



# Clinical supervisors' perspectives of factors influencing clinical learning experience of nursing students from culturally and linguistically diverse backgrounds during placement: A qualitative study

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## ABSTRACT

**Background:** Undergraduate nursing students from culturally and linguistically diverse backgrounds experience unique challenges with their learning needs during clinical placements. There is limited research on clinical supervisors' perspectives of the factors impacting clinical learning experience of nursing students from culturally and linguistically diverse backgrounds during placement.

**Objectives:** This study sought to identify clinical supervisors' perspectives of the factors impacting on the clinical learning experience of nursing students from culturally and linguistically diverse backgrounds and strategies to overcome challenges.

**Design:** A qualitative research design using semi-structured interviews.

**Methods:** Nine nurses who had experience supervising culturally and linguistically diverse nursing students were interviewed as part of data collection. Thematic analysis was used for data interpretation.

**Results:** Identified factors include: Poor proficiency in English language, unfamiliarity with Australian slang and medical terminologies, cultural expectations interfering with professional responsibilities, incongruity with teaching delivery and learning style, short duration of placement, inconsistency with preceptor allocation and inadequate preceptor training.

**Conclusion:** Recommendations to facilitate the learning of nursing students from culturally and linguistically diverse (CALD) backgrounds on clinical placement include flexibility with assessments, modifying teaching styles according to learning needs, providing appropriate orientation, creating a welcoming environment, providing consistency with allocation of preceptors, and providing appropriate training for preceptors. Inconsistency in preceptor allocation was reported to have a negative influence on CALD student learning. A collaborative approach between Universities and the health care settings is essential in assisting clinical supervisors to address the unique learning needs of nursing students from culturally and linguistically diverse backgrounds while on clinical placement.

## 1. Introduction

A multitude of elements affects the learning experience of undergraduate nursing students while on clinical placement. Some of these elements are unique to nursing students who are from Culturally And Linguistically Diverse (CALD) backgrounds, the majority of whom are international students. There is an abundance of literature exploring the perspectives of nursing students on challenges experienced during clinical placement. Language and communication difficulties, lack of

cultural responsiveness from Universities, discrepancies in expectations of teaching and learning, lack of confidence to speak out/ask questions, and difficulty in establishing peer relationships are some of the identified challenges in this literature (Henderson et al., 2016; Oikarainen et al., 2018; Tervo, 2017). The additional time required by CALD students to learn and understand compared to domestic nursing students, has also been highlighted as a factor negatively influencing their clinical learning (Mitchell et al., 2017). Additionally, a failure to recognise and trust individuals as motivated learners and the strain of being different

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have also been reported as barriers to CALD students' learning (Mikkonen et al., 2016). Feelings of discrimination and isolation, allocation of inconsistent and inexperienced clinical mentors, lack of staff knowledge regarding support services have also been acknowledged as factors influencing the learning experiences (Jeong, 2016). While international nursing students do form the majority of the CALD cohort, it is important to note that there are domestic students with CALD backgrounds, but they are not well represented in the literature.

The existing literature on clinical supervisors' perspectives of supporting and facilitating CALD nursing students in the clinical environment, reveals that both academic and clinical supervisors identify a lack of knowledge regarding culturally congruent supervision practices, and a lack of proper support services as hindering the provision of appropriate support for CALD students (Abu-Arab and Parry, 2015; Lalor et al., 2019). Differences in teaching and learning expectations of nursing students from different cultures, communication challenges and inadequate preparation for the facilitator role have been identified by clinical supervisors as impediments to supervision of international students (Newton et al., 2016). The literature has evidenced that providing targeted support for clinical supervisors to develop a pedagogically appropriate approach for interacting with CALD students and continuing education about cross cultural communication for clinical supervisors are useful strategies to help CALD students' learning (Mikkonen et al., 2017b). However, the clinical supervisor perspective on CALD student learning within clinical environments is under-represented within published research as most studies focus on the student perspective. Browne and colleagues (2015) identified that further research regarding the perspectives and experiences of a range of stakeholder including educators is needed to better understand the challenges.

## 2. Aim

The aim of this study was to identify clinical supervisors' perspectives of the factors influencing the learning of CALD nursing students during clinical placements and how these impact upon supervision.

## 3. Design

This study was conducted in the Northern Territory of Australia and used a descriptive qualitative design (Kim et al., 2017), to gain insight into the experiences of nurses supervising CALD nursing students' learning in the clinical setting. Ethical approval was received from the Human Research Ethics Committee (Menzie's School of Health Research) and School of Health Research and Social and Behavioural Research Ethics Committee (Flinders University). Consistent with the principles of ethical research conduct, participants were advised that participation was voluntary, and they were able to withdraw participation or consent at any time. No incentives were offered for participation in the project. While written consent contained identifying participant information, confidentiality was maintained throughout data collection and analysis, with no identifiable material included in any aspect of data collection, analysis or discussion.

