Nurse Education in Practice 41 (2019) 102637

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/nepr

Original research

Culturally and linguistically diverse healthcare students' experiences of the clinical learning environment and mentoring: A qualitative study

Heidi Korhonen[a], Anna-Maria Tuomikoski[b], Ashlee Oikarainen[b], Maria Kääriäinen[b,c], Satu Elo[a], Helvi Kyngäs[b,c,d], Eeva Liikanen[e], Kristina Mikkonen[b,*]

[a] Lapland University of Applied Sciences, Kemi, Finland
[b] Research Unit of Nursing Science and Health Management, University of Oulu, Oulu, Finland
[c] Medical Research Center Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland
[d] Northern Ostrobothnia Hospital District, Finland
[e] Biomedical Laboratory Science, Degree Programme in Biomedical Laboratory Science, Tampere University of Applied Science, Tampere, Finland

ARTICLE INFO

Keywords:
Clinical placement
Cultural and linguistic diversity
Healthcare student
Mentor

ABSTRACT

Development of educators' and students' global competence in higher education is increasingly important due to internationalization. Internationalization significantly influences healthcare education through an increase in the mobility of students. When conducting clinical practice in healthcare education, culturally and linguistically diverse healthcare students face the challenges of having limited learning opportunities and social isolation. Further investigation is required of students' experiences in this area while asking them to share their experiences. This study aimed to describe students' experiences of clinical learning environment and mentoring. A qualitative research design was used during 2013–2016. Data were collected from 133 culturally and linguistically diverse healthcare students, including exchange students and students studying in English language-taught degree programmes at eight Universities of Applied Sciences in Finland. Data were analysed using inductive content analysis. Students' experiences were related to their mentors' competence in mentoring, culturally diverse pedagogical atmosphere, and aspects of diversity that influence clinical learning. Students reported that they had experienced social isolation, discrimination, bullying, sexual harassment and prejudice during their clinical placements. These issues related to mistreatment of students need to be addressed. Also, structured clinical environments should be developed in which competent mentors assist students in reaching their clinical placement goals.

1. Introduction

Development of educators' and students' global competence in higher education is increasingly important due to internationalization (Abdul-Mumin, 2016). Internationalization significantly influences healthcare education through an increase in the mobility of students (Garone and Van de Craen, 2017), and through a shift of focus on global competitiveness and global competence (Allen and Ogilvie, 2004). A fundamental principle related to the transforming and scaling up of the education of health professionals includes focusing on producing health professionals with global competence and competence responsive to local needs (World Health Organization, 2013).

Culturally and linguistically diverse students' language proficiency and the country in which they study in are important factors influencing the successful completion of clinical placements (Mikkonen et al., 2017). As internationalization and multilingualism continue to increase in Europe, it is imperative to take linguistic requirements into consideration and to address the challenges that healthcare students face in clinical environments (Garone and Van de Craen, 2017). In a recent study it was shown that culturally and linguistically diverse nursing students and students born in Finland had different perceptions of diversity in the learning environment, the pedagogical atmosphere, and on support received from clinical facilitators (Mikkonen et al., 2017). Culturally and linguistically diverse healthcare students felt that they did not receive sufficient multi-dimensional learning tasks of meaningful situations when compared to students born in Finland (Mikkonen

* Corresponding author. Research Unit of Nursing Science and Health Management, Faculty of Medicine, University of Oulu, P.O. Box 5000, FI- 90014.
E-mail addresses: heidi.korhonen@lapinamk.fi (H. Korhonen), annukka.tuomikoski@hotus.fi (A.-M. Tuomikoski), ashlee.oikarinen@student.oulu.fi (A. Oikarainen), maria.kaariainen@oulu.fi (M. Kääriäinen), satu.elo@lapinamk.fi (S. Elo), helvi.kyngas@oulu.fi (H. Kyngäs), eeva.liikanen@tuni.fi (E. Liikanen), kristina.mikkonen@oulu.fi (K. Mikkonen).

https://doi.org/10.1016/j.nepr.2019.102637
Received 19 October 2018; Received in revised form 13 September 2019; Accepted 4 October 2019
1471-5953/ © 2019 Elsevier Ltd. All rights reserved.

et al., 2017). Also, they did not feel as comfortable going to their clinical placement at the start of each shift. Supportive clinical learning environments need to be further developed in order to minimise negative experiences and prevent poor learning outcomes (Mattila et al., 2010). One viable approach would be to identify characteristics of the clinical learning environment that are most conducive to successful learning (Warne et al., 2010). Previous studies have shown that healthcare students from diverse cultural and linguistic backgrounds face great challenges in clinical learning environments and in mentoring (Mikkonen et al., 2016). Mentors have evaluated their competence in mentoring culturally and linguistically diverse students at a fairly high level (Oikarainen et al., 2018), which presents a contradiction between evaluations by mentors and by students.

In the studies reported above, the date collection methods used to explore and describe students' experiences were in form of self-reported questionnaires. Further investigation is required of students' experiences in this area, asking students to share their experiences with more descriptive qualitative data. Such new knowledge can help educators of clinical practice to reach a deeper understanding of the struggles students have to face during their clinical practice and further, to take precise steps of improvement for nursing education in the clinical context.

