

# Experiential gaming to facilitate cultural awareness: its implication for developing emotional caring in nursing

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## Abstract

For nurses to deliver effective transcultural care, it must be carried out in a way that recognizes cultural difference and responds sensitively to it. In this study, the authors address the meaning of 'cultural awareness' and its place in the development of cultural competence among healthcare professionals. They explore the difficulties of providing effective methods for enabling students to become culturally aware and consider the use of games/simulations, whereby the learning experience emphasizes action and students begin to explore and evaluate through reflection. The focus then turns to using games in promoting cultural awareness based on the authors' experiences. Over several years, Bournemouth University and other European and American partners have developed and used with effect two particular games specifically tailored for work with healthcare professionals. The content and scope of the games are described which, together with supporting material, constitute a day's workshop and provide an excellent basis for furthering the development of cultural knowledge and skills. The final discussion describes how, with the present trend towards a scientific–technological approach to teaching/learning, the craft of nursing is being lost and therefore the complexity of caring is not being realized. This in turn jeopardizes the students' emotional learning, thereby negating the strength of nursing and the understanding of nursing as a discipline and practice. We believe that re-investing in forgotten teaching methods like gaming/simulation may help students interpret nursing as a caring practice that is academically defensible.

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## Introduction

Britain has been regarded as one of the most ethnically diverse countries in Europe (Gerrish 1997; Le Var

1998). It is essential therefore that this culturally diverse population is provided with a healthcare service that is both culturally sensitive and appropriate. Healthcare providers and their clients may have

culturally different orientations and will see the world through the lens of their own cultural background. To provide effective care in a cultural context, professionals must acknowledge the values, beliefs and practices of the people they are caring for and the diversity of their backgrounds.

However, not only is the client population becoming increasingly multi-ethnic but, as a result of the shortage of registered nurses in the Western world, there is a clear potential for an unprecedented increase in international recruitment in the European Union and the USA. In the UK and in parts of Western Europe, this has already begun. The trend is spreading across other professions in health and social care and has consequences and practical implications particularly for the preparation of new professionals who will function in a multi-cultural workforce. Programmes promoting 'cultural' and 'intercultural' competence must be developed in professional healthcare education to help limit the problems that can occur during professional interactions generated by a lack of capacity to deal with cultural difference.

### EU/US project

With these issues in mind, Bournemouth University, UK, submitted a proposal to the Education & Culture Directorate of the European Commission in 2001, alongside a simultaneous submission by Vanderbilt University to the Fund for the Improvement of Post-Secondary Education (FIPSE) in the USA, entitled *Developing Intercultural Competence in Multicultural Healthcare Workforces*. It proposed the

development of a programme to meet this need and involved the participation of six universities, three on either side of the Atlantic. These were Uppsala University in Sweden and Savonia Polytechnic in Kuopio, Finland, to accompany Bournemouth in Europe, and Queens University in Charlotte, North Carolina, and Western Kentucky University to partner Vanderbilt University. In developing the programme, due consideration was given to other published models (Hofstede 1991; Campinha-Bacote 1996). The project team came up with the following model to meet our objective (see Table 1).

Table 1 shows not just the stages of the model but the means of moving through those stages. Unusually, perhaps, it was decided that students needed to gain intercultural competence as a way of distinguishing between working in their own country with people from different ethnic backgrounds and when they themselves were the outsider in another country. This is an important distinction. Most US texts (Andrews & Boyle 1999; Campinha-Bacote 1999) indicate that the end point in developing skills in a multi-cultural context is competence to provide care to those whose background is different from the nurse's own. However, in these days of labour migration, professionals need also to be prepared to manage a situation where they find their cultural heritage is different from that of their new colleagues in another country.

