

Title: "It's not their fault": Clinical facilitators' experiences supporting English as second language students.

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ABSTRACT

Background: International nursing students in Australia are faced with additional stress and challenges during clinical placements due to language and cultural differences. These factors can significantly impact their learning experience and personal wellbeing. **Aim:**

This study aimed to explore the clinical facilitators' perspectives of the experiences of international nursing students and the potential strategies for improving their learning experiences during clinical placements. **Methods:** An exploratory qualitative study was designed. Semi-structured interviews with 14 participants were conducted and analysed using thematic analysis. **Findings:** The findings were categorised into two categories. (1) Clinical facilitators' perspectives on the international nursing students' experiences during the clinical placements, and (2) Clinical facilitators' perspectives on strategies for improving the learning experience of international nursing students. Category 1 consisted of three themes: i) Reduced self-confidence when communicating in English, ii) Lowered perceived self-efficacy, and iii) Looking for a sense of belonging. Category 2 consisted of five themes: i) Nurture a supportive environment, ii) Use validating and understanding communications, iii) Promote acceptance of the cultural and language diversities, iv) Use strength-based approaches, and v) Create opportunities for transcultural socialisation. **Discussion:** Clinical facilitators are well-positioned to support international nursing students to achieve positive learning experiences during clinical placements. More support from the university and hospital may be needed to enable clinical facilitators to effectively implement the identified potential strategies. **Conclusion:** The study findings provided the background for future research to upskill clinical facilitators and support them to facilitate positive experiences for international nursing students during clinical placements.

Issues

- Clinical facilitators need more support from the university and hospital to facilitate positive learning experiences for international nursing students.
- There is limited understanding of clinical facilitators' shared perspectives of the experiences of international students during clinical placements.
- Existing literature highlights language challenges and cultural barriers of international nursing students. These factors may contribute to negative beliefs and attitudes about this cohort of nursing students.

What is already known

- International nursing students face more stress and challenges than local nursing students during clinical placements due to language and cultural differences.
- The level of support international nursing students receive during their clinical placements can impact their learning experiences.
- Clinical facilitators play an essential role in promoting international nursing students' positive learning experiences during clinical placements.

What this paper adds

- Clinical facilitators' perspectives on the experiences of working with international nursing students during clinical placement
- Clinical facilitators' suggestions for learning and teaching strategies that may improve international students' clinical learning experiences

INTRODUCTION AND BACKGROUND

The term ‘clinical placement’ refers to nursing students going from the classroom learning environment to the actual clinical setting and practising their acquired knowledge and skills on real-life patients (Newton et al., 2016). Clinical placements are an essential component of the tertiary nursing course as they allow nursing students to bridge the theory-practice gap, socialise professionally with health care professionals, and engage with patients to develop professional values and skills (Brown et al., 2012; Tang & Chan, 2019). Through completing clinical placements in various clinical settings, nursing students are likely to form collective ideologies of the profession that will enable them to construct their nursing identity and be better prepared to enter the nursing workforce (Walker et al., 2014). For this reason, it is essential to support nursing students to achieve positive and meaningful experiences during their clinical placements so that they are confident personally and professionally to pursue nursing as a career (Abouelfetoh & Mumtin, 2015; Tang & Chan, 2019).

In Australia, nursing students undertaking pre-registration nursing education must complete a minimum of 800 clinical placement hours as part of the eligibility for registration as a nurse (Ryan & McAllister, 2019). Indeed, clinical placement is recognised as one of the significant components of pre-registration nursing education globally (Tang & Chan, 2019). However, the shift from practising in the classroom environment to the clinical setting was often reported by nursing students as anxiety-provoking, stressful, frightening, and could increase their sense of vulnerability if they were not confident to practice clinically (Beck, 1993; D'Souza et al., 2015). For example, Price (2019) reported that many nursing students were concerned about being assessed or judged for the extent of their knowledge and skills.