## 4. Participants

Nurses who regularly supervised CALD undergraduate nursing students in the clinical environment were recruited from one large public hospital. Nine participants who worked in different speciality areas such as orthopaedic, geriatric, acute medical, acute surgical, rehabilitation and renal wards were recruited. Five of the participants were overseas born migrant nurses permanently settled in Australia. Six of the participants were clinical educators and three were clinical preceptors. Participants were recruited via email. Clinical preceptors are registered nurses who work alongside the students in the clinical area every shift. Preceptors are involved in direct patient care along with student

supervision during the shift. Clinical preceptors report to clinical educators, and clinical educators do not have direct patient care responsibilities. To avoid perceived conflict of interest associated with power, preceptors and educators enrolled in any nursing courses at the university where the first author worked were excluded from the study.

## 5. Data collection

Data for the study was collected during eight weeks in 2017. Semi-structured interviews using open ended questions were used to gain insight into participants' perspectives of factors that influenced the learning of CALD nursing students in the clinical setting and how these factors influenced supervision. Interviews were conducted in private rooms within the clinical environment at a time that was convenient for the participants. The duration of the interviews varied between 45 and 60 min. Interviews were audio recorded with consent and transcribed with all identifying information omitted. The questions used during the interviews were prompts to guide the conversation and leaving participants to freely express their experiences and identify any possible challenges, rather than directing them to specific elements, with the intention of identifying new themes.

## 6. Data analysis

Thematical analysis was used for data interpretation (Richardson-Tench et al., 2018). This process commenced with the first author reading and re-reading all the data and coding the data to highlight anything that was relevant to the research aim. Next, the relationships between codes were explored, resulting in the development of a series of emerging themes and subthemes. These were developed further in discussion with the second author who had no prior involvement in or knowledge of supervising CALD nursing students and reviewed by the third author who was familiar with the clinical learning context. This triangulation ensured that multiple perspectives were captured and reflected in the analysis thereby enhancing the credibility and confirmability of the data.

## 7. Findings

There were three main themes identified relating to the factors influencing the learning and supervision of CALD students during clinical placement: Communication, Culture and Contextual Factors.

### 7.1. Communication

This theme relates to the communication challenges faced by CALD students which impacted learning and supervision. Problems with communication included poor English language comprehension, unfamiliarity with accent, slang, local dialect, medical terminologies and abbreviations, and difficulty interpreting non-verbal cues. As a result, supervisors identified that CALD students could experience difficulties in communicating professionally and using appropriate language in a workplace setting. Supervisory challenges specific to poor English language proficiency emerged as a prominent theme within communication.

*"How we speak in nursing is different from how we talk".*

(CS3)

*"They are struggling with Aussie terminologies or with some of the accents".*

(CS8)

Students' language comprehension was identified as the main issue hindering their learning and impinging on supervisors' ability to address

skills and knowledge deficits within the allocated placement time. Poor English language proficiency impaired students' ability to hold meaningful conversation with patients and relatives, and the ability to address skills and knowledge deficits within the allocated placement time.

*"I can't teach English in 4 weeks or professional English in 4 weeks. If I find that English comprehension and language skills are the problem, then I think we are already on the backfoot".*

(CS1)

Poor English language proficiency was again identified as the reason for CALD nursing students' difficulty to apply theory to practice, task-orientated behaviour, poor critical analysis skill and issues with learning on the run.

*"In a clinical situation a lot of student's learning happens on the run; while you are speaking with the patient, while you are doing a dressing, while you are doing an antibiotic. But CALD students just can't do it [learning] on the run".*

(CS4)

Difficulty interpreting non-verbal cues of communication could add an extra layer of complexity to supervision of CALD students. Participants noted that CALD nursing students exhibited fewer non-verbal cues when communicating with patients and clinical supervisors compared with non-CALD nursing students. The clinical supervisor who relied on body language and facial expressions to pick up on non-verbal cues found it difficult to understand what CALD students were communicating to them. Understanding emotional cues to identify any early signs of distress of the student was also impacted and the clinical supervisor could not intervene or offer support in a timely manner.

## 7.2. Culture

This theme relates to the cultural challenges faced by CALD students which impacted their learning and supervision. Participants reported that some CALD nursing students struggled with aspects of the Australian work culture such as expressing opinions and speaking up, as this was not congruent with their own cultural beliefs or practices. As a result, these students focused on accomplishing routine tasks on time without critical thinking or questioning.

