Nursing: Beyond the Horizon

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Aims:

- To discuss issues related to Nursing and Nurse Education with an international perspective
- To highlight relevant research agendas
- To propose the use of Neuro-Linguistic Programming (NLP) models for analysis and structure for designing research questions

This paper reflects a plenary session that was presented at the 1st International Nursing Research Conference in Sarawak, Malaysia, March 2008. Within this article the author intends to highlight the growing nature of change in nursing across the international context. There will be discussion related to the transferability of skills and knowledge required by nurses to enable them to be fit for purpose in these international contexts. This would include discussion related to the notion of nursing needing to consider the educational standards for the profession, setting up of international collaborative provision and the mobility of nurses across international borders and the human resource crisis related to shortage and migration. From an international perspective, nurse education needs to continue developing standards related to evidence that is transferable across the international context. Nurse education has been urged to respond to the health workforce crisis by producing safe and well-educated, well trained health care workers dealing with imbalances and inequities and strengthening partnerships (WHO 2006). These aspects lead to the need for a comprehensive research agenda for nurses and the sharing of information globally to enhance nursing knowledge

Challenges for Nursing Internationally

Globalization

Globalisation is not a new phenomenon. It has been occurring on large social and economic scales for many decades with populations finding easier communications, collaborations and information sharing opportunities due to developing technologies and inter-country mobility systems. For example in Europe the Bologna process was introduced to facilitate the internal mobility of students, teachers and administrative staff, due to the nature of this increase in international mobility of students, (Cardoso et al, 2007). Globalisation has facilitated a transfer of resources, technology and knowledge across health care systems in a rapid fashion, (WHO, 2002). With the rise of the internet, the World Wide Web and electronic communications it is now very easy to communicate with people at the other side of the world, speedily and efficiently. There have been changes in transport systems making travel to other countries more accessible for some, although with the current economic climate and 'credit crunch' this may be curtailed. News travels fast and information about events on a world wide level is easily accessible almost 24 hours a day via global media coverage. The international nurses' council (ICN, 2008) suggest that alongside this phenomenon of globalisation there are a number of key forces that affect health challenges and delivery of services including political unrest, poverty and climate change. There may also be drawbacks as people attempt to move towards conditions that are more favourable to them, leading to challenges with migration and immigration. This does lead to a number of cross cultural issues in nursing and health care and the need for people to deal sensitively with these (Suhonen et al, 2009).

According to the World Health Organisation (WHO, 2008) globalisation is affecting social cohesion and therefore is placing health systems under stress as they are not able to perform as well as they could or should.

Health Changes

Overall, even with the challenges mentioned above people are healthier and wealthier and living longer than 30 years ago. Knowledge and understanding related to health is growing and being increasingly shared, the technologies are transforming health and health information access, and there is recognition of shared worldwide threats to health, (WHO, 2008). The World Health Organisation (WHO) also suggests however that there are some trends in health that need serious consideration. They have emphasised many times the nature of health changes and the challenges these bring. The World Health Report (WHO, 2006) highlighted that although there have been some health benefits from increasing technologies there are also many challenges as some health trends have reversed. This includes communicable and incommunicable diseases such as HIV/AIDS especially across sub-Saharan Africa. There has been the re-emergence of infectious diseases such as Tuberculosis (TB), SARS/avian influenza Maternal and infant health is also a concern. These are not only issues that affect the developing world but also the developed areas of the world where there have been increases in chronic diseases such as diabetes and obesity. They also highlight there has been an increase of hidden challenges such as mental health conditions and social factors such as domestic violence that impact on health (WHO, 2006). This report also identified that where there were high densities of nurses and other health workers per head of population there was an increased survival rate of children and adults when faced with such health challenges. Interestingly but sadly, those countries where the above mentioned health challenges are highest are also the countries with the least density of health care workers.

According to the ICN (2008) primary health care is high on the global health agenda once again. The Millennium Development Goals were set up to combat poverty, hunger and disease, illiteracy, environmental degradation and discrimination against women. They suggest that in order to meet these needs there are four key areas to health policy planning, which are: equal and universally accessible health services, community participation in health agendas, interagency and sectoral approaches in healthcare and the use of appropriate technology. Previously the World Health Organisation (WHO, 2002) argued that different models of health care will have to be developed in order to cope with ever changing and evolving global health care needs. Nurses are a vital part of these developments and will be pivotal in supporting and implementing cost effective community and primary health care based approaches. However securing the nursing workforce for such developments may not necessarily be as easy as this suggests.