Evidence from an Australian study shows that international nursing students studying in Australia tended to experience a higher level of stress during clinical placements when compared to domestic nursing students (Khawaja et al., 2017). Mitchell et al. (2017) defined

international nursing students as students who are enrolled in nursing courses outside their country of citizenship. For example, nursing students who come from non-western countries might be challenged by the need to acculturate to the social norms, cultural traits, and educational patterns of the Australian academic and health care systems (Mitchell et al., 2017; Vardaman & Mastel-Smith, 2016). Some might also be personally challenged by the fact that English is their second language (Edgecombe et al., 2013), despite that they have demonstrated English language proficiency to enrol in a nursing course. In Australia, all English as second language nursing students must achieve the minimum score of 7 (scored 0 to 9) in each of the Academic International English Language Testing System components: listening, reading, writing, and speaking (Nursing and Midwifery Board of Australia, 2019).

International nursing students who are overly concerned about making mistakes when communicating in English during clinical placements may develop lower self-confidence about their clinical performance, thus displaying avoidance behaviour or reduced interactions with staff and patients (Mikkonen et al., 2017). As a result, others may misunderstand their ineffective communication styles as being unassertive, lacking critical thinking, or passive rote learners who cannot practice competently or independently (Khawaja et al., 2017). All these can potentially lead to interpersonal conflicts experienced by international nursing students during clinical placements (Mikkonen et al., 2017). Consequently, these negative experiences during clinical placements can impact the international nursing students' self-esteem and self-worth, inflict feelings of cultural shock, homesickness, and impact negatively their mental health and wellbeing (Mikkonen et al., 2017).

Clinical facilitators are registered nurses employed by the university or health institutions to oversee student progression in clinical placement (Sanderson & Lea, 2012). Some of the roles of clinical facilitators include acting as role models, teaching clinical nursing skills, providing feedback, fostering a supportive atmosphere, facilitating

professional socialisation and motivating nursing students to practice and learn in the clinical environment (Ryan & McAllister, 2019). Clinical facilitators also support registered nurses who work alongside the nursing students in their daily practice (Andrews & Ford, 2013).

Clinical facilitators are uniquely positioned to understand the international nursing students' learning needs, clinical challenges, and satisfaction with learning because of the extended time they spend with them (Mikkonen et al., 2017). Therefore, it is essential to explore their perspectives so they can support international nursing students to achieve a positive learning experience during clinical placements.

Aim of this study

This study aimed to 1) explore the clinical facilitators' perspectives on the experiences of international nursing students, 2) identify clinical facilitator suggestions for potential strategies to improve international students' learning experiences during clinical placements, and 3) explore clinical facilitators' perspectives on how the university can support them to implement identified strategies.

METHOD

Ethics approval was obtained from Curtin University Human Research Ethics Committee (Approval number: 72739) to conduct one-to-one interviews with clinical facilitators. Purposeful sampling was used to recruit registered nurses who were: 1) 18 years old and above, 2) experienced working as a clinical facilitator, and 3) experienced working with international nursing students. Written informed consent to participate was obtained from the participants prior to the semi-structured interview, which was digitally recorded. To prevent potential bias during data collection, a Research Assistant (Fifth author BA) was employed to conduct the interviews with clinical facilitators, enabling the participants to

share their experiences freely. Data collection in this study was guided by data saturation and ceased when subsequent interviews provided no new information (Kyngäs, 2020).

Data analysis

Braun and Clarke (2012)'s thematic analysis guided the researchers to systematically identify themes across the data set. Firstly, all recorded interviews were transcribed verbatim and were repeatedly read by the first author (EL) to identify sentences or segments relevant to this study's aim. Secondly, the identified sentences and segments were compared, and those with associated characteristics were grouped to build potential themes (Tuckett, 2005).

Finally, the constructed themes were compared and contrasted to allow meanings to emerge, and this process facilitated the writing of the findings (Braun & Clarke, 2012).

Trustworthiness of the data analysis process was ensured through peer review by the research team to detect for any bias or inappropriate subjectivity in the researchers' interpretations of the data (Holloway & Kathleen, 2016). To achieve dependability (Tobin & Begley, 2004), the study is reported in accordance with the COREQ Checklist for Interviews and Focus Groups (Tong et al., 2007).