*"I find students do need to be proactive and I think it might be harder culturally speaking for some [CALD] students to do that. To be putting themselves out there and say I need this."*

(CS6)

Previous exposure of CALD students to didactic learning style posed a challenge to clinical supervisors, as the concept of self-directed and online learning were new concepts to most of the CALD students.

*"You can't expect a student to learn about PICC line maintenance without showing them. I don't know whether PICC line maintenance is in the student's curriculum. Sometimes the students tell me they have watched a YouTube video".*

(CS5)

Previous exposure to workplace culture where the right to speak up was associated with position and status was identified as a contributing element for students to express themselves. Some participants mentioned inability to speak up as a hindering factor in helping CALD student understand the importance of patient advocacy as part of nurse's role.

*"Depending on where they come from, a student might think they are perceived as being at the bottom of the pecking order, and so it's not their right to speak out. They may actually need more support and encouragement to speak".*

(CS6)

*"A lot of students who are not from an English background find it difficult to understand when I try to explain what I do in practice as a registered nurse, and how you need to question, and you might need to speak up or advocate in an unpleasant or uncomfortable environment for a patient".*

(CS9)

Participants mentioned about reluctance in seeking help and clarifying doubts by CALD students with clinical supervisors. One reason identified for this issue was due to CALD students' perception of it being considered rude to ask questions and express their views to staff members in higher positions.

*"Probably that's a main factor because back in their home countries, position is very important. They call bosses Sir or Ma'am. When they are new here, they call everybody Sir or Ma'am. It's considered rude to call your supervisor by their first name. The students are used to that hierarchy back home".*

(CS5)

Some CALD students struggled with gender issues within the context of providing personal care and sometimes within supervisory relationships. There was a gendered aspect to CALD students' experiences. Some struggled with providing personal care to patients of opposite sex due to their cultural beliefs. In some culture, males are considered superior and taking instructions from a female is considered shameful. Hence some of the male students found it difficult to take instructions from a female within supervisory relationships.

*"I had an experience with a male [CALD] student, who found it very difficult taking instruction from a female, and I told him that it will not work very well for him making a career here".*

(CS1)

Participants also identified that high expectations from family and themselves about their study requirements was a contributing element to the stress experienced by CALD students. This identified stress was an important element impairing CALD students, and relates to the culture where status and reputation in the society were measured on the basis of academic success. Hence CALD students have the extra pressure of avoiding reputational damage to their family and this sometimes can have detrimental effect on their learning.

*"One student was under pressure from their [own] expectations and family expectations. They were paying a lot of money to do their nursing studies in Australia and there was a huge expectation that they must pass. There cannot be a fail, as they may have to return to their own country or get expelled from the course. There is this huge implication that this could be happening to a student".*

(CS7)

CALD students experience a number of cultural conflicts while on placement. They need to adapt to Australian work culture, organisational culture and the learning culture. Adapting to these cultures takes time and this can be stressful in a highly dynamic and critical environment such as the hospitals.

*"I think these students [CALD] have a lot of outside pressures. It is not just about the fact that they have different language backgrounds, it's the whole thing around the social expectation. The fact that they are away*

*from family, they are away from home, they are in a strange country. They have all these expectations to perform in a culture that's unusual ... then they come into a hospital culture which is different again. I think they are struggling a lot more to deal with than the Australian born nursing students".*

(CS1)

### 7.3. Contextual elements

This theme relates to the range of patient and workplace factors impacting CALD students' learning and supervision. These are further classified under the headings patient's attitude and interaction, placement duration, preceptor allocation and preceptor's attitude and interactions.

#### 7.3.1. Patients' attitude and interaction

Slurred speech associated with disease pathology added extra complexity for CALD students in effectively utilising clinical interactions for learning. Discriminatory behaviour from patients was mentioned as a key challenge for CALD students as it can have serious impact on their confidence in interacting not only with patient but also with other health care staff. This is further complicated when clinical supervisors could not provide timely support due to students issues with language barrier in expressing their concerns appropriately.

*"Some of the patients cannot communicate very well. Some need to communicate using signs and some could have slurred speech. So, for students, this can actually affect their learning environment".*

(CS1)

*"On one student's first week on the ward, there was a patient who would laugh every time she spoke. It was a traumatic experience for her. It was very difficult. I felt I had responsibility over that experience, because in that moment she wanted to give up."*

(CS4)

#### 7.3.2. Placement duration

The short duration of clinical placements was mentioned as a factor hindering the learning of CALD students due to rotation of students within various specialities. Supervisors identified that a longer placement would provide CALD students the time and opportunity to adjust to the clinical setting and system, and lead to more positive outcomes. Participants identified that CALD nursing students who worked part-time in a healthcare facility prior to commencing a clinical placement appeared to be more confident in their clinical and learning interactions. This could be because of exposure to Australian slang, medical terminologies, professional culture etc. at the work-place.