Migration

According to Fleming (2007) there is an increasing mobility of qualified nurses across the globe which impacts on these health needs as there are chronic shortages in the countries most in need. This could be highlighted as a 'brain drain' as nurses move to areas where they may have better opportunities, better pay and status and better education. In 2002 the World Health Organisation suggested that such migration of health worker including nurses, together with inadequate working conditions and inappropriate utilisation of practitioners constrain services from meeting the health needs of various populations. This mainly reflects a migration of nurses from developing to developed countries and the factors that draw them. These are known as push/pull factors. Factors where nurses may feel pushed away from working in their own countries and societies due to unsatisfactory conditions or being pulled towards other countries where conditions are better than those they are currently experiencing. According to Aiken et al (2004) these push/pull factors are due mainly to wages which are higher than they would receive in their own country of origin, the economic stability of their destination country compared to unstable

situations in some areas of the world. Also the working conditions may be more appealing and the fact that there may be more development opportunities and career progression.

Garner et al (2009) suggest that worldwide nursing shortages, the information technology explosion and increasing health needs of at risk populations create large challenges for nursing leadership on an international stage. This might include more opportunities for developing transcultural research. McAuliffe and Cohen (2005) argue that such research can answer local questions and identify patterns, meanings and relationships from the nurse's own native perspective and then compare these across international and cultural boundaries.

Migration of nurses is an important factor but WHO (2006) point out that even with this mobility there is still an estimated shortfall of 4.3 million healthcare professionals worldwide, with Sub-Saharan workforce shortages being in a critical situation. In order to rectify this situation they suggest that active planning and management are required. This needs to be achieved by building strong education systems and professional regulation in order to develop status and working conditions so as to attract more people to these professions and for them to stay within them and in their own countries as far as possible. The aim therefore is to have workers with relevant skills in the right place at the right time. This may mean that richer countries may need to develop responsible recruiting policies, and for those in developing countries, supporting education, providing satisfactory working conditions and flexibility need to be considered in order to recruit to, maintain and retain the nursing workforce. This includes recognising the many specialisms that nurses work in, including adult, children, mental health and learning disabilities. In order to do this Mimura et al (2009) suggest there is a need to address the misconceptions and stereotypes that nursing is a subordinate occupation and highlight the professional scholarship and the need for intellectual and technical skills mastery, although they recognise that this is a demanding challenge.

A study by Robinson et al (2008) looks at migration patterns (albeit conducted in Great Britain) and draws some conclusions and recommendations that could be more widely applied. They suggest that nursing shortages can only be improved by improvements in recruitment and retention. One suggestion is that by recruiting older entrants to nursing retention to specific areas might be improved as these people tend to have families and children so are less likely to move. However tied into this is the notion that the quality of life and education also needs to be of a satisfactory standard tied with maintaining policies of recruiting a greater diversity of entrants. However there does need to be plans of how to obtain and utilise migration patterns to use as a basis for developing recruitment and retention approaches in nursing. Price (2009) points out that by using research and theoretical developments approaches may be found that that help nursing to gain understanding of ways in which recruitment approaches, socialisation strategies and orientation structures may help to increase professional satisfaction and professionalization of nurses. However such approaches are going to need to be built upon collaboration using the very mechanics that have created the globalisation phenomenon. Cheung and Aiken (2008) suggest that developing sustainable research and funded programmes requires massive effort, creativity and innovation. Their argument points to the facts that many studies show that an increase in nursing numbers is correlated with more beneficial health outcomes for the populations served. However, Anderson and Metcalfe (2008) identify barriers to research collaboration in nursing such as communication/language difficulties, differences in regulation/ethical approaches and some technical telecommunication limitations. The biggest hurdle however is funding. Cross cultural/ country

funding may be limited as organisations tend to focus on their own nations.