2. Background

In higher education institutions the healthcare curricula include both theoretical and clinical components (Woodley, 2015). In Europe, clinical education can account for up to 50% of the entire healthcare education curriculum (Directive, 2013/55/EU). Clinical learning environments are an ideal setting for healthcare students to build their clinical competence (Sandvik et al., 2014). According to Flott and Linden (2016), the clinical learning environment is characterised by four attributes: physical space, psychosocial and interaction factors, organisational culture and teaching, and learning components. In this study, the clinical learning environment is defined as a primary or secondary healthcare facility, in which students practice clinical competence and develop their professional competence (D'Souza et al., 2015). In the scope of this study, psychosocial and interaction factors relate to the relationships between staff, patients and students. Organisational culture and teaching involve the pedagogical learning process and environment, and the mentoring of students. Learning components consist of patient care at the healthcare facility, along with the student's own role and motivation for learning (Belfer, 2015; Bjørk et al., 2014; Papathanasiou et al., 2014). The clinical learning environment encompasses a pedagogical atmosphere where the unit welcomes each student by name and includes their learning efforts within the team as a professional member (Pitkänen et al., 2018; Saarikoski et al., 2008). The orientation is an important aspect of clinical learning environment, where students are introduced to the working culture of the unit and to the expectations of each team member involved in patient care. The unit leader's role is an important aspect, with the leader taking time to recognize each students' learning goals and their willingness to be involved in the team of the unit. (Walker et al., 2014; Belfer, 2015).

A crucial element of effective clinical learning involves establishing an individualised mentoring relationship (Saarikoski et al., 2008). This has also been found to be the most influential factor behind students' satisfaction of clinical learning environments (Papastavrou et al., 2016). Both the concepts of supervision and of mentoring have been used within the context of clinical placements (Jokelainen et al., 2011). According to Lindquist et al. (2012), supervision provides guidance which ensures that students integrate theoretical knowledge in a way that will allow them to meet patients' needs upon graduation. This definition does not succeed to describe the learning process of the student (Mellon and Murdoch-Eaton, 2015). Whereas, the concept of mentoring includes the facilitation of students' learning and strengthening of their professionalism during clinical placement (Jokelainen et al., 2011; Knox et al., 2014). In this study, mentoring consists of certain pedagogical activities that occur in the relationship between the student and staff during clinical placements. These pedagogical activities include, among others, guiding the learning process of the student (Mellon and Murdoch-Eaton, 2015), setting learning outcomes, providing time for reflection (Lovecchio et al., 2015) and evaluation (Dimitriadou et al., 2015), creating a safe and innovative learning environment (McIntosh et al., 2014; Pinto Zipp and Kolber, 2014), and allocating resources to mentoring. The clinical facilitator plays a vital role as a link between staff members and students. University support is provided through this role, which is another key factor in the promotion of learning (Woodley, 2015). Healthcare professionals in Finland are required to mentor students as part of their job description (Tuomikoski et al., 2018). Mentors are strongly encouraged, but not required, to attend mentoring training.

Mentoring of culturally and linguistically diverse healthcare students also requires mentors to be culturally competent. The Papadopoulos and Lees (2002) model for the development of cultural competence in nursing includes concepts of cultural awareness, cultural knowledge, cultural sensitivity and cultural competence. Cultural awareness is built through finding ones' own cultural identity and heritage, and through the building of self-awareness (Harkess and Kaddoura, 2016). Cultural awareness guides a person to build his/her own cultural knowledge (Wong et al., 2016), cultural beliefs and behaviours, sociological understanding and psychological interpretation of versatile behaviours relating to culture. Cultural sensitivity (Young and Guo, 2016) is built by having empathy, acceptance and respect for cultural diversity. Cultural competence is built through a cycle of cultural awareness, cultural knowledge and cultural sensitivity. Cultural competence is integrated into clinical and professional skills (Alizadeh and Chavan, 2016) associated with cultural diversity and having competence to address prejudice, discrimination and stereotyping (Papadopoulos et al., 2008; Oikarainen et al., 2019).

Culturally and linguistically diverse students who participated in this study were students studying in either an exchange programme or an English language-taught degree programme. The term 'cultural diversity' is defined as having differences in societal elements that vary significantly from the values observed in the majority of the population (Blanchet Garneau and Pepin, 2015). 'Linguistic diversity' refers to the existence of subgroups of the population in which the first language or dialect differs from what is spoken by the majority of the population (Robinson and Clardy, 2011). Cultural and linguistic diversity is closely related to the concept of internationalization (Bisholt et al., 2014; Mikkonen et al., 2016a). Students referred to "students born in Finland" in this study were students with Finnish nationality, who were born in Finland and do not have any background of cultural and linguistic diversity in their family.

The aim of this study was to describe culturally and linguistically diverse healthcare students' experiences of the clinical learning environment and mentoring. The objective was to identify students' experiences of the clinical learning environment and mentoring considered to be problematic by students in order to facilitate the process of addressing the issues that occur during healthcare education and which may have a negative impact upon the students' professional development.

3. Methodology

3.1. Design

A qualitative research design was used to answer the following research question: What kind of experiences do culturally and linguistically diverse healthcare students have of the clinical learning environment and mentoring? Students were invited to take part in sharing their experience via an online platform during and after their clinical

Table 1
Culturally and linguistically diverse healthcare students' experiences of the clinical learning environment and mentoring.

