We are having similar issues surrounding our professions everywhere in the world. We must learn what happens in the world, and our curriculum must not be too rigid to Brunei only."*
>
> *(NM2)*

Half of the students acknowledged that the integration of Western and international perspectives into the curriculum is a very good move and perceived this integration as highly innovative. Just above half of the graduates appreciated that learning about international perspectives has enabled them to be aware of the reality in many parts of the world. They also highlighted that this had exposed them to contemporary trends and issues surrounding nursing and midwifery care and practices in other countries. They concluded that, as such, this would ensure that nursing and midwifery care and practices in Brunei would be up-to-date and evidence-based.

> *"Nursing and midwifery is a very dynamic profession...There are continuous changes in nursing and midwifery care and practices in the world. We must be aware of these changes so our care and practices would be informed by the most current evidences."*
>
> *(NM6)*

> *"I saw the connection of the knowledge that I learnt in microbiology with the recent issues related to H1N1... the...knowledge that I have learnt...I am also exposed to current trends and issues happening in other countries...I would not be outdated..."*
>
> *(NM9)*

However, a small number of students and graduates questioned whether the efforts to integrate international perspectives into the curriculum were genuine or only rhetorical for the promotion of international standards. Some of the students perceived that the efforts were merely driven by the fear of becoming outdated when compared to trends in other countries.

The students observed that the integration of international perspectives into the curriculum was undertaken just to keep in phase with the trends of internationalisation of nursing and midwifery education in other countries. They questioned whether the international perspectives that they learnt in the curriculum are actually applied in every day professional life in Brunei.

> *"Are we applying the knowledge from the Western countries...into Brunei? Are we doing this only to ensure that our programmes are at the international standard? But, is our curriculum really at the international standard...? It looks like we are only following what happened in other countries, keeping in phase with them."*
>
> *(Adv4)*

Some of the graduates added that they lacked confidence that the curriculum would continue to produce future graduates who would be at an acceptable international standard. They observed that from the students' practice placement the current students appeared to be less appreciative of the international perspectives learnt from the curriculum. They explained that the students appeared to be lacking in enthusiasm in applying the international perspectives to a Brunei context; a deficiency that was notable during many of the clinical teaching sessions held by the graduates with the students. The graduates discovered that the students were overwhelmed with the many international perspectives that they were taught, which resulted in confusion regarding the challenge of how to appropriately apply these international perspectives into a Brunei context during the students' practice placement. The graduates concluded that if this situation continued, it would be detrimental on the students' standards of nursing care and practice, possibly preventing them from functioning at the equivalent of an acceptable international standard.

> *"I doubt if the curriculum would produce graduates who would be at the international standards...The students could not apply the international aspects that they have learnt into the social and cultural aspects of Brunei during their clinical practice. They told us that they were confused. The international perspectives were too many for them to learn."*
>
> *(NM7)*

A few other curriculum developers reiterated that the curriculum was deemed to be internationally recognised and at the international standard, if it is to be able to attract international students into the programmes in Brunei.

> *"How do we know that our curriculum is up to the international standard...?...We want to attract international applicants...making them see...that our programmes are at the international standard...and...at par with the international curriculum."*
>
> *(CD12)*

The majority of curriculum developers made an association with 'marketability' when explaining about international recognition. The curriculum developers explained that 'marketability' is about being able to sell the curriculum, not only to attract applicants from Brunei but also international applicants to come and (pay to) study in Brunei. The curriculum developers highlighted that this also concurred with one of the missions of the university, which is to become one of the most preferred universities in the world.

> *"To be marketable, we...want our programmes to be lucrative to the people...from outside Brunei to follow, to sell our programme. This is also to meet the mission of the University...To...become one of the most chosen university worldwide."*
>
> *(CD2)*

> *"We need to develop a curriculum which should not only cater for the local but we want to bring international students to Brunei...people from abroad to study over here..."*
>
> *(CD6)*

In the same way, a few students also confirmed that initiatives were made by the institution to market or sell the curriculum in order to attract applicants, including international applicants, to join the nursing and midwifery programmes in Brunei. The students pointed out that the initiatives could be identified from advertisements on the internet through the Commonwealth scholarship website, and many other international organisations' websites, such as the ISESCO.

> *"The [institution] is trying to sell the Brunei curriculum...to get more people to study in Brunei. I spotted the advertisement when I was googling the commonwealth scholarship website and the ISESCO."*
>
> *(Adv1)*

The majority of curriculum developers claimed that, in contrast with the Western countries, the aim of attracting international students to study in Brunei was not merely for the facts that these students are fee-paying, thus generating institutional income from such fees.

The curriculum developers further claimed that the purpose of 'selling' its image was to make Brunei become well known and reputable in the world of higher education globally, a source of unforgettable international learning experiences. Interestingly, a few curriculum developers revealed that there were quite a number of international students who had previously enrolled in nursing and midwifery programmes in Brunei. It was revealed that they were from countries considered to be in the third world or developing countries, who were granted fully-funded scholarships by the Brunei government. The scholarships were funded in collaboration with international organisations such as *ISESCO*, **ASEAN* and Commonwealth scholarships.

> *"This is not about money matters. We want international students to have memorable learning experiences here. We want them to put Brunei in the eye of the world and be recognisable by others in the world map."*
>
> *(CD15)*

> *"We had international students such as from Bangladesh, Kyrgyzstan, Bosnia-Herzegovina, Botswana, Ghana and Thailand...funded by our Government through *ISESCO, **ASEAN* and commonwealth scholarships. Money is no interest to us. We wanted them to experience our curriculum...feel how it's like to study and mingle around the people here."*
>
> *(CD11)*

ISESCO – Islamic Educational, Scientific and Cultural Organisation.

**ASEAN* – Association of Southeast Asian Nations.

It was also postulated that internationalisation, relative to Brunei, is about ensuring that the curriculum would be internationally accredited. The curriculum developers determined that the curriculum would have achieved international accreditation if the students are globally accepted for international education experience programmes, and graduates are accepted to pursue their studies and/or are accepted to work in any part of the world. Internationalising curriculum was also seen to be related to cultivating the global skills of nurses and midwives graduating from the Brunei curriculum.

> *"Quite a few of our graduates...are...working outside Brunei...I would imagine that...the chance of them working outside Brunei, is even higher once they graduate from this programme [new curriculum developed in the University]."*
>
> *(CD9)*

> *"Our students would be able to pursue their study and also work, not only in Brunei, but also abroad...they and our graduates should be able to develop personally and professionally for global skills...We do have graduates currently pursuing their study in the UK and in Australia."*
>
> *(CD10)*

> *"Two or three best students from each intake of the...Diploma in Nursing programme were sent to *Oz in their second year for a one year study abroad programme. We can see that our curriculum is accredited internationally, otherwise they would have not been accepted for this."*
>
> *(CD12)*

*Oz   – a short form of the word Australia

Likewise, the majority of the students held the same expectations as those of the curriculum developers. They pointed out that their colleagues were accepted for their international education experience in Australia. Similarly, they therefore expected that the programmes that they are enrolled in would prepare them to study and work, not only in the Western countries, but worldwide.

> *"When we graduated from our courses, we expected that we would be able to continue our study or be able to work in anywhere and any countries in the world, not necessarily only in the Western countries."*
>
> *(Dip1)*

> *"A few of our colleagues went to [a university] in Australia for a one year abroad programme during our second year. They said that they were able to study there without much of a problem. This showed that our curriculum is at a similar standard to the Australian curriculum."*
>
> *(Adv4)*

Some curriculum developers made connections between marketability, internationalisation, international recognition, international accreditation and the importance of integrating international aspects into the contents of the curriculum. The curriculum developers described that it is important for the curriculum to contain international perspectives. They further described that this would ensure international recognition and accreditation of the curriculum.

The curriculum developers also added that if the curriculum contained international perspectives, this would further ensure that the graduates of the programme would be prepared with the ability to provide care for international patients. Furthermore, the curriculum developers believed that the graduates would also be capable of caring for members of intercultural and multicultural societies in any country of the world.

> *"To make our graduates become more marketable, knowledge regarding international aspects must be incorporated in the curriculum. There are international people in every part of the world. More so, Brunei is a very diverse community. They should be able to provide care to the different multicultural, intercultural and international people, not only outside Brunei, but also here, in Brunei."*
>
> *(CD15)*

Despite some agreement between all participants on the importance of integrating international perspectives into the curriculum, a few graduates argued that they are not really bothered whether the knowledge learnt from their programmes contained only content applicable to Brunei, or that of a more international perspective. They highlighted that the most important point is that they are equipped with appropriate knowledge that would facilitate them to practice effectively and provide care that satisfied the needs of diverse patients in Brunei. However, they also highlighted that the knowledge they gained must also ensure that their nursing care and practice would be at the international standards, similar to other advanced countries in the world.

> *"It does not make a difference...whether our curriculum contains... Western...or only local perspectives...What really matters is that...I am able to give the best care to patients regardless of their social and cultural background such as ethnic origin, races, and religion."*
>
> *(NM3)*

> *"Whether the knowledge gained during our course were Western or...global...or those that only suit the local setting, the most important thing is we can practice safely and at a standard equivalent to other countries in the world... there is no used of so much theory input, if we cannot...practice properly and effectively."*
>
> *(NM4)*

Some other graduates have different opinions on the integration of international perspectives into the curriculum. A few of the graduates pointed out that the acquisition of experiential knowledge is more important than the

over-emphasis of the acquisition of theoretical knowledge, including those international perspectives. They appreciated the experiential knowledge more than the knowledge that they had acquired during their course that was designed to inform their practice. A few other graduates stated that nearly all that they learnt from the curriculum, including the international aspects, gradually disappeared from their memory. The graduates asserted that they are always very busy with their work and have only limited time to apply international perspectives in practice. However, other graduates claimed that they might have become accustomed to the international perspectives that they had acquired. They gave the example of keeping up to date with the latest evidence from publications on the internet to inform their current practice, as one of the international aspects that has been permanently embedded in their daily practice.

> *"I doubt...that I ever applied these knowledge (Western) into Brunei...It does not matter... whether this knowledge is Western or local...The most important thing is that I practice safely and up to the standards that would satisfy my patients."*
>
> *(NM1)*

> *"May be...these Western ideas have...dissolved in my practice. May be all this while my practices have been based on the Western perspectives without my realisation. Where I have doubts about certain nursing care and practices, I search the internet for recent research...I guess in this way, my thinking is influenced by the Western..."*
>
> *(NM6)*

> *"All these Western perspectives...are...slowly disappearing from my brain...I am...I am always very busy...and do not have the time to think about how to apply all these Western ideas into my work...I learn from my practices rather than using my knowledge to inform my practice."*
>
> *(NM8)*

A few other graduates explained that their perceptions of the importance of integrating international perspectives into Brunei were impeded by the lack of support from their colleagues. The graduates highlighted that they were initially very motivated to apply international perspectives into clinical practice, however the lack of support from their colleagues made them feel both stressed and isolated. They therefore disregarded the ideas of integrating those international perspectives, about which they had learnt, into their practice in order to regain a sense of belonging in their work setting.

This insightful finding made quite clear the need for perseverance and sensitivity over introducing what might be perceived as new and unwelcome culture into the normal cultural practice in a group (i.e. nurses/midwife).

> *"I was so motivated to apply the theories and principles of research... into practice when I was newly graduated. But my effort was not supported by my work colleagues, instead I was belittled. I felt isolated and stress, nobody wanted to be around me...I thought let's forget about this whole Western ideas and focused on protecting my moral. I gave up and things went back to normal. I got my friends back. If I cannot influence them to join me, then I will follow them."*
>
> *(NM9)*

4.9 Summary of findings

The qualitative data analysis illuminated five key themes namely:

- formation of committees for developing curriculum;
- identification of guidelines for benchmarking and standards' setting;
- features of the internationalised curriculum;
- preservation of the local values in the curriculum;
- perceived understandings of the internationalisation of the curriculum.

The findings highlighted the importance of committee formation and having guidelines for developing the curriculum. International documents from universities and professional organisations related to nursing and midwifery were collected and used as guidelines, especially for benchmarking and setting overall standards and contents of the curriculum.

Internationalisation of the curriculum was achieved by integrating international perspectives into the Brunei curriculum which was then perceived as the first feature of an internationalised curriculum. International perspectives are those perspectives (including the Western perspectives) which are viewed as adaptable and usable in any part of the world but the Western perspectives are those considered to be only applicable to the Western context. The second feature of the internationalised curriculum is the use of English, which is considered as an international language, as the mode of instruction for delivering the curriculum. The last feature of the internationalised curriculum, is the implementation of the andragogic approach to teaching students.

Once the features were determined, the process of internationalisation of the curriculum commenced. A cultural approach to internationalisation of the curriculum was deemed important. This involved two stages: i) identification of international perspectives deemed relevant to Brunei context; and ii) adaptation and application of the adapted international perspectives into the Brunei context. This process highlighted the association of the internationalisation of the curriculum with culture; only those international perspectives which are culturally acceptable, usable and adaptable to Brunei were integrated into the Brunei curriculum.

All participants reported similar perceptions on the internationalisation of the curriculum in Brunei. Internationalisation is perceived as the integration of international perspectives into the Brunei curriculum. Internationalisation of the curriculum is associated with marketability, international standards, accreditations and recognition of the curriculum, students and graduates. Internationalisation was thought to have been achieved if the Brunei curriculum becomes known worldwide, reaches international standards and is accredited and recognised internationally.

Students perceived internationalisation of the curriculum in two ways; negatively and positively. On the negative side, students failed to see the relevance of the international perspectives, particularly if there is non-existence of resources related to these international perspectives in Brunei, or if the international perspectives are not practiced in Brunei. However, on the positive side, students observed that the international perspectives needed to be seen as relevant. They stated that this could be achieved through uncovering the importance of theories and principles underpinning the international perspectives. The relevance of these international perspectives can also be emphasised by giving examples of their application and incorporation into Brunei context.

These findings is summarised in Diagram 4.1 in the next page.

Diagram 4.1 The process of internationalisation of the nursing and midwifery curriculum in Brunei

Theme 1: Formation of committee

Theme 2: Identification of guidelines for benchmarking and standards' setting

Search guidelines

Used international documents as guidelines

Overall and general aspects of curriculum (UK standards)

No guidelines

Search international documents

Contents of internationalised curriculum (International standards)

Theme 3: Criteria of the internationalised curriculum

International perspectives in the curriculum

Use of English as *Lingua Franca*

Andragogic approach to teaching

Theme 4: Preservation of the local values while internationalising curriculum

Identification of international perspectives relevant to Brunei

Adaptation and application the of international perspectives into Brunei context

Theme 5: Perceived understandings of the internationalisation of the curriculum

International perspectives in the Brunei curriculum

International standards International recognition International accreditation

Marketability Visibility Reputation and World ranking

Chapter Five: Discussion

5.1 Introduction

The aim of this study was to explore the curriculum developers' experiences of developing and internationalising Brunei's nursing and midwifery curriculum, and students' and graduates' experiences of learning from that curriculum. The main finding in this study was that the activities undertaken by curriculum developers, throughout the process of developing the nursing and midwifery curriculum in Brunei, have spontaneously led to internationalisation of the curriculum. The possible explanation for this phenomenon will be explored and discussed in this chapter. The discussion of this study's findings will be considered in relation to the research objectives. The following are the key areas of discussion:

1) the process of developing the nursing and midwifery curriculum in Brunei;
2) the process of integrating international perspectives into the curriculum, including the relevance of the curriculum to the students and graduates;
3) whether the curriculum has undergone internationalisation; and
4) the rationale for developing the curriculum in the way that it was developed.