*"But by the time that they already starting to adjust and getting the feel of the ward and are getting comfortable, it is time for them to go. Time for them to transfer to another unit".*

(CS3)

*"The challenges are that with culturally diverse students it takes time. It takes time to adjust to the clinical environment. The challenge there is motivating them [students] to bring out what they know because sometimes the change to a new clinical environment can be a big hindrance".*

(CS9)

Participants identified the positive influence on the confidence in interaction for CALD nursing students who worked part-time in a healthcare facility prior to commencing a clinical placement.

*"All of a sudden there is a new clinical setting, new hospital, new people, new things to learn, new approaches and new terminology. All students, whether they are CALD or domestic, have the same length of time in their clinical placement. But by the time that they already starting to adjust and getting the feel of the ward and are getting comfortable, it is time for them to go. Time for them to transfer to another unit".*

(CS3)

#### 7.3.3. Preceptor allocation

Many of the participants identified that allocating different preceptors across different shifts during a clinical placement was detrimental to CALD students' learning. Participants highlighted that practical difficulties such as staff shortages and skill mix as major factors contributing to inconsistency with preceptor allocation. CALD students may need more time to establish rapport with the preceptor while adjusting to the clinical environment.

*"I think CALD students benefit working with one preceptor for certain periods of time to develop a rapport and be familiar with the clinical environment and be comfortable in the work".*

(CS2)

#### 7.3.4. Preceptors attitude and interactions

Participants identified there were variable attitudes towards the supervision of CALD students from preceptors. Some of the participants identified stereotyping behaviour by nursing staff, who often labelled CALD students as 'hard work'. This judgemental approach was outlined by participants as being extremely detrimental to students' learning as it impacted on students' willingness to seek help, speak up or ask questions as highlighted in earlier themes. Most of the participants said that they deliberately tried not to stereotype students and treated them equally during placements regardless of their CALD status.

*"Some staff, as soon as they know they will be precepting a student from other country, they label them right away. They say they are hard work. So, without even meeting them, they have judged them".*

(CS9)

*"There are some nurses who are not approachable and who have no patience with students. If the students ask questions, the preceptors sometimes roll their eyes."*

(CS8)

Being sincere in the interactions with CALD students was mentioned as a factor in students wanting to come to preceptors and clinical supervisors for help. Sincerity in interactions from clinical supervisors and engaging in casual conversation to understand the general well-being of the student was identified by participants as a positive factor in helping students to adjust to clinical environment quicker.

*"I don't just ask them, how are you? How was your day? I ask them who are your patients today, and sometimes just being sincere to them when talking".*

(CS2)

*"I take time to talk and chat with students in a sincere way. I want to know how they are doing because at the end of the day I don't want there to be a problem. I want to know right away."*

(CS4)

Participants who were of a CALD background reported this conferred many advantages in the supervision of CALD nursing students. For

example, the ability to empathise and relate better to the student struggles because of their own experiences as a CALD student. Some participants suggested that complex concepts could be simplified and explained more clearly by a CALD supervisor who speaks the same language. Cognitive load associated with translating the verbal explanation into their mother tongue is not needed in this instance. Hence CALD students will be able to understand the information faster.

*“A CALD preceptor can understand and know what it is like to come to a new country and have English as a second language. You know the struggle and how hard it was to pay for your training and get through it”.*

(CS6)

*“There was a talk given about people speaking in their own language in workplaces. But I think it helps you meet a CALD student from your background and you want to explain something. You can put it in your language first. The students gets it and then can do it”.*

(CS2)

However, this could also cause issues as some CALD students felt discriminated against when CALD supervisors engaged in conversation in their own language among themselves in the clinical setting while supervising the student.

*“We had a situation that happened once with a nursing student who complained. She said that the nurses were talking in their own language. She said she felt unsure and that she didn’t feel very comfortable. So, I had to talk to the nurses because nurses aren’t meant to use their own language, they are meant to speak English, it doesn’t matter what their background is they are meant to speak English. The student was working with them and she felt like they were talking about her”.*

(CS2)

Emotional distress experienced after receiving negative feedback was more prominent in CALD students. Academic failure can have serious impact on the social life of most of the CALD students due to visa restrictions on length of stay, and part-time employment. CALD students tend to associate negative feedback to immediate academic failure and this was attributed to prominent emotional distress. Supervisory challenges associated with providing feedback to CALD nursing students were reported by many participants.

