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Culturally and linguistically diverse nursing students' experiences in clinical learning environment in Finland

A literature review

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Abstract

As a result of migration and globalization, nursing students are diversifying also in Finland. While learning in clinical environment is essential part of nursing education, little is known about clinical learning experiences of culturally and linguistically diverse nursing students, studying in the English-Language-Taught Degree Programmes (ELTDPs) in Finland. The aim of this thesis was to gain information about diverse nursing student' experiences in clinical learning environment in Finland. The purpose was to draw attention to factors stemming from increasing cultural and linguistic diversity in the Finnish health care context.

The study was carried out as a literature review on three original studies, obtained from databases of PubMed, CINAHL (Ebsco), ERIC (ProQuest), SCOPUS (Elsvier API), Web of Science (Core Collection), and MEDLINE (Ovid). On the basis of the research question, findings of this study were organized first into subcategories, then into upper categories, and initially under four main categories of 1) personal learning experiences, 2) professional development experiences, 3) professional language development experiences, and 4) professional identity development experiences.

This review suggests that non-Finnish speaking nursing students struggle with becoming acknowledged as potential and capable co-workers. Findings reveal that the Finnish health care sector is not yet prepared for integrating and socializing non-Finnish speaking nursing students into its' workplace communities. The review concludes that professional Finnish language skills are developed gradually, and at the same time with clinical skills. The sparse literature of the topic demonstrates the need for further, longitudinal studies and examples of good practices in the Finnish health care context.

Keywords/tags (subjects)

Cultural and linguistic diversity, nursing student, experiences, clinical learning environment, Finland

Miscellaneous

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1 Introduction

Finland is often regarded as isolated and mono-cultural, yet nursing education is offered in four different languages. Finnish, Swedish and Sámi are hardly spoken and understood beyond the Cap of North and borders of the Nordic countries. English, on the other hand, is the current international *lingua franca*, also in nursing education. At the time of this study, English is the teaching language in nine nursing degree programmes in Finland, and total of 239 students started their ELTDP (English-language-taught-degree-programme) -nursing studies in 2015. (Ministry of Education, Vipunen database)

Nursing education in Finland has been harmonizing to the measures of European Union, aiming to ensure that all qualified registered nurses can work in any EU country under certain conditions. European Union has established that registered nursing studies should take at least three years, containing minimum of 180ECTS. In Finland, nursing degree consists 30ECTS more, equaling 210ECTS. According to EU directive regulations, at least 2400 hours or 90 ECTS of nursing studies should take place in clinical learning environment. (European Union Council Directive 77/452/EU) In other words, being a practice-based profession, nursing education consists approximately 50 % of theory, and 50% of clinical practice.

During clinical practice periods, nursing teachers and assigned mentors are required to ensure that nursing students acquire the ability to build up their skills of evidence-based nursing practice in various clinical situations (Ministry of Social Affairs and Health, 2003). University educated teachers have the responsibility for guiding and evaluating students during their clinical practices. (Ministry of Education, 2006) In order to provide orientation to the profession of the future nurses, student nurses have to be supervised by qualified health care professionals (European Union Council Directive 89/594/ETY). There are no national standards in Finland for assuring the quality of placements for nursing students, neither educational standards and requirements for mentor nurses who supervise, teach and assess nursing students

during their clinical practice, only ministry level recommendations. (Jokelainen 2013,11)

Cultural and linguistic diversity is evident in the nursing profession, accelerated throughout international recruitment, and increasing trend towards nurses migrating from developing countries to developed countries (Koch *et al*., 2015). The increase in global migration and the mobility of people associated with current economical and social instability, forced migration, political and social unrest, and ongoing refugee crisis in Europe have made linguistic and cultural diversity ever more evident with important consequences for societies, its' health care, and nursing profession.