Sub-categories	Category	Main category
Constructive guidance Unsupportive guidance Support in students' clinical learning process	Guidance given by mentors to support students' learning	Mentors' competence in mentoring CALD students
Motivation Personal traits Ability to build a mentoring relationship	Characteristics of the mentor	
Inconsistency in mentoring Lack of time Inadequate university support	Influence of resources on mentoring competence	
Staff open-minded towards cultural diversity Staff communication with students Equal treatment towards all students Mistreatment by staff	Treatment of CALD students by staff	Culturally diverse pedagogical atmosphere
Challenges during interactions with patients Learning opportunities from patient care Risk of compromising patient safety Environmental influence on learning	Clinical learning environment	
Motivation Self-driven student Positive attitude towards new experiences	Student's role in learning	
Social isolation Discrimination Bullying	Cultural diversity influencing student's wellbeing	Aspects of cultural and linguistic diversity that influence CALD students' learning
Language competence as a necessity in clinical placement Development in language competence Need for support in learning the local language	Importance of local language proficiency in clinical placement	
Mistreatment of students Limited learning Effect on patient care Causes stress Hinders professional growth	Consequences of language barriers	

CALD, culturally and linguistically diverse.

practice (Webropol softwear). The online platform allowed students to share their experiences anonymously. The students were asked "If you would like to share your experiences in learning at the clinical environment or relating to mentoring, you are warmly welcome to do so in here".

3.2. Setting

The study took place in clinical placements of primary and secondary healthcare facilities across Finland. Students who participated in the study were culturally and linguistically diverse healthcare students either studying in an exchange programme or an English language-taught degree programme at eight different universities of applied sciences in Finland. Exchange students in this study completed their clinical placement at a Finnish university hospital as part of their exchange programme.

3.3. Participants

The inclusion criteria for participating in the study were: healthcare students who have completed at least one clinical practice, and students who come from a background of cultural and linguistic diversity. The exclusion criteria were: students born in Finland, and students who have not completed at least one clinical practice. The study population consisted of healthcare students (n = 133). Students who participated in this study studied either general nursing, midwifery, physiotherapy or occupational therapy. All students had completed at least one prior clinical placement during their studies. Out of the total participants, 78 were female and 26 were male. Students (n = 27) studying in exchange programmes had come from a European higher education institution from outside Finland to complete a clinical placement in a Finnish university hospital. These students were aged between 20 and 34 years. Students (n = 106) studying in an English language-taught degree programmes came from eight different universities of applied sciences in Finland. These students were aged between 19 and 51 years and self-identified themselves as either European, African, Asian or North American.

3.4. Ethical considerations

Permission to conduct the study was granted by the participating university hospital and the eight participating universities of applied sciences (Finnish Advisory Board on Research Integrity, 2012). In this study, human dignity was respected by ensuring voluntary participation and the participants' right to self-determination. All of the study participants were protected from physical and psychological harm and exploitation in accordance to the principles of beneficence (World Medical Association, 2013). The confidentiality of the participants was maintained through protection of the data collected. Data were only made accessible to researchers directly involved in the research project. This study was conducted as an anonymous evaluation and the researchers did not have any direct involvement with study participants.

3.5. Data collection

Upon completion of their clinical placement, all culturally and linguistically diverse students were invited to participate in the study. Data were collected using an online platform provided by the university hospital and by each university of applied sciences with an English language-taught degree programme. Students were invited to share their experiences anonymously following their clinical placement during the years 2013–2016 in Finland by a contact person collaborating with researchers involved in this study. Through the use of anonymous evaluation, students were given the possibility to share their experiences without having to face the researcher and/or their clinical facilitator.

3.6. Data analysis

The qualitative data were analysed using inductive content analysis. The inductive analysis proceeded through three main phases: preparation, organising, and reporting (Elo and Kyngäs, 2008). The analysis was conducted manually. First, the researchers (HK, KM) familiarised themselves with the data by reading through it several times to gain a comprehensive understanding of the content. Next, the text was divided into meaning units, which could be sentences or paragraphs containing aspects related to the research question. Meaning units were then condensed and labelled with a total of 639 codes (Graneheim and Lundman, 2004). During the abstraction process, the various codes were compared and grouped together based on shared similarities. These groups formed a total of 34 sub-categories, each of which were given a name based on the included content. Finally, the sub-categories were grouped into 9 categories, which were then classified under three main categories. The complete organisation of the categories is presented in Table 1.

4. Results

Culturally and linguistically diverse healthcare students described their experiences of the clinical learning environment and mentoring. The identified students' experiences were divided into three main categories: 1) mentors' competence in mentoring culturally and linguistically diverse students, 2) culturally diverse pedagogical atmosphere, and 3) aspects of cultural and linguistic diversity that influence CALD students' clinical learning (See Table 1).

