

Minority International Research Training Program: Global Collaboration in Nursing Research

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In the current century, nurses, along with other health professionals, require preparation for their roles in international health. For faculty and students to practice and learn in this global community, they also will want to have added knowledge of economics, business, and public policy. To gain an immersion experience in global health, nursing faculty and students will need to spend time abroad collaborating with nursing colleagues in other countries. This report describes an academic-research training program (Minority International Research Program [MIRT]) established 7 years ago to enhance the international health experience of minority nursing students. Qualified undergraduate and graduate nursing students are recruited and paired with faculty mentors to conduct short-term research abroad for a period of 10 to 14 weeks. The purpose of international research experiences for minority nursing students is to develop leaders in nursing science and to increase collaboration in the resolution of global health issues. To date, 26 undergraduate students, 22 graduate students, 6 postdoctoral trainees, and 11 faculty mentors have participated and completed the program through research immersion experiences in 9 countries. The program is described in terms of its strengths, challenges, and lessons learned, as well as opportunities for future activities. (Index words: Minority research;

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AS WE MOVE INTO a borderless society, increasing attention is given to the process of international learning experiences in undergraduate and graduate education. This is promoted as a means to prepare for the increasing diversity and sociodemographic changes taking place in society today. Since the end of the cold war, we have moved from a world in which health care delivery, commerce, and education were limited to the boundaries of countries, to a world where these concepts are perceived as part of a global community.

Students often ask about the necessary qualifications and training opportunities that would prepare them for work in the international health field. The motivations of the various people who identify themselves as international health professionals may include any combination of genuine humanitarianism, scientific interest, political influence, nationalism, financial gain, professional advancement, religious compassion, curiosity, and adventurousness (Basch, 1999). Our international experience is that success in short- or long-term international health endeavors requires people who are patient, tolerant, good listeners, sensitive to the culture and needs of others, able to work with people from diverse fields and varied backgrounds, and equipped with the technical expertise relevant to the work context.

Although nursing constitutes one of the largest segments of the human health resources in both developed and developing countries, the discipline has been slow to embrace the preparation of young scholars for global health changes and research. Nursing is now responding to these challenges by implementing programs abroad, teaching international courses on campus, and arranging short- and long-term programs for faculty and student exchanges (Zorn, Ponick, & Peek, 1995). In the 1990s, experts in diversity in graduate schools emphasized the need for nursing to consider

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recruitment, enrollment, and retention of minority students seriously. With changes in the sociodemographic characteristics of the United States, the health and delivery of care to minorities in various settings is a complex and critical issue (Fleming, 1997). It becomes an issue not only in terms of the preparation of nurses, but also in complexity of care. A critical issue, therefore, is the need to prepare more minority nurses at levels that will enable them to function in the 21st century health care systems (Fleming).

In 1994, the University of Illinois at Chicago College of Nursing received funding from the National Institutes of Health, Fogarty International Center (FIC) to provide institutional support for qualified underrepresented minority trainees in nursing science to be recruited for participation in Primary Health Care (PHC) research programs in international settings. The program, Minority International Research Training (MIRT), was renewed in 2000 with funding made available from the FIC and the National Center for Minority Health and Health Disparities. Although information on the long-term impact of trainees who participate in the program still is being gathered, preliminary information suggests that the program has several benefits for the trainees: development and expansion of global perspectives, personal development and enrichment in research skills, and appreciation for global research and learning. Collaboration with people from different countries, whether in the form of health research or participation in cultural or health care delivery interchange, substantially benefits all parties involved. This article describes the strengths and challenges in developing and implementing an international health research–training program.

PURPOSE OF THE PROGRAM

The broad purpose of the international research experiences for minority nursing scholars participating in the MIRT program is to develop leaders in nursing science and increase cross-cultural collaboration to resolve global health issues. The specific objectives of this program are to (1) promote career development of minority students and scientists within the discipline of nursing; (2) facilitate leadership in nursing by minority students and faculty through participation in cooperative global research; (3) encourage development of a community of nurse researchers interested in culturally relevant science addressing global health issues; and (4) cultivate an international network with the potential for multinational, transnational, and multisite nursing research through these collaborative activities.

