

Benefits and challenges of international partnerships in nursing

With the increase in education globalization, the need for universities to address and create international learning opportunities is a priority. In Brazil, public policies were launched in the early 1950's to create national agencies, which were designed to support and develop international partnerships between public universities and foreign institutions.⁽¹⁾ The National Council for Technological and Scientific Development (CNPq, for Conselho Nacional de Desenvolvimento Científico e Tecnológico) and the Higher Education Personnel Improvement Coordination (CAPES, for Coordenação de Aperfeiçoamento de Pessoal de Nível Superior) agencies were created, among other objectives, to support Brazilian students in their pursuit of studies in other countries.^(2,3) These investments were established to enhance the educational foundation and productivity of graduate students in Brazil in order to advance the Brazilian position as a research leader within the Latin-American countries.⁽¹⁾ In this editorial, we discuss the benefits and challenges related to internationalization of Universities, illustrating it with the implementation of a Cotutelle Agreement between the Federal University of Sao Paulo (UNIFESP, for Universidade Federal de São Paulo) and Queen's University, Kingston, Canada.

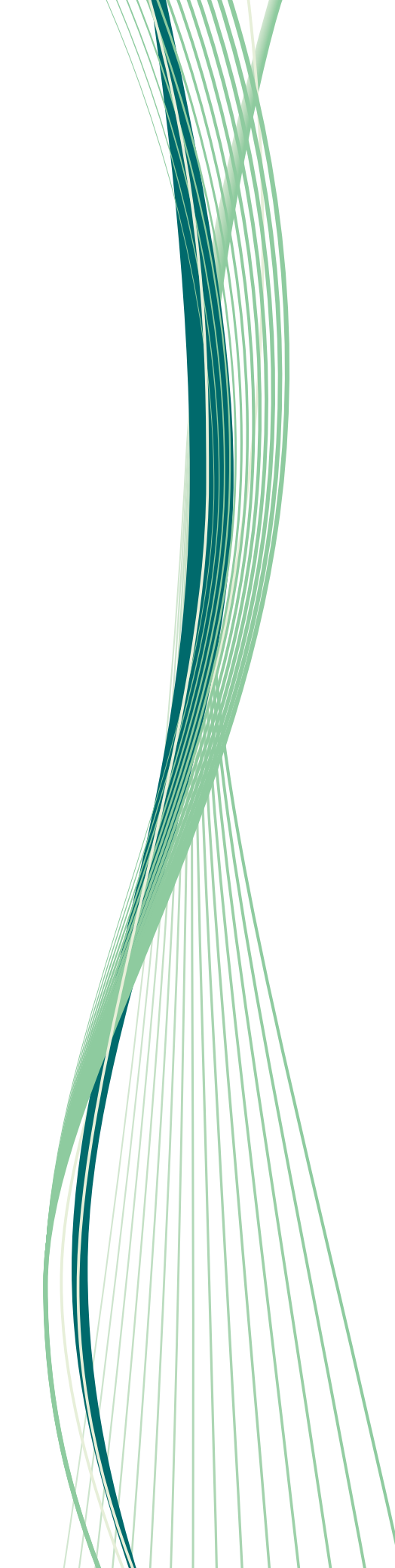
Krawczyk⁽¹⁾ described the different existent modalities of scholarships offered to Brazilian and foreign students by the Brazilian government, and showed a clear increase in the number of scholarships over the years.⁽¹⁾ However, although there are many incentives for Brazilian students to pursue studies in another country, the ability to study in a second language is a major limiting factor. Unfortunately, many of these students are unprepared to take a course in a second language such as English. For example, from 92,880 scholarships offered to graduate and undergraduate levels by the Science Without Borders Program (partnership between the Brazilian government, CNPq, and CAPES) in 2015, only 13,596 (about 15%) were granted to graduate students who met the language requirements.⁽⁴⁾

On the other hand, educational and scholarship opportunities can allow for enhanced knowledge of different health and educational systems. The knowledge and experience exchanged can provide new ways of thinking and improve problem solving. As an Organ and Tissue Donation coordinator (OTDC), with graduate training at UNIFESP, Vanessa Silva (VS) wished to pursue international graduate and research training. With the mentorship and support of Janine Schirmer, her supervisor, she entered into a Cotutelle PhD program between the Federal University of Sao Paulo's and Queen's University's School of Nursing. One of VS's educational goals was to enhance her understanding and awareness of different health care systems, specifically in relation to the nursing profession. She is achieving this goal.

There are more similarities than differences between the Brazilian and Canadian health care systems. Brazil is a large country (land mass of 8 516 000 km²) and its public health care system includes ambulatory (primary), inpatient (specialized ambulatory), emergency, pharmaceutical, and rehabilitation (intermediate) care for all citizens.⁽⁵⁾ Canada is also a large country (land mass of 9 093 507 km², or 9 984 670 km² including inland water), with a similar public health care system: ambulatory (primary), inpatient (specialized ambulatory), emergency, pharmaceutical, and rehabilitation (intermediate) care, and long-term care.⁽⁶⁾ One important difference is that Canada's pharmaceutical assistance is not as integrated as it is in Brazil. Only individuals over the age of 65 and vulnerable children receive medication assistance.