4.1. Mentors' competence in mentoring culturally and linguistically diverse students

Mentors' competence in mentoring was covered by three categories, which included 1) the guidance given by mentors to support students' learning, 2) characteristics of the mentor, and 3) influence of resources upon mentoring competence. Aspects that contributed to students' experiences of receiving constructive guidance from their mentors included the mentors' motivation, the mentors' ability to provide feedback, and positive behaviours of the mentor. These positive behaviours were described by students as the mentors' ability to recognize the students' current level of knowledge, which lead mentors to expand the responsibilities they gave students and to allow students to perform medical treatment under supervision. Aspects that contributed to students' experiences of receiving unsupportive guidance from their mentors included the mentors' negative behaviours and lack of trust towards the student. Students reported that they were not allowed to do much during clinical placement or felt that mentors made them feel both ignorant and incompetent. One 22-year-old female from Europe reported: *"The lack of trust hindered my learning because I wasn't allowed to do much with my main mentor (the nurse), even if I had not shown any reasons for this"*.

The characteristics of the mentors included the motivation and personal traits of the mentor along with the mentors' ability to build a mentoring relationship with the student. Students stated that mentoring was dependent on mentors' motivation to work with a student and to provide a sufficient amount of learning opportunities. The mentors' personality either helped or prevented students from approaching their mentors with their learning needs. Students viewed the building of a mentoring relationship as a process during which an effective working relationship is created between the student and the mentor. Students felt that success in the building of a mentoring relationship was dependent on the mood and personality of the mentor. Students expressed the need for adequate time to form a mentoring relationship with their mentors.

Mentors' competence in mentoring was dependent on the allocation of sufficient resources to support mentoring. Students' experiences of inconsistency in mentoring meant that students had to deal with their mentors constantly changing between different days of their clinical placement. They also felt that the physical clinical learning environment did not provide enough resources for the students to learn, and that there was insufficient time allocated for mentoring. Students shared experiences of being mentored by mentors who did not have the time or energy to answer questions, explain concepts or talk with the student. Furthermore, some students reported feeling that their mentors gave them insufficient time to develop and to reach their learning goals. Inadequate university support was also emphasised by several students. This was described by students as a lack of involvement, communication and support from the clinical facilitators. Students reported experiences in which there was no direct communication between the mentor and clinical facilitator or that communication occurred only through email. One 51-year-old female student from Africa suggested, *"The school should provide resources so that nurse teachers are able to visit the students at least once during the practice (…) in 11 weeks nobody came to visit."*

4.2. Culturally diverse pedagogical atmosphere

A culturally diverse pedagogical atmosphere was covered by three categories, which related to 1) the treatment of culturally and linguistically diverse students by staff, 2) the clinical learning environment, and 3) the students' role in learning. Students described staff as being open-minded towards cultural diversity and having the ability to communicate effectively with students. Some students felt that clinical staff treated both students born in Finland and culturally and linguistically diverse students equally. Unfortunately, there were also students who experienced mistreatment by staff, which students felt was due to their cultural background. Mistreatment appeared as a lack of receptiveness from mentors, mentors having an impolite attitude, and mentors being arrogant towards the students' foreign background. Students reported situations where a lack of common understanding led staff members to shout, refuse to help a student, or not allowing them to do anything during the clinical placement. Some students reported that mistreatment caused feelings of depression due to rejection. Receiving unequal treatment when compared to students born in Finland students was perceived by culturally and linguistically diverse students as mistreatment. This unequal treatment was manifested in that students born in Finland received more complex tasks, were less frequently challenged and questioned by their mentors, and gained more trust from staff. According to a 23-year-old student from Asia: *"Sometimes (…) I have felt that we international students are not equally treated (…) I mean some nurses do not completely trust us international students as they trust Finnish students."* Any negative behaviour by the staff towards a student was considered inappropriate behaviour.

While caring for patients, students experienced challenges during patient interactions and difficulties in finding opportunities to learn from. Students expressed having insufficient knowledge about the meaning of patient safety in clinical care. Some students stated that they felt they had provided inadequate patient care despite the fact that

they had met the needs of the patient. Students viewed new learning opportunities as an important way to improve their knowledge and skills in providing patient care.

Students were able to develop professionally when they were able to experience different clinical learning environments, which allowed for students to practice new clinical skills and become familiarised with different procedures and healthcare environments. Students described the influence of the clinical learning environment as either supportive or inhibitive of learning. A ward that promoted students' learning put considerable effort into ensuring that students were provided with better learning opportunities. Students felt they had sufficient time to think, prepare and evaluate their work during their clinical placement, which enhanced their overall learning.

Students' role in learning contained the sub-categories of motivation in learning, self-driven student, and a positive attitude towards new experiences. Students reported that motivation helps them learn and to reach their clinical placement goals, as well as enhances their language skills. According to students, a self-driven attitude positively influenced independent learning of the local language and efforts to learn healthcare skills within the clinical setting. A positive attitude towards new experiences fostered independent learning. Personal characteristics of the student, such as open-mindedness, reduced language barriers.

4.3. Aspects of cultural and linguistic diversity that influence learning

The aspects of cultural and linguistic diversity that influence learning were covered by three categories, which related to 1) cultural diversity influencing students' wellbeing, 2) the importance of local language proficiency in clinical placement, and 3) the consequences of language barriers. Students' wellbeing was hindered by feelings of social isolation, discrimination and bullying. Some students described their feelings of social isolation by relating to situations where staff members were too shy to speak to students. Other students described how social isolation derived from them not understanding the spoken language. One 35-year old student from Africa reported experiences of gossiping amongst staff: *"International students are not treated well in clinical practice places (…) Nurses gossip a lot about students without any justification. Some are just biased towards international students."* Discrimination and bullying were also commonly experienced issues amongst students. Students reported having experienced mistreatment, sexual harassment, and prejudice, which was due to their cultural backgrounds.