FINDINGS

An email invitation was sent to 60 clinical facilitators, with 14 clinical facilitators (23.3%) agreeing to participate in this study. The interviews were conducted from August 2020 to March 2021, and each interview lasted approximately 30 to 45 minutes. All the participants were females and attended either individual face-to-face (n = 3) or telephone (n = 11) interviews. The demographic data of participants is presented in Table 1.

[Insert Table 1 here]

Findings were grouped into two separate categories: 1) Clinical facilitators' perspectives of the international nursing students' experiences during the clinical placement, and 2) Clinical facilitators' perspectives of the potential strategies useful for improving the international nursing students' experiences during clinical placement (see Figure 1 for the Coding Tree). These two categories provided an understanding of the clinical facilitators' shared perspectives of the issues and needs of international nursing students that can impact their learning experiences during clinical placements.

[Insert Figure 1 here]

Category 1: Clinical facilitators' perspectives on the international nursing students' experiences during the clinical placement

Category 1 consisted of three themes that emerged from thematic analysis that provided insights into issues that clinical facilitators perceived international nursing students were likely to experience during clinical placements. These themes are associated with the international nursing students' perceived or actual language challenges and cultural differences when studying in a foreign country. The themes were: i) Lower perceived self-confidence, ii) Lower perceived self-efficacy, and iii) Looking for a sense of belonging.

Theme 1 – Reduced self-confidence when communicating in English

Many participants shared their perspectives that international nursing students may experience reduced self-confidence when communicating in English. Most of the participants believed that these negative feelings were not caused by a lack of clinical knowledge and skills as: *“most international nursing students are registered nurses back in their home countries”* (P2); and *“some of them have medical experience and were doctors”* (P12). One

of the participants, who was a previous international nursing student, shared her own lived experiences of lower perceived self-confidence:

“I was an international student coming from an African background... I was academically intelligent like I know the clinical and theoretical stuff... [but] English is not my first language or for the majority anyway. You might find that English is the second or third language where I came from. [Therefore] I do not feel that I should articulate or express myself freely... [because] it is difficult for others to understand my pronunciations... but if you give me a piece of paper or put me in front of a computer, I will get a distinction” (P7).

Participants perceived that lower self-confidence in international nursing students could negatively impact their clinical performance even when they have the knowledge and skills: *“They feel unprepared because they think their English is not good enough” (P1). “When they do not have confidence about their abilities” (P13), “every interaction with others [staff and patients] becomes challenging as they are unlikely to settle into the ward environment or meet the demands of the clinical routine” (P5).*

Theme 2 – Lowered perceived self-efficacy

Participants described that most international nursing students could perform well during their clinical placements despite the language and cultural differences: *“They are excellent and amazing students” (P9), “they have good clinical knowledge” (P2), “they are good in their nursing skills” (P12) and “some of them were capable of working beyond their scope of practice” (P3).* However, the communication styles of international nursing students when interacting with their clinical facilitators, staff, and patients could potentially be

misunderstood as being less competent when compared to the local nursing students: *“In nursing, you are expected to be assertive, you are expected to engage with the patients and ask them how they are, what is going on, find out how you can help, and how you can care for them (P1).*

Participants highlighted that international nursing students who develop self-defeating beliefs might choose to avoid further interactions or display behaviours as strategies to reduce interpersonal conflict: *“they pretend to be shy and hold back in what they are trying to achieve, and they are less likely to approach a patient or question a staff member without being prompted” (P6), “[became] scared to verbalise or to speak up or to report because they are scared they will be failed, and they cannot afford to fail. They are international students paying an international fee, so I think they suffer in silence, which is bad really and shouldn’t be the case” (P7).* Those who felt *“discriminated or frustrated because of their English” (P1), “may become quite defensive as they think of it’s a race thing [racism], and they are being judged on” (P6),* thus *“become difficult to say that they need help or to ask for support” (P8).*

Theme 3 – Looking for a sense of belonging

Participants shared their opinions that most international nursing students tend to look for a sense of belonging from their peers who speak the same language or share the same culture during the clinical placement: *“because it’s very hard for them to settle into a different culture, so they hang out with people from the same language” (P3).* *“They came to a new environment... so they are socially isolated, and their families are away... they do not socialise with others with different cultures as they are fearful of speaking out” (P7).* For this reason, many participants shared their observations that international nursing students tend to:

“go into their little groups during clinical placement... They sit in their little group, and they all revert to their own language” (P1).