Health Planning Policies

Aiken et Al (2004) argue that a two pronged approach is needed to ensure health needs are et as far as is possible. This requires countries to have an increase in health professional numbers and stability in their retention. This gives developed countries the responsibility of ethical recruiting from developing countries, and for developing countries to ensure nurses are involved in health care only. This is due to reports that in such cases many nurses are involved in non-nursing tasks, such as environmental maintenance which mis-utilises and detracts from their skills needed in meeting the needs of their patients. Therefore health aid may need to be directed in this area in order to maintain this link between improved health and the number of health care workers. In the recent world health report 'Now more than ever' (WHO 2008) there is a suggestion to move towards a preferred primary health care approach. This is suggested because current systems across the world focus disproportionately on specialised curative care, reacting to disease control resulting in short term success and because in some instances there has been the unregulated commercialisation of health care systems. They argue that policies need to be drawn around health equity with a move towards universal access and social health protection, service delivery reforms that create more socially responsive services, the integration of public health actions with primary care and leadership developments which promote participatory engagement in health care approaches. Nurse will be pivotal in such developments. However as Fleming (2007) pointed out, some nurses are heavily involved in public health policy development whereas some others are still not recognised as members of the health care team. Hallberg (2009) suggest that nursing research is the key. Even though it has been developing over the last few decades there is still more that is needed particularly research which can legitimately make recommendations for nursing practice. Hallberg (2009) recommends that this can be achieved by developing practice in a step wise fashion through systematic reviews to the testing of theoretical approaches in clinical practice. The important factor is translating results into practice and there is a need for important collaborations across countries.

International Issues for Nurses

According to Garner et al (2009) international nursing collaborations offer a multitude of benefits particularly opportunities for developing cultural awareness and global leadership skills. Daly et al (2008) highlight that in 2005 the global alliance for nursing education and scholarship (GANES) was formed to create collaborations for working together in meeting global priorities and agendas for nurse education. The main purpose of this organisation is to raise awareness of the key role played by nurse education in improving health globally, informing the debate about nurse migration, advocate for global investment in nurse education and provide information and advice on standards for nursing on a worldwide level. There are many challenges to this. Although it has already been discussed earlier the migration of nurses in this era of globalisation is occurring rapidly but this brings with it its own set of complications. Bola et al (2003) highlighted that the movement and necessary assimilation of nurses needed careful consideration particularly in the areas of competence, communication, and cultural differences. The challenges in competence occur because of differing standards and frameworks of qualifications, differing technologies and different health care approaches/ practices. The reversal of this might also be true in that some nurses migrating from abroad can find themselves in a situation of 'Status Drop' where their experience skills or qualifications are not recognised by the host country and they can find themselves employed in roles that are subordinate to their

current level of expertise. In 2002 the World Health Organisation suggested that in developing the right strategic direction nurse education should strengthen the core skills of nurses to meet changing demands utilising best models of collaboration, development of core competencies and with the best available technology and with effective leadership, (WHO,2002). McAuliffe and Cohen (2005) suggested that international exchanges were useful in providing nurses opportunities to work in differing health care service delivery systems and gain exposure, knowledge, insight and skills into special groups of patients, governmental and non-governmental health organisations and the nursing educational approaches employed. They argue that these benefits will occur when the insights gained are more fully involved in research and educational approaches and are publicised more comprehensively. Ketefian (2008) argues that there should be some nurses educated to doctoral level to study in other countries in order to return to their home country and be able to contribute to the development of nursing and nurse education there. In doing so, such leadership aspirations in nursing can be addressed. This approach to harmonisation of education to produce alignment amongst those that migrate across systems had been suggested in the Bologna process in Europe which aimed to create compatibility and comparability in Higher Education systems (Wächter, 2004), however this has had mixed success due to some resistance, yet the principles were designed to enhance increasingly diverse educational groups. Bennett and Ryley (2007) highlight that empowerment rather than centrally imposed regulation would lead to greater change as opposed to systems being amended for the sake of tokenism in such developments. There needs to be national leadership encompassing solidarity in relation to knowledge and learning, cooperative agreements and responsiveness to workforce crises, (WHO, 2006).

Another factor highlighted by Bola et al (2003) was communication difficulties where language barriers exist, and where there are complexities in spoken and written languages, the pronunciation and enunciation of similar words and the differences in nursing terminology. A study by Cioffi (2003) described nurses' experiences of communicating with patients from diverse cultural and linguistic backgrounds. The issues identified need to be considered in developing educational programmes and language support mechanisms for nurses and patients. The conclusions were that there needed to be different strategies employed including the use of interpreters, bilingual health support workers to work alongside the nurse and access to appropriate linguistic services. In doing so empathy, respect and the willingness to make an effort in communicating with patients increased and a tendency to ethnocentric orientation and marginalisation decreased. Such approaches can only help to serve nursing and diversity.