5.2. The process of developing nursing and midwifery curriculum in Brunei

The process of developing the nursing and midwifery curriculum involved several activities. The first was the formation of committees, the importance of which prior to developing a curriculum, is supported by findings in the literature (e.g. Iwasiw et al. 2009; McKimm 2007). Curriculum developers in this study stated that committees were required to facilitate collective decision-making during curriculum development. This is in line with the findings of Keating (2010). Study participants also believed that committee formation was essential in order to ensure that the curriculum is developed through team work effort, and to create a sense of shared ownership of the curriculum. This resonates with findings of previous studies (see e.g. Huber 2000; Iwasiw et al. 2009). Discussion, mutual agreement and collective decision-making regarding the design of the curriculum were considered to be powerful if undertaken in a team (Huber 2000).

The findings in this study indicated that in Brunei, curriculum development committees were largely comprised of individuals who have studied abroad and also expatriates from other countries, including Western countries. This study showed that the knowledge and experience of the committee members that was gained from abroad influenced how the curriculum in Brunei has been developed; for example, when making decisions on the overall standards and contents of the curriculum, they were matching these against international standards. Similarly, the knowledge and experience of the members also influenced the decisions about the kind of international perspectives to be integrated in the curriculum; for example they were reflecting on their previous knowledge and experience of learning abroad. They also compared their knowledge and experiences with each other in the committee in order to assess the suitability of the international perspectives to the Brunei (socio-cultural and political) context prior to integration into Brunei curriculum.

The findings in this study reaffirmed conclusions in published literature that the involvement of either expatriates or individuals, with knowledge and experience gained from other countries in curriculum development, would result in the integration of international perspectives into the curriculum. For example, Girot and Enders (2003) focused on the influence of the UK on the Brazilian midwifery curriculum; Xu et al. (2001; 2002) looked at UK and USA influenced to China's nursing curriculum; York et al (1998) considered the relevance of the USA to Thailand's nursing; Jayasekara and Schultz (2006) were interested in drawing upon Canadian nursing curriculum for Sri Lanka and Stockhausen and Kawashima (2003) studied the Australian nursing curriculum and how they might apply in Japan.

The findings from this study showed that it is important to include experts or specialists in the area of the curriculum that was developed as members of the curriculum development committee. The stakeholders, in particular the representatives from the employer (that is, the Ministry of Health [MoH]), were seen as key individuals in curriculum development. These representatives were considered to have very important roles in providing information about current nursing and midwifery practice, and identifying international practices which were already in existence in Brunei. This was in line with previous literature on the importance of involvement of stakeholders in curriculum development (e.g.

Thornton & Chapman 2000; Tiwari et al. 2002; Iwasiw et al. 2009; Kinsella et al. 2008). Participants in the current study perceived that the involvement of representatives from the MoH in curriculum development would facilitate the inclusion of relevant practice placement learning in the curriculum. The findings in this study reinforced the previous literature (see, for example, Thornton & Chapman 2000; Pross 2005; McAllister & Moyle 2006) on the importance of collaborative curriculum development with colleagues from practice placements, as they are seen as experts who provide useful, practical input and can suggest appropriate practice experiences.

Other studies, as previously cited, have advocated the involvement of several different stakeholders in curriculum development, and indeed this too was the view of many participants in the current study. However, the only stakeholders that were actually involved in nursing and midwifery curriculum development in Brunei were the representatives from the MoH, one of the many future employers of graduates from the programmes developed or in the process of development. In addition, although evidently graduates from the nursing and midwifery institutions were involved in developing their curricula (e.g. Iwasiw et al. 2009), it was apparent that the students participants in my study were not.

These findings conflict with the recommendations in the literature for the involvement of students in curriculum development. The students' role in sharing their learning experiences has been acknowledged as an invaluable contribution to curriculum development (Thornton & Chapman 2000; Kinsella et al. 2008). Students' involvement in curriculum development is claimed to be as credible as other stakeholders and educational representatives (Iwasiw et al. 2009) and students are urged to bring their previous experiences and perspectives, combined with their needs and aspirations, to inform curriculum developers (e.g. Thornton & Chapman 2000). In support of the findings in the literature, the findings of this current study also showed that graduates of nursing and midwifery programmes in Brunei believed in the importance of the students' engagement in nursing and midwifery curriculum development. These findings, therefore, have implications on the importance of involving students, as part of the future curriculum development agenda in Brunei.

The second activity in the process of curriculum development was the identification of guidelines. The study's findings showed that curriculum developers saw guidelines as any materials that had originated from any country, in the form of documents that could be used as references for facilitating development of the curriculum in Brunei. The guidelines were needed for benchmarking and setting standards, whether these were for guiding development of the new curriculum or for when reviewing and evaluating the existing curriculum. Curriculum developers anticipated that such guidelines were needed to ensure that the standards of Brunei's curriculum would be at the international level. The practice of international benchmarking is indicated as best practice in higher education and involves the comparison of programmes or courses offered in an education institution with international institutions, in order to assess the strengths and weaknesses (Mok and Chan 2008). This practice is suggested as necessary for improving the existing curriculum and most importantly; the development of high standards resulting from the benchmarking was believed to promote the educational reputation of the institution producing the curriculum (e.g. Karjaluoto et al. 2004).

From the findings of this current research, it was evident that guidelines were required in order to decide which, if any, of the international contents should be integrated into the curriculum; guidelines were also used to establish overall standards of the curriculum that were comparable with international standards. Taken into consideration were such issues as: the distribution of hours for theory and practice; entrance requirements; requirements and competencies for practice placements; the duration, length and content of the whole programme; teaching and learning styles and medium of instruction for delivering the curriculum. The findings from this study showed that the specific guidelines desired by curriculum developers, as mentioned above, were not available in Brunei.

It was for the reason of this unavailability of local guidelines, curriculum developers searched beyond Brunei to other countries. The accessed documents were those produced by universities, professional bodies, and other international organisations allied to nursing, midwifery and health (such as the ICN, ICM and the WHO). These documents were either that acquired

during the curriculum developers' experience of studying abroad, through their colleagues or other nurses and midwives, and through the internet. According to data gathered in this study, the use of these documents has further influenced the development of the internationalised curriculum in Brunei.

There is a possible explanation for the utilisation of these international documents as guidelines for developing and reviewing curriculum in Brunei. Many countries have their own professional regulatory body for nursing and midwifery education and practice, such as nursing and midwifery boards or councils (for example, in the UK, New Zealand, Canada, Nigeria, Australia and Malaysia). They provide the parameters for developing nursing and midwifery curricula. In addition to guidelines, there were also availability of documents related to the standards required for nursing and midwifery education and practice in those countries (e.g. Canadian Council of Registered Nurse Regulators 2013; NMC, UK 2011). When this study was conducted, there was, however, no such regulatory body in Brunei; hence the importance of using the international documents for guidance. Having identified this administrative vacuum, the establishment of a nursing and midwifery authority in Brunei is suggested, in view of the requirement for producing guidelines that would regulate Brunei nursing and midwifery education.

Globally acceptable standards of nursing and midwifery education have been outlined by the WHO, and are also documented by the ICN and ICM. The ICN stated that one of its roles included standardising nursing practice (see ICN 2011). Similarly, the ICM has developed, and made explicit, the essential competencies for basic midwifery practice and global standards for midwifery education, thus claiming to regulate midwifery worldwide (ICM 2012). Likewise, the WHO acknowledged that one of their many functions was to strengthen nursing and midwifery worldwide (WHO 2012). In spite of these claims by international organisations, curriculum developers in this Bruneian study still preferred to use international documents produced by various universities in the UK, and publications of the NMC of the UK, for benchmarking and developing the standards of the overall aspects and contents of the Brunei curriculum. Perhaps the reason for this was that, despite the global nature of these international organisations, and acknowledgment of their functions and

roles, none of them was found to have produced specific and explicit guidelines for developing a nursing and midwifery curriculum worldwide. On the other hand the UK standard of nursing and midwifery education was viewed by curriculum users as the most renowned and the most reputable.

The third activity mentioned by the curriculum developers was to proceed with designing the curriculum. They achieved this goal by dynamically and continuously reflecting, evaluating, analysing and synthesising information gathered from the international documents, that was then compared with prior knowledge and learning experiences gained from both Brunei and abroad. These findings are in line with the existing literature that shows the importance of team work, including collective decision making, and the use of prior knowledge and experience as essential components facilitating activities in curriculum development (Iwasiw et al. 2009; McKimm 2007).

5.3 The process of integrating international perspectives into the curriculum

The integration of international perspectives into the nursing and midwifery curriculum in Brunei was a result of the attempts of curriculum developers in this study to internationalise the curriculum. This section is conducted under three sub-headings:

1. discussion on the perceived definitions and relevance of international perspectives, as perceived by the study's participants;
2. justification of efforts to preserve national and cultural identity, whilst internationalising the curriculum;
3. debates about the perceptions of the features of the internationalised curriculum.

5.3.1 Perceived definitions and relevance of international perspectives

This study revealed the different perceptions held by curriculum users in a specific Eastern culture, of the two main terms associated with the process of internationalising curriculum: first, the meaning of international perspectives; and second, what determined the international perspectives to be relevant to Brunei context.

The perceived definitions of these two terms were frequently described by curriculum users in relationship to the Brunei context. Therefore, this necessitated the meaning of that Brunei context be discussed, prior to any discussion of the other two terms.

The findings in this study revealed that the term 'local values' has been used by participants in this study interchangeably with the 'Brunei context'. The term was frequently used to describe the national, political, social and cultural attributes of the people of Brunei. Participants pointed out the three essential components of 'Brunei context': the Malay people and Malay culture, which is the major cultural group in Brunei; the official and dominant religion of Brunei, which is Islam; and the political climate of Brunei, which is the MIB (or Malay Islamic Monarchy). Participants also elaborated the term 'Brunei context' to include other different ethnic groups and religions of the residents in Brunei, including immigrants and expatriates working in Brunei. Likewise, definitions of the phrase 'context of a country', similar to those offered by the participants in this study, are mentioned in the existing literature (see for example Knight 2003; Creswell 2009). The perceived definition of the meaning of 'Brunei context', therefore, signified that these variations in nationalities, religion and culture of an individuals have important implications for the needs to design educational programmes for nurses and midwives, as well as the provision of health care in Brunei, that would cater for these differences.

The findings in this study demonstrated varying views of the participants as to what were considered to be international perspectives that should be integrated into the Brunei nursing and midwifery curriculum. Respondents used various terms to describe these, such as 'Western', 'foreign', 'universal', 'international' and 'global'. They clearly linked 'Western' and 'foreign' perspectives and similarly international was referred to almost interchangeably with the adjectives 'universal' or 'global'. Curriculum developers, students and graduates in this study all brought to light that the major aspects of the current curriculum contained international perspectives, almost all of which they viewed as 'Western'. It is evident from this study that while curriculum users specifically perceived international perspectives as those that were derived from many different countries and continents, only those from the West, perceived as relevant to the Brunei context, would be regarded as

international. Some of the curriculum users even classified the international perspectives as 'universal' or 'global', if these perspectives were also adopted in other countries' curricula. On the other hand, the Western perspectives will remain as Western, or even categorised as 'foreign' by some of the participants, if they lacked relevance to Brunei.

Curriculum users in this study perceived any contents of the curriculum derived from sources or references originating from other countries, as international, regardless of whether such contents relate to factual, objective and universal information, such as anatomy and physiology. Although one might disagree and argue that the scientific field of anatomy and physiology would be the same in any part of the world, curriculum users perceived this knowledge as having an international orientation. International principles, concepts, theories, models, trends and issues were also regarded as being and offering international perspectives. Examples mentioned by curriculum users, that were drawn from other countries, included theories of leadership and management by Kurt Lewin (1951); nursing/midwifery theories and models of care such as the model from Roper et al. (1980) and Henderson theory of needs (1997); principles of research from books such as that of Polit and Beck (2004) and Burns and Grove (2005); and many others. The possible reason for integrating these perspectives into the Brunei curriculum is, at present, Brunei does not have local books to be used as references. In addition, up to the current state there have not been any Brunei's nursing/midwifery theorists, thus, Brunei adapt the international nursing/midwifery theories and models.

The next issue to be discussed is how the relevance of the international perspectives could be integrated into the Brunei context, and how that transformation was determined by curriculum users. They acknowledged that the international perspectives would be most likely considered as relevant if they could be incorporated into, or are compatible with, the Brunei context; specifically the Malay culture, MIB philosophy and Islamic religion. Further, such perspectives would be considered as relevant by the students and graduates in this study if the resources for learning them were available in Brunei, and the principles underpinning them were suitable and applicable to the Brunei's context.

All curriculum users acknowledged that if these requirements were not met, the international perspectives therefore would be considered as irrelevant to the Brunei context.

Analysis of the evidence in this study revealed that even if the perspectives originated from a different context or country, this does not mean that they cannot be fitted into another context or country. However, although the international perspectives may be considered as relevant, their 'usability' may be reduced, as they have to be adapted in consideration of the differences in the contexts of the different countries. This indicates that no matter how international or global the international perspectives are, they are not universal to all countries; thus, should be made culturally and country specific. The findings in this study confirmed with the concept of universality (the fact that there are shared values across different cultures) and diversity (the fact that there are different values existing, due to cultural differences) (Xu et al. (2002). However, the findings in this study further expanded these concepts indicating that although there are shared values across different cultures, the values are not similarly perceived across these different cultures, thus, the need to adapt these values for 'usability' if they are to be used in a particular culture.

The findings of this study brought to light how international perspectives, and their relevancy to the Brunei context were perceived would determine the curriculum developers' actions on the selection of the perspectives to be integrated into the curriculum. The way that the students and graduates perceived the terms international perspectives and the relevant of learning these perspectives influenced their motivations and interests in learning these perspectives. The students and graduates also perceived that learning these international perspectives have important contribution to the their competencies when they start working. This reflected that only those Western perspectives that were considered as usable, culturally acceptable and applicable in Brunei would be perceived as relevant by curriculum users. The evidence in this study, therefore, confirmed the existing literature that suggested perceptions of the relevance of importing Western ideology and concepts into a different context is culturally influenced (see e.g. Hillier 2003).

The findings of my study also reiterated those of Mestenhauser (2002) and Peelo and Luxon (2007) who suggested that the manner in which people think, reason and view knowledge is culturally and socially determined.

It is, therefore, worth questioning whether curriculum developers from different contexts, including those from Western countries, may also hold different perceptions of what is meant by international perspectives, and how these perspectives are determined as relevant. It would also be intriguing to explore how or whether their perceptions influenced how such curriculum developers developed and internationalised their curricula. It is an interesting point to bring to light whether these perceptions would be similar or different from that of Brunei's curriculum users.

5.3.2 Preservation of national and cultural identity

The findings in my study indicated that all curriculum users are concerned with the preservation of the national and cultural values of Brunei, when internationalising the curriculum. They highlighted the importance of Brunei's curriculum having distinctive features in order to retain Brunei's identity. This mindset confirmed the existing literature that suggested that since countries are politically and culturally different (e.g. Knight 2004), each country's specific national and cultural identities should be preserved (Xu et al. 2002) whilst the curricula are being internationalised, in order to produce a curriculum, or curricula, that would be relevant to a specific country (Jayasekara & Schultz 2006). Evidence from this study indicated a model for cultural approach to internationalisation of the curriculum. This was detailed by curriculum users as a process of preserving the national and cultural identity of a country, while internationalising its curriculum; an addition to the knowledge documented in the existing literature.

Preservation of the national and cultural identity of Brunei was found to be very challenging by and for the curriculum developers. Despite these challenges, curriculum developers described that this could be ensured by undertaking three measures which could be explained as stages of the process of preservation of the national and cultural identity of Brunei while at the same time also internationalising the curriculum.

Firstly, selecting only relevant international perspectives; secondly, adapting these perspectives in consideration of the Brunei context and thirdly, application of the perspectives into the Brunei context during teaching. The first measure was achievable during the process of designing the internationalised curriculum (the development phase), but the third measure was only achievable when the curriculum was implemented (the implementation phase) and the contents were taught and disseminated to students. On the other hand, the second measure could be achievable both during the development and implementation phase of the curriculum.