The professional Nursing categories have similarities. Brazil has three regulatory categories of nurses: auxiliary (one year of study), technical (two years of study), and registered (university degree) nurse. Canada has different nursing categories as well: registered practical nurse (college nurse level), registered nurse (RN; university degree), and Nurse Practitioner (NP; specialist). The NP is a RN with advanced university education who provides a full range of health-care services to individuals, families and communities such as: diagnosing and treating common acute illnesses, performing physical check-ups, managing stable chronic illnesses, prescribing certain medications, ordering and interpreting specific lab tests and X-rays, making referrals. The NPs work in partnership with physicians, nurses and other health-care professionals with a focus on preventing disease, promoting good health and curing illness. NPs work in four specialties: primary health care, adult and pediatric care and anaesthesia.

Doctoral training in Nursing varies in both Canada and Brazil. While we cannot describe all Canadian doctoral programs here, the PhD Nursing program at Queen's University is typical of most. This is a research-intensive university, with international reputation. The PhD program spans 4 years, as in Brazil. The first year is predominantly course-based, providing an advanced understanding of research and philosophy. Two courses focus on qualitative and quantitative methods and research, and another one focuses on philosophy. Furthermore, a practical advanced statistics course is offered, in which students have the opportunity to understand the basis of analytic approaches and rationale for method selection. In the following years, the students are expected to complete comprehensive examinations, where they defend two papers (one methodological and one conceptual and/or theoretical) related to their area of research interest. In Brazil, the graduate courses are flexible and the course work is usually chosen by the students. There is no comprehensive exam. However, the third and fourth years are quite similar. The students must develop and defend their research proposal, apply for the ethics board, start data collection and analysis, writing and defending their thesis. International partnerships could be a potential avenue to improve the variety and nature of course offerings for both universities. Brazilian courses are more focused on practice, while Canadian courses are



more focused on theory. Ideally, hands and mind should work together, with joint application of theory and practice to prove and improve necessary changes in the Nursing practice and research.

Vanessa is focusing her dissertation research on organ donation program evaluation, as agreed within the cotutelle agreement. Here too, there are more similarities than differences between Brazilian and Canadian programs. For example, the hospitals in both countries have organ and tissue donation coordinators nurses to manage the organ donation process with the organ procurement organizations. The difference between them is that Brazilian coordinators are typically not paid to work in the role of an OTDC, and usually assume other job responsibilities within other sectors of the hospital. In the VS's research, she will explore through a complex social network analyses the influence of the organ donation and transplantation team's relationships on organ donation programs' outcomes. Therefore, in this example, investments in Brazilian researchers will contribute to generate new knowledge regarding organ donation programs. In addition, this allows for new partnerships with foreign universities and collaborations with different programs.

The biggest challenges in the internationalization process lay within the differences in culture, language, and, unfortunately, unexpected difficulties with funding. To be in a different country, surrounded by people you do not know and learning how to behave in the new environment can be very difficult and stressful. Fortunately, in our case the country is Canada, which is worldwide known for being welcoming to all immigrants and for hosting a multicultural population. Therefore, the adaptation process goes more smoothly and the student can develop the academic skills needed due to the supportive environment. The adaptation is also needed in writing style. Portuguese writing usually uses the explanation of the facts first and then it moves for the central part of the idea, while in English usually the main idea is highlighted in the first phrase of the paragraph and then developed in the next sentences. Brazilians have their own formatting style which is the ABNT (Brazilian Association of Norms and Techniques), while Canadians base their papers in international norms for publication, such as the American Psychology Association Style. Adapting to these changes can be stressful for students, but the University has resources for international students, such as the writing centre that provides counseling and support to the student's development throughout the course.

The final challenge, and the toughest one, is that scholarship funding in Brazil to study abroad is difficult, and not almost impossible to obtain. Unfortunately, not all qualified and worthy Brazilian researchers will have the chance to be funded by a government agency to study abroad. This reminds Krawczyk's⁽¹⁾ definition of "academic capitalism", in which educational policies are related to the needs of economic policies, instead of for the benefit of the academia. Furthermore, Brazil is currently living a political crisis and the first sector to suffer the consequences was the educational sector. Among the budgetary cuts necessary to balance the country's econ-

omy, the scholarship programs were suspended. Unfortunately, these cuts will certainly have a mid and long-term impact on the nation's scientific and technological development.⁽¹⁾

With the discussions presented, is clear that a balance is needed to build a strong scholarship program. When we analyze the similarities and differences between countries, it opens room to explore new paths in nursing practice that could not be seen using only one reality. International partnerships should be encouraged and facilitated. Exchanging experiences, world views, cultures, knowledge, and science is the future that we need to build an even stronger Nursing profession and scholarship worldwide.

References

1. Krawczyk NR. The Policies of Internationalization of the Universities in Brazil: the case of the regionalization of the Mercosur. *Jornal de Políticas Educacionais*. 2008; 4:41-52.
2. A Criação: CNPq; [cited 2016 06 de outubro]. Available from: <http://cnpq.br/a-criacao>.
3. História e Missão [cited 2016 06 de outubro]. Available from: <http://www.capes.gov.br/historia-e-missao>.
4. Brasil. Painel de Controle do Programa Ciência sem Fronteiras [cited 2016 06 de outubro]. Available from: <http://www.cienciasemfronteiras.gov.br/web/csf/painel-de-control>.
5. Teixeira CF. [Health promotion and surveillance in the context of health care regionalization in the Unified National Health System in Brazil]. *Cadernos de Saúde Pública*. 2002;18 [suplemento]:S153-S62. Portuguese.
6. Marchildon GP. Canada: Health system review. *Health Systems in Transition*. 2013; 15(1).

Joan Tranmer

School of Nursing, Queen's University, Kingston, Ontario, Canada.

Vanessa Silva e Silva

*Escola Paulista de Enfermagem, Universidade Federal de São Paulo,
São Paulo, SP, Brazil.*

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