The issue of cultural differences is another factor identified by Bola et al (2003) as important in recognising the needs of nurses that have migrated. This occurs from differences and lack of awareness of cultural or religious practices and whether there is a high or low context in the host country related to cultural codes such as dress, diet and behaviour: Suhonen et al (2009) highlight the need for developing cross cultural research studies in order to improve clinical nursing practice, nurse education and management. In doing so it provides opportunity for the patients' perspectives to be heard and utilised in standard setting and evaluation. It also provides further insight into nursing interventions in nursing people from differing cultures more effectively.

Neuro-Linguistic Programming (NLP)

The purpose of this next section is to propose some models and frameworks from the field of

Neuro-Linguistic Programming (NLP) that can be utilised in developing and refining research questions in order to approach some of the challenges mentioned above by closely focussing on nursing aspects.

According to Dilts et al (1980) Neuro-Linguistic Programming (NLP) is the basic process used by all human beings to encode, transfer, guide and modify behaviour. Neuro-Linguistic Programming was first developed in the 1970s by Richard Bandler and John Grinder, since then the techniques and approaches that were first developed within the NLP model have been and are increasingly being used internationally in therapy, health, sports, business, management and education (O'Connor and McDermott, 1996). Bandler and Grinder (1975) first described it as the study of the subjective experience of individuals. The initial NLP approach was developed from observations of renowned therapists at the time who were using family therapy, gestalt and hypnotherapeutic techniques. The observations led to patterns and processes utilised by these practitioners (and many others) identified and brought together and modelled as developmental approaches. Mc Dermott and O'Connor (2001) highlight how this 'modelling' approach models real people and approaches and therefore is useful in identifying skills that can be used beneficially. Bavister and Vickers (2004) suggest how NLP has been criticised because an absence of any agreed definition adds to difficulties in being able to grasp the principles and it has been criticised for the lack of empirical evidence. They suggest it has been described as a science, a process, a model, an approach, an attitude and many other aspects. It is only by understanding how the modelling works that it can be appreciated. In spite of criticisms it could be argued that the areas where NLP was developed from, namely gestalt therapy, linguistics and hypnotherapy, have been subjected to empirical approaches and academic rigour. There have also been some studies that suggest some anecdotal benefits from the use of NLP in business, management and health (Dowlen,1996; Georges, 1996; Torres De Miranda et al,1999; Sutherland, 2000; Ashok and Santhakumar, 2002; Thompson et al, 2002; Bolstad and Prochazka, 2003; Brown,2004). Bandler (2008) argues that it is not important why something works, but what is important is understanding how it works, in order to create change and positive influence on lives. Therefore the heart of NLP is 'modelling' these experiences and using these as a basis for change or enhancement. According to Roberts (2006) modelling allows us to test assumptions and examine and compare alternatives. The 'neuro' relates to the neurology of experiences, how people experience aspects of life at the sensory level, the linguistic relates to how these are then represented, given or codified in language or symbols internally and externally (this is where the models are identified) and the programming describes the behaviours that occur as a result of these processes.

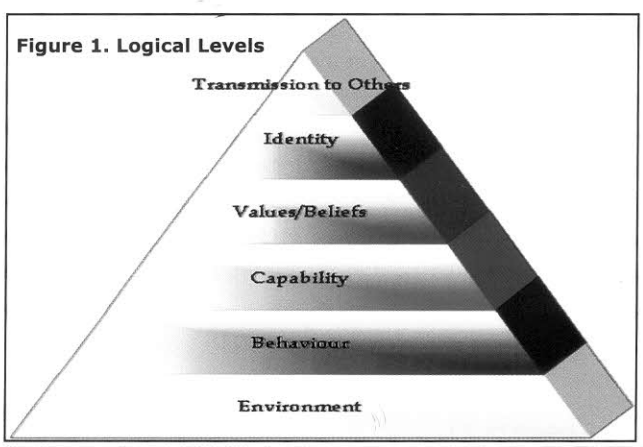
NLP is quite a complex field of study that brings together processes, approaches and attitudes that are constantly and rapidly developing. It would be beyond the remit of this article to discuss the whole field therefore the models of 'logical levels', 'perceptual positions' and 'ecology framing' will be discussed in relation to developing research questions that may add to the development of nursing and to answer the challenges posed in the discussion above.