My study highlighted the need to have both an understanding of the Brunei context, and also appreciating cultures from other countries, in order to be able to identify the relevant international perspectives to be integrated into the Brunei curriculum. This study showed that curriculum developers were faced with the complex process of identification and selection of the relevant international perspectives. They found that it was essential for them to critically examine the international perspectives that they considered relevant. The possible explanation for this was that curriculum developers were conscious of any potential bias that they might have created due to the risk of deciding 'relevance' based on personal judgments and preferences or what they believed and valued to be relevant on reflection of their prior knowledge and experiences. Many decisions were contested and had to be resolved in committee; thus, the possible reason for establishing criteria for determining the relevancies of the international perspectives (see previous section 5.3.1).

The second stage that was explained by curriculum developers in the process of preservation of national and cultural identity while internationalising the curriculum is the adaptation. The second stage could be achievable following the first stage, but, was again undertaken together with the third stage when the relevance of the international perspectives was demonstrated to the students. The second stage was defined by curriculum developers as the process by which the relevant international perspectives are adapted to suit local context. In this stage, the relationship and importance of principles underpinning the international perspectives to the Brunei context were drawn and delineated by curriculum developers in the design of the curriculum.

Alterations of the contents of these international perspectives were also suggested by curriculum developers in order to ensure adaptation into the Brunei context. The possible explanation for undertaking this stage was in order to ensure that Brunei's curriculum will be relevant to Bruneian students as well as the international students. However, in reality, a number of students and graduates in this study had reservations that not all the contents thought to be relevant by curriculum developers, were perceived as relevant to the students and graduates. This emphasised the earlier point about the importance of involving recipients during curriculum development process (see section 5.2).

Following adaptation, the third stage in the process of preservation of national and cultural identity while internationalising the curriculum that was explained by curriculum users was the incorporation stage. This is the last stage where the selected and adapted relevant international perspectives, having been integrated into the Brunei curriculum, were delivered and disseminated to the students. This stage is art of the implementation phase of the curriculum. Having said when the stage took place, this meant that it include the employment of experimentation of the international perspectives. The possible explanation for undertaking this stage is the anticipation by curriculum developers that students might not be familiar with these international perspectives. This stage, therefore, required the creativity of lecturers in illustrating the international perspectives to the students.

There was evidence in this study that students' interests in understanding and learning the international aspects of their curriculum required facilitation by lecturers through giving real and local examples, instead of examples acquired from experiences abroad, which are often different from situations in Brunei. In addition, the findings also revealed that teaching the students by emphasising theories, principles and concepts underpinning the international perspectives made them retain the knowledge, and value the importance of learning these perspectives. Hence, these findings add to the existing body of knowledge that highlighted the importance of uncovering the concepts and principles underlying topics taught to students in order to increase their understandings of the relevance of those topics (See, for example, Salsali 2005).

The possible explanation for curriculum developers to preserve Brunei's national and cultural identity, whilst internationalising the curriculum, was in response to the aspiration of having a curriculum which was distinctive from other countries' curricula, yet tailored to meet the unique needs of Brunei's students and also any incoming international students. As noted from the literature in the previous section, since the establishment of the PAPRSB College of Nursing in 1986, MIB was a compulsory subject integrated into all nursing and midwifery subjects (See section 2.6). This compulsory requirement, specifically the Islamic perspectives, continued with the merger to the PAPRSB Institute of Health Sciences (formerly Institute of Medicine) in early 2009. His Majesty the Sultan of Brunei in his Titah (speech) during one of his visits in the year 2010 expressed his concern with regards to the lack of Islamic perspectives in the nursing and midwifery curriculum. Following this Titah, with the cooperation from Islamic Studies Department at the Ministry of Religious Affairs, a range of Islamic perspectives was successfully integrated into the nursing and midwifery curriculum. These included the integration of these Islamic dimensions with the secular international perspectives. Current experiences and observations show that the lectures are fully supported by the State Mufti Department at the Prime Minister Office, the Islamic Propagation Centre at the Ministry of Religious Affairs and the Sultan Sharif Ali Islamic University (UNISSA).

Similar to the discussion in the previous section 5.3.1, the details concerning the process of preserving Brunei national and cultural identity whilst trying to internationalise the curriculum, further emphasised and indicated the uniqueness of culture. The findings in this study confirmed the truism that the culture of a country is unique only to that particular country, despite the regions: Asia Pacific, Southeast Asia or Europe; or the parts of the world where the countries are located: North, East, South or West. This study has drawn attention to the risk of stereotyping a country with sharing the same culture with other countries that come from the same region. An example is although New Zealand and Australia are countries in the Asia Pacific region, the common practice in Brunei is to perceive them as Western countries, similar to and together with the UK, the USA and Canada.

Further, there is also a perception that all these countries have the same cultural attributes, due to the fact that English is the dominant language in these countries. In the case of Brunei, it is likely that the social and cultural environment of Brunei might be perceived as the same as those countries from the same region of the Southeast Asia; for example Malaysia, Singapore and Indonesia.

5.3.3 Features of the internationalised curriculum and the issues

Much of the literature documented the definition and typology of an internationalised curriculum from the points of view of higher education institutions (e.g. Oxford Brookes University 2013; Griffith University 2013), Organisations (e.g. OECD 1996 in Crowther et al. 2000; IAU 2010) and personal definitions (e.g. Qiang 2003; Knight 2003; Olsson 2010). The findings in this current study add to this existing literature and offer a different view of the features of an internationalised curriculum, based on evidence from curriculum users. All study participants perceived and defined the internationalised curriculum as having three features. First and foremost, the curriculum must contain international perspectives; secondly, it must be designed and delivered in the English language; thirdly, the internationalised curriculum should be taught using the andragogic approach.

The perceptions with regards to international perspectives have already been discussed in detail in sections 5.3.1 and 5.3.2 above. The fact that the perspectives are international means that they are different from the perspectives that the curriculum users were accustomed to in their native culture. This is one of the crucial issues that were highlighted in this study. Curriculum developers may have felt that they had integrated relevant international perspectives into Brunei's curriculum. This was not denied by students and graduates, who agreed that while some international perspectives might lack of relevance, the majority of the international perspectives were indeed relevant.

It is clear that curriculum developers were familiar with these international perspectives, due to exposure from their previous experiences of studying abroad. However, unlike curriculum developers, the students and graduates

admitted that they were unfamiliar with these international perspectives. This unfamiliarity is the possible reason for the students and graduates encountering difficulties in understanding and appreciating these international perspectives, let alone seeing the relevance of these international perspectives to Brunei's context. These findings are consistent with previous studies with regards to the issue related to students' difficulties in learning perspectives which are very different from the perspectives that they were usually exposed to in their own culture.

Much of the existing studies focused on this issue of challenges encountered by international students (non-Western) learning international and intercultural perspectives in a Western context (e.g. Arthur 2004; Andrade 2006; Poyrazli & Grahame 2007; Zhou et al. 2008). The findings of my study, therefore, add to the existing literature and offered the notion that it is not the context or country where the students learnt the international perspectives that matters, but the consequence of learning the international perspectives, some of which the students might well consider as 'foreign'. In other words, the issue may be summarised as not *where* the students learnt, but *what* they learnt. This finding drew attention to the challenge of resolving the impediment to learning international perspectives (most of which are Western), encountered by non-Western students in their home country; in particular the non-Western context. It is interesting to surmise at this point that Western students may also be faced with the similar difficulties if they were required to learn international perspectives originating from countries and cultures other than their own; particularly if they were non-Western perspectives in a non-Western context.

The findings in my study also add to the existing literature regarding the perception that the internationalised curriculum should be delivered in English (Kerklaan et al. 2008). Although this perception was viewed by Knight (2011) as a myth and by de Wit (2011) as one of the misconceptions of internationalisation of higher education, the use of English is still evident in many countries as documented in much of the existing literature (e.g. Xu et al. 2002; Jayasekara & Schultz 2006). Without doubt, this is currently the reality in Brunei, and possibly the majority of non-Western countries. There is evidence located in the proceeding of the Association of Southeast Asian Institutions of Higher Learning (ASAIHL) international conference (Universitas Airlangga 2013)

that similar perceptions were also held by many different countries from the Southeast Asia region. Further evidence from my study indicated that English was further perceived as an international language by all curriculum users. Not only that, they also perceived that by using English as the medium of instruction, it would ensure that Brunei's nursing and midwifery programmes would be at par internationally. Another possible explanation for using English as the *lingua franca* would be to meet the needs of incoming international students to Brunei, who would not understand the Malay language. The importance of the English language was further highlighted by the compulsory requirement for using English as the medium of instruction in all higher education institutions in Brunei.

With regards to this, the findings of my study pointed out that the difficulties of learning international perspectives (which are different from the students' existing culture) were further complicated by the requirement of learning these perspectives in English (a language other than their mother tongue). Much of the existing literature documented that the academic difficulties encountered by non-Western international students, studying in Western countries, were related to linguistics; in particular having to study in the English language (e.g. Arthur 2004; Andrade 2006; Poyrazli and Grahame 2007; Williams 2008; Zhou et al 2008). The findings of my study resonate with the existing literature (e.g. Alghamdi 2010) in that local or home students in Brunei were also studying in the English language (which is not their native language).

Similar to that of the existing literature, my study revealed that home students in Brunei also have the same problems with regards to the use of English language as the medium of instructions; in particular, the problems are related to their literacy skills. Williams (2008) warned that faculty must avoid equating international students' linguistic difficulties with the levels of their intelligence. My study showed that students and graduates equally voiced out that not only they found the international perspectives were difficult to grasp, but their cognitive potential was also inhibited by having to communicate, express their ideas, write assignments and answer examination questions in the English language. Evidence in this study also pinpointed that both graduates and students expressed their frustrations at having to master literacy skills in order to learn and communicate in English. However, it is also noteworthy to reflect

that learning those international perspectives in the Malay language may not be any better, due to the challenge of translating some of the English words into Malay especially when there is no direct equivalent meaning.

English language is gaining an ever growing status in Brunei. However, even with the entrance requirements to the nursing and midwifery programme being a minimum of credit pass 6 or Grade C in English at the General Certificate of Education Ordinary level (GCE 'O' level), International English Language Testing System (IELTS) score of 6.0, and overall score of 550 for Test of English as a Foreign Language (TOEFL) (PAPRSBIHS, UBD 2011), the findings from this study suggested that higher education students still had problems with English. There are three possible reasons for this. Firstly, their achievement in the above stated English requirements might merely be for the purpose of attaining the grades for entrance into higher education institutions. Secondly, the fact that English language is only used for academic purposes made the students revert to using the Malay language or, better still, together with a combination of English at the end of this academic responsibility. Thirdly, through observations and experiences, as the majority of the lecturers were also Malay, lectures were usually delivered in a combination of Malay and English language. Therefore, it does make sense if there is evidence of only slow improvement in the students' literacy levels in English.

In addition to this, another concern raised by the graduates and students alike was the 'technical' or 'jargon' English terminologies. Some of the examples of these terminologies are such as terms used in Law and Ethics: consequentialist, utilitarian, beneficence, non-malefecience and many others. This problem is more related to the issue on technicalities of the English language. It is therefore worth noting here that the difficulties should not be seen as unique to the students in this study. The same problem may also be encountered by all students when learning similar subjects, regardless of the culture and country the students come from.

According to Schuerholz-lehr et al. (2007) the English language problem faced by non-English speaking international students studying in the West are exacerbated by the use of excessive amounts of idiomatic or casual English language due to the fact that most, if not all, their lecturers are native English

speakers. However, the findings in my study revealed that there was no evidence of the use of colloquial, idiomatic or casual English language. The possible explanation for this is that although home or local students have to study in the English language, English is also the second language, also foreign to the majority of their lecturers. In addition, the lecturers and students in Brunei alike use English language only for academic purpose during lectures. Further, English was also used in combination with the Malay language for lecturing. Hence, it is not usual for the local lecturers to master the English language anyway similar to a native English speaker, let alone to the extent of being able to call upon colloquial, idiomatic or casual English.

The last feature of the internationalised curriculum, which was frequently addressed by curriculum developers, was the employment of the andragogic approach to teaching the international perspectives. This finding reaffirmed much of the findings in the international literature, that the andragogic model is a favourable teaching approach, in particular with and for adult learners, not necessarily confined to teaching an internationalised curriculum, but any curriculum in general (Holmes & Arbington-Cooper 2000; Mestenhauser 2002; Andrade 2006; Peelo & Luxon 2007; Peelo & Luxon 2009). The common findings in these studies are related to the need for undertaking measures in order to familiarise non-Western international students, studying in the Western context, with the andragogic method of teaching and learning. Such a teaching model, that relies heavily on independent and self-driven learning, may well be different from the model experienced from where they (non-Western students) come from; mainly the passive teacher-centred or pedagogic method. It was highlighted that since the non-Western international students were unfamiliar with the andragogic method of learning, coupled with the use of English, these challenges further precipitated the difficulties encountered in learning (Mestenhauser 2002; Andrade 2006), let alone understanding, the international perspectives.

However, unlike findings from previous research, findings from this current study indicated that non-Western home students and graduates voiced their interest in the use of the student-centred teaching and learning style, not only for learning international perspectives but also the curriculum in general.

This study also revealed that the pedagogic approach to teaching, in particular teacher-centred didactic teaching, coupled with international perspectives that contain different aspects from that of the students' culture, had resulted in students losing their motivation and interest to learn, consequently devaluing the importance of these perspectives.

On the one hand, this study reaffirmed previous studies that the student-centred teaching style was viewed by students and graduates to have stimulated active learning and interests in the international perspectives by employing a more engaging mode, resulting in the students appreciating the relevance of learning the international perspectives. On the other hand, the findings of my study also conflicted with the claim that traditional education in the Eastern countries is often characterised by rote learning, whereby learners were passive recipients of imparted knowledge with little interaction between the learner and the teacher (e.g. Xu et al. 2001).

The last issues that students and graduates in this study commented on related to the skills of critical thinking, conducting critical analyses and appraising literature which are associated with the andragogic approach, especially when the students were to do group work and seminar presentations. The findings of my study indicated that the students and graduates associated the limitations on the development of these skills with the requirements of having to express their thoughts in the English language, in which they were not fluent.

However, there are many possible explanations for these limitations which go beyond their lack of fluency in English and their limited English vocabulary. They might, for example, be due to both limited knowledge and limited awareness of the subject (e.g. the international perspectives) to be analysed/discussed or a lack of effort to find resources and thus possessing an inadequate depth of reading. Also there could be a relationship between the inhibition of using these skills and the Brunei culture. As indicated earlier (section 1.6.1), students in Brunei may not be able to voice out and express their ideas effectively as such behavior is unusual in their culture; instead they keep their thoughts, opinions and feelings to themselves (Morni 2001). It is possible to develop such skills through more practice, encouragement and

guidance in using them, as well as acknowledging the achievements and developments of students in using these skills. This may be the reason why such skills were introduced and required from the very beginning of the commencement of nursing and midwifery programmes in Brunei (PAPRSBIHS, UBD 2011).

5.4   Has the curriculum undergone the process of internationalisation?

This section delineates the events contributing to the phases of internationalisation of higher education in Brunei in general, and the curriculum in particular. The debate on whether Brunei's curriculum has actually undergone internationalisation, or merely been the subject of British influence, will be engaged in while examining this process.

Although research participants claimed that the contents of Brunei's curriculum had been developed whilst taking into account diverse international dimensions, they highlighted that the majority of these were from Western countries, mainly and initially from the UK and the USA, and later, from Australia, Canada and Germany. This finding resonates with the literature that points out that most international perspectives originate from, and are developed in, Western countries (Giddens 1990; Knight 2004). It could therefore be deduced that it was for this reason that most international perspectives in the Brunei curriculum were formerly those of Western countries.