### Background

This study focuses on the development of cultural awareness using games and simulations, which is

**Table 1** The development of cultural and intercultural competence

<i>Learning stages</i>	<i>Curricular developments</i>
Stage 1 Cultural awareness	Experiential learning through simulation games
Stage 2 Cultural knowledge	Web-based materials providing relevant information
State 3 Cultural competence	Intercultural encounters in students' own country: the student is an 'insider' in relation to others from a different cultural background
	Language skills development
Stage 4 Intercultural competence	International placement with a participating institution: the student is a cultural 'outsider' in a different country

the first stage of the programme as shown in Table 1. Students were also provided with Web-based materials to give them specific information about the country they would visit during their exchange period. While in practice at home, they were encouraged to keep a reflective journal, specifically to consider cultural encounters in their home country and to reflect on their responses to and handling of such encounters. This allowed them to consider how they developed cultural competence. Before going abroad, the students were briefed on the objectives of their placement, and of the nature of culture shock and how they might handle this.

During the 3-year project, 24 students from each side of the Atlantic had placements on the opposite continent. While abroad, they continued to record experiences in their reflective journal and, on their return, wrote an analysis of a critical incident involving a cultural encounter. These written assignments were used both as an evaluation of the project and as an integral part of the students' course progress. The effectiveness of the programme in enabling the students to move from a position of 'ethnocentrism' to one of 'ethnorelativism' was measured using Bennett's model (in Paige 1993, p. 29) for the development of intercultural competence. Although the students did move into the ethnorelative part of the spectrum, that move was relatively small. Some adaptive behaviour was demonstrated but the project team felt that a period longer than 12 weeks in another country was needed to make a significant difference.

The contention of this paper is that the students' ability to move along the continuum described by Bennett (in Paige 1993, p. 29) depends on their emotional engagement in cultural difference and diversity. However, the affective aspects of providing culturally competent care are difficult to learn (Andrews & Boyle 1999, p. 8). Nursing theorists have identified a number of concepts that lead to cultural competence and the affective element is usually mentioned as the first step. Campinha-Bacote (1999, p. 204) describes this as 'cultural awareness': 'the deliberate cognitive process in which healthcare providers become appreciative and sensitive to the values, beliefs, lifeways, practices and problem-solving strategies of clients' cultures'.

If sensitivity to clients' values, beliefs and lifestyle practices is important in cultural care, how can this be developed in students? As indicated, games and simulations were chosen within the EU/US project. One of the reasons for this was the powerful impact that 'playing the game' had on one of the authors who participated in a workshop on 'Caring in a Multicultural Society' with a multi-cultural group of healthcare teachers in Belgium. Saunders & Cox (1997, p. 4) describe these methods as 'teaching and learning techniques in which participants are directly involved in making decisions and learning from the results of these decisions.' Students are active participants, 'involved in exploration and examination of experiences through reflection' (Wildman & Reeves 1996, p. 334). Role play, which is also a form of simulation, can provide self-awareness which contributes to cultural sensitivity (Shearer & Davidhizar 2003, p. 274).

## Games and simulations

### Definition

At the start of the project, there was a tendency to use these words interchangeably, but this is not correct. 'A game is any contest among adversaries operating under constraints for an objective' (Ellington & Earl 1998, p. 7). Thus, to qualify as a game, an exercise must have two characteristics: 'overt competition and rules'. Games are also described by Coleman (in Boocock & Schild 1968, p. 29) as 'a kind of play upon life in general ... with the same kinds of motivations and behaviour that occur in the broader contexts of life'. He further suggests that games have properties for learning. These properties he describes as 'their ability to focus attention, their requirement for action rather than merely passive observation, their abstraction of simple elements from the complex confusion of reality, and the intrinsic rewards they hold for mastery'. Boocock himself (p. 61) suggests that the potential for learning in games was only gradually recognized. Initially, they were seen as inherently attractive and easily captured interest and commitment but they also had potential for improving the socialization skills of participants. Because games can also involve

a competitive element, they provide strong motivation for wholehearted commitment to the work of any exercise involved (Ellington & Earl 1998, p. 11).