In Finland, internationalization within nursing education is government level responses to retain an adequate amount of nurses in the field (Ministry of Education, 2009). Work-related nurse immigration has been under an intensive public debate since international recruitment of health-care personell started to increase a few years ago. Nurses from the Philippines have given a face to this development (Virtanen & Suni, 2011.) In spite of almost inevitable language challenges, Finland has many attractive factors, such as good reputation in education, health care, safety, fair labor agreement and employment benefits. (Seilonen 2016, 114) Several recently conducted studies provide information about internationally educated nurses and their working experiences (Heimala-Kääriäinen, 2015; Välipakka, 2013; Yliknuussi, 2013; Baumgartner, 2012; Nieminen, 2012; Baumgartner, 2012; Virtanen, 2010; Hartikainen, 2007), while little is known about culturally and linguistically diverse nursing students' learning and working experiences in Finland. Given the significant benefits and effort associated with preparing a diverse nursing workforce, it is imperative to increase understanding in this issue. The aim of this literature review is to gain information about culturally and linguistically diverse nursing student' experiences in clinical learning environment in Finland. The purpose is to draw attention to factors stemming from increased multiculturalism in Finland, and raise awareness of cultural and linguistic diversity issues which cannot be ignored, in the Finnish health care context.

2 Diversity, nursing students and clinical training experiences

2.1 Cultural and linguistic diversity and nursing education

There is strong empirical evidence that different languages, and cultural and linguistic diversity constitute economical, social and intellectual capital to any country and region. (Cummins, 2001; Garcia, 2012; Clyne, 2003; Olshtain & Nissim-Amitai, 2004; Hofer, 2015) Promoting diversity among undergraduate nursing students has been linked better educational experiences (Smedley *et al*., 2004) and helps develop a culturally competent nursing workforce, which may result in better patient outcomes (Cohen *et al*., 2002; Koch *et al*., 2015).

Nursing students' short-term exchange periods and immersions to different cultures have been linked with increased awareness of global health issues (Kent-Wilkinson *et al.*, 2015; Kulbock *et al*., 2012), culturally more competent workforce (Kokko, 2011; Kelleher, 2013), and an ability to recognize and make distinction between different nursing cultures and cultures outside nursing environment. (Grant & McKenna, 2003.)

In the scientific literature, nursing students studying their full degree in English outside their home country are referred as CALD (culturally and linguistically diverse), NESB (Non-English Speaking Background), ELS (English-as-a-second-language), and in the Finnish context FSL (Finnish-as-a-second-language). Professional nurses who have had their training in English outside their current working country are commonly classified as IEN (internationally educated nurses). Language-based typology of nurses and nursing students draw attention to language and language proficiency.

2.2 Nursing students' experiences in clinical learning environment

Clinical training periods and work-based learning play a crucial, mandatory part in nursing education. It is considered to be a highly suitable vehicle for training nursing students to be anti-oppressive, reflective and critical professionals (Hart 2015; 40). Work-based learning periods aim both in the acquirement of nursing skills and in the formation of professional identity (Arieli 2013, 192). It is nursing student's own responsibility to learn and assess their learning progress during the clinical periods. Students must prepare themselves for clinical practice periods, and ensure that they get opportunities to further their skills. Students also need to understand where they need more practice (Helminen 2017, 59).

If patients are the core content of nursing education, the relationship established between mentor nurse and student nurse is considered one of the most important factors for the effectiveness of the mentoring process, which then significantly influences student development and learning (Newton *et al*., 2016; Allan, 2010). Plethora of evidence is available regarding nursing students' experiences in a clinical setting, and the prerequisites for successful clinical learning experience are well known (Thomas, 2005; Lofmark & Wikblad, 2001; Saarikoski, 2002). Having competent and unstressed mentors is critical to educating nursing students, transitioning new graduate nurses to the professional nursing role, and transitioning experienced nurses to new roles and specialties (Ulrich *et al.,* 2011). Lack of clinical teacher's empathy cause unpleasant learning and nursing atmosphere, even obstructs learning and has negative consequences for students' quality of life, and reduce motivation in learning (Mikkonen *et al.,* 2014).

Culture of the clinical unit has been reported to have an important influence on nursing students' experiences of learning in clinical environment. (Hegenbarth, 2015) Ideal learning environment from students' perspective often differ from actual clinical unit experience. (Brown *et al*., 2011) The culture prevailing at wards means a lot to a nursing students' ability to increase their professional capacity (Kaufman &

McCaughan, 2013). The atmosphere and workplace culture of different wards has an effect on the time available for mentors to focus on mentoring and for assessment processes. Findings by Curtis *et al*. (2012) and Smith & Rogers (2014) show how nursing students highly value support and possibilities to improve their team-working skills during clinical practices (Curtis et al., 2012; Smith & Rogers, 2014).