PURPOSE OF THE ARTICLE

This article describes an international research program that offered an opportunity for MIRT scholars to learn and expand their knowledge and skills on projects from various international settings. Program results and the experiences of the scholars are presented and discussed within the context of developing a collaborative program of nursing research between international partners. Applying lessons learned from specific research training experiences, this article highlights summary information about undergraduate and graduate nursing students and faculty mentors on: (1) description of an international research agenda including the recruitment process and logistical preparation, (2) scientific integrity in international nursing research, (3) strengths and challenges of the MIRT program, and (4) lessons learned and future plans for international programs of nursing research.

The Significance of the MIRT Program

The MIRT program recognizes the disparities in health care delivery and health outcomes in both the United States and developing countries. With this recognition, the MIRT program embraces the Primary Health Care framework initially proposed by the World Health Organization (WHO) at the Alma Ata conference in 1978 (World Health Organization, 1978). The WHO model of PHC promotes accessible, affordable, and equitable health care through community participation in the planning and implementation of health services. These services include the promotion of health, the prevention of diseases, and the treatment of illness. PHC is a global strategy that encourages self-care and self-management in health and social welfare, at both at the individual and community levels. This approach has been used in developed and developing countries to implement several health and development programs.

Funding for international educational programs and research only recently has been increasing. Many such programs have in the past been supported on an individual, project-by-project basis developed by universities and/or departments themselves. Research that documents the impact of cross-cultural research programs, such as the MIRT, are limited in scope and anecdotal. The FIC has established a tracking system that we hope will produce some data on participants in the program over time. It is critical to use increasingly scarce resources to ensure that underrepresented minorities in

the health fields have opportunities for international research.

The disciplines of business and politics were quick to take the lead in realizing how important the concept of globalization is to the survival of many of their programs. For companies to make their goods available beyond the United States, they must understand the political and marketing events, international stakeholders, and how to create a package for promotion to their international customers. These same concepts, learned from the field of business, have shown the need for improved understanding of diverse cultures and the impact of global circumstances on health at the international, national, and interpersonal levels. Although cultural exchange programs for students have long been considered successful in furthering mutual understanding and increasing shared knowledge, these educational opportunities are limited and often unknown to the minority student. For minority students, studying abroad can be inspiring and liberating. In the past, social factors have affected opportunities for educational attainment of minorities and their access to positions in academic settings, including tenure track faculty roles (Massey, 1992). The low level of minority representation in nursing and other allied health professions also has been implicated as a factor in the disparity of health indicators for minority groups in the United States (Miller, 1990). The contribution that nursing research can make in addressing these health disparities has been documented previously (Porter & Villarruel, 1993).

The goal then of the MIRT program is to enhance the research development of minority students while introducing talented minority college students to the role of scientist in international nursing. One aspect of our MIRT program is to match students with faculty mentors to supervise them as they conduct research at an international site. This process of mentoring is especially critical if we are to increase our minority recruitment to graduate schools and nursing faculty. Such mentorship should be welcomed and embraced by not only minority nursing faculty but also nonminority nursing faculty as well. Given the small number of minority students who enter nursing graduate programs, it is important that programs focus efforts on facilitating the success of those preparing for roles in higher education (Campbell & Sigsby, 1994).

Experience in conducting global nursing research affords an opportunity to expose minority nursing students to the skills and career potentials resulting from higher-level academic preparation. At the same time, it begins their preparation for the expectation of major

research institutions that a scholar can eventually attain international influence and recognition. Opportunities for minority nursing scholars to conduct research in international settings such as the MIRT program contribute to expanding the body of knowledge in nursing sciences. Because of the critical role of nurses in global health care, deans of schools of nursing and leaders of nursing organizations, especially those representing minorities, have the potential for promoting culturally relevant research in nursing. Nurses must have the training and qualifications to participate in the development of health policy that addresses the global disparities in health and social indicators both in the United States and abroad.