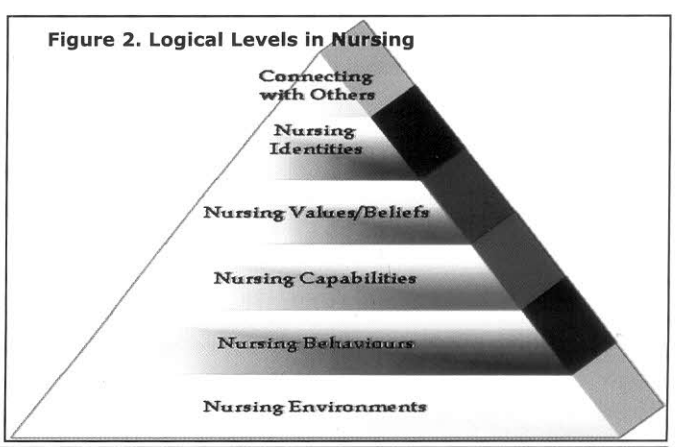
As mentioned earlier NLP is described as 'The study of subjective experience'. Logical Levels provides a further insight or framework as to aspects of experience that can be studied in order to find out how individuals, professions or organisations (if we extrapolate the principles to them) structure their thoughts, principles and behaviours. Logical levels were first discussed as levels of learning by Gregory Bateson (1973) who was one of the people first observed by Bandler et al. This was further developed and applied almost as a taxonomy/hierarchy of levels, i.e. the lower levels being needed in order to create the higher levels. These levels are ***'environment'*** relating to

external constraints and opportunities that the person/ profession/organisation responds to. ***'Behaviours'*** relates to specific actions or reactions that are then taken. This is then built upon as behaviours develop into ***'capabilities'*** whereby behaviours are placed together as strategies to respond specifically to situations. In developing capabilities this then leads to the notion of ***'beliefs/ values'*** which act as governing principles into why we employ certain capabilities, this then also adds to the nature of ***'identity'*** as all of these factors form who we are, (Dilts and Epstein, 1995). Other authors such as Harris (1999) suggest there are further levels related to spirituality and the transmission to (or connectedness to others). Therefore identity is supported by beliefs and values which are in turn supported by capabilities, which are supported by behaviours in the context of the environment we find ourselves in. Alternatively it can be considered as ***where we are, what we do, how we do it, why we do it and who we become***. This can be seen in figure 1. Experiences can be analysed at each level to identify structures and processes that impact on our situations. Bavister and Vickers (2005) suggest that this can be like a ripple effect and that changes at one level can have changes at a number of levels. For example if an environment becomes contaminated, behaviour has to change as a result and so on. Therefore there is a need to understand what is happening at each level. Roberts (2006) suggests that these levels define understanding which can then influence our thinking and influence toward the world around us. In order to develop pertinent research questions in Nursing then we can simply frame them in relation to the levels. What are the environmental aspects that need to be considered by nurses? What environments do they find themselves in? What kinds of behaviours do nurses have/need in specific situations? What are the capabilities of nurses in particular contexts? What beliefs/ values do nurses hold? What kind of identity do nurses have? This can be seen in Figure 2. By answering such questions and providing more information in specialised aspects of them a body of evidence can be further developed which can then be utilised by nursing and nurse education.

Perceptual Positions

The aspect of perceptual positions in NLP derives from the field of Gestalt therapy particularly Fritz Perls who Bandler and Grinder observed in their early work, (Bandler, 2008). The premise is quite simple in that in order to study the subjective experience of a person/profession/organisation it may be necessary to look at it from the differing perspectives of the parties involved. Therefore usually the main perceptual positions are 1st position (self), 2nd position (other; main party/ parties) and 3rd or meta-position a benevolent observer, one who is able to see all perspectives at once. Roberts (2006) suggests that by viewing the world from a number of perspectives it offers potential for gaining insight into other's views and enhancing communication. This can be seen in figure 3.