2.3 What is already known about the topic?

The research focus of the topic is mostly in Australia, United Kingdom, and the United States of America; in countries where culturally and linguistically diverse nursing students and internationally educated nurses are major economic force, and where international student market is a vital part of higher education economy, and an invaluable link to global educational, workforce, and social networks. (Edgecombe *et al*., 2012) Commonly cited key issues affecting international nursing students in the clinical environments are communication difficulties, cultural differences and unfamiliarity with new social, educational and professional health care environments. (Edgecombe *et al*., 2012; Brown, 2009; Dickson *et al*., 2007; Seibold *et al*., 2007) In Finland, the first clinical practice period typically expose culturally and linguistically diverse nursing students, studying in the English Language Taught Degree Programmes (ELTDPs), to the necessity of Finnish language skills. (Kela & Komppa 2011, 177)

International students who speak English as a second language (NESB) have been reported to have additional difficulties in their nursing educations (Starr, 2009). Studies concerning culturally or linguistically diverse students' experiences in clinical settings suggest that prerequisites for successful clinical learning experience are not always met (San Miguel & Rogan, 2009; Rogan *et al.,* 2006). An example is communication difficulties, which were caused either by language barriers or cultural misunderstanding. Culturally and linguistically diverse nursing students' apparently deficient language skills can be but a manifestation of their cultural background. (Hussin, 1999; Abu-Arab & Parry, 2015) There can be pronounced differences in the

way nursing educators and CALD students interpret the nature and outcome of communication encounters (Abu-Arab & Parry 2015, e8).

Students' perception of being linguistically and culturally different affected their learning in the clinical setting and their interactions with clinical teachers (Paterson *et al*., 2004). Similar findings were reported in a study by Amaro *et al*. (2006) Participants identified language as the primary barrier in their nursing course and many reported that they had experienced prejudice because of their accents. They had also experienced impatience by clinical staff and patients (Amaro *et al*., 2006). Study conducted by Donnelly *et al*. (2009) reports that NESB-students identified limited language skills, cultural differences and perceived inferiority and discriminations as challenges that impacted on their academic performances. (Donnelly *et al*., 2009)

Students have been reported experiencing difficulties to understand handover reports when nurses speak quickly and use terminology and abbreviations they are not familiar with. (San Miquel *et al*., 2006) Non-English speaking background students have been reported to experience difficulties understanding medical terminology and idioms used by clinicians, particularly at change of shift. (Crawford and Candlin (2013) NESB-students have also been reported lacking confidence in speaking in clinical settings, and feeling self-conscious about their accents and grammar, and impacting on effective therapeutic communication (Crawford & Candlin, 2013) Arieli (2013) study about diverse nursing students emotional challenges and their coping mechanisms in culturally and socially diverse clinical learning environment reveals that nursing students' diversity does not play a role in the issue of emotional challenges, per se. Rather, diversity was found being the issue and source of stress and frustration in the context of encountering with patients, resulting from students' language barriers and communication difficulties. (Arieli 2013)

3 Language and nursing profession

Awareness of each other and finding their commonalities related to language in the multicultural and multilingual health care context, disciplines of linguistics and health sciences can in together ensure accurate, effective communication, improve learning outcomes for language learners and make non-native nurses and nursing students transitions into new work environments in new languages less stressful. In this chapter, I address the issue of language and how it affects nursing profession and care.

3.1 Language as communication: patient safety

In order to maintain patient safety, all nurses, despite their linguistic backgrounds, need different language skills while interacting with patients, their family members and other health-care professionals. In increasingly multilingual healthcare environments worldwide, care provider coming from different language group than that in which he/she is working, dyadic interaction challenges have been identified within all dimensions of language-based communication and interaction: listening, reading, speaking and writing. (Hull, 2016; Finch, 2014; Taylor, 2003)

Patient safety is a prerequisite for good quality of care. A language barrier, which is a communication barrier resulting from the parties concerned speaking different languages, has been shown to be a threat to the quality of hospital care. (van Rosse *et al*. 2016, 46) Several studies describe the link between a language barrier and patient safety. (Rosse *et al*., 2016; Suurmond *et al*., 2010) Study by Siemensen *et al.* (2012) vindicates that in health-based interactions, mix-of-languages, or discrepancy in levels of proficiency of language being spoken increases possibility for misunderstanding and occurrence of errors, and inhibits care providers' ability to determine signs and symptoms (Siemensen *et al*., 2012.) Disengagement from the process by patient has been observed too, in particularly if care providers don't have proficiency in the same language or if they use medical jargon or medical language (Purnell, 2014.)