A unique aspect of the University of Illinois at Chicago (UIC) MIRT program is the involvement of faculty from participating WHO Collaborating Centers for Nursing/Midwifery in the United States and international host sites to serve as an advisory board to recruit, review, and award meritorious proposals. The role of the MIRT program is to create research networks that give priority to developing a critical mass of expertise by training people who know field realities (Wright, Zerbe, & Korniewicz, 2001). Colleges of nursing in the United States and around the world also can be settings for creation and exploration in the search for academic education with relevance to the current global health needs of people worldwide. International experiences in nursing research for minority students and faculty provide insight not only into the research process, but also into the diversity of health delivery systems across countries. Valuable perspectives on the cultural components, which influence health policy initiatives, and thus health research, may be extrapolated from the international nursing research experience of minority students and faculty. Readers are referred to the following journals in which special editions were dedicated to MIRT scholars and faculty mentors research projects: the *Journal of Multicultural Nursing and Health* Winter/Spring (2002, vol. 8, no. 1) and *Association of Black Nursing Faculty Journal* (2002, vol. 13, no. 2).

Description of the MIRT Program

The UIC College of Nursing offers research training in nursing sciences at international sites through the Office of Global Health Leadership. Research training for eligible nursing students is provided through the MIRT program, a cooperative program of the National Institutes of Health (NIH) Office of Research

on Minority Health and the FIC. The program targets upper-division baccalaureate nursing students (juniors or seniors) and graduate nursing students. The specific aim of the MIRT program at UIC is to advance nursing research in primary health care and to address the health disparities among underserved population groups of the United States and developing countries. The MIRT program comprised the following components.

MIRT PROGRAM AWARD PROVISIONS AND REQUIREMENTS FOR PARTICIPANTS

Selected MIRT candidates receive training awards with support for (1) costs of one round trip airfare to host country; (2) ground transportation costs to and from the airport on arrival and departure; (3) stipend for living expenses prorated on total number of weeks in host setting; (4) housing costs; and (5) selected fees and research-related expenses (e.g., computer fees for research analysis at host site).

Criteria for trainees' participation and program awards are determined primarily by guidelines of the funding agency—the FIC of the NIH. To be eligible, participants must be U.S. citizens, nursing students (or faculty) in good academic standing in their home institutions, and members of the 4 underrepresented minority groups—African Americans, Latino Americans, Native Americans, and Pacific Islanders—that are the focus of the program.

MIRT trainees selected for the program are expected to show pretravel preparation in the nursing research process and research report writing, cultural diversity, and international research ethics. During the international experience, undergraduate students will complete a short-term research project at the international host site over a period of at least 10 weeks, and graduate nursing students (i.e., master's or doctoral) will implement an approved research proposal at the international host site over a period of 12 weeks. Trainees' research interests and goals are then matched with international host nursing institutions according to the skills and experiences of host faculty research mentors. On conclusion of the training period, all MIRT participants must submit a written report of their research investigation and activities and a summary report of their cultural experience, including ethical issues in international research.

U.S. COLLABORATING PARTNERS AND FACULTY MENTORS

Recruitment is an essential aspect to ensure success of this type of program. Students must not only meet

the eligibility requirements but also be flexible and willing to live and learn in countries where the research, academic, and cultural environment is entirely different from theirs. Any nursing student who meets the eligibility requirements can apply to the MIRT program. Recruitment for this program is performed on a national basis, and applications are accepted from students in approved programs of nursing. In addition, several WHO Nursing Collaborating Centers in the United States are partnering institutions for the MIRT program (Table 1). Nursing faculty from these U.S. programs of nursing assist in recruitment and selection of the MIRT candidates. In some cases, faculty members from nursing programs in the United States will