*“Sometimes negative feedback is really hard to give to CALD students. Sometimes they might cry. CALD students seem to take negative feedback harder, but I guess I can understand that because it may mean failure. And then you know what comes with that. Failure means more hard work, more time. We have to be very careful in providing feedback to CALD students especially if it is negative. If it’s positive it is okay”.*

(CS3)

Proper orientation, clear verbal instructions specific to the clinical environment were mentioned as some of the strategies adopted by clinical supervisors to help CALD students in scaffolding their learning while on placement. Working alongside the students was mentioned as a successful strategy in identifying some of the personal issues affecting student’s performance in the clinical environments. Several participants mentioned that it helped them to establish better rapport as students did not feel that they were being judged. This in turn resulted in students being forthcoming in seeking clarification and support from the clinical supervisors.

*“You have to be clear when you like when talking. Even how to operate a bed for example. Our students who grew up here, they might know that as they have been exposed to that already. For culturally diverse students, being specific to the nursing environment, you have to go into detail”.*

(CS4)

*“The students see hands-on training if you work alongside them. They get to ask you right away if there is anything they don’t understand, or that they are not familiar with. You can also explain things better. CALD students generally have very good learning skills when you demonstrate a skill rather than giving them theories. They like a step-by-step process”.*

(CS6)

## 8. Discussion

The main findings from this study centred on communication, cultural elements, and contextual factors impacting on the learning and supervision of CALD nursing students in the Australian clinical context. Communication issues were associated with poor English language proficiency and was one of the major elements that supervisors faced in supporting the learning of CALD students and establishing appropriate supervisory relationships. Some of the challenges associated with CALD student supervision such as difficulty in identifying learning needs, failure to implement early interventions, missed opportunities to expose students to interesting cases and procedures were mainly due to poor English language proficiency causing communication issues. Clinical supervisors play a key role in managing the unique challenges CALD nursing students encounter during clinical placement to ensure they receive an optimal experience (Mikkonen et al., 2017a; O’Reilly and Milner, 2015). Hence it is important for students to have appropriate supervisory relationships. Communication issues associated with poor English language proficiency was one of the major contributing elements in problems associated with establishing appropriate supervisory relationships.

Timely intervention to address knowledge and skills deficit is important to enhance the learning experience of CALD students on clinical placement. Some of the challenges associated with CALD student supervision such as difficulty in identifying learning needs, failure to implement early interventions, missed opportunities to expose students to interesting cases and procedures were mainly due to poor English language proficiency causing communication issues (Koch et al., 2014).

Communication was not only affected by language issues, but also by a lack of familiarity with Australian slang, local dialects, medical jargons and abbreviations, which has been identified in previous studies (Crawford and Candlin, 2013). Enhanced comprehension of Australian colloquial language and health care terminology can improve the self-confidence of CALD students (Harvey et al., 2013). Many participants suggested that increasing students’ clinical exposure time help to rectify communication issues from the above-mentioned elements. As per the participants, this will result in better engagement of students with preceptors and or educators. Ongoing exposure to clinical, academic, and social settings was suggested as a strategy to improve listening comprehension and confidence with speaking English (Crawford and Candlin, 2013). Part-time employment of CALD students in a healthcare facility while undertaking the course could be another strategy to increase the exposure time to Australian health care environments, and for practicing conversations with patients in clinical setting. This study identifies that student’s cultural background (norms, values, beliefs) impacted their clinical learning experience. Previous studies have shown that cultural background can impact the provision of care to patients of the opposite sex (Abu-Arab and Parry, 2015) and the supervision relationship (Brunton et al., 2019). Research has suggested that incorporating issues associated with cultural barriers during simulation sessions within the university and encouraging students to discuss about these elements while practicing clinical skills, helps students to overcome hesitancy in providing personal care when they encounter real patients in the clinical environments (Mitchell et al., 2017).

According to the findings from this study, discriminatory behaviour

from patients while on placement contributed to the negative learning experiences for CALD students. Disrespectful behaviour from patients causing feelings of distress, belittlement, and damage to the self-esteem of students has been reported in previously published studies (Henderson et al., 2016; Moyer et al., 2016). Feelings of guilt associated with the perception of failure to protect the student from discriminatory patient behaviour could be damaging to clinical supervisors' confidence. To avoid these situations, Universities must prepare nursing students to be more resilient and be confident in dealing with complex behavioural issues associated with patient care.