3.2 Language as system: professional languages

For Hull (2016), *medical language* is a universal construct in healthcare, existing in languages worldwide. It is an authentic, contextually based corpus – body of words and expressions used in that specific context in order to provide safe and effective care. Medical language proficiency is not knowledge and fluency in advanced medical terminology and health care jargon, it is not grammatically correct or verbally eloquent way to communicate. Instead, it is an ability to decide when, where and how to use language effectively and appropriately, with changing audiences and participant. Medical language skills are especially critical while reporting, gathering and dissemination of patient or scientific data, consultation, delegation, referral, decision making, and notions of misses and near misses (Hull 2016, 170.) Hull (2016) emphasizes that medical language and standardized nursing terminology are referring to two different things. (Hull 2016, 165) While *standardized nursing terminology* provides clarity in collecting data, charting and documentation in the electronic patient record system, and help to homogenize information through specific terminology, it is not designed as a communication tool with patients. (Hull 2016, 165)

In Finland, making distinction between language for special purposes (*erikoiskieli*) and language for professional use (*ammattikieli*) is not the most relevant issue in the topic of non-Finnish speaking health care professionals' Finnish language proficiency. (Kela & Komppa, 2011) As noted by Seilonen (2016), assessing internationally educated health care professionals' Finnish language skills is challenging, because their' professional language communication include elements impossible to measure objectively, such as listening or non-verbal communication, both crucial in the processes of creating trust and mutual understanding. (Seilonen 2016, 114)

However, an experiment was implemented in 2014-2015, during the adult professionals language learners evaluation project, *Health care Finnish: developing and assessing Finnish proficiency among health professionals*, using the Finnish National Certificates of Language Proficiency intermediate level test (B1-B2). Results

were encouraging: Significant improvement in professional Finnish language skills was noticed after one year of work experience (Seilonen 2016, 135), even in documenting, which is considered one of the most linguistically demanding task for migrant health care workers in Finland (Kela & Komppa, 2011; Virtanen, 2015), despite the fact that electronic patient record (EPR) is structured, and entries are expected to be short (Virkkunen, 2015).

3.3 Language in the context of communities: translanguaging

Language and culture are intertwined. Language gives voice to culture, and culture produces language. Once learnt in a human community, language will provide us an access to vast array of knowledge, and belief: assets that empower us to stand on the shoulders of so much ancestral though and feeling when we speak, read, think and listen. Living in a particular language does not define a total philosophy of life, but languages frame, analyze, and color our views of the word. Languages place us in a cultural continuum, linking us to the past, and showing our meanings also to future fellow-speakers (Ostler 2005, xix).

While anyone may be aware of the fact that we use different regional and social variants and speak differently in different communicative situations, we still may naively believe in existence of “correct” language, existing somewhere in a Platonic realm, shared by all native speakers of the particularly unique language (Lähteenmäki 2010, 20). In reality, we live in multicultural and multilingual society surrounded by digital and linguistic vernacular. The boundaries between ‘languages’ are constantly blurred and many types of *translanguaging* occur: in the community language use at large, in multi-ethnic contexts in particular, and also, in classroom contexts (Velasco & Garcia, 2014; Creese & Blackledge, 2010; Hornberger & Link, 2012).

As an example, students of Degree programme in Nursing at Jamk interact and function in a diverse micro-level linguistic flexibility world, where translanguaging

and linguistic resource code-switching is considered "normal" problem solving, communication and learning tool: *We use what we know, in order to let others to help us to solve what we don't yet know.*

Dufva *et al.* (2014) note, that most language communities are now (and have possibly always been) 'bilingual' or 'multilingual' even in the most traditional sense of the word. (Dufva *et al.* 2014, 26) During my own homecare practice in the Swedish speaking area in Finland, three languages were used simultaneously, resulting an elegant translanguaging-creole-pidgin: "*Höö-du, could you help Hille på vessan och dela ut mediciner while jag ska go och handla…va behöver du Hille...jaha här är kauppalistan färdig…milkki och bröd och korvi och juissi, is this all? Vet du vad Hille, du behöver inte muhi här inne hela dagen utan de nyaste riktig hurja lappijuttuna, vänt bara…no niin, jag ska till butiken, vi syns soon …"*