While receiving peer support seems to be an important coping mechanism for international nursing students to maintain their level of well-being and mental health, some participants felt that: *“if you grouped the international students together, they might get the support, but I don't think they get adapted quicker. I think it's a double-edged sword if you grouped the international students together” (P2), “they struggle to make friends with the locals, which reinforce their feelings that they are not adapting well and that reinforce their perceptions that working with different language groups or teams is challenging” (P4), “it is not helping them when they need to be speaking English” (P1), “learn body language and other cultural things from the locals that they might need to picking on [to acculturate effectively]” (P5).*

Category 2: Clinical facilitators' perspectives on the strategies for improving the learning experience of international nursing students

The participants' perspectives on the international nursing students' experiences supported them to identify strategies that could support students to acculturate more effectively during the clinical placement. Thematic analysis identified five themes, and they were: i) Nurturing a supportive environment, ii) Validating and understanding communications, iii) Promoting acceptance of the cultural and language differences, iv) Using strength-based approaches, and v) Creating opportunities for transcultural socialisation.

Theme 1 – Nurture a supportive environment

Participants described the importance of nurturing a supportive environment for international nursing students during their clinical placements: *“they are probably stressed with the number of other things [language and culture] that they were expected to learn on top of their practical and theoretical things [when compared to local nursing students]. Instead of only treating the clinical placement as a summative review of their clinical knowledge and skills assessment when “their English is not right [adequate for passing], but they are so desperate to pass” (P1), the participants felt that clinical facilitators might need to consider the experiences faced by international nursing students and:*

“Make an effort to check in with them. Ask the students how they feel about this placement? Be nice, be supportive, and allow them to ask questions because it’s obvious that some students are going to be scared if they have such sorts of beliefs [self-stigmatisation] and hopefully get some level of reassurance [from their clinical facilitators]” (p10).

Some participants felt that *“if they [international nursing students] are new to a country, they are probably learning to adjust [personally and interpersonally]. Every time they come to the clinical placement, they are learning more about themselves and others... [sic] It’s just normal to give them that bit of extra support” (P2).* If clinical facilitators do not nurture a supportive environment for international nursing students to adjust and acculturate into the clinical setting effectively, *“they are going to get roasted on their clinical placements” (P11), “judged, discriminate, and pick on by other people [staff and patients] because they come from another country” (P6).* Negative encounters with staff and patients can negatively impact on international nursing students’ experiences of the clinical

environment [sic] “*probably going to cause them to feel that they don’t really [fit in]*” (P10). Consequently, some international nursing students “*are going to get multicultural contracts [to improve communication skills due to language and cultural differences] as part of learning contracts when they struggle to kind of develop a relationship with patients because patients could not understand them*” (P9), further negatively impacting on their experiences of the clinical placement.

Theme 2 – Use validating and understanding communications

Participants reported that the positive contributions that international nursing students can make to patient care because of their diversities need to be validated, accepted, and valued during their clinical placements. The lack of cultural sensitivity by others toward international nursing students can “*make them very uncomfortable*” (P10), especially if they come from countries “*...where the culture is different, so the culture shock is the biggest issue*” (P7). The importance of fostering a sense of belonging was highlighted by one of the participants who shared that:

“I do not make them feel less valued than their Australian counterparts. If you make them feel valued, they can speak more. I think one of the things with the international nursing students is that they tend to feel less valued compared to their Australian counterparts” (P2).

Participants shared that clinical facilitators could use validating and understanding communication to reassure international nursing students that “*it’s no fault of theirs because English is their second language*” (P5). One of the participants shared what she would say to international nursing students:

“You and I come from different cultures, and we speak to each other differently, but that’s ok ... I want to help you speak to allow you to thrive in your clinical placement. I think that’s really a good idea giving international nursing students the confidence to know that they can work on these, whatever it is, language or behaviour... we should not be seen targeting international students.” (P3).