TABLE 1. MIRT Collaborating Partners in the US and International Host Sites*

MIRT Collaborating Partners in the US	Selected International Host Sites For Research Training
Division of Nursing Howard University	WHO Collaborating Centre for Nursing Development University of Botswana Gaborone, Botswana WHO Collaborating Centre for Nursing Development University of Sao Paulo College of Nursing at Ribeirao Preto Ribeirao Preto, Brazil Escuela de Enfermeria Pontifica Universidad Catolica de Chile Santiago, Chile Escuela de Enfermeria Universidad del Valle Cali, Colombia Kamuzu College of Nursing University of Malawi Lilongwe, Malawi Department of Advanced Nursing Sciences UNISA: University of South Africa Pretoria, South Africa Faculty of Nursing Chulalongkorn University Bangkok, Thailand Faculty of Health Sciences UNISWA: University of Swaziland Mbabane, Swaziland MEDUNSA Medical University of South Africa Kimberly, South Africa
Frances Payne Bolton School of Nursing Case Western Reserve University	
School of Nursing Northern Illinois University College of Nursing and Health Sciences George Mason University School of Nursing University of Alabama at Birmingham	
School of Nursing University of Pennsylvania School of Nursing University of Texas at Galveston	
College of Nursing Columbia University, New York	
College of Nursing University of Illinois at Chicago	

*The intent of the MIRT program is to strengthen the research collaboration between members of the Global Network of Collaborating Centers of Nursing and Midwifery Development. The network of over 30 designated nursing collaborating centers is described in the network page: <https://www.cnhs.gmu.edu/whocc>. Additional US and international sites are identified and added each year.

be MIRT faculty mentors for the participating students. In this case, along with the host site mentors, they supervise MIRT trainees' research training and activities while in the international host setting. Many participating U.S. faculty mentors already have established ongoing research projects in host countries where a MIRT trainee will be placed. On return to the United States, many faculty mentors continue to work closely with their MIRT trainees and in many instances have presented and published their work at scientific meetings/conferences and in academic and professional journals (Table 2).

INTERNATIONAL HOST SITES AND INTERNATIONAL FACULTY MENTORS

Many qualified nursing researchers from several universities and countries around the world collaborate with the MIRT program. As host site directors and faculty mentors, nursing researchers and faculty members provide guidance to MIRT trainees during the research training period. MIRT host site directors and faculty mentors assist MIRT trainees in many aspects, including identifying housing accommodations, par-

ticipation in cultural events, and guidance in research training activities (see Table 1 for selected research training international host sites).

PREPARATORY TRAINING OF MIRT SCHOLARS IN INTERNATIONAL RESEARCH AND ETHICS

Before sending the MIRT scholar to a host site, we ensure that the proposed international setting can accommodate the U.S. researcher and/or student, provide a research-supportive infrastructure that includes mutual interaction, and offer adequate library or research-related materials to assist the visiting scholars in accomplishing their goals. Students and faculty are expected to have basic training in the ethical issues that govern international research. Host sites are expected to review and maintain monitoring systems that are consistent with the regulations of the NIH for protection of human subjects and observation of research integrity. In recent years, the increasing global nature of health research involving human participants has highlighted a number of ethical issues. The MIRT staff is developing a core curriculum for global health research that covers protection of human subjects and