That is, two or more languages are commonly used in most communities and many of their members are functional in their use. In Finland, one-language-common-to-all-citizens has never been reality, and the ethos of romantic nationalism and essentialism of one single homogenous Finnish language, still strongly alive in the context of language teaching and learning has to replace with the idea that "Finnish" is a social and cultural artifact. (Dufva *et al.* 2011, 111)

3.4 Language in the context of learning and teaching: the written bias

In the context of teaching and learning, the most common manner to regard and conceptualize language (such as "Finnish") is in terms of a national language. (Dufva *et al.* 2011, 110) When approaching "Finnish" as mono-logical, autonomous entity, different from other languages, it is attached to ideology of particular territory. It separates users of the Finnish language from the real life, and from the ways Finnish is used in actual environments.

Dufva's (2013) study of research of language learning and the pedagogical discourses and practices exposes several persisting metaphors and dominant conceptualizations, such as 1) the influence of written language and literacy, 2) the impact on the national language ideologies and, 3) the influential Saussurean view of language as an (abstract) system. These conceptualizations have led to the idea that learners are supposed to *internalize a system of abstract rules and contextless lexical entities in object like manner* (Dufva 2013,7.)

Structuralism, based on the legacy of Ferdinand de Saussure's thoughts, entails an understanding of language as an object, stabile system and homogenous entity with abstract rules, structure with invariants, categorically different from other language. In this approach, focus is in phonology, syntax, morphology, and lexis and how they make languages differ. Granted, as each person has a distinctive manner of speaking with a recognizable and unique voice and articulation, there is also a characteristic style of expression, which goes with each language. There are sounds, symbols, body language, gestures, and mannerisms in each language, which are recognizable and understood by members of the same linguistic group. However, a monolithic competence of a language is not feasible, for anyone.

The idea that one can learn a language in its totality with the help of grammar that exhaustively describes the language is incorrect. The proficiency of any speaker consists of a personal repertoire of certain registers, varieties, dialects and modality-specific usages, which grammars do not encapsulate. (Dufva *et al.* 2011, 112) In addition, what language users 'know' and what they can 'do' with language is clearly not as permanent and as stable as the many of the former theories have led us to assume. It has even been argued by Karimi-Aghdam *et al.* (2016) that instead of thinking language knowledge as static representations and/or schemata, it is a more processual and dynamic kind of knowledge the language users need and come to possess (Karimi-Aghdam *et al.* 2016, 177.)

Still, in conservative tradition of language teaching and language skills evaluation, language proficiency is seen as decontextualized formal knowledge. (Dufva 2013) Since language learners' proficiencies are yet often evaluated and assessed by literacy-based standards, it is almost inevitable that the written language bias is present also in language learners' *beliefs.* (Dufva 2013, 6-7) Findings by Kalaja *et al.* (2008) suggests that foreign language students conceptualize their own learning goals to the contents of textbooks, grammars or dictionaries, not how to use language. (Kalaja *et al*. 2008, 187) This is decontextualized description of language, and, as Dufva (2013) concludes, these kind of beliefs are no doubt advanced by the textbook-centered practices of foreign language classrooms, supported by the discourses, metaphors and vocabularies of linguistic research. The written language bias of linguistic inquiry has promoted the idea that units of 'language' are similar to those found in written forms of language (Dufva 2013, 7.)

In that manner, language proficiency is neither a static set of linguistic items and rules, stored in the mental memory storage in brain. A tentative argument has also been presented that language proficiency is not to be modeled as internal, individual (semi) permanent knowledge of rules and items. Rather, the theoretical arguments seem to suggest that persons' language proficiency might be regarded as a processual knowledge, which consists of essentially situated and dynamic skills that allow learners to operate across time and space, including the mental knowledge of language, skillful linguistic action, potential to detect different linguistic resources present, and an ability to act upon these as affordances (Dufva, 2013).

3.5 Language in the context of biology: mimesis and languaging

And indeed, one word that matters in the contemporary discussions, in particularly among third wave linguistics is not language, but *languaging*.