The term 'simulation' denotes replication of the real world. Ellington & Earl (1998, p. 7) state that a simulation must also have two characteristics: it must 'represent a real situation and be on-going'. Megarry (1981, in Wildman & Reeves 1996, p. 334) further describes simulation as a learning experience in which participants recreate competitive or cooperative reality by acting in some rule-bound way. Ellington & Earl (1998, p. 10) also report that games/simulations provide a vehicle for students to 'develop their initiative and powers of creative thought'.

In the EU/US project, two games/simulations were used: BARNGA and Bafa Bafa. These are commercially available and were produced for those working in a business or industry setting. As part of this project, facilitation materials were written to relate them to healthcare situations. These were provided for and used by all the partners in the project.

### **BARNGA**

BARNGA is a game in that it involves competition and rules. It is a card game organized like any card tournament, with players moving from table to table at the end of each game. Participants are not allowed to speak during the tournament, although they may draw or gesticulate. At the start of the game, what the participants do not know is that the rules on each table are different. The main message here is that when you move to another culture, you may think that you know the rules because, on the outside, the situation looks to be the same as the one you are used to. When the rules are broken, you feel various conflicting emotions, and handling these emotions during the game was an enormous learning experience for the students. Those who played the game commented that it made them 'aware of how others may be feeling' and that other people 'may play by different rules'. It also made them aware of how communication barriers can distort feelings. An interesting observation during this game was the way that some players obviously enjoyed card playing in a social context and felt quite comfortable at the

start. Others who perhaps had never played cards before were apprehensive of the whole procedure. As the game progressed, the former were more shocked at the discovery that things were not as they expected. The emotional response could be more pronounced than if they had never played the game before.

### **Bafa Bafa**

Bafa Bafa is more of a simulation in that it recreates reality in a rule-bound way. Students are divided into two different cultures: Alpha and Beta. First, they have to learn the essential components of that culture and then reinforce that learning by practising the rules of the culture. One is essentially a trading culture and uses a language that facilitates trade. The other is male dominated, is more about sharing and telling stories, and values close physical contact. Many British students find this close physical contact difficult; this was particularly true for those who knew each other and had accepted ways of behaving towards each other. Those who had met for the first time on the day of the workshop had fewer inhibitions as there were no previous relationships to change. However, all students seemed to come to terms with this and entered enthusiastically into the activities of the simulation.

The students visit the other culture in pairs and attempt to make sense of it, reporting back to their colleagues after their visit. The object is to make subsequent visits easier as understanding develops. It is a very powerful game, with students becoming totally involved in their culture; but it also raises huge emotional reactions that need to be examined during debriefing. It is the emotional engagement and its consequences that are the most effective learning tools, and skilful debriefing is essential to the game's success and to the prevention of damage caused by emotional conflicts not being resolved. One student commented that it helped her to realize that you need 'to respect other people's differences in order to be accepted by them'. This reinforces the contention by Chrisman & Schultz (1997, in Shearer & Davidhizar 2003, p. 273) that respect towards others is vital for the development of cultural competence. Many students described it as a fun game to play but that it was also very realistic.

Bafa Bafa and BARNGA also stimulated students' motivation to explore cultural difference. Students' comments suggest that they see it as a relevant and appropriate method to trigger those thoughts and feelings that are aroused when encountering a different culture.

### Cultural awareness workshops

Experience with the EU/US project subsequently affected the approach to addressing culture in the curriculum within the Institute of Health & Community Studies at Bournemouth University, particularly at undergraduate level. The cultural-awareness games/simulations are now an essential component of the first year programme for all students and have been incorporated into the new interprofessional curriculum. They are used within a 1-day workshop where BARNGA is run in the morning followed by some specific material on different aspects of culture. The afternoon is devoted to using Bafa Bafa and its subsequent debriefing.

Before introducing this more widely, however, it was important to ensure that staff were adequately prepared to facilitate them. Barber & Norman (1989, p. 150) suggest that if teachers are to develop facilitative skills, they must first develop themselves through active engagement as clients in 'growthful pursuits'. All teaching and administrative staff were invited to participate in the 1-day workshops over a year. More than 60 members of staff took part, most of whom were academics, but it was also good to include significant administrative staff, particularly those who were in most direct contact with students. The success of the workshop went beyond the immediate school – the University's International Office now offers the workshop as a staff development tool. Presentations of the work at national and international conferences has raised much interest in the use of the games/simulations.