Participants believed that clinical facilitators play an important role in addressing lower self-confidence and lower self-efficacy experienced by international nursing students: *“So helping to understand the students and helping them resolve those issues because of the cultural differences is our duties, I think so” (P3).* As such, the participants perceived that the clinical facilitator could be supported with more advanced knowledge and skills *“to approach the issue more appropriately” (P5), “if you are supporting and addressing the issues from the beginning, then it’s not difficult for international nursing students to feel comfortable and safe, being open and talk about what challenges they face on clinical placement” (P6).*

Nevertheless, many participants felt a lack of support from the university and hospital to do so as: *“there was no information, we just got the students, and then it can get a bit confusing as to what to do and that sort of thing” (P13).* Consequently, *“it’s very challenging to address the cultural differences” (P7), [sic] I don’t often ask students where they are from, I think is inappropriate” (P4), “I don’t want to offend someone who is not speaking English so well” (P5).* One of the participants expressed: *“I think if there are any cultural differences, clinical facilitators should be*

[supported by the organisations and] be prepared with the information and strategies for addressing them, so that they feel comfortable to work with international nursing students” (P11).

Theme 3 – Promote acceptance of the cultural and language diversities

Participants felt that clinical facilitators need to welcome the diversities of the international nursing students’ culture and knowledge in the multicultural society and recognise the contributions that they can make to improve patient care: *“I could think of an incident of an international student that could speak another language. She speaks Spanish and ...because her patient also spoke Spanish... [assisted in] advocating for the patient” (P3).* *“I think not all our patients are Caucasian Australians... If we can help the students better [feel accepted and confident], it’s going to help our nursing workforce” (P4).* However, if the diversities are not acknowledged as a strength of international nursing students, the student may potentially be penalised as: *“Practising beyond her scope of practice or overstepping her boundaries because she was acting as a medical interpreter, so the student was placed under learning contract, so we had to coach her why her behaviour was inappropriate” (P3).*

Most participants shared their beliefs that international nursing students can contribute positively during their clinical placements to benefit patients who are culturally and linguistically diverse but: *“it’s challenging for them as they have to pull back a little bit [hide their strengths] because they are students now” (P2).* The fear of failing the clinical placement because of their cultural and language differences can negatively impact the experiences of international nursing students: *“[sic] it must be frustrating because they cannot express themselves freely and they*

are not enjoying the clinical placement because of their English” (P1). Some of the participants felt that clinical facilitators need to support international nursing students to feel accepted during their clinical placements so that they are confident to:

“Build rapport with [staff and patients] in a professional relationship and get feedback on areas that they are kind of struggling in... so that they are not defensive, ...feel upset that they are being judged, or picked on if they are told that they need to improve” (P6).

Theme 4 – Use strength-based approaches

Participants highlighted the importance of clinical facilitators using strength-based approaches and encouraging international nursing students to focus on creating positive interactions and engagements with staff and patients. Most of the participants shared their views that clinical facilitators need to: *“encourage international nursing students to keep practising and familiarise with how they can communicate effectively with the patient [and staff]” (P6)* and use every opportunity during their clinical placements to *“learn to develop rapport with others, and over time they [international nursing students] will adapt to the new environment and find it easy [despite their language and cultural differences]” (P2)*. Instead of focusing on their weaknesses, *“international nursing students need to be supported to be accountable [for their own experiences] during clinical placements” (P4)*, and *“they need to be independent and confident to talk to others” (P7)*:

“It will become more difficult for them if they keep thinking that they cannot do it. You can’t make them do it if they are not going to put the effort, they are

not going to get much improvement, so it will depend on the students themselves” (P3).