This study revealed that there are three phases of integration of international perspectives into Brunei's nursing and midwifery curriculum. The integration of Western perspectives in Brunei was found to originate from the colonial and political impact of the British on Brunei, during the British protectorate period, which took place between 1888 to 1983 (e.g. see section 2.6). The first phase of internationalisation of the nursing and midwifery curriculum commenced with the formal establishment of nursing and midwifery training in 1946 in Brunei and lasted until the late 1980s. During this period, Brunei's nursing and midwifery curriculum was heavily invested with perspectives from the UK and other European countries. These were evident in the State of Brunei Annual

Reports, from 1906 to 1986, and the Ten Year Report of the PAPRSBCONB (see section 2.4.1 and 2.4.2).

The evidence of the strong influenced of the UK and other European nations on Brunei were further confirmed by the statements made by curriculum developers in this study. The indications that the nursing programme was developed based on that of the GNC for England and Wales, and the midwifery programme based on CMB of the UK, reflected the strong British influence. If this were the case, the claim that international perspectives were integrated into Brunei's nursing and midwifery curriculum could then be challenged; particularly whether these perspectives were genuinely international or merely those influenced by Western countries, in particular the UK. There is a question raised as to whether curriculum developers have deliberately attempted to incorporate ideas, concepts and knowledge that will make Brunei curriculum truly globally relevant; or whether the curriculum developers were only integrating these Western perspectives into Brunei curriculum due to the non-existence of such similar perspectives locally in Brunei.

The second phase of internationalisation took place in the early 1990s, when Brunei's nursing and midwifery curriculum was reviewed and post-graduate nursing and midwifery courses were established. During this phase, international perspectives from the USA, Australia and Canada were further integrated into that particular curriculum. This perception is based on evidence from the review of Brunei literature (section 2.4.1 and 2.4.2), such as the official State of Brunei Annual Reports from the year 1906 to 1986 and the Ten Year Report of the PAPRSBCONB; research literature such (Zakiah 1989; Abdullah 2007a; Mumin 2006). The consideration of more diverse perspectives indicated that other countries' perspectives apart from the UK were also considered to be relevant inclusion in the curriculum.

At the beginning of the twenty-first century, a third phase occurred when there was additional integration of further international perspectives into Brunei's nursing and midwifery curriculum, such as from Japan, Malaysia, Singapore, Iran, Singapore, Malaysia, Saudi Arabia and Hongkong. This third phase highlighted that the international perspectives integrated in the Brunei's current nursing and midwifery curriculum are a blend from many different

countries of the world, and not solely the UK or other Western countries. The findings from a review of the Bruneian literature (section 2.4.1 and 2.4.2), which are further supported by curriculum users in this study, confirmed the third phase of internationalisation of the curriculum. All these perspectives were perceived as international or global or universal perspectives by the curriculum users.

In recognition of this, the current Brunei nursing and midwifery curriculum could therefore be considered as having the characteristics of an internationalised, as opposed to the Westernised, curriculum. Considering that there was integration of diverse perspectives from many different countries, not solely Western ones, the Brunei nursing and midwifery curriculum appeared to have been undergoing internationalisation of the curriculum, and not merely Westernisation. However, it is very difficult to determine the extent in which the curriculum has been truly internationalised. This is due to the fact that what comprises an internationalised curriculum and what can be considered as international in an internationalised curriculum, might mean different things to different people, organisations and even countries.

5.5 Rationale for internationalising the curriculum

This section discusses the rationale for developing the curriculum in the way that it was developed, specifically the reasons for internationalising Brunei's nursing and midwifery curriculum in a certain way. At some points, the rationales given by the three different groups of participants - curriculum developers, students and graduates - will be discussed, together with examining whether what was expected by curriculum developers matched the perceptions of the students and graduates.

The findings in this study indicated that curriculum developers have given two justifications for internationalising the curriculum: i) so that the standards of the Brunei curriculum would be equivalent to the international standards; and ii) the programmes offered would ensure their successful graduates gained international recognition and accreditation. Similarly, curriculum developers, students and graduates alike perceived that international standards, and international recognition and accreditation would be achieved if i) the

curriculum is able to attract international students to study in Brunei and ii) Brunei students and graduates are accepted to study and work anywhere in the world.

The main rationale given by curriculum developers for internationalising the nursing and midwifery curriculum in Brunei reflected a strong association between the process of internationalisation of the curriculum and the desire of the curriculum developers, and those in positions of authority in higher education, to promote global visibility and status of the institution, thus the international reputation of that institution. Similarly, students and graduates perceived that it is relevant to internationalise the curriculum in such a way, so that the students will be readily accepted to pursue studies abroad, and graduates would be accepted to work globally. This indicated that not all curriculum users might be able to see beyond their main rationales in order to explore what are claimed as the genuine rationales for internationalising curricula; rationales which aim at infusing students with international/ intercultural knowledge so that they will able to use such knowledge and skills for working globally (e.g. Qiang 2003; Rizvi 2013). Knight (2011) and de Wit (2011) also claimed that rationales for internationalisation, such as those concerned with international reputation, international accreditation, and global branding are some of the myths and misconceptions of internationalisation.

Despite the above claims of myths and misconceptions, these are the rationales which were given by curriculum developers in my study. The possible explanations for such rationales may be related to the current trend that internationalisation of higher education in general, and the curriculum in particular, has become a necessity in the majority of higher education institutions worldwide; they are now located in a global market. There have been consistent findings, both in the research and also non-research literature over the past few years, including observation of forums and conferences (e.g. ASAIHL international conference by Universitas Airlangga, 2013), that argue internationalisation of the curriculum is not an option, but a trend that must be followed, an obligation that must be fulfilled, by higher institution in many parts of the world. "Internationalise or perish" could be argued to be the new world view in higher education.

Furthermore, in Brunei, to be a university of international repute has been an aspiration and concern stated on many academic occasions by the pro chancellor, vice chancellor and other senior management team members of the Universiti Brunei Darussalam (See e.g. UBD website 2011). There is no doubt that Brunei nursing and midwifery education is capable of competing at the international level.

However, there needs to be proper mechanisms for channelling the process of internationalising the curriculum if the desire is to acquire or meet international standards, accreditation and recognition. In section 2.3.12, there is evidence presented that some international initiatives were undertaken to internationalise higher education in general, and the curriculum in particular. These major events include the Lisbon and Sorbonne conventions, Bologna process and the Tuning Educational Structure Project (e.g. Gobbi 2004; Lunt 2005; Herde 2007; Shannon 2009). It could be argued that Brunei would benefit from greater association with these international initiatives, although caution should be exercised as such initiatives may be seen biased towards European countries and may mainly suit individuals from European and Western contexts.

This research has raised a further question: how best can the status and reputation of an institution be assessed? Without doubt, although international organisations such as the ICN, ICM and the WHO have attempted to establish international standards for nursing and midwifery, there is no evidence that they actually contribute to regulating and monitoring nursing and midwifery educational standards worldwide. This knowledge adds to the existing literature that a critical issue in current international nursing and midwifery education is the absence of a body that has international authority to monitor nursing and midwifery educational standards on a global scale (Baumann & Blythe 2008). Due to the absence of such an authority, the mechanism for monitoring the standards and international accreditation of educational programmes for nursing and midwifery, not only of Brunei but also worldwide, does not yet exist. Further, with regards to Brunei in particular, there is also non-existence of specific authorities that are responsible for regulating Brunei's nursing and midwifery education. The findings in my study therefore brought to light the need for the formation and structure of a proper

mechanism to be undertaken by an appointed international organisation or authority for assessing international standards, international recognition and international accreditation of nursing and midwifery institutions worldwide.

Let's now look into the rationales undertaken by curriculum developers on developing the curriculum with reference to that of the UK standards. A rationale that was commonly given by curriculum developers was related to the exposure and familiarity with UK nursing and midwifery education. As discussed in section 4.2, the majority of the curriculum developers obtained their first degree and higher degree from the UK, with only a small number graduating from Australia, Singapore and Brunei. It is therefore possible that, due to the influence of the exposure of these participants to UK nursing and midwifery education, this has had a major impact on Brunei nursing and midwifery curriculum, manifested as the favouring of UK perspectives. Although some Australian and Singaporean perspectives may have been considered throughout the process of internationalising the curriculum, these appear to have been overpowered by the dominance of the UK. This finding resonates with the existing literature: that exposure to the curriculum of a country may influence and affect the development of the curriculum in another country (Xu et al, 2002; Jayasekara and Schultz, 2006).

It is now worth examining why then Brunei did not develop the curriculum with reference to other countries from the same region, or adjacent to it, as it is clearly evident from the findings of this study that curriculum developers in Brunei prefer countries such as the UK, USA, Australia and Canada. There is also consistent evidence in the existing literature from Sri Lanka (Jayasekara and Schultz 2006), China (Xu et al 2001; 2002) and Indonesia (Rokhman & Pratama, 2013) that it is a popular practice of Eastern countries to integrate perspectives from the Western countries into their curricula, rather than perspectives from the countries within their region and therefore closer to home.

Several possible explanations may be related to those discussed earlier in the previous section 5.1. There is a common perception that countries of the same region have the same culture, thus preference is given to considering perspectives from the Western countries as their perspectives are different

from the Eastern countries. Also, since the origins of most knowledge are perceived to come from Western countries, such knowledge is given priority.

It is also possible that the real or imagined superiority and dominant influence of the Western countries over the Eastern countries has exerted its influence on curriculum developers throughout the region. Further possible explanations may be with regards to the fact that countries in the same region may also become competitive with each other in a race to internationalise their curricula. Hence, the possible reason for the curriculum of a country needing to be internationalised may be relative to perspectives from countries other than those from the same region. Therefore, in this case, there is a question about the debatable rationale for internationalising a curriculum; whether it is truly educationally genuine or for competition with other countries (Leask 2005; Greatrex-White 2008).

Chapter Six: Recommendations and conclusions

6.1. Introduction

This chapter will be presented in the following sections: firstly, this study will be evaluated, followed by the presentation of key issues identified from throughout the research. The implications of the study and recommendations are presented next and finally, the conclusions.

6.2. Evaluation of the study

The use of a case study approach, informed by some of the principles underpinning ethnography and the constructivist paradigm, illuminated the curriculum developers' experiences of developing and internationalising the nursing and midwifery curriculum in Brunei, as well as students' and graduates' experiences on learning from that curriculum. In addition, the differences and similarities between the findings in this study, and those in the existing literature, were elucidated. This study is different from the majority of research cited in the Western and international literature, in that it was conducted in an Eastern, specifically a south-east Asian country, namely Brunei, and therefore within a different social, cultural, religious and political context.

The findings from this study supported the existing body of knowledge that internationalisation is valued equally as much in the agenda of higher education institutions in the Western and also the Eastern contexts. Research data from Brunei also supported the perception that internationalisation is the core business of higher education institutions globally; there is an imperative for all higher education institutions to internationalise their curriculum to keep up with the need to gain a high reputation globally. The study also generated some new knowledge of relevance to the internationalisation of the curriculum in association with the acknowledgement and preservation of a particular nation's culture.

The methodological challenge of dealing with the multiple realities of different individuals from the different groups of participants presented itself. Nonetheless, as a qualitative researcher, I made rigorous attempts to make sense of the data and extrapolate the findings in relationship to my experiences, and in consideration of my roles as both an insider, as well as an outsider, to the study. Further evaluation of the research will be discussed in the following sections.

6.3. Reflexivity

In this section five key reflections, acquired from the research journey, are discussed. These are concerned with:

- my roles as both an 'insider' and 'outsider';
- issues relating to the refinement and development of the study;
- the use of English language;
- challenges in deciding on the appropriate qualitative data analysis method for this study; and
- challenges associated with maintaining anonymity and confidentiality.

6.3.1 Role of the researcher – insider versus outsider

In this study, my main role is as the researcher. However, I can also be considered as an insider in the research setting, because I formerly studied as a student and also worked as a nurse/midwife tutor in the PAPRSBCONB. I am also a member of the former Diploma in Midwifery curriculum committee in the PAPRSBCONB. Therefore, I have some background knowledge on how the nursing and midwifery curriculum was developed in Brunei.

When the PAPRSBCONB moved into the PAPRSBIHS, UBD, I remained in the same position, that of a nurse/midwife Tutor. However, since starting my programme at the University of Southampton, I have not worked or taught in the PAPRSBIHS, UBD. I can therefore currently be considered as an 'outsider' by those participants that I have not come into contact with during my previous employment at PAPRSBCONB, especially by the students and some of the graduates. I do not have any contact with the students and I do not know them; similarly, the students have not experienced me as their lecturer, even if they may have known of me as a staff member in the PAPRSBIHS, UBD.

Moreover, I am undertaking this research as a (doctoral) student of the University of Southampton, not as part of my role as an employee in the PAPRSBIHS, UBD.

I have to examine and consider how my conflicting roles as an insider and outsider in the research setting would affect my validity of my information gathering efforts. As an insider, the fact that I am known to the some of the graduates and curriculum developers, might affect the data collection. In addition to this, my own experiences and perceptions of curriculum development might also affect the process of data analysis. I may be prone to develop *'a priori'* assumptions (Holloway and Wheeler 2002, p31). Several measures have been taken to avoid bias caused by these assumptions that could have compromised the trustworthiness of the study (Thomas et al. 2000).

Prior to carrying out interviews, I have written about my knowledge and experiences of curriculum development in a log book or field diary. I read my diary before conducting interviews with research participants and commencing data analysis. After the interviews, I also noted in the diary my thoughts, emotions and issues that I felt pertinent to the development of the research. By reading before the interviews, adding to the diary after the interviews, and reading the diary again before commencing data analysis, I was reminded of my prior knowledge and experiences. Therefore, this enabled me to be more open and sensitive to the information given by participants, rather than making assumptions. This perceptual qualifier was important to maintain, both during the data collection stage, as well as throughout the period of conducting data analysis (Gough 2003).

During the interviews, few (n=4) curriculum developers acknowledged that I may have knowledge about curriculum development. Although I admitted to this, I also emphasised that their experiences might have been different from mine. In addition, I highlighted that it was their experiences that I was interested to explore. Throughout the interviews, I avoided using my prior knowledge and experiences as a basis for suggestions or comments in the interviews. Instead, I used the prior knowledge and experiences judiciously for structuring the interviews with research participants.

In most of the interviews, whilst there were some similarities between participants' experiences and mine, there was also evidence of considerable differences in those experiences. For example, personally, I have always held negative perceptions of the integration of international perspectives into the nursing and midwifery curriculum in Brunei. This was the main reason for my interest in this research area. The interviews with participants opened my eyes that my perceptions were not always shared, and there are reasons for how and why things happened in the way that they have. I was surprised that all the curriculum developers and the majority of students and graduates perceived the influences of internationalisation in curriculum development positively. These perceptions were not what I had expected.

Being an 'insider' in my research setting was also an advantage to me. Compared to other researchers, who may not be members of their research settings, the participants' (curriculum developers and some of the graduates) attitudes towards me conducting the study was very welcoming. Rapport with them was not hard to establish, as the relationship between me and the participants already existed. Due to this, I was able to collect in-depth data without restrictions. I have also become more sensitive to the participants and was able to empathise with their situations. These factors created a powerful bonding between me and the participants, and thus the creation of shared understandings (Nicolson 2003).

On the other hand, I can also be classed as an 'outsider' to the research setting as I only have experiences as a student, a curriculum developer, and nurse/midwife tutor from the former PAPRSBCONB. By contrast, curriculum developers taking part in this study were involved in developing the curriculum at the former PAPRSBCONB, and also in the current nursing and midwifery institution, the PAPRSBIHS, UBD. Similarly, students were also exposed to learning from the curriculum developed in both these institutions. These factors made me more aware of new information whilst, at the same time, reflecting on my prior knowledge and experiences. I learnt to appreciate the differences in perceptions, not only between me and participants, but also between each of the participants (Gilgun 2010).

