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

Abstract

Culturally and linguistically diverse healthcare students face challenges during clinical learning, and many studies highlight the need to investigate this phenomenon further. This study aimed to describe students' experiences of the clinical learning environment and mentoring. Anonymous evaluations were gathered in written form 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, the 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. Issues related to mistreatment of students need to addressed. Also, structured clinical environments should be developed in which competent mentors assist students in reaching their clinical placement goals.

Introduction

Development of higher education educators' and students' global competence is increasingly important due to internationalisation (Abdul-Mumin, 2016). Internationalisation significantly influences healthcare education through an increase in the mobility of students (Garone et al., 2017), and through a shift of focus on global competitiveness and global competence (Allen & Ogilvie, 2004). A fundamental principle related to the transforming and scaling up of the education and training of health professionals includes focusing on producing health professionals with global competence and competence responsive to local needs (World Health Organization, 2013). Previous studies have shown that healthcare students from diverse cultural and linguistical backgrounds face great challenges in clinical learning environments and in mentoring (Authors blinded et al., 2016a; Authors blinded et al., 2016b). Mentors have evaluated their competence in mentoring culturally and linguistically diverse students at a fairly high level (Authors blinded et al., 2018), which presents a contradiction between evaluations by mentors and by students.

Culturally and linguistically diverse students' language proficiency and the country in which they study in are the most important factors influencing successful completion of clinical placements (Authors blinded et al., 2017b). As internationalisation 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 et al., 2017). In Finland, culturally and linguistically diverse nursing students and native students had different perceptions of diversity in the learning environment, the pedagogical atmosphere, and on support received from clinical facilitators (Authors blinded et al., 2017b). Culturally and linguistically diverse healthcare students felt that they did not receive sufficient multi-dimensional learning tasks of meaningful situations when compared to native students (Authors blinded et al., 2017a; Authors blinded et al., 2017b). 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). Although language proficiency has been reported to be an important factor in clinical learning environment and mentoring outcomes, further investigation is required of student's experiences in this area.

Background

In higher education institutions the healthcare curricula includes 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 skills 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 involves 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).

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 & 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 & 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 & 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 (Authors blinded 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, Tilki, and Taylor (2004) 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 & 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 & 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 & Chavan, 2016) associated with cultural diversity and having competence to address prejudice, discrimination and stereotyping (Papadopoulos et al., 2008).

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 & 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 et al., 2011). Cultural and linguistic diversity is closely related to the concept of internationalisation (Bisholt et al., 2014; Authors blinded et al., 2016a).

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 these issues that occur during healthcare education and which may have a negative impact upon the students' learning process.

Methodology

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? An anonymous evaluation of students' experiences of

the clinical learning environment and mentoring was conducted. Students completed an evaluation of their experiences during clinical practice in written format collected anonymously in an electronic system. Students had the possibility to anonymously share their positive and/or negative experiences of their clinical practice.

Setting

In Finnish higher education institutions, programmes are offered in English language even though English is not the domestic language in Finland. In addition, higher education institutions coordinate exchange programmes, which are an effective way to facilitate strengthened collaboration between educational institutions and promote the mobility of healthcare students.

Students who provided their feedback evaluation in this study were culturally and linguistically diverse healthcare students either studying in an English language-taught degree programme at eight different universities of applied sciences in Finland or in an exchange programme. These students completed their clinical placements in primary and secondary healthcare facilities across Finland. Exchange students in this study completed their clinical placement at a Finnish university hospital as part of their exchange programme. Students who participated in this study studied either general nursing, midwifery, physiotherapy or occupational therapy.

Participants

The study population consisted of healthcare students (n=133). 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.

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.

Data collection

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

Data analysis

The qualitative data were analysed using inductive content analysis. The inductive analysis proceeded through three main phases: preparation, organising, and reporting (Elo & 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 & 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.

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).

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 treatments 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 between the student and the mentor is created. 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."*

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 native 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 allow 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 native students was perceived by culturally and linguistically diverse students as mistreatment. This unequal treatment was manifested in that native students 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 during patient care. Students expressed having 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.

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 in 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.

Discussion

In this study, students considered the building a mentoring relationship, which takes time and results in effective interaction with the mentor, as an important step in creating a safe environment. 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 Authors blinded 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 native students. In the end, these mentors felt they did not need additional support from their colleagues in mentoring (Authors blinded et al., 2018).

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 native students 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 and discrimination which culturally and linguistically diverse students experience from native students results in social isolation. Recent literature has identified this as an ongoing issue, and academics have acknowledged that higher education environments require further integration of culturally and linguistically diverse and native students (O'Reilly & Milner, 2015; Scammell & Olumide, 2012). Previous studies have emphasised that healthcare education continues to be

underdeveloped in terms of cultural tolerance (Authors blinded et al., 2016a; Authors blinded et al., 2017a), which could be addressed by taking time to discuss intercultural matters (Arieli, 2013).

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 mentors should take into consideration.

Another 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 students' learning experiences and is an issue that has been raised in previous studies (Jeong et al., 2011; Authors blinded et al., 2016a). A study by Authors blinded et al. (2017b) 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 (Authors blinded et al., 2016a; Authors blinded 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 completion of their clinical placement.

Study limitations

Generalization of the results of this study requires careful attention because the data represents qualitative research (Polit & 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.

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 of culturally and linguistically diverse students. Curriculums should contain 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 and competence in mentoring prior to mentoring culturally and linguistically diverse healthcare students.

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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