Theme 5 – Create opportunities for transcultural socialisation

Participants emphasised the need for clinical facilitators to create opportunities for the international nursing students to socialise with local nursing students and foster peer support for each other. Most participants shared their experience that international nursing students tend to have better nursing knowledge and skills when compared to local nursing students, whereas the latter have better communication skills. As such, clinical facilitators may need to support: *“International students [to] blend with the domestic students... [because] when they mix and share, they can learn from each other [and grow professionally and personally]” (P2).*

Many participants shared their perspectives on facilitating international nursing students’ learning during clinical placement: *“I would say some international nursing students have good nursing skills, especially if they were nurses in their own country [to share with the local nursing students]” (12).* However, *“while they have amazing nursing skills, I generally found them quiet and not communicating with the patients or the team” (P4).* Therefore *“the local nursing students can support the international nursing students to “overcome the communication challenges” (P10), “for instance, providing orientation of the culture of the new environment, explain the eye contact issue... and make them feel inclusive, maybe even offer community support as the international nursing students are socially isolated and their families are away lives” (P7), “especially when the clinical facilitator is not always there, at least they have another support person, so it’s good to have that extra person to help you go through things” (P2).*

Many participants felt that clinical facilitators who create opportunities for transcultural socialisation provide international nursing students with a safe and supportive environment to practice their interpersonal communications and encourage the local nursing students to: *“show them [international nursing students] the way the Australians interact with each other”* (P3), *“teach them some cultural things, like somethings that Australians do, like saying “hi”, or “how are you going”, like that sort of things to start a conversation. That kind of thing that gets them by the cultural differences to engage with their patients”* (P1).

Clinical facilitators’ perspectives on how the university can support them to implement the identified strategies

Participants were asked to share their perspectives on how the university can better prepare them to support international nursing students to experience a positive experience during clinical placements. Generally, most of the participants felt that clinical facilitators should be provided with more comprehensive information about the students they will facilitate before the clinical placement. This is important for clinical facilitators to get to know each student more personally and individualise their support plans *“to [manage and reduce any language and cultural differences] and make international nursing students feel more comfortable during their clinical placement”* (P11). One of the participants suggested that *“Maybe there can be a room in the school for the clinical facilitator to meet the international nursing students that they are going to work with in the clinical placement and get to know them, do something extra [preparations] before they start”* (P1).

The participants also share that clinical facilitators may need to be provided with *“training on cultural awareness... [for example,] how to engage with international nursing students and understand the differences between their cultures [and the Australian culture], so that we can know how they are going to behave and their needs to better support them”*

(P4). However, rather than being provided with a myriad of information about the differences between each culture, the participants proposed that the training for clinical facilitators could be delivered in the format of “*clinical simulations... [so that] clinical facilitators can get exposure of what they are gonna expect when they are out there, learn to be aware of how they can be supportive, use positive language, provide honest feedbacks*” (P10); and be supported to develop “*the cultural competent to assess and understand the needs of each student*” (P3).

DISCUSSION

This qualitative study generated critical insights into the clinical facilitators’ perspectives on the experiences of international nursing students during clinical placements and the potential strategies that may be useful to help international nursing students to achieve a positive experience. Generally, all the participants shared similar views to those of clinical facilitators reported in other studies (Edgecombe et al., 2013; Mikkonen et al., 2017; Mitchell et al., 2017; Tallon et al., 2021) on how language challenges and cultural differences can negatively impact international nursing students’ learning experiences during clinical placements. However, our findings present clinical facilitators’ proposed potential strategies to support international nursing students to achieve a positive learning experience during clinical placements.

Unsurprisingly, the participants identified English as a second language and being culturally diverse as the factors that needed attention to improve international nursing students’ performance during clinical placements. However, the ability of the participants to ‘put themselves in the shoes’ of international nursing students shifted their attention to students’ lived experiences during clinical placements. This led the participants to adopt a humanistic view of the challenges faced by international nursing students. Our findings are

reinforced by previous studies that report increased stressors when students are studying outside their country of citizenship. For example, having to be away from families and friends, challenges brought about by the language and cultural barriers, and the need to acculturate to a different education system and lifestyle (King et al., 2020; Mitchell et al., 2017; Vardaman & Mastel-Smith, 2016). Individuals whose families had made substantial financial sacrifices to study overseas may also feel pressured to do well, as poor academic performances can result in the experience of profound shame and guilt for failing their family (Aslan & Pekince, 2020). These can significantly influence international nursing students to display less proactive or avoidance behaviours during clinical placements to hide their actual or perceived feelings of inadequacies (Mitchell et al., 2017), as reported by clinical facilitators in our study.