Students expressed the importance of and the need for development of their language competence. Students felt they needed additional support in learning the local language. Several students felt they were mistreated and rejected due to their poor knowledge of the local language. Language barriers created several challenges for students. Language barriers limited students' ability to learn, affected patient care, caused stress, and hindered students' professional growth and achievement of personal goals. One 28-year old student from North America described her experience of expectations towards her local language skills: *"The first day I met my tutor she said to me, out loud and in front of everyone, "you know that this whole practice is in Finnish, so no speaking English."*

Some students stated that practising the local language was time-consuming and made learning more difficult. The negative impacts of language barriers on students' learning derived from students' limited opportunities for learning and communication as well as mentors failing to evaluate the language skills of each individual student. Furthermore, language barriers influenced patient care. Students were not able to reach personal goals or experience professional growth because they felt that their lacking language proficiency hindered their performance during the clinical practice. It also affected the students' reporting and documentation practices, and influenced their understanding of professional terminology.

5. Discussion

In this study, students considered the building of a mentoring relationship as an important step in creating a safe environment. This takes time but results in effective interaction with the mentor. A study by Papastavrou et al. (2016) showed that students were more satisfied with clinical learning environments when they had been designated a mentor with whom they could build an effective relationship with. Unfortunately, some students in this study reported lack of time to establish such a mentoring relationship. Students described situations where mentors gave them insufficient time to improve and reach their learning goals. Students have previously acknowledged that the lack of time is a major constraint to receiving support in clinical settings (Jeong et al., 2011). This highlights the need for higher education institutions to develop structured environments that provide culturally and linguistically diverse students with sufficient time and competent mentors in order for students to reach their learning goals.

Mentors' competence in mentoring culturally and linguistically diverse students was influenced by guidance given by mentors to support students' learning, the characteristics of the mentor, and allocation of resources to mentoring. It has been identified in a previous study by Oikarainen et al. (2018) that mentors continue to face challenges related to competence in linguistic diversity in mentoring. The factors that affect mentors' competence were identified, proving that mentors who had a greater competence in linguistic diversity in mentoring had a higher level of foreign language skills, had experience living or working abroad, had sufficient knowledge of student's cultural background, and ensured that culturally and linguistically diverse students worked together with students born in Finland. In the end, these mentors felt they did not need additional support from their colleagues in mentoring (Oikarainen et al., 2018). However, in our study, language was only one of the several issues of interest discussed by the students. For instance, students appreciated if mentors were motivated and had the ability to build a mentoring relationship with a student.

This study found that a culturally diverse pedagogical atmosphere is a crucial part of the clinical learning environment. Unequal treatment and mistreatment by staff of culturally and linguistically diverse students compared to students born in Finland caused feelings of depression in some students. Previous research has shown that diversity affects students' experiences of mistreatment by instructors and staff members, with the prejudiced behaviour stemming from issues associated with nationality and ethnicity. These interactions may become a significant source of stress for students (Arieli, 2013).

Social isolation, discrimination and bullying were evident and commonly experienced in the clinical learning environment according to our findings. Discrimination was particularly evident when culturally and linguistically diverse students interacted with staff and patients. A study by Jeong et al. (2011) reported that the rejection which culturally and linguistically diverse students experience results in social isolation. Recent literature identifies similar problems (O'Reilly & Milner, 2015; Scammell and Olumide, 2012). The fact that the problem still persists, highlights the urgency of the need to face the problem in more strategic ways. Previous studies have emphasised that healthcare education continues to be underdeveloped in terms of cultural tolerance (Mikkonen et al., 2016a; Mikkonen et al., 2017), which could be addressed by taking time to discuss intercultural matters (Arieli, 2013). Further steps are required in integrating and supporting culturally and linguistically diverse students in work related practices within higher education. Leadership needs to provide extra resources to allow clinical facilitators to visit the clinical placements of the students on a regular basis, especially when challenges occur.

Mentors' education relating to cultural and linguistic diversity is an important organizational strategy to consider. CALD nursing students can overcome challenges and take responsibility of their own learning when mentored by competent mentors. The role of a mentor for CALD nursing students is challenging and previous studies indicate the need

for evidence-based educational interventions to enhance mentors' competence in mentoring especially in regards to cultural and linguistic diversity (Oikarainen et al., 2019).

This study identified consequences of language barriers including mistreatment of students due to their poor language skills, and challenges associated with this such as increased levels of stress, learning being limited, and patient care being affected. A previous study emphasised that international students need to invest a lot of work and energy in order to successfully complete their clinical placement in a foreign language (Pitkäjärvi et al., 2012). This is a challenge to mentors, but especially those responsible for providing the resources for the clinical placements within universities should take this into consideration.