### Playing the games

The facilitators found that the nursing students became totally involved in the activities. They may have come to the workshops with mixed feelings – participating in activities in class is not always

popular and the students were not sure what to expect. An icebreaker at the start of the day set the scene. Students found this fun and it seemed to put them in the right mood to participate in BARNGA. Card games are played widely and most students had some experience of this so knew what format to expect. This gave them an initial feeling of safety and even enjoyment, and made a change from the usual lecture or discussion group. However, the reactions to uncertainty as the game progressed were fascinating. No two games are ever played out in the same way as each participant brings their own life experiences to the card table. The frustration caused by not being able to speak was obvious and made for a better understanding of the difficulties of not knowing the language, particularly in times of distress.

With Bafa Bafa, the description of the new culture that the students had to take on board always seemed complex and it was a constant surprise how easily the students assimilated the information and became totally involved in their 'country'. The timing of the game and the debriefing afterwards is vital. Students become emotionally drained after a time and may not be able to enter into debriefing discussions easily. However, these discussions are the most important parts of the day and adequate time must be set aside for them. Wildman & Reeves (1996, p. 338) report that this time must never be underestimated and they found the game sometimes has to be curtailed to allow for sufficient discussion.

### Advantages of using games

The successful experience of using games/simulations in this particular situation has led to a reconsideration of the place of experiential learning in current nurse-education practices. Ramsey (1996, p. 15) suggests that when games/simulations are effective, their application to 'real life' is clear. Participants become aware of their own values, the atmosphere is one of self-discovery and continuous revelation, and the experience is fun. Care must be taken in planning games/simulations so that the participants' needs are assessed, that they understand what is expected of them and that they can see the significance of the experience for themselves.

Writing about games in 1968, Boocock & Schild state, 'we believe it is a powerful educational technology' (p. 13). However, 'early research has produced disappointing results other than increasing motivation. They did not help students to learn other skills, for example critical evaluation, any better than other methods of learning' (p. 17). Later research by Blenner (1991, in Kuhn 1995, p. 35) suggests that students do engage in critical thinking as they work to reach a decision. In her review of the literature on gaming strategies, Kuhn also quotes Calliari (1991, in Kuhn 1995) who says that students find gaming strategies 'make learning fun and exciting while reducing stress and anxiety' (p. 35). Certainly, in relation to this study, many students reported that they found the workshop experiences 'fun', although others clearly experienced stress. The research seems to suggest that games themselves have a direct impact on intellectual learning, attitudes and strategies.

DeYoung (1990, in Paparella *et al.* 2004, p. 142) states that simulation as an educational strategy is 'intended to help nurses practice decision-making and problem-solving skills and to develop human interaction abilities in a controlled, safe setting'. Simulations, however, can also be used in other learning situations where emotional processes are less important. Villegas (in Saunders & Cox 1997, p. 145) reports the usefulness of simulations in industrial training, although improved decision-making may still be one of the outcomes sought. Similarly, simulation is reported by Bourles (in Saunders & Cox 1997, p. 187) to teach territoriality in animal behaviour using a pack of 52 playing cards and different coloured and shaped counters as tools. There is also the notion that interest aroused by the game will have an effect on further related learning. Ellington & Earl (1998, pp. 10–11) specifically consider the value of games/simulations for 'achieving a variety of affective objectives'. More importantly, in this context, they add that attitudinal traits, such as willingness to listen to other people's points of view or to appreciate that most problems can be viewed in a number of ways, can be fostered by these means. In summary, they suggest that, with games/simulations, 'student involvement and motivation are very high and most participants find

the approach very enjoyable', as reinforced by the experiences reported in this paper.