Establishing a good relationship and rapport with student participants before data collection was a challenge to me, as I was not known to them. As mentioned earlier in this section and reiterated in chapter three, there was a change in the circumstances of the study setting. The PAPRSBCONB was merged with the PAPRSBIHS, UBD, where the student participants are from. As they were not known to me, and I was not known to them, initially this made them hesitant to participate in the research; however this issue was later resolved once the students understood that I was also a member of the research setting, but was undergoing a study programme in the UK.

6.3.2 Refinement and development of the study

As mentioned earlier (section 1.7), this research has undergone refinement throughout the study. I had supposed that the development of nursing and midwifery curriculum in Brunei was affected by globalisation and British influenced, especially from the 95 year British colonial period. However, reflecting on my experiences as one of the committee members in developing the curriculum, and with reference to my wider reading, curriculum developers' aspirations for integrating international perspectives in the curriculum were reaffirmed in the activities, strategies and initiatives of internationalisation across the globe. It was an invalid assumption to have thought that the Brunei nursing and midwifery curriculum had been greatly influenced solely by the British. The process underpinning the integration of international perspectives into Brunei nursing and midwifery curriculum, thus, must be studied, explored and understood further. With more extensive reading and reviews of relevant literature, as well as reflecting on my own desire to conduct this study, I began to realise that it was not the globalisation of nursing and midwifery education in Brunei that I am really interested in. My interest was on how the nursing and midwifery curriculum was developed and internationalised, particularly the process of integrating international perspectives into the curriculum. Hence, the refinement and further development of the study is reflected in this thesis.

6.3.3 Language issues

There are only a limited number of published research papers in nursing and midwifery journals which have addressed language issues, particularly where the research was conducted in a country where English is not the main or only language (Naiyapatana and Burnard 2004). Squires (2008) asserted that failure to address language issues in conducting research threatens the credibility, transferability, dependability and confirmability of that research.

In this current study, the first issue relates to the use of a combination of Malay and English language during the process of data collection, i.e. through the interviews. The second issue relates to the process of data analysis whereby the transcriptions were translated into the English language. It was a challenge for this researcher to decide the language to be used during the interviews. I did not want to impose restrictions on research participants by insisting that they answer solely in the English language; they needed the flexibility to answers questions in the language that they were most comfortable with. Squires (2008) stated that allowing participants to respond in their primary language increases participants' comfort levels, and thus the quality of their participation in the study. In agreement with Squires (2008), the flexibility provided by linguistic choice also enabled participants to answer my interview questions in more detail. Issue of languages related to the data analysis process has been discussed in detailed in Chapter 3 (see section 3.9.6.3).

6.3.4 Challenges in deciding the qualitative data analysis method

Being a novice qualitative researcher, my initial assumptions concerning data analysis related either to theory or themes generation. Reading qualitative research publications about aspects of data analysis was confusing, mainly due to the many terms used when dealing with this topic such as 'thematic analysis', 'framework analysis', 'content analysis', or just the loosely used general term of 'qualitative data analysis'. Nevertheless, the qualitative data analysis method was commonly linked to the work of Glaser and Strauss (1967), or the method of qualitative data analysis that was claimed to have been developed from the principles of grounded theory (GT) (e.g. Burnard 1991; Maykut and Morehouse 2003).

Reading Glaser and Strauss (1967) developed my understanding of GT as a methodology. I also gathered that coding is the central process of qualitative data analysis. However, I was still unsure whether it is acceptable to use these principles that underpinned grounded theory, as a method for analysing my data. My indecision was mainly due to the different stages in the process of 'coding'; for example 'initial coding', 'focus coding', 'selective coding', 'open coding', and 'axial coding'. Attending a qualitative research lecture was my turning point for further reading, for example, towards that of Charmaz (2006) and Corbin and Strauss (2008). These authors confirmed my perceptions that GT can be both utilised as a methodology for conducting research and as a method for data analysis. I also gained further understanding on the process of coding from reading Charmaz (2006) and Corbin and Strauss (2008). Because I was not using GT as a research design or methodology for my study, I decided to use the term 'themes' in the presentation of my findings, to denote the categories that were developed from the analysis. Upon revisiting the research questions, aims, objectives, paradigm and approach employed in the research, the principles underlying GT were determined as an appropriate method of data analysis (see section 3.7).

6.3.5 Challenges in maintaining anonymity and confidentiality

The issue of maintaining anonymity and confidentiality in reporting my research has been a challenge to me. Firstly, there is only one nursing and midwifery higher education institution in Brunei. It is therefore not really possible for me to maintain anonymity of the nursing and midwifery higher education institution. In addition, the Research Ethics authority from the said institution also did not find this as an issue on the basis that this study is considered to be a very important platform for conducting further similar studies on the same institution in the future.

Secondly, there are only a few curriculum developers in the PAPRSBIHS, UBD that are qualified with nursing and midwifery specialties. Some of them are the participants for my study. During the interviews, research participants requested that their specialty should be kept confidential. According to them, although the thesis is to be submitted in the UK, they were concerned that Brunei readers could easily identify them if their specialties were mentioned.

However, when answering interviews questions, research participants often illustrated their points relating to their specialties. Therefore, when reporting the findings in this thesis, I have omitted their specialties from the quotes. In the case where explanations of the findings are not clear due to omissions of the participants' specialties, I have illustrated their points by reflecting on my log book/reflexive diary, taking examples from my own specialty. However, until the final reporting stage of my thesis, such need for the use of a log book/reflexive diary was not evident.

6.3.6 Summary of reflexivity

The challenges of this study are mainly related to my journey as a novice researcher. As indicated earlier, my study has undergone refinement in order for me to reduce any uncertainty about what I really wanted to study. In addition, my roles as an insider and an outsider, were not taken for granted but used to inform my study. The issues related to the use of a combination of the Malay and English language to conduct this study posed great challenges necessitating me to adopt a set of rigorous procedures in order to maintain and ensure the quality of my research. Similarly, potential confusion over methods of data analysis was allayed by further reading and attending research training programmes, workshops and short courses. Last but not the least, having to think, analyse, evaluate, write and report my study in a language which is not my native language, was and is forever going to be both a limitation and a challenge to me.

6.4 Implications of the study and recommendations

This section is divided into two parts. The first part consists of recommendations for education and practice. The second part comprises recommendations for future research.

6.4.1 Recommendations for education and practice

This study has provided me with invaluable opportunities for personal and professional development in terms of increasing my knowledge of the complex process of internationalisation of the curriculum in a different cultural context.

The engagement in the research process and the findings from the research have made me aware on the importance of what I could contribute to influence nursing and midwifery education, both locally in Brunei and internationally. Three major recommendations have been identified from this study that merit further dialogue.

6.4.1.1 Cultural approach to internationalisation of the curriculum

This study showed that while it is important to internationalise the curriculum, there is also a need to do this with consideration of the social, cultural, religious and political context of Brunei. It is recommended that this practice of approaching and initiating internationalisation of the curriculum is maintained and continued in Brunei. The same cultural approach to internationalisation can be adapted by any other institutions when they are considering internationalising their curriculum specific to their context. This approach highlighted the importance of selection, integration, adaptation and incorporation of the relevance international perspectives into the curriculum by preserving the local context (in this case, Brunei).

In Brunei, the findings on the cultural approach to internationalisation of the curriculum can be shared through in-country workshops, conferences and academic meetings. In order to reach an international audience, communication of these findings can be made through international conference presentations and publications in scholarly journals.

6.4.1.2 Collaboration and team work

In order to ensure that internationalisation is undertaken in consideration of culture, it is also important to take into account the different views of individuals from different sub-cultures. It is recommended that the practice of committee formation for developing curricula be maintained and continued. The function of this committee can be extended to include structuring the appropriate and desired guidelines for developing the curriculum. The members of the committee should not only comprise representatives from the education institution, practice placement, and management, but also should include students as they are the main curriculum users.

Students can contribute by giving suggestions for subjects to be included in the curriculum and by giving feedback to evaluate the current curriculum. It is imperative to involve students in curriculum development, so they can contribute to the designing of the curriculum which is relevant to them, as they are its clients.

Committee formation (that include students in the committee) and guidelines' development would provide mechanisms for facilitating collective decision - making and consensus on how to develop a curriculum in general, and specifically, an internationalised curriculum. The development of guidelines would ensure that all committee members would have a common understanding of what are considered as relevant international perspectives to be included in the curriculum in relationship to Brunei context, and what constitutes an internationalised curriculum. This recommendation can be achieved by emphasising such needs through the presentation of this study's findings to the study participants and also generally to all staff and students in the PAPRSB Institute of Health Sciences, UBD.

Collaboration with curriculum developers from universities outside of Brunei (Western and non-Western) might also be a way forward for determining how the international perspectives would be better adapted and integrated into Brunei curriculum.

6.4.1.3 A system for monitoring education and practice

The importance of committee formation that would contribute to development of guidelines for developing curriculum and curriculum development was highlighted in the previous section (section 6.4.1.2). In addition to this, it is also recommended that there is a need of a proper mechanism for regulating nursing and midwifery education in Brunei. Similarly, there is also a need for the assessment and monitoring of activities encompassing internationalisation. The initiation of an authority responsible for such actions mentioned should be considered as one of the future agenda items in Brunei. It is recommended that the membership of such an authority should include a moderator or consultant from outside the educational institution.

This is to ensure that while it is the responsibility of curriculum users in a specific education institution to develop guidelines, develop curriculum, and internationalise the curriculum, it is only reasonable for other people outside of the institution to evaluate the activity in order to identify limitations that might not be obvious to people from the same institution.

The Brunei Nursing Board has been established since the 1950s. It is responsible for registering nurses and midwives in Brunei according to the law and the Acts governing the professions in Brunei. However, the Board only became active in producing standards, guidelines and regulations for professional nursing practice in Brunei in 2011. It could be proposed that this Board might have a similar role as the NMC in the UK to regulate nursing and midwifery education in Brunei. This recommendation can be achieved through initiating dialogue with representatives from the Board. This is feasible because they are involved as visiting and/or adjunct academics to the PAPRSB Institute of Health Sciences. Meetings are also held regularly with the Board for coordinating the practice experiences' component of the curriculum. The recommendation for such regulatory function can be disseminated through such meetings.

6.4.2 Recommendations for future research

There are a few important areas identified from this study that could be considered for future research. The first one is the need for inclusion of other groups of curriculum users in a future study. The second one is the areas of research that might link with the current research that I have conducted.

6.4.2.1 Curriculum users

International students and graduates were not included as participants within the research being reported. A further study that included them as participants could be useful to determine whether their experiences of studying in Brunei are similar to, or different from, international students studying in a Western context. It would also be of value to find out whether their perceptions and experiences of learning from the Brunei curriculum are similar, to or different from, those of the Brunei students.

In addition, the inclusion of Western international students in a similar study in the future might also be a way forward to identify if their experience of studying in the Eastern context would be similar to or different from that of the non-Western international students studying in the Western context.

Only a few expatriate curriculum developers were included in the study. It would be valuable to find out what their views are, whether there are similarities and differences with those of the local curriculum developers.

Lastly, the inclusion of patients or clients receiving care given by students and graduates trained within the internationalised curriculum could help in determining whether what was learnt from the curriculum matched with the expectations of patients and clients in the local context.

6.4.2.2 Areas for further research

Curriculum developers, students and graduates may lack knowledge and awareness of internationalisation rationales, policies, strategies and initiatives. Internationalisation of the curriculum has been associated with aspiration for international standards, recognition and accreditation. This indicated that one of the prevalent views of internationalisation of the curriculum is that it promotes the reputation and visibility of the higher education institutions in the world rankings. However, this should not be seen as the only reason for internationalising curriculum. The internationalisation of the curriculum must be seen as purposeful to both the organisations and their students. This potential deficit warrants a further study to be conducted, to confirm or reject this finding.

Another area of study alluded to in the previous section (section 6.4.2.1) is the impact on patient care of what was learnt from the internationalised curriculum by students and graduates. This would be an important study that would explore whether what was learnt from the internationalised curriculum was seen as relevant by the patients or clients.

6.5 Conclusion

There is an extensive body of research examining internationalisation of the curriculum, in particular as one of the strategies for internationalising higher education. The current body of knowledge, however, does not explicitly delineate the measure for assessing the nature and extent to which a curriculum has been internationalised, and the detailed process of internationalising any given curriculum. This study has explored the process of developing and internationalising nursing and midwifery curriculum in Brunei.

The challenges and complexity of internationalising a curriculum, the detailed process of attempting to do so, and the context of a different culture, as well as the wide range of challenges faced by the researcher were highlighted in this study. This study evident that participants' perceptions of internationalisation in general, and the internationalisation of the curriculum, in particular are associated with and influenced by their culture and its mores; in this case Brunei's. The evolution of internationalisation of the nursing and midwifery curriculum in Brunei began with the influence of the British colonial power in 1888. A century later, when Brunei gained independence in 1984, the strong British influence still persisted and even today affects every aspect of life in Brunei, including the education system.

The growing emphasis of Brunei national philosophy (Melayu Islam Beraja) in the early 1990 challenged the Westernised curriculum that was then viewed as lacking relevance in the different culture of Brunei. The revision of the curriculum in the early 1990 resulted to the integration of only culturally acceptable, adaptable and usable international perspectives into the Brunei nursing and midwifery curriculum. This research brought to light that curriculum users' perceptions on the relevant international perspectives to be integrated into the curriculum was culturally influenced, thus, resulting to preservation of local values while internationalising the curriculum. However, in the early twenty-first century, the curriculum was further reviewed in order to include diverse international perspectives; not only those originating from the UK, USA, Canada and Australia, but also from the Asia Pacific region.

The existence of international perspectives in the curriculum, coupled with the use of English as the medium of instruction, have imposed the requirement that all students learn the curriculum, in English, in their own country. Further research involving international students studying in Brunei would help to illustrate whether their experiences were similar to, or different from, those of the Brunei students' experiences of learning from the internationalised Brunei nursing and midwifery curriculum.