TABLE 2. Selected Presentations and Publications From MIRT Scholars

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- Tobias, B.T. (2001). A descriptive study of the cultural mores and beliefs toward HIV/AIDS in Swaziland, Southern Africa. *International Journal for the Advancement of Counseling*. 23: 99-113.
 - Buseh, A.G., Glass, L. & McElmurry, B.J. (2002). Cultural and gender issues related to HIV/AIDS prevention in rural Swaziland: A focus group analysis. *Health Care for Women International*. 23(2): 173-84.
 - Humbles, P.L. (2000). Difficulties with using condoms by urban workers in Botswana. Poster presentation at the 13th Global AIDS Conference, Durban, South Africa. Abstract #C5357. 10-14 July, 2000.
 - Slayer, J. & Chaiphalsarisdi P.I. (2000). Beliefs about breast cancer and practice of BSE: A pilot study of Thai women. *Chulalongkorn Medical Journal*. 44: 691-702.
 - Beltran-Cabrera, J., Caballero, E.M., & Campos, C. (2000). A descriptive study: Presence of decisional conflict in mothers of newborns. Presentation at the 25th Midwest Nursing Research Society Annual Conference, Cleveland, OH.
 - Johnson, V. (2002). Research in action: Participating in the process. *The Journal of Multicultural Nursing and Health*. 8(1): 16-21.
 - Rodriguez, H. (2002). Looking through the bushes: A student South African experience. *The Journal of Multicultural Nursing and Health*. 8(1): 22-26.
 - Clark, T.E. (2002). Conceptualism of an international research experience. *The Journal of Multicultural Nursing and Health*. 8(1): 27-30.
 - Dorsey, S.M. (2002). The power of research: A 10-week cultural experience in South Africa. *The Journal of Multicultural Nursing and Health*. 8(1): 31-34.
 - Brathwaite, D. (2002). Mentoring relationships while conducting international research. *The Journal of Multicultural Nursing and Health*. 8(1): 36-41.
 - Brathwaite, D., Fleming, J.W., & Riley-Eddins, E.A. (2002). Globalization of health care: Cultural exposures of nursing students. *The Journal of Multicultural Nursing and Health*. 8(1): 5-6.
 - Petterson, T.J., Mogotlane, S., Fleming, J.W., Kantami, P., Magango, R., Mathebula, M., & Selaledi, B. (2002). Health and development of South African children and their families: A pilot study. *The Journal of Multicultural Nursing and Health*. 8(1): 7-15.
 - Rodriguez, H., Brathwaite, D., & Dorsey, S. (2002). Depression and social support in the elderly population: A study of rural South African elders. *Association of Black Nursing Faculty Journal*. 13(2), 45-48.
 - Dorsey, S.M., Rodriguez, H.D., & Brathwaite, D. (2002). Are things really so different? A research finding of satisfaction, illness and depression, in rural South African elderly. *Association of Black Nursing Faculty Journal*. 13(2), 41-44.
 - Brathwaite, D., Mogotlane, S., Rodriguez, H., Dorsey, S., Magongo, R., & Matlakala, M. (2002). Elderly citizen's perception of their health and care provided in a rural South African community. *Association of Black Nursing Faculty Journal*. 13(2), 37-40.
 - Brathwaite, D., Mogotlane, S., Fleming, J.W., Magongo, R., Matlakala, M., & Makwete, I. (2002). Comparison of parents of children and the elderly in a rural community. *Association of Black Nursing Faculty Journal*. 13(2), 34-36.
 - Brathwaite, D. (2002). Mentoring students: Internationally. *Association of Black Nursing Faculty Journal*. 13(2), 31-33.
 - Phillips, J.M. & Mamede, M.V. (1999). Breast cancer and BSE knowledge among Brazilian women: Implications for breast health education. *The Journal of Multicultural Nursing and Health*. 5(2), 34-42.
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maintenance of research integrity. All MIRT trainees are required to watch a videotape on the protection of human subjects developed by the NIH. A local institutional review board or ethics committee approves students' projects. After the approval from the host site and the trainee's U.S. university institutional review board, both approvals are submitted to NIH MIRT staff and the Office of Research Risk and Protection before the student goes abroad. The host sites are active participants in the review of research proposals. Both the U.S. institution and the host research site must be assured that human subjects are protected before projects are approved by the Office for Protection of Research Risk in Washington, DC.

Strengths, Opportunities, and Lessons Learned

STRENGTHS AND OPPORTUNITIES

Several students (undergraduate and graduate) as well as postdoctoral fellows and faculty mentors have benefited from the MIRT program. The categories of participants in the program include (1) undergraduate students ($n = 26$); (2) graduate students ($n = 22$); (3) postdoctoral trainees/fellows ($n = 6$); (4) faculty mentors ($n = 11$); and (5) host site mentors ($n = 10$). The MIRT program has many strengths and offers numerous opportunities for understanding and promoting global health within the discipline of nursing. In this article, we describe the potential value of global learning and research specific to nursing students at different levels of their professional development. We caution, however, that to appreciate clearly the impact of the MIRT program on the trainees, the host sites, and nursing, it would be important to thoroughly evaluate all stakeholders involved with the program. Such evaluation could be conducted by assessing the overall impact of the MIRT trainees' experiences on their personal and professional development as nurses.