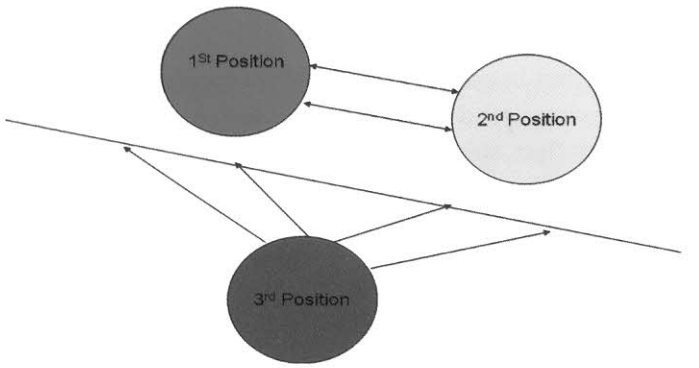


Figure 3: Perceptual Positions

Quite simply for the nurse this could be ***nurse: patient*** and ***observer***, or ***migrant nurse***: host ***country employer*** and ***observer.*** Mc Dermott and O'Connor (2001) suggest that health professionals need to be able to analyse all three positions in order to be clear about their interventions, understand the impact of them on the individual and be able to evaluate them objectively. Figure 4 suggests how this might apply to nursing.

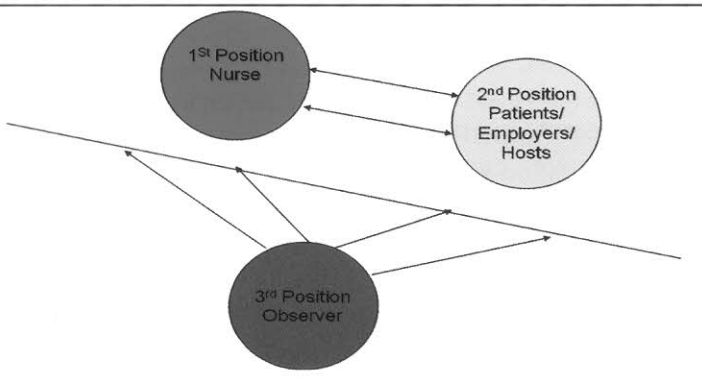


Figure 4: Perceptual Positions Applied to Nursing.

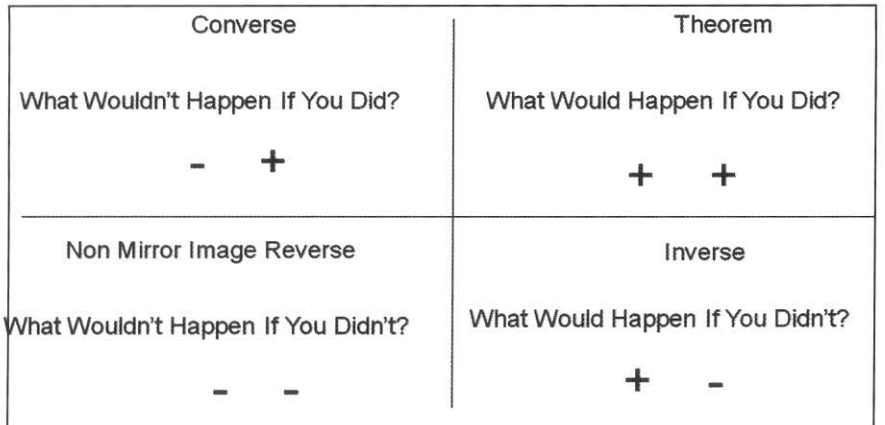


Figure 5: Ecology The issue of ecology related to change, nursing and research questions and change cannot be emphasised enough. From the discussions above the ecological consequences of nurses migrating can be seen, and the discussions show that some principles have been suggested in how to progress in the current and forthcoming times. The ecology questions are useful in analysing such proposals. Yemm (2006) suggests that questions need asking relating to how the setting of outcomes and use of resources will fit with the respective culture.

Ecology

NLP Processes or approaches have a strong sense of ethics integrated within them in what is referred to as 'ecology'. This is not necessarily about the relationship to environmental ecology although the principle is the same. The same processes that are utilised in order to gather the information and assist with the promotion of change (or recognition of limitations) can also be utilised for the person to discover what the consequences would be of remaining with the limiting beliefs and behaviours, or if they made changes. The concept is similar to that of any ecological system in that if you make changes to one part of the system this has an effect on all the other parts of the system. Based on a simple 'Cartesian grid' using Cartesian logic a series of questions can be asked to establish such consequences of proposed changes. These can also be investigated from the perceptual positions mentioned above and at each of the logical levels discussed earlier. The questions related to any proposal of change are simply: ***'What would happen if you did?'*** (+,+), ***'What would happen if you didn't?'*** (+,-), ***'What wouldn't happen if you did?'*** (-,+), and ***'What wouldn't happen if you didn't?'*** (-,-), followed with the question ***'Will this serve you well?'*** (Hall, 2000). This can be seen in figure 5.