Languaging represents the dynamicity, materiality and embodiment: The flow-like character of language present in the formulations of language. In that manner,

language in communicative activity, as doing, and as practices, as persons engaged in interactivity. (Dufva, 2013; Steffensen, 2013) It is not the systemic resources that matter, but rather the concrete bodily actions, whether it involves the visible parts of the body (gestures), the invisible but not inaudible parts (voice), or the extra-bodily environmental resources (hospital wards).

Steffensen (2012) advocates an embodied, enacted, ecological, distributed view of languaging. He argues that languaging is associated with mimesis: *conscious imitation, copying and repetition* in language learning processes. Language practices are ”recycled” and borrowed from others through participation in diverse social practices, copied for further use and reused in appropriate situations with added individual elements. As the neurological evidence shows, individual agents have a mechanism, the mirror neurons (Arbib, 2002) for imitating and copying the others' behaviors, an ability that is not exclusively human. Suni (2008) shows how interaction between second language learner and native speaker can be seen as a forum of shared attention, shared cognition, and as a step for the learner to share the “native” language repertoire by negotiations of meaning and repetition (Suni 2008, 6).

Steffensen (2012) follows the enactive program in tracing languaging to human biology. He emphasizes that human biology is non-reducible to the biology of the single human body: like language and cognition, biology is non-local (Steffensen 2012, 517.) Humans are bio-social beings in dialogical and social systems. The distinction between dialogical and social systems points to a crucial aspect of human languaging and interactivity, namely the fact that it is much more than just a here-and-now phenomenon: when languaging and interacting, we are constrained by socially conditioned symbols that depend on both social systems and sociocultural practices. Just like the web enables the spider to enlarge its territory, and the dam gives the beaver more water to hunt in (Steffensen, 2011). In all, language is regarded as purposeful rather than mechanical process - and it may well be regarded as ”the game rather than the building blocks” (Dufva, 2013).

3.6 Language in the context of languaging: caring

It has been argued that language serves many functions for humans, but three of the most important are coordination, learning, and friendship (Hodges *et al*. 2012, 499.) Several scientific articles suggest that caring is a significant, perhaps central dimension of language as it is embodied in various communicative practices. (Hodges 2007; Steffensen, 2012; Zheng, 2012) The preoccupation with caring is traced to Hodges's (2007) work on realizing values and hypothesis that human beings converse primarily in order to care for others, ourselves, and for the world we inhabit. Thus, central activity of humans is caring for each other and for the larger social and physical environments that support that caring. The distinctive character of caring embodied in conversation emerges from two features of complex dynamical systems, namely contex-sensitivity and interdependency. Caring arises out of interdependency and demands contex-sensitivity (Hodges 2007). Languaging increases our ability to care for each other, our common tasks, and the (real or virtual) ecosystems we inhabit (Pedersen 2012; Steffensen 2012; Zheng 2012).

As a conclusion, languaging and the pragmatics of language can summarize being a not only a study of human communication, and choices speaker make to express their intended meaning and the kinds of interferences that hearers draw from an utterance in the context of its use (Infantidou 2014), but also how to be caring and careful in our speaking and listen to each other. (Hodges *et al*. 2012, 500) Failures to speak clearly, co-operatively, professionally and in ways that are comprehensible, yet hopefully carnivalistic (that nobody gets bored), are all too common. Nevertheless, as Hodges *et al*. (2012) observes, our very recognition of them as inarticulate, or awkward or dull or insidious or not funny depends on values-realizing judgments. According to values-realizing theory, all actions are constrained and legitimated by multiple values. Values are the real goods, the obligatory demands that define what constitute good language skills, or good language interaction environment, also in nursing.

4 Aim, purpose and research question

The aim of this study is to revisit existing literature on culturally and linguistically diverse nursing students' experiences in clinical learning environment in Finland. The purpose of this review is to draw attention to factors stemming from students' experiences and raise awareness of cultural and linguistic diversity that cannot be ignored in the Finnish health care context. Research question associated with this systematic review is: In the light of selected literature, what kind of experiences culturally and linguistically diverse nursing students have in the clinical learning environment in Finland?

5 Design and methods

In this chapter, I will describe how the review type, review protocol and search strategy of this study is established. In order to minimize publication bias, exhaustive searching is done in all appropriate databases. All figures and tables in this chapter are detailed. Time and effort were spent on searching, selecting, organizing studies for the next chapters of data evaluation, data analysis and presentation of fruitful synthesis and conclusions.