Interestingly, the opportunity for U.S. nursing students to gain research experiences in other cultures in person often helps one understand diversity in the U.S. culture. It is based on this objective that the staff of the UIC MIRT program promotes the program to talented minority students who indicate intent to obtain graduate education. The 10 to 12 weeks of research experience assists students to gain awareness of research, environmental, cultural, economic, and political issues impacting health in their assigned country. This process also helps them develop a global perspective for health care delivery. A secondary objective of the MIRT program is that the experiences stimulate

the reflection of minorities on their ethnicity and interaction with others. This secondary objective is well displayed in the several articles published by former MIRT scholars recently in the *Journal of Multicultural Nursing and Health*. In this issue, a bachelor's of science in nursing student noted: "We must not judge people using our culture as the rule, but accept the various cultural norms and differences. My future career in research depends heavily on my objectivity. As nurses we must allow all people a voice to be heard. To function in a global community requires cultural sensitivity and awareness. If we believe and understand people are similar regardless of their skin color, language and geographical location, then we can recognize it may be only the cultural practices and beliefs that separate us" (Rodriguez, 2002).

At present, the FIC maintains a database of all MIRT scholars collecting information on relevant indicators associated with the program and in particular the educational and research participation. In addition, the UIC MIRT staff is developing an evaluation survey for a follow-up study with the MIRT participants. From this survey, we plan to collect data yearly to track the progress of each past participant longitudinally. Information that will be collected from this survey evaluation will include assessing the impact of the MIRT program on the (1) scholars' professional experience; (2) scholars' global and cultural perspectives; (3) MIRT scholars' personal development; (4) scholars' intellectual development; (5) the research ability of MIRT scholars; (6) MIRT-related program activities; and (7) demographic profile of the participants. It is critical to conduct a preassessment of each MIRT trainee and another assessment on their return from abroad.

In the international health research experience literature, several studies have documented reports on the outcomes of international study for nonnursing and nursing undergraduates (Frisch, 1990; Thompson, Boore, & Deeny, 2000; Zorn et al., 1995; Zorn, 1996). A common theme reported in all these studies was that students who have had the opportunity to undertake international experiences were able to develop intellectually, increased their global understanding of health, cultural, and political issues, and at the same time experienced personal growth and development. These studies also identified various options for gaining international experience with diverse groups and suggested that international experience should be built into the curriculum for students preparing to become nurses. Today, nurses are required to recognize

the influence of multiple factors on health and health care. It is essential that the issues of cultural diversity be addressed in U.S. nursing institutions. Currently, some U.S. schools of nursing offer courses in cultural diversity and health care and should be applauded for such efforts and insights. Of particular relevance to the UIC MIRT program is the preparation of nurses for survival and contribution to the 21st century health care delivery systems. This will require experiential learning associated with the care of ethnic minorities.

Benefits of an international program such as the MIRT program are variable and dependent on several factors, including the scholar's personal characteristics and enthusiasm for embracing global knowledge, host site characteristics, mentoring process in the field, and follow-up mentoring processes once the student returns to the United States. No matter how we view the experience, it is clear that programs such as the MIRT program impact minority nursing students. It also should be emphasized that the MIRT program differs from other study-abroad programs in that it targets minority students for many of the reasons we have mentioned earlier. Other professionals in the field also have documented the success of study-abroad experiences. In one study, the impact of an international experience of either 3 to 4 weeks or 3 to 4 months was measured quantitatively in relation to 4 dimensions: professional career, intellectual development, global understanding, and personal development (Zorn, 1996). The investigator documented the highest impact in enhanced international perspective and personal development as well as observed changes in students' intellectual development (Zorn).

ETHICAL ISSUES IN GLOBAL RESEARCH

Universities have several missions including developing new knowledge through research. One way to do this is through collaboration with other researchers and universities from different nations. Such collaboration can benefit all parties involved. However, many people involved in global research also point out that sometimes these collaborations do not always proceed smoothly. Controversy may emerge when all stakeholders do not share the same cultural, economic, political, and ethical perspectives. The nature of the MIRT program also makes it impossible for our scholars to avoid these ethical controversies. Considerable time is spent with the MIRT scholars during the orientation and predeparture period, preparing them regarding ethical issues related to global research and human subject protection.