This study showed that CALD students needed to navigate a range of social issues associated with studying overseas and being separated from family and social networks. CALD nursing students require prior discussion regarding professional communication as well as spoken and written English as part of the nursing course (Glew et al., 2019). Dedicated time allocation or communication workshops are required for CALD students to practice professional communication in simulated environments (Granheim et al., 2018; Havery et al., 2019), which could be helpful in addressing problems associated with language comprehension. Allocating dedicated time to practice professional communication would be dependent upon patient care responsibilities and space limitations in the clinical setting. Dedicated teaching space away from patients could be arranged within the clinical setting for students to practice professional communication with clinical supervisors (Mitchell et al., 2017). This avoids the need to rectify professional communication issues at the time of care delivery and thereby ease pressure on preceptors. Rote learning is prevalent among CALD students and this has been attributed to poor proficiency in English (Ramjan et al., 2018). This created some unique challenges for clinical supervisors to accurately assess the knowledge level of students as mentioned in this study. As nursing students require good comprehension of English to apply clinical reasoning skills while delivering patient care, clinical supervisors experienced supervisory challenges due to significant time spent on rectifying students' language issues.

Clinical supervisors reported that student's cultural norms were an element that impacted on their clinical learning experience including providing care to patients of the opposite sex (Abu-Arab and Parry, 2015) and in the supervision relationship (Brunton et al., 2019). Research has suggested that incorporating issues associated with cultural barriers during simulation sessions within the university and encouraging students to discuss about these elements while practicing clinical skills, helps students to overcome hesitancy in providing personal care when they encounter real patients in the clinical environments (Mitchell et al., 2017).

In this study, CALD students had expressed to clinical supervisors about discontinuing the nursing course due to discriminatory behaviour from patients while on placement. Disrespectful behaviour from patients causing feelings of distress, belittlement and damage to self-esteem of students has been reported in other studies (Henderson et al., 2016; Moyer et al., 2016). Feelings of guilt associated with the perception of failure to protect the student from discriminatory patient behaviour could be damaging to clinical supervisors' confidence. To avoid these situations, Universities must prepare nursing students to be more resilient and be confident in dealing with complex behavioural issues associated with patient care (Watt et al., 2016).

Financial strain is a significant stress factor for CALD students while studying (Koch et al., 2014; Kong et al., 2016), due to being unable to conduct any paid work in clinical environments. This could be minimised by offering subsidised accommodation and free transport during clinical placements. Partnerships between healthcare facilities and Universities to offer paid part-time employment to CALD students as nursing assistants or health care assistants could be used as an effective strategy to avoid financial strain (Ramjan et al., 2018). Part-time employment in a healthcare facility during study period has additional benefits for CALD students such as increasing the exposure time to Australian health care environment and practicing conversation in a

clinical context.

Clinical supervisors in this study reported a positive influence on the learning experience of CALD students when supervised by CALD preceptors, as it was perceived that CALD preceptors were able to better relate to issues experienced by CALD nursing students (Hagqvist et al., 2020). Verbal explanation using the same language as spoken by the CALD student by preceptors helped in some circumstances. There is minimal research available on this aspect but being able to speak in students' first language may provide clearer explanations and clarifications.

In this study, a welcoming attitude from preceptors was shown to be helpful for the student to feel part of the team. Students became more confident in expressing themselves and sought new learning opportunities once they felt that they were part of the team. Previous studies have reported that providing appropriate orientation and a welcoming attitude from staff members, is important in creating a positive learning environment for CALD students (Brunton et al., 2019; Mikkonen et al., 2017b). Being valued as a team member has been identified as an important factor in the empowerment of nursing students during clinical placements (Bradbury-Jones and Broadhurst, 2015). Clinical supervisors working alongside CALD students at the bedside was reported as an effective strategy, as CALD students felt more comfortable seeking learning opportunities and asking for clarification in this study.

### 8.1. Implications for practice

Health care facilities require careful and thoughtful selection of preceptors allocated to CALD students. Appropriate education in cross cultural competencies, teaching and learning principles and clinical supervision strategies should be a pre-requisite for preceptors before assigning them to supervise CALD nursing students. CALD and non-CALD nursing students require rotation among preceptors in consecutive clinical placements to avoid burn out (King et al., 2019). Consistency in preceptors' allocation could be ensured if each CALD student was allocated with no more than two preceptors during their clinical placements. The University should also consider extended placements for CALD students guaranteeing sufficient exposure to clinical interactions.

Cultural expectations should be considered when delivering assessment results to CALD students to avoid unnecessary stress. Feedback after interim assessments should be delivered in such a way that students realise it as an opportunity to identify areas of improvement, rather than a warning for impending failure in the final assessment. Treating the student as a team member and maximising learning opportunities for students by thoughtful patient allocation is an important element in enhancing CALD clinical learning experience. Hence appropriate orientation and a welcoming environment should be ensured to help CALD students to fully immerse in the clinical environment for a positive experience.