5.1 Systematic literature review

Systematic reviews are a type of literature review in which authors systematically search for, critically appraise, and synthesize evidence from several studies from the same topic (Grant & Booth, 2009). Strength of systematic review is its transparent process. By reporting methods and steps, others can replicate the process. Systematic reviews also seek to draw together all known knowledge on a topic area, not only the literature that supports author's world view, lending undue credence to a preferred hypothesis. However, as argued by Grant & Booth (2007), weakness of sys-

tematic review is that restricting studies from inclusion to a single study design, such as randomized controlled trials can limit the application of the methodology to providing insights about effectiveness rather than seeking answers to more complex search questions (Grant & Booth 2007, 102).

5.2 Sources and search strategy

Search strategy, keyword, and limitations were discussed and identified with the aid of an information specialist Arja Kunnela during my Thesis Sauna appointment, March 2016. After consultation, a comprehensive search was undertaken in April 2016, utilizing databases recognized as containing extensive health, nursing, and education references provided by Jyväskylä University, available also for JAMK students living in the KOAS buildings. Databases were PubMed, CINAHL (Ebsco), ERIC (ProQuest), SCOPUS (Elsvier API), Web of Science (Core Collection), and MEDLINE (Ovid).

Potentially relevant studies were also hand searched from the reference lists of publications, Google Scholar and using database tools: “See related citations”, “Find similar”, or “Find citing articles”. Searching from several databases help to minimize post-publication bias, and include all relevant literature. Search terms and keywords were listed and organized in groups. The Boolean operators AND, and OR were used in the process of combining and grouping of keywords. Mesh thesaurus option was used while searching from PubMed. To avoid Ovid and PubMed providing close to identical search result, Ovid search was based on phrases, and PubMed in MeSH terms.

All records identified by the electronic search were saved in every database, and imported into RefWorks, online bibliographic management tool, in order to eliminate duplicates. Since each database “operates” unique way, search abstract title, expanders, limiters, and other settings were modified in databases’ own terms. Search-

ing tools used were Boolean operators, parentheses and phrases. The starting point for search was selected to search English written studies published between 2005-2016 about culturally and linguistically diverse nursing students experience in the clinical environment from students' perspectives. It was expected that by searching data without subject heading "Finland", studies conducted in Finland could also be found.

In order to search studies conducted in Finland in Finnish or Swedish, academic publications' e-archives of five Finnish universities were manually searched, focusing on doctoral dissertations and Master's thesis in the field Nursing Science. E-archives were: 1) University of Eastern Finland 2) University of Turku 3) University of Oulu 4) University of Tampere 5) Åbo Akademi (doktorsavhandlingar och magisteravhandlingar). In addition, doctoral dissertations and Master's thesis from the University of Jyväskylä, the Centre for Applied Language Studies were manually searched, CALS being the national multidisciplinary expert unit, specialized in studying the goals, practices and policies of language education. See: (Table 1)

Table 1 Search identifying the original doctoral dissertations and Master's thesis

UNIVERSITY	FACULTY: DEPARTMENT/INSTITUTION	DISSERTATIONS	MASTER'S THESIS
Eastern-Finland	Faculty of Health Sciences: Department of nursing science		2
Turku	Faculty of Medicine: Department of Nursing Science		
Oulu	Faculty of Medicine: Institute of Health Sciences: Department of Nursing Science and Administration		1
Tampere	Faculty of Social Sciences: School of Health Sciences		1
Åbo Akademi	Fakulteten for pedagogik och välfärdsstudier: hälsovetenskaper: vårdvetenskap		
Jyväskylä	Faculty of Humanities: Center for Applied Language Studies		2
TOTAL			5

5.3 Eligibility criteria

For this review, literature was limited to full text access qualitative or mixed methods, peer-reviewed academic studies published within the last 10+ years (2005–2016), with the view that the number of retrievable articles within this period would offer sufficient explanation of the phenomenon, and the context would be most relevant considering the research questions. Letters, editorials and commentaries were excluded. The steps of study selection and screening process were conducted independently, but eventually agreed and discussed with information specialist Arja Kunnela, and supervisors. The systematic inclusion and exclusion criteria process was adopted from the CRD 2008, based on the PICOS review protocol. (CRD 2008) See: (Table 2)