When the participants empathised with the lived experiences of international nursing students, they displayed more positive regard for this cohort of students, which contributed to the potential strategies to support them to achieve a positive learning experience. This is important as the ongoing focus placed on the deficits of international nursing students can potentially lead clinical facilitators to develop stereotyping beliefs and attitudes when working with these individuals (Browne et al., 2015). Moreover, the display of caring, supportive and empathetic communication for international nursing students will also motivate them to feel accepted, validated and understood, thus reducing their negative feelings and achieving a positive learning experience during clinical placements (Mikkonen et al., 2015; 2017). As such, most of the participants highlighted the importance of the university providing the opportunity for clinical facilitators to get to know the students better.

Supporting clinical facilitators to spend time with and get to know the students may mean they are more likely to understand the student's strengths and limitations. The improved knowledge of a student can empower both the clinical facilitator and the student to

plan individualised, meaningful, and achievable goals and objectives, thus increasing the student's confidence to practice clinically. Yet, most Australian universities and hospitals continue to provide professional development, mentoring, supervision, and interpersonal support for clinical facilitators on an ad-hoc or irregular basis (Fritz, 2018). It is also common for clinical facilitators to receive offers of clinical facilitation employment with short notice and be provided with limited information about the cohort of students they will be facilitating (Andrews & Ford, 2013). All of these can impact the clinical facilitators' abilities to support the needs of international nursing students effectively (Andrews & Ford, 2013; Salamonson et al., 2015).

LIMITATIONS OF THIS STUDY

Several limitations need to be acknowledged in this study. Firstly, the transferability of the findings may only be possible to clinical facilitators working in the Australian metropolitan, tertiary nursing education sectors and health care services where the support, structure, and climate of the clinical placements are similar to that of our study. Secondly, the nationality and country of origin of the clinical facilitators and the influences on their beliefs and attitudes toward international nursing students were not considered during the recruitment of participants. Therefore, the difference between local and international and migrant clinical facilitators could not be explored. Thirdly, the potential strategies identified through the participants' sharing of experiences need to be further tested using experimental studies to determine their efficacy in improving the international nursing students' understanding of clinical placement to aid in the translation to evidence-based practice. Lastly, the three identified themes (Category 1) that described the experiences of international nursing students during clinical placements were based on the participants'

perspectives and will need to be verified with research with international nursing students in the future.

CONCLUSION

The study findings highlighted the importance of clinical facilitators adopting a humanistic view of international nursing students' challenges during clinical placements. When the present study participants empathised with the lived experience of international nursing students, they displayed more positive regard for this cohort of students. The shift of beliefs and attitudes enabled the participants to share their perspectives on potential strategies for improving international nursing students' learning experience during clinical placements. Future research will be conducted with students to verify the clinical facilitators' perspectives of the experiences of international nursing students during clinical placements. We intend to develop and test the identified strategies with more experimental studies.

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Table 1. Demographic Data of Participants

Participant number	Gender	Professional Cadre	Years of practice as RN or RNM	Years of working as a CF	Country of origin
P1	F	RN	29	4	Australia
P2	F	RN	10	4	Philippines
P3	F	RN	8	2	Australia
P4	F	RN	8	2	Australia
P5	F	RN	10	2	Australia
P6	F	RN	12	3	Australia
P7	F	RN	11	3	Zimbabwe
P8	F	RN	15	5	Australia
P9	F	RN	22	8	Australia
P10	F	RN	8	2.5	Australia
P11	F	RN	12	1	Australia
P12	F	RN	15	5	Australia
P13	F	RN	19	5	Australia
P14	F	RM	30	20	Singapore

CF = Clinical facilitator, F= Female, P= Participant, RM = Registered midwife, RN = Registered nurse

Figure 1. Coding Tree