A study by the Finnish participants in the project (Koskinen & Jokinen 2004, p. 203) indicate that 'most students who had the simulation game experience said that the games were useful and helped them to imagine what it might be like to live surrounded by unknown cultural codes'. Those students who initially felt the games to be useless discovered their importance for developing intercultural awareness during the exchange.

### Disadvantages of using games

However, as with most teaching strategies, there are disadvantages as well as advantages. Ellington & Earl (1998, p. 12) cite, for example, the organizational difficulty of fitting games/simulations into the normal teaching pattern, particularly in light of larger class sizes and greater student : staff ratios. They also cite the need for student cooperation in the activity, for taking care not to use games for the wrong reasons, and for being aware that commercially available games do not meet the needs of every student group – facilitation materials in particular may need to be rewritten. Lewis *et al.* (1989, in Kuhn 1995, p. 36) suggest that 'games may create stress or embarrassment to people who answer wrongly and that they may not suit all learning styles'. Jones (1997, in Saunders & Cox 1997, p. 11) says that teachers must be careful about the nature of the experiential work they use: 'Games and simulations are incompatible because the duties, responsibilities and ethics are different. In games, players play to win; in simulations, they have a duty to fulfil their roles and have regard to circumstances and the ethics of the real world'.

It is therefore important for facilitators to understand the nature of the tools they are using and to reduce potential damage, which Jones describes as:

- Immediate personal damage to participants;
- Subsequent personal damage to participants;
- Immediate and subsequent damage to the career of the participant;
- Immediate and subsequent damage to the career of the facilitator;
- Immediate and subsequent damage to interactive events.

Such damage may be reinforced in the debriefing. Furthermore, before any game or simulation, participants should be told what sort of ethical behaviour is required.

To measure the effectiveness of the games/simulations in the development of cultural awareness, a survey in the form of a questionnaire was designed by the Finnish tutors and translated into English in collaboration with one of the authors. The overall results suggest that the games provoked strong emotional reactions, which were felt both to raise the students' own self-awareness and to provide new personal insights that would enhance future intercultural relationships. More than half of the survey respondents agreed that using *Bafa Bafa* and *BARNGA* would enable them to become a member of another culture.

Students were asked to suggest ways in which playing the games were relevant to their professional practice. Their comments included:

- 'Allows me to appreciate other people's rules/culture';
- 'Show respect and abide by rules';
- 'Greater awareness of how others feel and how it feels to be foreign';
- 'Awareness of how different people have different rules'.

### Facilitator preparation

Before using games/simulations in healthcare education, it is important to consider the preparation of the facilitators, who may well have to make considerable adjustments to their teaching style to make the use of games/simulations effective. Barber & Norman (1989, p. 146) suggest that 'personal and interpersonal sensitivity plus the ability to meaningfully facilitate group work are necessary prerequisites for effective gaming/simulations'. They suggest that good facilitators can tolerate and manage differing realities, open conflict, confusion and uncertainty, and should have first-hand experience of the game/simulation they are to facilitate. This helps them to understand the emotional conflicts that the students can experience. Wildman & Reeves (1996, p. 338) state that teachers should be credible in the eyes of their students, and that they should carefully manage the time spent on playing the games and on preparation

and debriefing. Teachers should also be aware of the differences between games and simulations. Each has its own duties, responsibilities and ethics, and if the participants and facilitators are not confident of which methodology they are using, there can be problems. Students must have clear instructions about the roles they may play and the rules they must follow. The process of the experience needs to be carefully monitored.

Similar strategies are described by Shearer & Davidhizar (2003, p. 274) in that clear objectives need to be identified for the experience and that students should have a clear time frame. This may have to be adjusted by the facilitator as the game progresses. This point is also made by Makar Joos (1984, p. 28) when she describes the role of the facilitator. The first quality she mentions is 'the ability to adapt' – there may be unexpected developments within the game and these must be turned into positive experiences. Observation of the players' reactions and behaviour during the game is another important quality. The facilitator may sometimes need to intervene if the students seem to have forgotten the rules, but this should be brief so as not to disturb the rhythm of the game. Above all, the facilitator needs to help the students make the connection between the simulation and the real world during the debriefing. The facilitator needs to be skilful in handling difficult emotional situations and mindful of the potential dangers outlined above.