An important finding of this study was inadequate university support. Students experienced that clinical facilitators' involvement, communication and support was lacking. Inadequate university support can cause detrimental effects to students' learning experiences and is an issue that has been raised in previous studies (Jeong et al., 2011; Mikkonen et al., 2016a). A study by Mikkonen et al. (2017) found that support of clinical facilitators by universities played a significant role in students' language development. Collaboration between clinical facilitators and clinical mentors has been recognised by clinical staff and students as essential to clinical learning environments (Mikkonen et al., 2016a; Mikkonen et al., 2016b). The participants in this study emphasised the need for additional support from universities so that they could receive high-quality guidance from their clinical facilitator and mentor during the completion of their clinical placement.

5.1. Study limitations

Generalization of the results of this study requires careful attention because the data represents qualitative research (Polit and Beck, 2012). A limitation associated with this qualitative study was that there was no possibility to contact participants to clarify or to expand on their experiences. Further, the participants came from different educational backgrounds, including English-language degree programme students and exchange students. The experiences of both groups can be diverse, since exchange students stay in the foreign country for a short time period and may not be required to learn the language of the country. However, according to a recent systematic review relating to experiences of culturally and linguistically diverse nursing students (Mikkonen et al., 2016a), both groups reported similar experiences relating to clinical practice.

5.2. Implication for nursing practice and education

Curriculums should include clear clinical placement models on how to mentor students from diverse backgrounds, and how to maintain close collaboration between universities and healthcare organisations. Mentors need be given the possibility to partake in education to improve their cultural competence prior to mentoring culturally and linguistically diverse healthcare students. This is important in helping to build positive attitudes towards culturally and linguistically diverse students. Also, students need to be provided with clear help systems where practically visible steps are taken against discrimination, sexual harassment and bullying.

6. Conclusion

Our findings show that social isolation, discrimination and bullying were frequently experienced amongst culturally and linguistically diverse students in the clinical learning environment. Mistreatment was also evident, and was often related to students' poor language skills. This study also found that students are exposed to discrimination from patients. These issues need to be addressed in healthcare education and clinical practice of culturally and linguistically diverse students. Collaboration between clinical practice organisations and higher education institutions needs to be strengthened. Mentors and clinical facilitators should be given additional support resources, and allowed sufficient time for common reflection meetings during clinical practice.

Funding statement

We acknowledge Oulu University Scholarship Foundation for providing financial support for the cost of data collection.

Authors' contribution

Heidi Korhonen and Kristina Mikkonen: conception and design, acquisition of data and analysis, interpretation of data, drafting the article by revising it critically for important intellectual content, and final approval of the version submitted.

Anna-Maria Tuomikoski, Ashlee Oikarainen, Maria Kääriäinen, Satu Elo, Helvi Kyngäs, Eeva Liikanen: conception and design, interpretation of data, drafting the article by revising it critically for important intellectual content, and final approval of the version submitted.

Declaration of competing interest

We authors confirm that there is not conflict of interest in this manuscript of research study under the title "*Nursing students' experiences of nurse teacher mentoring and beneficial digital technologies in a clinical practice setting*".

Acknowledgement

We would like to thank the students who took time to share their experiences. We would also like to thank students' tutors for supporting the research. We acknowledge Oulu University Scholarship Foundation for providing financial support for the cost of data collection.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nepr.2019.102637.

References

Abdul-Mumin, K.H., 2016. The process of internationalization of the nursing and midwifery curriculum: a qualitative study. Nurse Educ. Today 46, 139–145. https://doi.org/10.1016/j.nedt.2016.09.003.

Alizadeh, S., Chavan, M., 2016. Cultural competence dimensions and outcomes: a systematic review of the literature. Health Soc. Care Community 24 (6), 117–130. https://doi.org/10.1111/hsc.12293.

Allen, M., Ogilvie, L., 2004. Internationalization of higher education: potentials and pitfalls for nursing education. Int. Nurs. Rev. 51 (2), 73–80. https://doi.org/10.1111/j.1466-7657.2003.00226.x.

Arieli, D., 2013. Emotional work and diversity in clinical placements of nursing students. J. Nurs. Scholarsh. 45 (2), 192–201. https://doi.org/10.1111/jnu.12020.

Belfer, C., 2015. Making the most of a clinical experience. Nursing 2015 45 (8), 27–28. https://doi.org/10.1097/01.NURSE.0000467311.29370.fa.

Blanchet Garneau, A., Pepin, J., 2015. Cultural competence: a constructivist definition. J. Transcult. Nurs. 26 (1), 9–15. https://doi.org/10.1177/1043659614541294.

Bisholt, B., Ohlsson, U., Engström, A.K., Johansson, A.S., Gustafsson, M., 2014. Nursing students' assessment of the learning environment in different clinical settings. Nurse Educ. Pract. 14 (3), 304–310. https://doi.org/10.1016/j.nepr.2013.11.005.

Bjørk, I.T., Berntsen, K., Brynildsen, G., Hestetun, M., 2014. Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. J. Clin. Nurs. 23 (19–20), 2958–2967. https://doi.org/10.1111/jocn.12532.

Dimitriadou, M., Papastavrou, E., Efstathiou, G., Theodorou, M., 2015. Baccalaureate nursing students' perceptions of learning and supervision in the clinical environment. Nurs. Health Sci. 17 (2), 236–242. https://doi.org/10.1111/nhs.12174.

D'Souza, M.S., Karkada, S.N., Parahoo, K., Venkatesaperumal, R., 2015. Perception of and satisfaction with the clinical learning environment among nursing students. Nurse Educ. Today 35 (6), 833–840. https://doi.org/10.1016/j.nedt.2015.02.005.