### 8.2. Limitations of the study

This study was undertaken in an acute care hospital and the findings in this study are not representative of all clinical environments. For example, clinical supervisors working in community and remote settings may have different experiences regarding CALD student's learning and supervision. In this study the number of participants was relatively small compared to large scale multicentre studies therefore, this should be considered as a limitation of the study.

### 8.3. Conclusion

This study has identified some of the communication and cultural factors as well as contextual elements within placement venues, which cause supervisory challenges in the management of CALD students during clinical placements. Within the clinical setting, consistency in the

allocation of preceptors was identified as a key element in supporting CALD students. Proper orientation and a welcoming attitude from staff help CALD students to feel part of the nursing team. This also creates a sense of belonging for students which encourage them to better utilise learning opportunities within the clinical environment. Preparing preceptors by offering targeted training in cross-cultural competencies, teaching methods and assessment practices would help to efficiently address specific complexities associated with CALD student supervision. Thus, a collaborative approach from the University and the clinical placement institution is essential in helping clinical supervisors to address the unique learning needs of CALD students. The findings of this study add to the body of existing information available around the learning needs of CALD nursing students, highlighting the need for further research in exploring supervisory challenges in managing CALD nursing students during clinical placements.

### CRedit authorship contribution statement

Renjith Hari: Conceptualization, formal analysis, investigation, resources and writing original draft

Dr Sadie Geraghty: Validation, review and editing

Dr Koshila Kumar: Supervision, validation, review and editing

### Declaration of competing interest

There is no conflict of interest to declare.