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APPENDICES

Appendix 1: Procedure in literature search

1.1 Key Authors

- Phillip G Altbach
- Jane Knight
- Peter Scott
- Ulrich Teichler
- Marijk van der Wende
- Hans de Wit

1.2 Keywords used for searching

1)	Internationalisation	50)	2 and 10
2)	Globalisation	51)	2 and 11
3)	International	52)	2 and 13
4)	Curriculum	53)	2 and 14
5)	Nursing	54)	2 and 15
6)	Midwifery	55)	3 and 4
7)	Students	56)	3 and 5
8)	Curriculum developers	57)	3 and 6
9)	Nursing education	58)	3 and 7
10)	Midwifery education	59)	3 and 8
11)	Curriculum development	60)	3 and 9
12)	Curriculum design	61)	3 and 10
13)	Education	62)	3 and 11
14)	Higher education	63)	3 and 13
15)	Educators	64)	3 and 14
16)	1 and 4	65)	3 and 15
17)	1 and 5	66)	1 and 4 and 5
18)	1 and 6	67)	1 and 4 and 6
19)	1 and 7	68)	1 and 4 and 7
20)	1 and 8	69)	1 and 4 and 8
21)	1 and 9	70)	1 and 4 and 9
22)	1 and 10	71)	1 and 4 and 10
23)	1 and 11	72)	1 and 4 and 13
24)	1 and 13	73)	1 and 4 and 14
25)	1 and 14	74)	1 and 4 and 15
26)	1 and 15	75)	2 and 4 and 5

27)	2 and 3	76)	2 and 4 and 6
28)	2 and 4	77)	2 and 4 and 7
29)	2 and 5	78)	2 and 4 and 8
30)	2 and 6	79)	2 and 4 and 9
31)	2 and 7	80)	2 and 4 and 10
32)	2 and 8	81)	2 and 4 and 13
33)	2 and 9	82)	2 and 4 and 14
34)	3 and 4 and 7	83)	2 and 4 and 15
35)	3 and 4 and 8	84)	3 and 4 and 5
36)	3 and 4 and 9	85)	3 and 4 and 6
37)	3 and 4 and 10		
38)	3 and 4 and 13		
39)	3 and 4 and 14		
40)	3 and 4 and 15		
41)	Internationalisation of the curriculum		
42)	Internationalising curriculum		
43)	Internationalised curriculum		
44)	Internationalisation of higher education		
45)	Internationalised curriculum		
46)	Internationalisation of nursing education		
47)	Internationalisation of midwifery education		
48)	Globalisation of nursing education		
49)	Globalisation of midwifery education		

1.3 Resources, databases and indices used for literature search

1.3.1 Resources

a) Libraries – University of Southampton Hartley's Library; PAPRSBCONB; PAPRSBIHS,UBD; Museum's library at the State of Brunei Archive Building.

b) Worldwide websites – NMC,UK; ICN; ICM; WHO; UNESCO; WTO; IAU; official website of the Bologna Process; official website of the Tuning Project; University of Southampton's library website e.g. webcat; E-journals facilities; and databases

c) Brunei websites – Government of Brunei; MoE Brunei; PAPRSBCONB; PAPRSBIHS,UBD; UBD

1.3.2 Databases and indices for the literature search

DATABASES/ INDEXES	REASONS FOR INCLUSION/NON-INCLUSION
OVIDSP Comprising of large databases	1) AMED (Allied and Complementary Medicine Database) – included in the search. It focuses on international coverage of complementary medicine and palliative care literature.
	2) BNI (British Nursing Index) – included in the search. A nursing and midwifery database, covering over 220 UK journals and other English language titles. A significant feature is the inclusion of articles, relevant to nurses and midwives, from medical journals and those for healthcare management and professions allied to medicine.
	3) EMBASE (Excerpta Medica Database – international coverage of biomedical and pharmaceutical literature) – included in the search, but only on the focus of globalization of education related to health sciences and medical field.
	4) HMIC (Health Management Information Consortium) – not included in the search. This focuses on national coverage of health management, social care and the NHS.
	5) MEDLINE – the National Library of Medicine's premier bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the health care system, and the preclinical sciences. Included in the search as it may contains some aspects of topics relating to this study.
	6) PsycINFO – included in the search. This is world-wide English language coverage of psychological, social behavioural and health sciences literature.
CINAHL (Cumulative Index of Nursing and Allied Health Literature)	Virtually all English language nursing and allied health journals published world wide – included in the search as it contains information related to the topic of this study.
Cochrane Library	Combined results of the world's best medical research studies. Searches were performed and there is no significant literature related to the topic of this study (nursing, midwifery and education). It focuses on controlled trials of nursing and midwifery practices, rather than nursing and midwifery education, and curriculum development generally.
Nursing Standard Archive	Selected collection of articles taken from 10 of the RCN (nursing) journals.
IBSS (International Bibliography of the Social Sciences)	Online resource for social science and interdisciplinary research. (To be examined)
Intermid	Comprehensive list of articles from British Journal of Midwifery; included in the search.
Internurse	Comprehensive list of articles from key British nursing journals; included in the search.
Web of Knowledge	Three large databases compiled to provide world-wide coverage of science, social science, and arts and humanities literature for current journals.

Appendix 2: Notes from reflective diary

This reflection is based on my knowledge and experience gained from my role as the Secretary for the Diploma in Midwifery Curriculum Development Committee (henceforth: committee) in the former PAPRSBCONB, Brunei. This quote is based upon excerpts from my diary through the process of reflexivity that contains the retrospective reflections on the process involved in developing the Diploma in Midwifery curriculum (henceforth: the curriculum) in the year 1999, from the formation of the committee until the completion of the curriculum development.

2.1 Reflections prior to conducting the study

Excerpt from Reflective Diary No 1 – December 2008

- I was assigned to develop the units on MIB, reflective diaries assessment, and law and ethics.

- I have used my prior knowledge and experiences during my degree in midwifery course in England, and referred to students' document for the degree.

- Throughout the development of the curriculum, it is apparent that most of the contents of the curriculum were derived from that of the UK. The reference lists and publications are largely those originating from the Western countries, such as the UK and the USA.

- I saw that the reasons for referring to curriculum from the UK and documents from the NMC, ICM and WHO were solely related to the curriculum developers' desire for international recognition.

- The clinical practice assessment is developed from Benner's model (1984) (from novice to expert – translated into Level 1 to Level 4).

- Although I was qualified from the UK for my undergraduate degree and for my Masters' degree, I have some objections on integrating the UK perspectives into the Brunei curriculum. These views are not due to my experiences, but rather my values on the significance of integrating these perspectives into Brunei.

- To me, it is alright to integrate those subjects such as anatomy and physiology, and pharmacology into Brunei. But subjects such as psychology and sociology should be adapted to suit the local curriculum, i.e. Brunei.

- I held negative views on the significance of integrating the UK, Australia, the USA and other Western perspectives into our curriculum. I often wondered "why should Brunei curriculum follow those of Western countries?. I also held negative views on the significance of the students learning Western theories and models. Why

should we learn the SWOT analysis? Why should we use Raphael-Leff (1990) for teaching some psychological aspect of midwifery? Why should we used the Tannahill et al's Model of Health Promotion (1990)? Why and why and why? Don't we have our own identity?

- I am pretty sure that all the local members in the committee would hold the same views as mine.

2.2 Reflections following the study

Following my experience during data collections, I noticed that my perceptions and experiences in curriculum development are different from that of the curriculum developers that participate in my study. This is an excerpt from my reflective diary that documented the differences in views between the curriculum developers and me, and how the later views have influenced and changed my prior views, perceptions, and feelings about the study topic (Excerpt from Reflective Diary No 2 – February 2010)

- Out of the seventeen curriculum developers interviewed, only one has negative views. The rest viewed the integration of international perspectives, into those of Brunei, positively.
- Most of the curriculum developers observed the integration of international perspectives into Brunei as significant for:
  - International recognition
  - Marketability

- The majority of the curriculum developers stated that the reasons for referral to curriculum from abroad are either due to:
  - No guideline for developing curriculum
  - Inadequate guideline for developing curriculum

- Most curriculum developers stated that the international perspectives, which were integrated into the Brunei's curriculum, are viewed as universal. Theories and models, although developed by theorists originating from the UK or the USA or Canada, could be used worldwide, hence including Brunei.

- My negative views on the integration of international perspectives into the Brunei curriculum changed throughout the process of data collection. I was able to recognize that the views of the curriculum developers are not the same as mine. Although there existed some similarities, there were major differences in the views of the curriculum developers as compared to my own.

- I began to appreciate that curriculum developers view the integration of international perspectives into that of Brunei as a 'process'. The process was described so that it included a series of stages. I also began to appreciate the process involved in the integration of international perspectives into that of Brunei. I was also astonished by the reasons stated by the curriculum developers for the integration of international perspectives into that of Brunei.

- I saw that following, or referring to, or extracting perspectives from other countries, and integrating those perspectives into Brunei was not always as 'bad' as I initially judged. Findings from my data collection influenced and changed my values: in particular those related to the significance of the process of integration of international perspectives into that of Brunei have slowly changed.

2.3 Examples of memo

I encountered a difficulty in translating one of the words in one of the interviews. The incident will first be presented, the memos will be noted following the incident.

The Incident

The participant (P6) stated that:

> *" I have seen the programme from the regional, within our region, for example those curriculum from [name of a university in Singapore], I went to [the university] in Singapore . . . we have the opportunity to see how their curriculum look like, even we can access the outline of their curriculum in the internet. Their programme is not much different from those in the UK. The same thing actually. It is so funny to think that if I am to **"mencadok"*** from Singapore curriculum, when actually Singapore also **"mencadok"*** from basically these three countries. They are using these models from the USA, UK and Australia. However, Singapore is more leaning to the American nursing educational model a bit. But most of the perspectives that they put inside their curriculum is from Australia. The way the curriculum are written, the modules seems to be perspectives from Australia. On the other hand, the curriculum from the Philippines, I also have the opportunity to have a look at the curriculum. Much of the contents of their curriculum is **"di cadok"**** from the USA, American model . . . Malaysia . . . Their curriculum is mostly developed with reference to the UK . . . mostly following the UK styles. There is a visitor to the Nursing College from Malaysia, and I have asked them, where do they **"mencadok"** their ideas in developing the curriculum come from? The main answer is UK or Australia.*

Memo

This is a malay word from **"cadok" which in direct translation to English means **"scooping out"**. It may approximately mean **"extracting"** or **"copying"** or even **"plagiarising"**. ** This means to **"mencadok"***. It may approximately mean "to extract", "to copy", or "to plagiarise".*

It is very difficult to directly translate the Malay words into English. If left untranslated, I fear that an English reader would not be able to understand them. If directly translated, I fear that it would not be the exact meaning of the word. I then decided to translate the words to an approximate meaning. This incident helped me to decide to translate based on the construction of sentences to reflect on the context and meaning of what had been said, rather than literal, word for word translation. The approximate English definition for the word that was used in the report of the thesis is "extracting" or "to extract". The decision for using these definitions was based on the discussion with the participant, to determine whether this reflected closely what the participant had said.

2.4 Example of Diagram

The diagram below represents how I initially perceived the process of globalisation of nursing and midwifery education in Brunei. I perceived that the process was cyclical and also interrelated. Throughout the development of this study, and as a result of reflecting upon my personal and professional experiences, as well as upon the first four trial interviews, I realised that the process was more related to internationalisation, rather than globalisation.

Diagram A2.4 Perception of the process of globalisation of nursing and midwifery education in Brunei
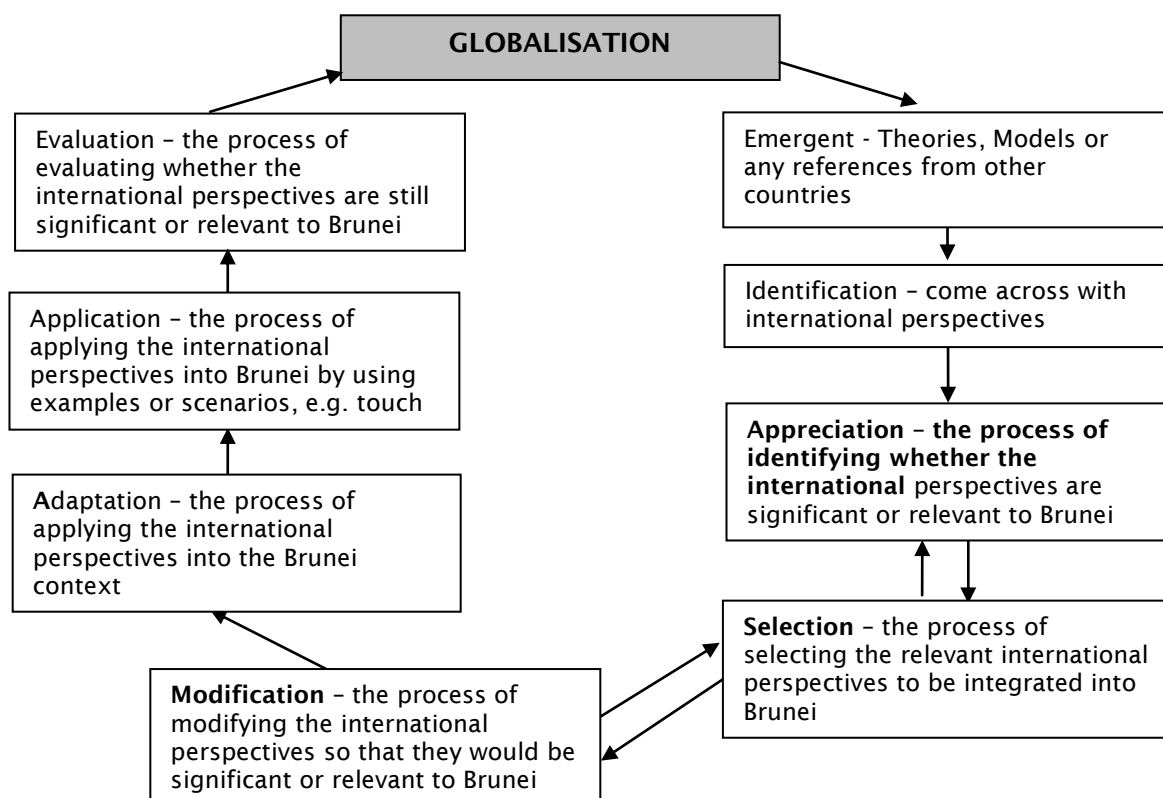
Appendix 3: Letters for conducting the study

3.1   Letter for conducting the study in the PAPRSBCONB

3.1.1 Letter sent from researcher – (originally in Malay. Translated into English for reporting in the Thesis)

UNIVERSITY OF
Southampton
School of Health Sciences

Khadizah Haji Abdul Mumin
Education Officer (Nurse/Midwife Tutor)
Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing
Department of Technical Education
Ministry of Education
Brunei Darussalam
Email: ███████████████. Contact number: ██████████████

PhD student
██████████

University Road
Highfield
University of Southampton
Southampton
Hampshire SO17 1BJ
United Kingdom

To
████████████████████████

Ministry of Education
Brunei Darussalam

Through
████████████████████████████

Ministry of Education
Brunei Darussalam

Dear Sir,

RE: PERMISSION TO CONDUCT RESEARCH FOR PHD STUDY

I am writing with regards to the above matter. I am a government officer whom is currently doing a Doctor of Philosophy (PhD) course under the in-service training scheme in the University of Southampton, United Kingdom. The title of my research for the PhD is **"Exploration of the Effects of Globalisation of Midwifery to Brunei Darussalam: Developing a Culturally Sensitive Curriculum"**.

This study is proposed to be conducted in the Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing involving students and academic staff of the College, and also patients and clients in the Raja Isteri Pengiran Anak Saleha Hospital.

Prior to conducting the study, I would like to request for your Office kind permission for me to proceed with the study on the students and academic staff of the Pengiran

Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing. The permission letter will further enable me to obtain ethical approval from the Research Ethics Committee in the University of Southampton.

Enclosed herewith are the copies of research proposal, letter from the University of Southampton confirming that I am a postgraduate research student in the University and letter from the Ministry of Education confirming that I am a government officer doing the said PhD course.

I look forward for your reply and I would like to thank you very much for your kind attention and consideration of the above matter.

Yours Sincerely

(Khadizah Haji Abdul Mumin)

3.1.2 Reply letter – approval from the Ministry of Education, Brunei

TRANSLATION

MEMORANDUM

From : ██████████████████████

To   : ██████████████████████

Date: 28 Zulhijjah 1428
07 Januari 2008

Our Reference: DTE/2.1/MJ

APPLICATION FOR APPROVAL TO DO RESEARCH
TITLE: 'EXPLORATION OF THE EFFECTS OF GLOBALIZATION OF
NURSING AND MIDWIFERY EDUCATION TO BRUNEI DARUSSALAM:
DEVELOPING A CULTURALLY SENSITIVE CURRICULUM"

With due respect referring to the memorandum of the Deputy Permanent Secretary (PD), Ministry of Education reference KPE/TSUT/DTE/1.2 dated 17 Zulhijjah 1428 corresponding to 27 December 2007 regarding the above matter.

In that connection, pleased to inform that approval is given for **Dayang Khadizah Binti Haji Mumin**, Education Officer – Nursing/Midwifery Instructor, to do the research.

Pleased to seek for your cooperation to inform the relevant officer.

That is all for your further action.

Regard.