Directive 2013/55, 2013. The European Parliament and of the Council of the recognition of professional qualifications. Off. J. Eur. Union (L 354/132) Available online at: https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013L0055&from=EN, Accessed date: August 2018.

Elo, S., Kyngäs, H., 2008. The qualitative content analysis process. J. Adv. Nurs. 62 (1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x.
Finnish Advisory Board on Research Integrity, 2012. Responsible conduct of research and procedures for handling allegations of misconduct in Finland. Available online at: http://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf, Accessed date: August 2018.
Flott, E.A., Linden, L., 2016. The clinical learning environment in nursing education: a concept analysis. J. Adv. Nurs. 72 (3), 501–513. https://doi.org/10.1111/jan.12861.
Garone, A., Van de Craen, P., 2017. The role of language skills and internationalization in nursing degree programmes: a literature review. Nurse Educ. Today 49, 140–144. https://doi.org/10.1016/j.nedt.2016.11.012.
Graneheim, U.H., Lundman, B., 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ. Today 24 (2), 105–112. https://doi.org/10.1016/j.nedt.2003.10.001.
Harkess, L., Kaddoura, M., 2016. Culture and cultural competence in nursing education and practice: the state of the art. Nurs. Forum 51 (3), 211–222. https://doi.org/10.1111/nuf.12140.
Jeong, S.Y., Hickey, N., Levett-Jones, T., Pitt, V., Hoffman, K., Norton, C.A., Ohr, S.O., 2011. Understanding and enhancing the learning experiences of culturally and linguistically diverse nursing students in an Australian bachelor of nursing program. Nurse Educ. Today 31 (3), 238–244. https://doi.org/10.1016/j.nedt.2010.10.016.
Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D., Coco, K., 2011. A systematic review of mentoring nursing students in clinical placements. J. Clin. Nurs. 20 (19–20), 2854–2867. https://doi.org/10.1111/j.1365-2702.2010.03571.x.
Knox, S., Caperton, W., Phelps, D., Pruitt, N., 2014. A qualitative study of supervises' internal representations of supervisors. Counsell. Psychol. Q. 27 (4), 334–352. https://doi.org/10.1080/09515070.2014.886999.
Lindquist, I., Johansson, I., Severinsson, E., 2012. Evaluation of process-oriented supervision of student nurses: a Swedish case study. Nurs. Health Sci. 14 (1), 2–7. https://doi.org/10.1111/j.1442-2018.2011.00628.x.
Lovecchio, C.P., DiMattio, M.J.K., Hudacek, S., 2015. Predictors of undergraduate nursing student satisfaction with clinical learning environment: a secondary analysis. Nurs. Educ. Perspect. 36 (4), 252–254.
Mattila, L.R., Pitkäjärvi, M., Eriksson, E., 2010. International student nurses' experiences of clinical practice in the Finnish health care system. Nurse Educ. Pract. 10 (3), 153–157. https://doi.org/10.1016/j.nepr.2009.05.009.
McIntosh, A., Gidman, J., Smith, D., 2014. Mentors' perceptions and experiences of supporting student nurses in practice. Int. J. Nurs. Pract. 20 (4), 360–365. https://doi.org/10.1111/ijn.12163.
Mellon, A., Murdoch-Eaton, D., 2015. Supervisor or mentor: is there a difference? Implications for paediatric practice. Arch. Dis. Child. 100 (9), 873–878. https://doi.org/10.1136/archdischild-2014-306834.
Mikkonen, K., Elo, S., Kuivila, H.M., Tuomikoski, A.M., Kääriäinen, M., 2016a. Culturally and linguistically diverse healthcare students' experiences of learning in a clinical environment: a systematic review of qualitative studies. Int. J. Nurs. Stud. 54, 173–187. https://doi.org/10.1016/j.ijnurstu.2015.06.004.
Mikkonen, K., Elo, S., Tuomikoski, A.M., Kääriäinen, M., 2016b. Mentor experiences of international healthcare students' learning in a clinical environment: a systematic review. Nurse Educ. Today 40, 87–94. https://doi.org/10.1016/j.nedt.2016.02.013.
Mikkonen, K., Elo, S., Miettunen, J., Saarikoski, M., Kääriäinen, M., 2017. Clinical learning environment and supervision of international nursing students: a cross-sectional study. Nurse Educ. Today 52, 73–80. https://doi.org/10.1016/j.nedt.2017.02.017.
Oikarainen, A., Mikkonen, K., Tuomikoski, A.M., Elo, S., Pitkänen, S., Ruotsalainen, H., Kääriäinen, M., 2018. Mentors' competence in mentoring culturally and linguistically diverse nursing students during clinical placement. J. Adv. Nurs. 74 (1), 148–159. https://doi.org/10.1111/jan.13388.
Oikarainen, A., Mikkonen, K., Kenny, A., Tomietto, M., Tuomikoski, A.M., Meriläinen, M., Miettunen, J., Kääriäinen, M., 2019. Educational interventions designed to develop nurses' cultural competence: a systematic review. Int. J. Nurs. Stud. 98, 75–86.