### References

- Abu-Arab, A., Parry, A., 2015. Supervising culturally and linguistically diverse (CALD) nursing students: a challenge for clinical educators. *Nurse Educ. Pract.* 15 (4), e1–e9. Retrieved from.
- Bradbury-Jones, C., Broadhurst, K., 2015. Are we failing to prepare nursing and midwifery students to deal with domestic abuse? Findings from a qualitative study. *J. Adv. Nurs.* 71 (9), 2062–2072.
- Browne, C.A., Fetherston, C.M., Medigovich, K., 2015. International clinical placements for Australian undergraduate nursing students: a systematic thematic synthesis of the literature. *Nurse Educ. Today* 35 (10), 1028–1036. <https://doi.org/10.1016/j.nedt.2015.05.012>.
- Brunton, M., Cook, C., Kuzemski, D., Brownie, S., Thirlwall, A., 2019. Internationally qualified nurse communication—a qualitative cross country study. *J. Clin. Nurs.* 28 (19–20), 3669–3679. Retrieved from.
- Crawford, T., Candlin, S., 2013. Investigating the language needs of culturally and linguistically diverse nursing students to assist their completion of the bachelor of nursing programme to become safe and effective practitioners. *Nurse Educ. Today* 33 (8), 796–801. <https://doi.org/10.1016/j.nedt.2012.03.005>.
- Glew, P.J., Ramjan, L.M., Salas, M., Raper, K., Creed, H., Salamonson, Y., 2019. Relationships between academic literacy support, student retention and academic performance. *Nurse Educ. Pract.* 39, 61–66. Retrieved from.
- Granheim, B.M., Shaw, J.M., Mansah, M., 2018. The use of interprofessional learning and simulation in undergraduate nursing programs to address interprofessional communication and collaboration: an integrative review of the literature. *Nurse Educ. Today* 62, 118–127. <https://doi.org/10.1016/j.nedt.2017.12.021>.
- Hagqvist, P., Oikarainen, A., Tuomikoski, A.-M., Juntunen, J., Mikkonen, K., 2020. Clinical mentors' experiences of their intercultural communication competence in mentoring culturally and linguistically diverse nursing students: a qualitative study. *Nurse Educ. Today* 87. <https://doi.org/10.1016/j.nedt.2020.104348>. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=142131481&site=ehost-live>. (N.PAG-N.PAG).
- Harvey, T., Robinson, C., Frohman, R., 2013. Preparing Culturally and Linguistically Diverse Nursing Students for Clinical Practice in the Health Care Setting. *J. Nurs. Educ.* 52 (7), 365–370. <https://doi-org.ezproxy.une.edu.au/10.3928/01484834-20130529-02>.
- Havery, C., Townsend, L., Johnson, A., Doab, A., 2019. Professional development for teachers of nursing students for whom English is an additional language: a reflection on practices. *Nurse Educ. Pract.* 38, 52–58. Retrieved from.
- Henderson, S., Barker, M., Mak, A., 2016. Strategies used by nurses, academics and students to overcome intercultural communication challenges. *Nurse Educ. Pract.* 16 (1), 71–78. <https://doi.org/10.1016/j.nepr.2015.08.010>.
- Jeong, S.Y.-S., 2016. Culturally and linguistically diverse healthcare students can find integration into clinical placements. *Evid. Based Nurs.* 19 (2), 61. <https://doi.org/10.1136/eb-2015-102223>.
- Kim, H., Sefcik, J.S., Bradway, C., 2017. Characteristics of qualitative descriptive studies: a systematic review. *Res. Nurs. Health* 40 (1), 23–42. <https://doi.org/10.1002/nur.21768>.
- King, E., Turpin, M., Green, W., Schull, D., 2019. Learning to interact and interacting to learn: a substantive theory of clinical workplace learning for diverse cohorts. *Adv. Health Sci. Educ.* 1–16. <https://doi.org/10.1007/s10459-019-09891-8>.
- Koch, J., Everett, B., Phillips, J., Davidson, P.M., 2014. Diversity characteristics and the experiences of nursing students during clinical placements: a qualitative study of student, faculty and supervisors' views. *Contemp. Nurse* 49 (1), 15–26. <https://doi.org/10.1080/10376178.2014.11081949>.
- Kong, E., Harmsworth, S., Rajaian, M.M., Parkes, G., Bishop, S., AlMansouri, B., Lawrence, J., 2016. University transition challenges for first year domestic CALD students from refugee backgrounds: a case study from an Australian regional university. *Aust. J. Adult Learn.* 56 (2), 170–197.
- Lalor, A., Yu, M.-L., Brown, T., Thyer, L., 2019. Occupational therapy international undergraduate students' perspectives on the purpose of practice education and what contributes to successful practice learning experiences. *Br. J. Occup. Ther.*, 0308022618823659 <https://doi.org/10.1177/0308022618823659>.
- Mikkonen, K., Elo, S., Kuivila, H.-M., Tuomikoski, A.-M., Kääriäinen, M., 2016. 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. Retrieved from.
- Mikkonen, K., Elo, S., Miettunen, J., Saarikoski, M., Kääriäinen, M., 2017a. Clinical learning environment and supervision of international nursing students: a cross-sectional study. *Nurse Educ. Today* 52, 73–80. Retrieved from.
- Mikkonen, K., Elo, S., Miettunen, J., Saarikoski, M., Kääriäinen, M., 2017b. Development and testing of the CALD s and CLES+ T scales for international nursing students' clinical learning environments. *J. Adv. Nurs.* 73 (8), 1997–2011. <https://doi.org/10.1111/jan.13268>.
- Mitchell, C., Del Fabbro, L., Shaw, J., 2017. The acculturation, language and learning experiences of international nursing students: implications for nursing education. *Nurse Educ. Today* 56, 16–22. Retrieved from.
- Moyer, C.A., Rominski, S., Nakua, E.K., Dzomeku, V.M., Agyei-Baffour, P., Lori, J.R., 2016. Exposure to disrespectful patient care during training: data from midwifery students at 15 midwifery schools in Ghana. *Midwifery* 41, 39–44. <https://doi.org/10.1016/j.midw.2016.07.009>.
- Newton, L., Pront, L., Giles, T.M., 2016. Experiences of registered nurses who supervise international nursing students in the clinical and classroom setting: an integrative literature review. *J. Clin. Nurs.* 25 (11–12), 1486–1500. <https://doi.org/10.1111/jocn.13127>.
- 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>.
- 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 (1), 175. <https://doi.org/10.1186/s12909-015-0458-3>.
- Ramjan, L.M., Maneze, D., Everett, B., Glew, P., Trajkovski, S., Lynch, J., Salamonson, Y., 2018. Students' experiences of embedded academic literacy support in a graduate entry nursing program: a qualitative study. *Nurse Educ. Pract.* 28, 302–309. <https://doi.org/10.1016/j.nepr.2017.12.001>.
- Richardson-Tench, M., Nicholson, P., Taylor, B., Kermod, S., 2018. *Research in Nursing, Midwifery and Allied Health: Evidence for Best Practice*: Cengage AU.
- Tervo, M., 2017. *Culturally and Linguistically Diverse Nursing Students' Experiences in Clinical Learning Environment in Finland: A Literature Review*.
- Watt, E., Murphy, M., MacDonald, L., Pascoe, E., Storen, H., Scanlon, A., 2016. An evaluation of a structured learning program as a component of the clinical practicum in undergraduate nurse education: a repeated measures analysis. *Nurse Educ. Today* 36, 172–177. Retrieved from.