Conclusion

From the above discussions there are many issues that are pertinent to nursing internationally. The globalisation explosion, migration of nurses and changes in health/disease patterns means there is a need to gain better understanding of the challenges for nursing across these issues. The need for evidence in these constantly changing scenarios is important. By understanding the nature of the changing world and its impact on nursing, focussing on issues such as competency, cultural and communication differences amongst the nursing profession, educational strategies can be developed whereby nursing curricula reflect these aspects and that these can be made comparable in nursing systems internationally.

NLP is a wide field but by utilising the models/approaches of analysing and utilising, logical levels, perceptual positions and ecology checking, relevant issues can be analysed and proposals can be scrutinised in developing relevant and well formed research questions which can enrich the evidence base for the nursing profession on an international level.

In research we may be investigating current phenomena ie how things are (in the present) or we may be testing newly developed or developing approaches (how things might be). The use of logical levels, perceptual positions and ecology questions are important. In analysing issues related to the present situation, logical levels and perceptual positions should be considered. In proposing change all three are important to be addressed. These (and other) NLP tools can be usefully added to the extensive research tools available to the field of nursing research in order to assist in refining relevant research questions and creating relevant nursing knowledge.

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References

Aiken,L.H., Buchan,J., Sochalski,J., Nichols,B., & Powell, M. (2004) Trends In International Nurse Migration *Health Affairs*, Vol 23, NO.3 P:69-77

Anderson, G. & Metcalfe, A. (2008) Calling For International Collaborative Research In Nursing, Genetics and Genomics: A Discussion Paper. *International Journal Of Nursing Studies.* **45** (2008) 323-328.

Ashok, S., & Santhakumar, A.R. (2002) NLP To Promote TQM For Effective Implementation Of ISO 9000. *Managerial Auditing Journal*, **17,** (5), 261-265.

Bandler, R. & Grinder, J. (1975) *The Structure Of Magic I: A Book About Language And Therapy.* Palo Alto, California. Science and Behaviour Books Inc.

Bandler, R. (2008) *Richard Bandler's Guide to Trance-Formation: How to Harness The Power Of Hypnosis to Ignite Effortless And Lasting Change.* Deerfield Beach, Florida. Health Communications, Inc.

Bateson, G. (1973) *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution and Epistemology.* Chicago University Press.

Bavister, S & Vickers, A (2004) *Teach Yourself NLP.* London. Hodder Education

Bola,T.V, Driggers,K, Dunlap,C, Ebertsole,M (2003) Foreign Educated Nurses: Strangers In A Strange Land? *Nursing Management, Vol 34, No.7 P:39-42.*

Bolstad, R. & Prochazka, L, K. (2003) NLP and Relief Of Chronic Pain. *Anchor Point*, Jan 2003, 18-25.

Brown, N. (2004) What Makes A Good Educator? The Relevance Of Meta-Programmes. *Assessment and Evaluation in Higher Education*, **29**, (5), 515-533.

Cardoso, A.R., Portela, M., Sá, C. & Alexandre, F. (2007) *Demand For Higher Education Programs: The Impact Of The Bologna Process.* CESIFO Working Paper No. 2081. Presented at CESIFO Venice Summer Institute, Workshop on Innovation and Higher education July 2007.

Cheung, R.B. & Aiken, L.H (2008) Building an International Nursing Outcomes Agenda. *Asian Nursing Research,* Vol 2, No2, 69-73.

Cioffi, R.N.J. (2003) Communicating With Culturally and Linguistically Diverse Patients In An Acute Care Setting: Nurses' Experiences. *International Journal Of Nursing Studies.* **40** (2003) 299-306.

Daly, J., Maccleod Clark,J., Lancaster, J., Bednash,G. & Orchard, C. (2008) The Global Alliance For Nursing Education and Scholarship: Delivering a Vision For Nursing Education *International Journal Of Nursing Studies.* **45** (2008) 1115-1117.

15Dilts,R. Grinder,J. Bandler,R. DeLozier,J. (1980) Neuro-Linguistic Programming Volume I: The study of the structure of subjective experience. Meta publications. California

Dilts, R & Epstein, T (1995) *Dynamic Learning*. California. Meta Publications.