O'Reilly, S.L., Milner, J., 2015. Supporting culturally and linguistically diverse students during clinical placement: strategies from both sides of the table. BMC Med. Educ. 15, 175. https://doi.org/10.1186/s12909-015-0458-3.
Papastavrou, E., Dimitriadou, M., Tsangari, H., Andreou, C., 2016. Nursing students' satisfaction of the clinical learning environment: a research study. BMC Nurs. 15, 44. https://doi.org/10.1186/s12912-016-0164-4.
Papadopoulos, I., Tilki, M., Ayling, S., 2008. Cultural competence in action for CAMHS: development of a cultural competence assessment tool and training programme. Contemp. Nurse 28 (1–2), 129–140. https://doi.org/10.5172/conu.673.28.1-2.129.
Papadopoulos, I., Lees, S., 2002. Developing culturally competent researchers. J. Adv. Nurs. 37 (3), 258–264.
Papathanasiou, I.V., Tsaras, K., Sarafis, P., 2014. Views and perceptions of nursing students on their clinical learning environment: teaching and learning. Nurse Educ. Today 34 (1), 57–60. https://doi.org/10.1016/j.nedt.2013.02.007.
Pinto Zipp, G., Kolber, C., 2014. Identifying teachable moments in the clinical setting and possible barriers. J. Allied Health 43 (1), 32–37.
Pitkäjärvi, M.A., Erkisson, E., Kekki, P., Pitkala, K., 2012. Culturally diverse nursing students in Finland: some experiences. Int. J. Nurs. Educ. Scholarsh. 9 (1).
Pitkänen, S., Kääriäinen, M., Oikarainen, A., Tuomikoski, A., Elo, S., Ruotsalainen, H., Saarikoski, M., Kärsämänoja, T., Mikkonen, K., 2018. Healthcare students' evaluation of the clinical learning environment and supervision – a cross-sectional study. Nurse Educ. Today 62, 143–149. https://doi.org/10.1016/j.nedt.2018.01.005.
Polit, D.F., Beck, C.T., 2012. Nursing Research: Generating and Assessing Evidence for Nursing Practice, ninth ed. Lippincott, Williams & Wilkins, Philadelphia.
Robinson, C.C., Clardy, P., 2011. It ain't what you say, it's how you say it: linguistic and cultural diversity in the classroom. J. Cult. Divers. 18 (3), 101–110.
Saarikoski, M., Isoaho, H., Warne, T., Leino-Kilpi, H., 2008. The nurse teacher in clinical practice: developing the new sub-dimension to the Clinical Learning Environment and Supervision (CLES) scale. Int. J. Nurs. Stud. 45 (8), 1233–1237. https://doi.org/10.1016/j.ijnurstu.2007.07.009.
Sandvik, A.H., Eriksson, K., Hilli, Y., 2014. Becoming a caring nurse – a Nordic study on students' learning and development in clinical education. Nurse Educ. Pract. 14 (3), 286–292. https://doi.org/10.1016/j.nepr.2013.11.001.
Scammel, J.M.E., Olumide, G., 2012. Racism and the mentor-student relationship: nurse education through a white lens. Nurse Educ. Today 32 (5), 545–550. https://doi.org/10.1016/j.nedt.2011.06.012.
Tuomikoski, A.M., Ruotsalainen, H., Mikkonen, K., Ohtonen, P., Miettunen, J., Kääriäinen, M., 2018. The Nurse mentor competence of mentoring nursing student in clinical practice in Finland -cross sectional survey. Nurse Educ. Today 71, 78–83. https://doi.org/10.1016/j.nedt.2018.09.008.
Walker, S., Dwyer, T., Broadbent, M., Moxham, L., Sander, T., Edwards, K., 2014. Constructing a nursing identity within the clinical environment: the student nurse experience. Contemp. Nurse (49), 103–112.
Warne, T., Johansson, U.B., Papastavrou, E., Tichelaar, E., Tomietto, M., Van den Bossche, K., Moreno, M.F.V., Saarikoski, M., 2010. An exploration of the clinical learning experience of nursing students in nine European countries. Nurse Educ. Today 30 (8), 809–815. https://doi.org/10.1016/j.nedt.2010.03.003.
World Health Organization, 2013. Transforming and Scaling up Health Professionals' Education and Training. World Health Organization Guidelines. Available online at: Available online at. http://www.who.int/hrh/resources/transf_scaling_hpet/en/, Accessed date: August 2018.
World Medical Association, 2013. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. J. Am. Med. Assoc. 310 (20), 2191–2194. https://doi.org/10.1001/jama.2013.281053.
Woodley, L.K., 2015. Clinical teaching in nursing. In: Oermann, M.H. (Ed.), Teaching in Nursing and Role of the Educator: the Complete Guide to Best Practice in Teaching, Evaluation, and Curriculum Development. Springer Publishing Company, New York, pp. 141–161.
Wong, C.Y., Indiatsi, J., Wong, G.K.W., 2016. ESL teacher candidates' perceptions of strengths and inadequacies of instructing culturally and linguistically diverse students: post clinical experience. J. Cult. Divers. 23 (2), 57–64.
Young, S., Guo, K.L., 2016. Cultural diversity training: the necessity of cultural competence for health care providers and in nursing practice. Health Care Manag. 35 (2), 94–102. https://doi.org/10.1097/HCM.0000000000000100.