Signed

██████████████████████

Ministry of Education

COLLECTOR OF STAMP DUTY
MAGISTRATE COURT
BRUNEI DARUSSALAM

PAID $2.00

Rt. No. 223347
Date: 6·3·08

I hereby certify that this is a true
and correct translation.

27.02.08

Court Fees : $40.00
Receipt No. 03326684
Date : 21.2.08

(..................................)
Chief Translator
Supreme Court
Brunei Darussalam

3.2   Letter for conducting study in the Ministry of Health, Brunei

3.2.1 Letter sent from researcher – (originally in Malay. Translated into English for reporting in the Thesis)

UNIVERSITY OF
Southampton
School of Health Sciences

Khadizah Haji Abdul Mumin
Education Officer (Nurse/Midwife Tutor)
Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing
Department of Technical Education, Ministry of Education
Brunei Darussalam
Email: ██████████████   Contact number: ████████████

PhD student
████████, University Road, Highfield
University of Southampton, Southampton
Hampshire SO17 1BJ, United Kingdom

To
████████████████████████
Ministry of Health, Brunei Darussalam

Dear Dr,
RE: PERMISSION TO CONDUCT RESEARCH FOR PHD STUDY

I am writing with regards to the above matter. I am a government officer whom is currently doing a Doctor of Philosophy (PhD) course under the in-service training scheme in the University of Southampton, United Kingdom. The title of my research for the PhD is **"Exploration of the Effects of Globalisation of Midwifery to Brunei Darussalam: Developing a Culturally Sensitive Curriculum"**.

This study is proposed to be conducted in the Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing involving students and academic staff of the College, and also staff, patients and clients in the Raja Isteri Pengiran Anak Saleha Hospital.

Prior to conducting the study, I would like to request for your Office kind permission for me to proceed with the study on the staff, patients and clients in the Raja Isteri Pengiran Anak Saleha Hospital. This is for the purpose of obtaining ethical approval from the Research Ethics Committee from your organisation and later the University of Southampton.
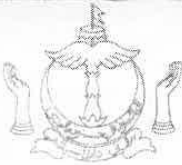
Enclosed herewith are the copies of research proposal, letter from the University of Southampton confirming that I am a postgraduate research student in the University and letter from the Ministry of Education confirming that I am a government officer doing the said PhD course.

I look forward for your reply and I would like to thank you very much for your kind attention and consideration of the above matter.

Yours Sincerely

(Khadizah Haji Abdul Mumin)

3.2.2 Provisional approval from the Ministry of Health Research ethics Committee

Telefon : 2242424 Samb : 200/201
Faks :   673 2242690

هوسڤيتل راج استري ڤڠيران انق صليحا
بندر سري بڬاون BA1710
نڬارا بروني دارالسلام

HOSPITAL RAJA ISTERI
PENGIRAN ANAK SALEHA
BANDAR SERI BEGAWAN BA1710
NEGARA BRUNEI DARUSSALAM

17th January 2008

Rujukan : ....   Tarikh : ....

Khadizah Haji Abdul Mumin
Education Officer (Nurse/Midwife Tutor)
Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing
Ministry of Education
Brunei Darussalam

Dear Khadizah,

Re: Proposed research – Exploration of the effects of globalization of nursing and midwifery education to Brunei Darussalam: Developing a culturally sensitive curriculum

████████████ and I, as members of the Medical and Health Research and Ethics Committee thank you for personally discussing your PhD research proposal as described above.

We have no objections for your proposed study to be conducted at RIPAS Hospital, which will include interviewing nurses, midwives and patient/clients. As discussed, the ethical approval is given on the understanding that the following are clarified and an amended copy of your research proposal is submitted for final confirmation.

1) Consent form to include an independent witness.
2) Confidentiality/anonymity kept at all times
3) Comprehensive steps re: data collection – audiotapes, storage and disposal, retrieval for disposal if/when participants decide to withdraw after initial participation. Hence, with the consent form, a copy needs to be given to the participant with your contact number.
4) Age criteria, procedures in your selection of participants
5) Drafted questions
6) Data ownership: you should document this. However, we still would like you to ask for permission from MOH via our committee before you publish any of these data in any form (besides your thesis).

We are happy to continue to correspond with you via email or fax whilst you are in the UK.
I wish you all the best.

Yours truly,

RIPAS Hospital, Bandar Seri Begawan
Brunei Darussalam
Fax: ▮▮▮▮▮▮▮▮   eMail: ▮▮▮▮▮▮▮▮▮▮

3.2.3 Final approval from the Ministry of Health Research Ethics
Committee

Tel: +673 2 242424 Ext 6205
Fax: +673 2 220293
E Mail medresearch@moh.gov.bn
       mhrecbrunei@gmail.com

MHREC
Executive Screening Suite
Basement Carpark Level 1
Raja Isteri Pengiran Anak Saleha Hospital
Bandar Seri Begawan BA1710
Negara Brunei Darussalam

Our Ref : MHREC/EDU(IHS)/2011/47(30)
Khadizah bt Hj Abdul Mumin,
Education Officer (Nurse/Midwife Tutor),
PAPRSB Institute of Health Sciences,
Universiti Brunei Darussalam,
Jalan Tungku Link,
Gadong, BE1410,
Negara Brunei Darussalam

26th November 2011
30th Zulhijjah 1432

Dear Khadizah,

Re: An Exploration of the Globalisation of Nursing and Midwifery Education in Brunei Darussalam

Thank you for applying for retrospective ethical review of your proposal entitled above. All documents that you have provided were reviewed and discussed in the MHREC meeting on 17th November 2011. MHREC has given you a retrospective approval based on your latest research protocol. This approval takes into account that the participants in your research proposal are nurses and midwives who work in MOH.

I would like to wish you all the best with your study and would be grateful of if you could forward us a summary of your findings for our records.

Together towards a Healthy Nation.

Medical and Health Research & Ethics Committee

Cc Director General of Medical Services.
TAT/AMLY

3.3 Letter for conducting study in the PAPRSBIHS, UBD

3.3.1 Letter sent by researcher to the Dean of PAPRSBIHS, UBD

UNIVERSITY OF
Southampton
School of Health Sciences

Khadizah binti Haji Abdul Mumin
Education Officer (Nurse/Midwife Tutor)
Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences
Universiti of Brunei Darussalam

██████████████████, University Road, Highfield
University of Southampton, Southampton
Hampshire SO17 1BJ, United Kingdom

6 December 2010

To
Dean
Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences
Universiti of Brunei Darussalam

Dear ██████,

Conducting Interviews for PhD in Nursing and Midwifery Research

I am writing with regards to the above matter. Please kindly be informed that I am one of the Education officers (Nurse/Midwife Tutor) in the Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences whom is currently doing a Doctor of Philosophy (PhD) course under the in-service training scheme in the University of Southampton, United Kingdom for the session 2007/2011.

I would like to request for your Office kind permission to conduct interviews with students with the following criteria:
1) Diploma in Health Sciences (Nursing) students whom are at least at the sixth month of their third year
2) Diploma in Health Sciences (Midwifery) students whom are at least at the sixth month of their third year
3) Advanced Diploma courses students whom are at least at their sixth month of their study (Advance Diploma in Critical Care Nursing, Coronary Care Nursing, Midiwifery, Accident and Emergency Nursing, Community Health Nursing, Child Care Nursing, Mental Health Nursing)

Enclosed herewith are the copies of research proposal, letter from my supervisor at the University of Southampton confirming that the research proposal has been peer reviewed, and letter from the Deputy Permanent Secretary, Ministry of Education for approval to conduct the above study throughout the duration of my PhD course.

I look forward for your reply and thanking you very much for your support on my stud, kind attention and consideration.

Yours Sincerely

(Khadizah binti Haji Abdul Mumin)

c.c. Head of Programme (Nursing and Midwifery), PAPRSB, Institute of Health Sciences
    Assistant Registrar, PAPRSB, Institute of Health Sciences

3.3.2 Approval letter from the Dean of PAPRSBIHS, UBD

Tel. : 673-2-463001
Fax : 673-2-461003
UBD Website : http:portal.ubd.edu.bn

UNIVERSITI
BRUNEI DARUSSALAM

بونيۏرسيتي بروني دارالسلام
UNIVERSITI BRUNEI DARUSSALAM
Jalan Tungku Link
Gadong BE1410
NEGARA BRUNEI DARUSSALAM

Rujukan Kami :
Our Reference :
UBD/IM/4b(xiii)

28 Syawal 1432
2 7 September 2011

Khadizah binti Haji Abdul Mumin
PhD Health Sciences (Nursing and Midwifery)
School of Health Sciences
Faculty of Health Sciences
University of Southampton
United Kingdom

Dear Madam,

RE: Study on Globalisation of Nursing and Midwifery Education in Brunei

I refer your email dated 26th September 2011 pertaining to the above subject matter.

I am pleased to inform you that the Institute has no objection for you to conduct interviews with pre and post registration student nurses and midwives at the PAP Rashidah Sa'adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam.

With this, you may contact ███████████ Programme Leader of Nursing and Midwifery at ████████████ or email ████████████ for arrangement of interviews.

Thank you.

Yours sincerely,

████████████

Dean
PAP Rashidah Sa'adatul Bolkiah Institute of Health Sciences

Appendix 4: Sample of invitation letters for participation in the study

UNIVERSITY OF Southampton
School of Health Sciences

Dear……………………

I am one of the Education Officers (Nurse/Midwife Tutors) in the PAPRSB, College of Nursing. Currently, I am doing a PhD in Nursing and Midwifery in the School of Health Sciences, University of Southampton. My research is on the **Exploration of the Globalisation of Nursing and Midwifery Education in Brunei Darussalam.** I am writing to give you brief information about the research I am doing through the University of Southampton. You have been given this letter because you are (a curriculum developer/students/graduates) in the PAPRSB, College of Nursing. I would like to invite you to participate in this study and very much hope you will agree to be part of.

The study is about the process by which parts or whole of ideas or perspectives, with specific references to nursing and midwifery education and/or practice of one country are adopted, adapted and/or integrated into the nursing and/or midwifery curriculum in Brunei. Ideas or perspectives include such as concepts, models, aspects, viewpoints and all those which relate to the curriculum contents and design. The study therefore focuses on the following areas. Firstly, exploration on how has the process took place in Brunei. Secondly, whether this process influenced the development and design, of the nursing and/or midwifery curriculum in Brunei. How has this occurred and the issues and challenges it posed. This also includes the utilization of the nursing and/or midwifery curriculum which have been developed through the process of adoption, adaptation and/or integration of the international ideas or perspectives. This is an area of study where so far there has been no research published in this country.

If you decide to take part in the study, I would like to talk to you about your involvement and experiences in developing the nursing and/or midwifery curriculum. This would be conducted through a one-to-one face to face interview. I would like to be able to audio record our conversations. I have enclosed a set of information sheet that tells you more about the research and what it would involve for you.

In order to respect your decision, it is important to me that you do not feel any pressure and do not feel coerced to take part in my study. If you are happy to be involved in the study, I would be much appreciated if you could kindly contact me, so that I can contact you in return. If you would like to find out more about the research, or are willing for me to contact you about it, please return the reply slip to me in the envelope provided. This, however, will still not commit you to taking part. Where you decide to take part, you can opt out to be involved in the research at any point of the research.

Thank you for taking the time to read this letter.

Yours sincerely

Khadizah Haji Abdul Mumin
Researcher (PhD Student)
Postgraduate Research Office
Building 67
School of Nursing and Midwifery, University of Southampton
Southampton
Hampshire SO17 1BJ
United Kingdom

Tel: ███████████   Ext: ██████
Fax: ███████████   Attention to: Khadizah Haji Abdul Mumin
Mobile: ██████████
email: ████████████████

Appendix 5: Sample of participant information sheet

5.1 Participant information sheet

UNIVERSITY OF
Southampton
School of Health Sciences

Information about the research

TITLE: An Exploration of the Globalisation of Nursing and Midwifery Education for Brunei Darussalam

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the research if you wish. Take time to decide whether or not you want to take part.

- Part 1 tells you the purpose of this study and what will happen to you if you take part.

- Part 2 gives you more detailed information about the conduct of the study.

Please contact me if there is anything that is not clear or if you would like more information (telephone Khadizah Haji Abdul Mumin on 8671646 or 4221761 or email K.Haji-Abdul-Mumin@soton.ac.uk).

Part 1

What is the purpose of the study?
The World Health Organization (WHO) has, for over half a century, acknowledged the need to strengthen the roles of nurses and midwives throughout the world. There have been many subsequent calls aimed at realizing the full potential of nursing and midwifery education and practice since the first World Health Assembly in 1948 and the other four Assemblies until 2001(WHO 1948; 1989; 1992; 1996; 2002). The WHO emphasized that the actual professional responsibility of nurses and midwives and the type of nurses and midwives existing in a country influences the contents of local training curriculum, thus, the training is usually designed based on available resources and the requirements to meet the local needs. The provision of nursing and midwifery education should therefore be relevant to the needs of the specific country and is crucial to keeping nursing and midwifery practice relevant to the health needs and expectations of the country. However, there has been increasing vigilance in many part of the world, for example, Brunei, that the provision of nursing and midwifery education, whilst meeting the local needs and expectations, should also be at least comparable with the international standard. In addition, until the current situation, there has also been continuous call by our Government on the importance of emphasising and integrating the MIB concept from primary education throughout the university level. The trend is that the provision of nursing and midwifery education in Brunei should prepare nurses and midwives not only are able to work in this country but also internationally. As a result, the current nursing and/or midwifery curriculum in Brunei aspire a high standard which is at least comparable with those provided by the Western countries such as the United Kingdom (UK), whilst ensuring that it is within the framework of the MIB concept. The purpose of this study is to inform curriculum designed in nursing and midwifery education in Brunei in order to produce more culturally sensitive curriculum whilst ensuring that the curriculum is comparable to the international standard. I believe that by doing this study will result to review

and development of curriculum which will not only be internationally high standard but also compatible to the needs and expectations of Brunei as a country.

Why have I been invited?
Participants for this study are the users of the nursing and/or midwifery curriculum in Brunei. As one of the curriculum developers in the PAPRSB, College of Nursing, you have been involved in curriculum development and designed for a period of at least a year. Because I do not want anyone to feel any pressure to take part, I have invited all the curriculum developers eligible and matched with my selection criteria, rather than choosing and pointing the participants in person.

Do I have to take part?
No, it is up to you to decide. If you would like more information before you make your decision, please get in touch. If you think you would be willing to take part please return the reply slip to me and I will contact you. I will go through this information with you and ask you to sign a consent form to show that you have agreed to be part of the study. You are free to change your mind without giving a reason.

What will happen to me if I take part?
After I receive your reply slip I will contact you - usually within 3-4 days. I will make sure that you have understood the information you have been given about the study and I will arrange to meet you at a time that is convenient to you. We will need to meet somewhere safe where we can talk with privacy, but you can choose the place. This may be for instance, at your home or your work place. I will ask you about your experience having developed, designed, utilized and learnt from the nursing and/or midwifery curriculum. I am keen to hear your experiences so there is no right or wrong answers. It is difficult to say exactly how long this will take, but it is likely to be about 45 minutes to one and a half hours. I would like to record our discussion by audio-tape through a one-to-one face-to-face interview. I will be using pseudonyms and your real name will not be addressed unless you particularly want it to be. I would like your permission to quote the words you say or write in the reports of my research and if you are concerned about being recognised you may prefer not to allow me to do this.

What are the possible disadvantages and risks of taking part?
You may find it difficult to reflect back on your experience. You will be able to say that you do not wish to talk about a particular aspect of it or withdraw from the discussion at any time.

What are the possible benefits of taking part?
I cannot promise that the study will help you but I hope that the information will help to improve the current nursing and/or midwifery curriculum in Brunei, so that it would be more sensitive to the cultural needs of Brunei.