In a recent report, the National Bioethics Advisory Commission raised pertinent ethical issues in international research (National Bioethics Advisory Commission, 2001). The National Bioethics Advisory Commission posits that as the pace and scope of international collaboration in biomedical research has increased during the past decade, so have the questions about the ethics of designing and conducting international research. A positive and relevant aspect is that, increasingly, many MIRT host site institutions are becoming more involved as collaborators in research, and, through our encouragement, some of these institutions have developed or expanded their existing capacity for technical contributions to research projects and set up committees for appropriate ethical review of research projects. In the MIRT program, we emphasize to all participants including the host site that it is in the interest of all parties involved on a given project to practice responsible conduct of research. A unique feature of international or global research is the degree to which developed countries including the United States and a research university such as UIC can enhance and encourage further collaboration by leaving the host sites better off as a result of a given research project or program. It is clear, however, that the benefits that could remain in the host country depend on local conditions, the country's state of economic development, and scientific capabilities of a particular nation or institution (National Bioethics Advisory Commission; Tan-Torres, 1999).

Challenges of the MIRT Program

Some challenges of the MIRT program center on recruitment, orientation, and preparation of scholars for travel, communication with host sites, helping trainees deal with culture shock, and other related factors. Many study-abroad programs such as the MIRT program vary in their duration, and we have observed that students who participate in longer projects in their host sites report greater impact from the experience than those who participate in shorter experiences. It certainly will be of interest for us to evaluate the length of time that elapsed since the MIRT program experience with the degree of impact on the scholar. For instance, are there differences between MIRT scholars who have a prior international travel experience compared with those without prior travel experience?

There are several challenges in implementing the MIRT program and establishing international collaborative research. This complex process involves identifying a research host site and local mentors, recruiting and mentoring selected students, and orienting and preparing the students for the international experience. It would be relatively easy if all our participants were recruited from the UIC at Chicago or from local universities in the Chicago area. This is not the case, as many students are recruited from universities such as Howard, Case Western Reserve, George Mason, Prairie View A & M University, University of Kentucky, Northern Illinois University, and so forth. To ensure consistent formal orientation, we have developed an orientation packet that is mailed to all students once they are selected. This orientation process is augmented by telephone conference calls and communication by e-mails and faxes. The turn-around period for preparation and completion of all paper work including obtaining visas, health insurance, and tickets can be lengthy and sometimes difficult depending on the country in which the students will be traveling.

To ensure that the program is beneficial to all parties (institutions) and stakeholders involved, extensive communication is needed to clarify with the host sites the nature of the collaboration and/or the distribution of benefits. Communication by faxes, telephone, e-mails, or letters can sometime be difficult. Many of our host sites are in developing countries, with limited media and communication resources, where the project serves a dual benefit. The students, faculty mentors, and host sites have progressed with the research program, and the international host sites are building research capacity. This is in keeping with the UIC MIRT program endorsement for the promotion and advancement of primary health care principles.

Currently, there is little dispute that global health research is a necessity. Yet, much of the international research is not participatory. Although the health community has recognized the benefits of participatory research, sometimes local communities are not involved totally in the research processes (Riley, Jossy, Nkinsi, & Buhi, 2001). The challenge for the UIC MIRT program is to create a climate that involves more international host sites in the research planning process for activities the MIRT trainees are engaged in when they travel abroad. How research priorities are set (and by whom) is an important incentive for determining whether participating countries will sustain an ongoing research project in their countries.

Conclusion and Plans for Future Activities

According to Michaud, Murray, and Bloom (2001), allocating available resources effectively and equitably to reduce major causes of disease burden and to decrease health disparities between low-income and affluent populations is a major challenge for the health care professions in the current century. Although great strides have been achieved by most countries in increasing the life expectancy of their populations, these same achievements now are being diminished by the emergence and re-emergence of fatal diseases such as human immunodeficiency virus/acquired immune deficiency syndrome and tuberculosis. A challenge therefore to most health systems in the 21st century is to maintain and improve life expectancy and the quality of life achieved for many countries in the past century (Michaud et al.).