Not only do facilitators need adequate preparation but there are logistical problems associated with this experiential learning style of teaching. Group sizes should be appropriate for the nature of the game/simulation to be used, and consideration needs to be given to practical issues such as the size of room and arrangement of furniture.

### Discussion

On balance, the arguments seem to favour the re-introduction of experiential techniques such as games/simulations if the essence of caring is to be recaptured. This may help students understand the nature of learning at an implicit level as well as within a process of reactive and deliberate learning. Educators need to help students reconnect emotionally

with the issues surrounding effective care and to learn the knowledge and skills to provide emotional care.

During this project, we became increasingly aware of nursing as a discipline and as a practice. What became obvious for the facilitators was how tacit knowledge is not currently being explored within the nursing teaching and learning experience, be it the understanding of people or situations, routinized actions or behaviours, or the unspoken rules that underpin intuitive decision-making. The discipline of nursing, its culture and its lore are not therefore being explored by the students in their reactive and deliberative learning. Graham & Norman (2007, in press) discuss how the project acknowledged caring and how caring is culturally and contextually based. The gaming/simulations used gave insights into this culturally based nursing and, although the meaning of nursing itself cannot always be understood causally, the meaning of what nurses do often does rely on causal explanation. What became apparent is that the tacit knowledge described above was exposed through the gaming, thereby enabling a more robust exploration of nursing practice to be realized. Within the gaming/simulation exercises, we believe the students found words and actions that explained nursing practice and the provision of caring, which came from two perspectives. One perspective could be argued as being a traditional craft–technological standpoint, the other being the scientific–technological standpoint. Both explanations of ‘knowing’ by the student perhaps denote the current conflict within nursing curricula. Since the movement of nursing education into university schools, the status of scientific–technological knowledge and its teaching methodologies has overtaken the traditional apprenticeship model of learning nursing practice through attaining craft skills.

Eraut (2000) states that learning consists of four processes: reading the situation, making decisions, work activity and metacognition. There are three types of cognition – intuitive, analytic and deliberative. The balance between these types depends on time, experience and complexity. We believe that the current nature of nurse learning does not achieve the balance Eraut talks about. Learning has become a passive thing with the student being taught but not

enabled to learn. This is a reflection of the move to the scientific–technological status of knowledge – the craft of nursing is lost and so the complexity of caring is not realized and the student does not move through the processes Eraut describes. This, in turn, jeopardizes their emotional learning thereby negating the strength of nursing and the understanding of nursing as a discipline and practice.

Some academic nurses believe that nursing has to follow the academically acceptable model to be seen as respectable within the academic community. This model sets out learning objectives and the learning experiences that are supposed to ensure that students achieve those objectives. The curricula are then evaluated on how successfully the objectives have been achieved. Certainly, such a model conforms to the pattern of organization that is often uncritically accepted in our technological society. However, this model may be suitable for, say, producing motor cars, but is lacking when preparing human beings to care for other human beings. Individuals have their own meanings and purposes, and respond in very different ways to attempts to control their behaviour and learning. McQueen (2004) describes this as ‘emotional labour’ and argues that nurses need to be emotionally intelligent to practice nursing in this way. In this study, we found that the students described how the gaming/simulation helped them to learn ways of relating to each other and of practicing emotional labour.

### Concluding comments

Recently, negative press coverage seems to indicate that nursing has lost its way. Perhaps academic education has contributed to this and nurses are seeking the outcome not the experience when providing care. We believe that re-investing in forgotten teaching methods like gaming/simulation may help students interpret nursing as a caring practice that is academically defensible. Such methods can help students study the discipline of nursing and examine the practice of nursing care in a way that the usual methods of teaching do not. From this learning, nurses can achieve a fuller understanding and articulation of their practice and its purpose, which should ultimately lead to better patient care.



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