Dowlen, A. (1996) NLP-Help Or Hype? Investigating The Uses Of neuro-linguistic programming in Management learning. *Career Development International.* **1**, (1), 27-34.

Fleming, V. (2007) *Global Education Standards For Nurses and Midwives*. IN *Nursing and Midwifery Links.* Official Publication Of The Global Network of WHO Collaborating Centres For Nursing and Midwifery Development.

Garner, B.L., Metcalfe, S.E. & Hallyburton, A. (2009) International Collaboration: A Concept Model To Engage Nursing Leaders And Promote Global Nursing Education Partnerships. *Nurse Education In Practice* (2009) **9** 102-108.

Georges, D.P. (1996) improved employee selection and Staffing Through meta-Programmes. *Career Development International*, **1**, (5), 5-9.

Hall, L.M. (2000) *The Spirit Of NLP (Revised Ed).* Carmarthen. Crown House Publishing Ltd.

Hallberg, I.R. (2009) Moving Nursing Research Forwards Towards A Stronger Impact On Health Care Practice? *International Journal Of Nursing Studies.* **46** (2009) 407-412.

Harris, C. (1999) NLP: *An Introductory Guide To The Art And Science Of Excellence* (Revised Ed). Shaftsbury. Element.

International Council Of Nurses (2008) *Delivering Quality, Serving Communities: Nurses Leading Primary Health Care.* International Nurses Day 2008. Geneva. International Council Of Nurses

Ketefian, S. (2008) Doctoral Education In The Context Of International Development Strategies. *International Journal Of Nursing Studies.* **45** (2008) 1401-1402.

McAuliffe,M.S. & Cohen, M.Z. (2005) International Nursing Research and Educational Exchanges: A Review Of The Literature. *Nursing Outlook.* **53** (2005) January/February 21-25.

McDermott, I. & O'Connor, J. (2001) *NLP And Health*. London. Thorsons.

Mimura, C., Griffiths, P. & Norman, I. (2009) What Motivates People To Enter Professional Nursing? *International Journal Of Nursing Studies.* **46** (2009) 603-605.

O'Connor, J. & McDermott, I. (1996) *Principles Of NLP*. London. Thorsons.

Price, S. (2009) Future Directions for Career Choice Research In Nursing: A Discussion Paper. *International Journal Of Nursing Studies.* **46** (2009) 268-276.

Roberts, M. (2006) *Change Management Excellence: Putting NLP to Work.* (revised edition). Wales. Crown House Publishing.

Robinson, S., Murrells, T. & Griffiths, P. (2008) Investigating The Dynamics Of Nurse Migration In Early Career: A Longitudinal Questionnaire Survey Of Variation In regional Retention Of Diploma Qualifiers In England. *International Journal Of Nursing Studies.* **45** (2008) 1064-1080.

Suhonen, R., Saarikoski, M. & Leino-Kilpi, H. (2009) *International Journal Of Nursing Studies.* **46** (2009) 593-602.

Sutherland, C. (2000) Neuro-Somatic Treatment for Depression: A Preliminary Report on A Group treatment Program. *Technical Report.* Lifeworks Group Pty LTD Research Division December 2000.

Thompson, J.E., Courtney, L. & Dickson, D. (2002) The Effect Of Neuro-Linguistic Programming On Organizational and Individual Performance: A Case Study. *Journal Of European Industrial Training,* **26,** (6), 292-298.

Torres De Miranda, C., Silvestre DePaula, C., Palma, D., Mariko Koga DeSilva., Martin, D, DeNóbrega, J. (1999) Impact Of The Application Of Neurolinguistic Programming To Mothers Of Children Enrolled In A Day Care Center Of A Shanty Town. *São Paulo Medical Journal*, **117**, (2), 63-71.

Wächter, B. (2004) The Bologna Process: Developments and Prospects. *European Journal Of Education.* **39** No.3 (2004) 265-273.

World Health Organization (2002) *Nursing & Midwifery Services: Strategic Directions*. Geneva. WHO.

World Health Organization (2006) *Working Together For Health. The World Health report 2006.* WHO

World Health Organization (2008) *Primary Health Care: Now More Than Ever. The World Health Report 2008.* WHO.*ealHealth Care*

Yemm, G. (2006) Can NLP Help or Harm Your Business? *Industrial and Commercial Training.* Vol 38, No.1. 2006, p12-17.