What is the role of nursing in reducing the global burden of diseases? How should the discipline of nursing advance global health and research? How can we get young nurses who are just beginning their careers to become interested in global health issues? There are enormous benefits from studying the health systems of another country or collaborating with nurses to study health issues. Additionally, in many developing countries, nurses make up the largest component of the health-care workforce and usually provide health care to the people while addressing many research questions.

A program such as the MIRT shows the importance of nursing, developing global health as a program of study within schools of nursing, and expecting students to participate in research practicums at the undergraduate level. The global research process would be enhanced by courses or curricula designed to include the concepts of collaboration and partnership, international research ethics, and multidisciplinary approaches to health research. Although we advocate that nursing programs incorporate international health into their curricula, we also realize that international health is a multidisciplinary area of study, practice, and research. Faculty members in colleges/schools of nursing must join with faculty in other disciplines to offer courses that expose nursing students to the broad discipline and concepts of global health and that challenge existing paradigms. Likewise, nurse researchers and research societies (e.g., Sigma Theta Tau International and the Midwest Nursing Research Society) must grapple with developing meaningful programs to serve as incentives for participation of young nursing scholars. This position assumes that faculty of schools of

nursing will have the education, training, and experiences in global health and development required for educating their students about global health care issues.

The UIC MIRT program exposes minority nursing students to global research experience. Qualitative feedback from several MIRT scholars indicates that an immersion health research experience in another country truly is necessary to develop greater cultural awareness and appreciation for global health. Many former MIRT scholars have gone on to graduate school, and others have continued to work in nursing. A common report from all former MIRT scholars is that they now view their work from a more holistic perspective than before. As mentioned before, we are conducting follow-up surveys from which we will collect relevant information from former scholars on their participation in research activities, pursuit of advanced degrees, and future participation in global health activities. Results from this evaluation will be essential in helping improve or modify the MIRT program.

A goal of the MIRT program is to enhance the mentoring relationship between trainees and mentors. Because many of our trainees are undergraduate students, they must be paired with a U.S. faculty and/or a host site mentor to provide the leadership and expert knowledge that enables them to have meaningful experiences from their travel abroad. Dr. Brathwaite, a faculty mentor for the MIRT program, explains the mentoring process eloquently: "The faculty mentor encouraged problem based learning, strengthened the students' skills of cultural assessment, shared and collaborated in developing skills of research and enhanced student critical thinking skills by a continual faculty/student dialogue where housing and meals and free time were shared with the students. Rarely in one's career as an educator and a scientist does such a student/faculty immersion experience occur" (Brathwaite, 2002). This aspect of the MIRT program is excellent and should be maintained. Students can learn not only from their faculty mentors but also from their fellow students. Any future evaluation of the MIRT program also will consider the impact of the faculty

mentors on the MIRT scholars and what should be done to improve such relationships and processes.

Finally, the goals of global health research should be the same as domestic health research, that is, to integrate knowledge into strategies for community and social change. We know from primary health care principles and from our experience with health projects both in the United States and abroad that success comes when local ownership and decentralized decision making are integral to public health interventions (Riley et al., 2001). Our next effort, therefore, is to determine how best to sustain some of the initiatives and programs in the host site countries where our MIRT scholars have participated on a given project. We will seek innovative approaches to collaborating with local researchers at the participating host sites. This process is very important in sustaining the programs in local communities. For instance, Lee & Mills (2000) suggest that developing countries should be perceived as partners engaged in producing health research that is of superior quality and that addresses the major problems of their communities. One of our future goals, therefore, is to incorporate the training of local researchers from the MIRT host sites into the overall framework of our MIRT program. In many host sites, our experience is that the institutions lack the capacity to support local researchers in the application of their knowledge and skills. We realize that funding in this respect from donors to train and retrain local researchers in these countries may be a controversial issue. The supplemental grants funded by FIC have been instrumental in bringing many of our host site directors and mentors to the United States for conferences and professional meetings. Such efforts may need to be expanded. We conclude by emphasizing that investment in applied and basic research is important strategically for many of these countries and institutions. This strategy is essential for expanding global health. Understanding the health needs of other nations is critical to advancing global health. Practicing nurses must be prepared for global research from the beginning point in their education.

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