Will my taking part in the study be kept confidential?
Yes. I will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2 of this information sheet. Nobody else will know that you have taken part in this study unless you choose to say.

What happens after our meeting?
You will not need to have any further involvement with the study after the interview. Once I have completed the research, I will share the result with you, if you wish.

What if there is a problem?
Any complaint about the way you have been dealt with during the study will be addressed. The details are included in Part 2 of this information sheet.

Thank you for taking time to read this sheet.
This completes Part 1 of the information sheet.

If the information in Part 1 has interested you and you are considering participation, please continue to read the additional information in Part 2 before making any decision.

Part 2

Will my taking part in the study be kept confidential?
All information which is collected from you during the research will be kept strictly confidential.

How will you protect information about me?
The reply slip you send back to me will be kept in a locked cabinet in a locked office. A copy will be taken and put in a sealed envelope in another secure place. The pseudonym that I have used for this study will never be stored with your real name or personal details.

I will personally transcribe and analyse the interview data. I will be overseen by my PhD supervisors. Interview recordings and transcripts will not include your real name. Because our communication/conversation will not be entirely in English, I will transcribed our conversations/communications myself and also send parts of our conversation/communication that are selected for publication in my thesis for professional translation provided by the Law Building, Attorney's General Chambers, Prime Minister Office in Brunei. I will not be including your real name in the transcripts, but only pseudonym. The pseudonym I used will be in coded form, such as P1, P2, P3 and so on. This will impossibly lead to the recognition of your participation in my study.

Once the study has ended, records of all your personal details will be destroyed. You will be given a choice as to what happens to the recording. Usual research practice is that it is stored securely at the university for 15 years. If you do not want this to happen, I will destroy the recording once my PhD is completely over. Transcripts will be kept for 15 years at the university in a locked place with limited access and will then be disposed of securely.

If you are willing to participate I will need you to give written consent to these arrangements.

What if I decided not to continue with the study?
In the event prior to do the reporting of the PhD, where you decide at any point that you do not want to proceed with the study, you can always inform me and contact me through my email or call me at my phone numbers. In this event, all the transcription that include your contribution will not be stored and will immediately be destroyed by shredding the data. Audio recorded data will also be destroyed.

Who is organising this research?
This research forms part of a PhD and is being organised through the University of Southampton. I will be the main researcher for this study. This study is funded and approved by the Government of His Majesty the Sultan of Brunei under the sponsorship of the Ministry of Education via the Public Service Department through the Public Service Commission. This study is assessed and approved on the basis that the study is of valuable contribution to the nursing and midwifery education and practice in Brunei, generally and the PAPRSB, College of Nursing, specifically.

Who has reviewed the study?
To protect your safety, rights and dignity and ensuring that my proposal are in line with the current usual research practice, the proposal for conducting the study has been reviewed by the following organizations:

1) the Government of His Majesty the Sultan of Brunei under the sponsorship of the Ministry of Education via the Public Service Department through the Public Service Commission

2) the Medical and Health Research Ethics Committee at the Ministry of Health, Brunei

3) Peer reviewed by the School of Nursing and Midwifery, University of Southampton.

What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to my supervisors at the university, Professor Judith Lathlean or Dr Jane Rogers. If you remain unhappy and wish to complain formally, you can do this by writing a letter to the School's Research Director (School of Health Sciences, University of Southampton, Highfield, Southampton SO17 1BJ). The letter should specify:

* the title of the research project
* the nature of the complaint

Further information and contact details

For any further information about the research contact, you can email, put in the post or call me in either of the following addresses/contacts:

Khadizah Haji Abdul Mumin   or   Khadizah Haji Abdul Mumin
Education officer (Nurse/Midwife Tutor)   Researcher (PhD Student)
PAPRSB, College of Nursing   School of Health Sciences
Department of Technical Education   University of Southampton
Brunei Darussalam   Highfield
                                              Southampton   SO17 1BJ

Tel: ▮▮▮▮   Tel: ▮▮▮▮   Ext: ▮▮▮
Fax: Fax: Att: Khadizah
Mobile: Mobile:
Email: ▮▮▮▮   Email: ▮▮▮▮

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5.2 Reply slip

UNIVERSITY OF
Southampton
School of Health Sciences

TITLE: An Exploration of the Globalisation of Nursing and Midwifery Education in Brunei Darussalam

Reply slip

I am willing to be contacted /have some questions I would like to ask about your research. I understand that being contacted does not commit me to taking part.

My name is: ....

The best way to contact me is:

☐Telephone - My number is ....

If I cannot answer the phone I am happy for you to leave a message **YES/NO**
(Please note - I would identify myself by my name only if I left a message for you)

The most convenient time for you to call me is...

☐Text messages – My number is ....

☐Email - My email address is ....

☐Other – please give details:

....

....

☐ I would prefer to contact you and will call you on ▮▮▮▮▮▮▮

(Pease note - If I can't answer the phone when you call, there is a password protected voicemail that only I can access. Please leave a message and I will get back to you – usually within 3-4 days)

Signed _____

Appendix 6: Sample of consent form

UNIVERSITY OF Southampton

School of Health Sciences

CONSENT FORM

TITLE: Exploration of the Phenomenon of Globalisation of Nursing and Midwifery Education for Brunei Darussalam: Developing Culturally Sensitive Curriculum

Researcher: Khadizah Haji Abdul Mumin, Education Officer (Nurse/Midwife Tutor), PAPRSB, Institute of Health Sciences, University of Brunei Darussalam, Brunei Darussalam. Currently doing PhD in Nursing and Midwifery, Postgraduate Research office, School of Health Sciences, University of Southampton, Highfield, Southampton, SO17 1BJ

☐ I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction.

☐ I understand that I do not have to take part and that I am free to change my mind without   giving any reason (even if this is part way through the interview/study)

☐ I agree to take part in the above study

☐ I agree to the confidentiality policy set out in the information sheet

☐ I agree to the storage of information about me as set out in the information sheet

☐ I give permission for the researcher to send parts of the transcripts of my communication/conversation with her for translation into English without quoting my name on the transcripts and using only pseudonym to the Law Building, Attorney's General Chambers, Prime Minister Department, Brunei.

☐ I agree to the use of direct quotes in research reports and publications

☐ I confirm that I have agreed all the above

_____   _____   _____
            Name   Signature   Date

Khadizah Haji Abdul Mumin
_____   _____   _____
     Researcher name   Researcher signature   Date

Appendix 7: Data collection and data analysis

Section one: Data collection

7.1 Interview schedule for data collection

The interview questions were developed in detail following the review of literature. The followings are some examples of questions or topics for discussion during the interviews. The questions will be elaborated during the interview.

7.1.1 General questions for all participants

(These questions are asked at the end of the interviews)

- Can you explain to me the meaning of internationalisation? What is your understanding of this term?

- What are your ideas/views/understandings on internationalisation?

- Can you explain to me the meaning of internationalisation of the curriculum? What is your understanding of this term?

- What are your ideas/views/understandings on internationalisation of the curriculum?

7.1.2 Curriculum developers

- What is your role in designing curriculum/curriculum development?

- What are the factors/issues that you/the curriculum development committee considered when you/the committee designed/developed the curriculum?
- Are there any Western/international/global subjects/perspectives (theories/ideas/ models/ concepts) that you/the committee adopted in designing/developing the curriculum? What are they? Please kindly elaborate on this…

- Are there any Western/international/global perspectives (theories/ideas/models/ concepts) integrated in the subjects that you/curriculum development committee developed? What are they? Please kindly elaborate on this…

- Why do you include these in the curriculum?

- How do you include/integrate these in the curriculum?

- What are the aims/objectives/purpose of including these in the curriculum?

- What are the relevancies of including these in the curriculum?

- In what way do you think that the current curriculum is relevant to the students and Brunei context? Please kindly elaborate on this…

- When you developed the curriculum, were you given any guidelines or informed if you need to follow any policies related to 'internationalisation'? Could you kindly please elaborate this to me?

- When you developed the curriculum, were you informed by the principles or strategies or initiatives on internationalisation of the curriculum? Did the higher

authority ever mention on this? Did it ever come across your mind? Could you kindly please elaborate this to me? Have you achieved what you have aimed for?

- Any suggestions, comments...

7.1.3 Graduates of nursing and midwifery programmes in Brunei

- Kindly explain the subjects that you have studied during your nursing/midwifery course?

- Are there any Western/international/global subjects/perspectives (theories/ideas/ models/ concepts) that you learn during your course? What are they? Please kindly elaborate on this...

- Are there any Western/international/global perspectives (theories/ideas/models/ concepts) integrated in the subjects that you learn during your course? What are they? Please kindly elaborate on this...

- Now that you start your nursing/midwifery career, do you find that these subjects relevant to your career and also with reference to the Brunei context? How and in what ways that do you think these are relevant? Please kindly elaborate on this...

- Any suggestions, comments...

7.1.4 Student nurses and student midwives

- What are the subjects that you have learned during your course so far?

- Are there any Western/international/global subjects/perspectives (theories/ideas/ models/concepts) that you learn during your course so far? What are they? Please kindly elaborate on this...

- Are there any Western/international/global perspectives (theories/ideas/models/ concepts) integrated in the subjects that you learn so far? What are they? Please kindly elaborate on this...

- Based on your exposure to the clinical experience and also with reference to the Brunei context, do you think that these subjects are relevant? How and in what ways that do you think these are relevant? Please kindly elaborate on this...

- Any suggestions, comments....

Section two: Data analysis

7.2 Questions asked during the process of coding

These are some of the examples of questions asked throughout the process of coding.

During the initial coding, the following questions, as suggested by Charmaz (2006), were asked:

- What is this data a study of? (Glaser 1978; Glaser and Strauss 1967)

- What does the data suggest?

- What category does this specific datum indicate ?

Other specific questions related to the study topic asked throughout the data analysis process are:

- What are the actions taken in the process of developing the curriculum in the context of internationalisation in Brunei?
- Why are these actions taken?
- Are there any differences in between the data at the same transcript?
- Are there any differences in between the data in a transcript with data in other transcripts?
- Are there any similarities in between the data at the same transcript?
- Are there any similarities in between the data in a transcript with data in other transcripts?
- Are these the right codes for the data?
- Are these the right categories or themes for the codes?
- Am I listening to the participants for what they really wanted to say?

7.3 In vivo codes (special terms)

The followings are some of the examples of *in vivo* codes identified to date:

7.3.1 Benchmarking

The process by which a local nursing and midwifery curriculum is developed against specific standards. These standards include courses' contents, the requirements and expectations of the courses, and teaching and learning styles. Benchmarking ensures that the local curriculum would be recognised internationally in that it would be able to attract international applicants; as well as producing graduates that would accepted to study and work worldwide.

7.3.2 International/Western/Foreign/Global Perspectives

Any contents of the curriculum that incorporate ideas, principles, concepts, theories, models, subjects, knowledge, references originating from other countries.

7.3.3 Marketability

The concept of 'marketability' reflects the extent to which a local nursing and midwifery curriculum is able to attract international applicants. It is also the extent by which graduates of the local nursing and midwifery curriculum are recognised internationally; thus accepted to work anywhere in the world.

7.3.4 Bruneising

The process of ensuring the suitability and adaptability of a local curriculum that was developed from the process of integration of the international perspectives. This process may be viewed through the three stages of the preservation of cultures. Firstly, the relevance of the international perspectives was identified. Secondly, these perspectives were then designed to suit the local setting, and lastly, the perspectives were integrated into the local curriculum.

7.4 The process of coding and categorising

Table A7.4 illustrates some excerpts from transcription 6 (*CD6*)

LINE	INTERVIEWS	INITIAL CODING	FOCUS CODING	SUB-THEMES	THEMES
15 16 17 18 19 20 21 22 23 24 25 26 27	Yes, this is the Diploma. They are no longer called Diploma in Nursing anymore. We call it Diploma in Health Science in bracket Nursing or in bracket Midwifery. It is a three year programme instead of three years and a half. I know basically from A to Z about this curriculum because this is also my material. Where I sit and look at the curriculum for quite sometime. How nursing education has developed? you know, when it comes to the curriculum development. Where we should go in Nursing? This is my interest.	-Name of Diploma -Changed of name of course -New name of nursing course -New name of midwifery course -Duration of course -Knowledge about curriculum -Feel of ownership of curriculum -Thinking about what to do with curriculum -Asking development of nursing education -Asking how to develop nursing further	Changed of name of course in the light of the current trends Factors to consider when developing curriculum	*Setting Standard - Benchmarking*	**Identification of guidelines for benchmarking and standards' setting**
	**When you develop the curriculum or planned the curriculum or designed the curriculum, what are the factors or issues that you have considered ?**				
58 58 60 61 62 63 64 65 66 67 68 69 70 71	Ok. It is a very interesting question there. There are two things that I am looking at, you know, in designing this particular DHSc curriculum. Number 1, it should work with our environment, I mean with our setting. And, the other thing is, that is Number 1. Number 2, recognized internationally. So, I try to match this two and not disjoining the two. The reason for that is because I don't want to develop, we don't want to have a curriculum which only suit for the local. I think we are not, our nursing education is not developing if it is only for the local. In the early days, when we design the	-Interested in the question -Things examined in designing DHSc curriculum -Factor 1 – suit local setting -Factor 2 – Recognized internationally -Matching not disjoining factors -Reason for considering factors -Don't want curriculum only suit the 'local' -If curriculum 'local' – Brunei nursing education would not developed	Factors considered when developing curriculum Ideal features of Brunei's nursing and midwifery curriculum Ensuring that Brunei curriculum will be able to cater local setting as well as ensuring	*Setting Standard - Benchmarking* *Setting Standard – Benchmarking*	**Identification of guidelines for benchmarking and standards' setting** **Identification of guidelines for benchmarking and standards' setting**

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72 73 74 75 76 77 78 79 80 81 82	curriculum, when we plan the curriculum, I did, I still remember I did mention it "we need to develop a curriculum which not only able to cater for the local but we want to bring the international student to Brunei", you know, so, which means that the curriculum must be adaptive with the local and also recognized internationally, so that people from abroad can study over here in Brunei without much of a problem. So, that is how we designed the curriculum.	-Previous considerations on planning curriculum – cater the local setting and attract international students to Brunei -Highlight the importance of curriculum to suit locally and recognized internationally -Reason – to attract international applicants to study in Brunei without much problem	international recognition Reiteration of points on international recognition	*Setting Standard - Benchmarking*	
	How do you decide that the curriculum will be recognized internationally while it also suit locally?				
85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103	Ok. Let me talk about the local, how we try to ensure how it will be accepted locally. Ok, there are few things that we look into. In this curriculum, we integrate the Brunei Society in it, or what we call as the MIB into the curriculum. We try to put example from the local environment, we put in, the other thing is about our belief, culture, Islamic religious knowledge in the curriculum, so what you must understand is, it is not put in the curriculum as a subject. You may not seen subject, such as Ugama subject, MIB subject, in the curriculum. No. But it is inside the curriculum, we integrate these values in the curriculum. That is how we did it to suit the local people. Internationally, for the international, how are we going to ensure that it is recognized?...	-Measures to ensure curriculum suit local context -Few things to be considered -Integration of Brunei values into the curriculum – MIB -Put example from local environment -Belief, culture and religion in the curriculum -These are not put as subjects -Reader would not see these as subjects -The values are integrated throughout the curriculum -Reiterating measures to ensure that the curriculum is 'local' -Measure to ensure international recognition	Factors to be considered when developing curriculum Integration of local context throughout the curriculum – belief, culture and religion Ensuring curriculum suitable to Brunei – integrating Brunei's values Looking for documents for benchmarking – NMC, UK document	*Setting Standard – Benchmarking* *Contents of an internationali- sed curriculum* *Contents of an internationali- sed curriculum* *Definition of international perspectives*	**Identification of guidelines for benchmarking and standards' setting** **Preservation of the local values** **Criteria for an international- lised curriculum**