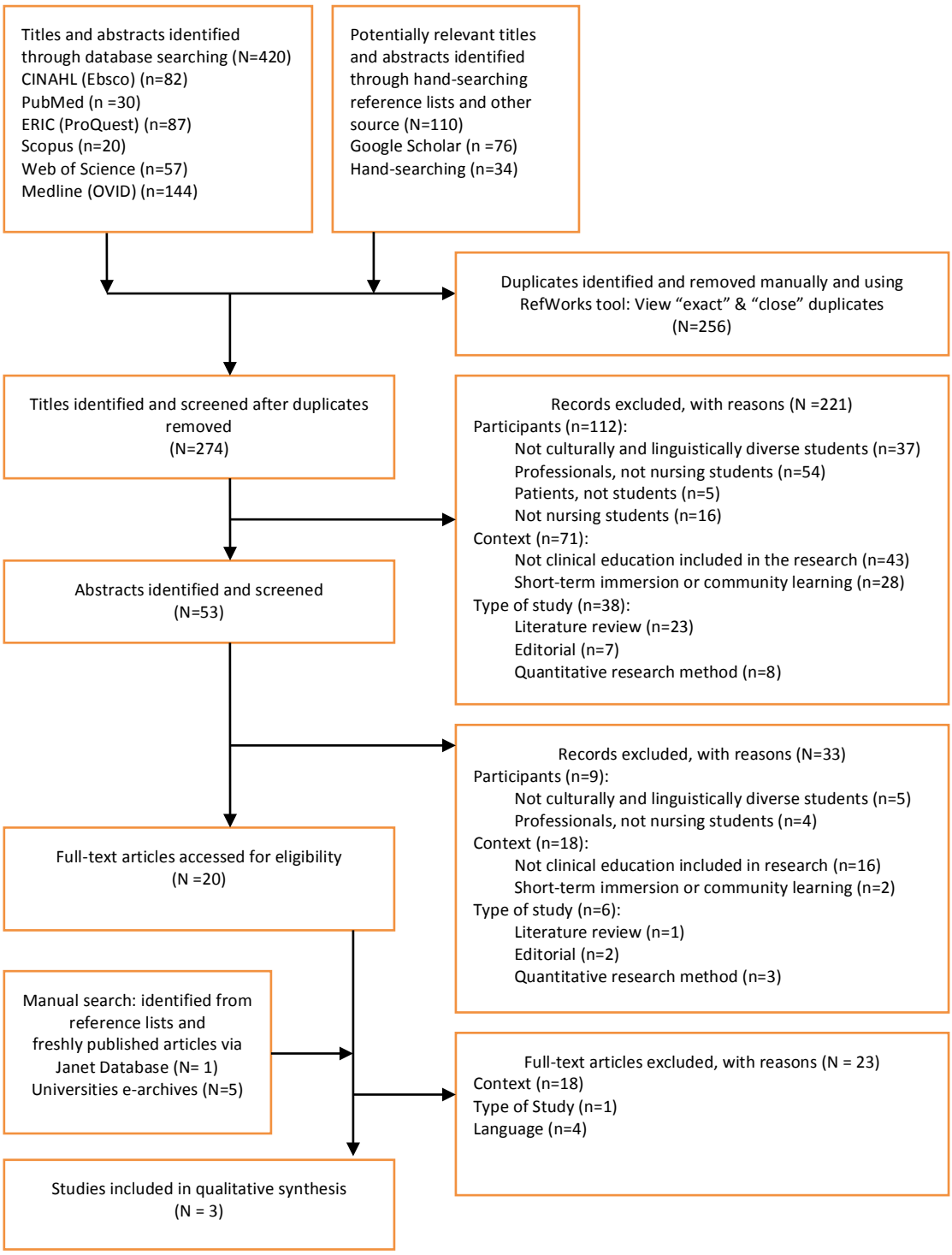
Table 2 Inclusion and exclusion criteria based on the PICOS protocol

PICOS	INCLUSION	EXCLUSION
P =Participants	CALD nursing students	Not full degree CALD nursing students
I=Intervention	Phenomena of interest: CALD nursing students' experiences from clinical learning environment	Not nursing student perspective
C=Comparator	Context: Clinical learning environment	Not clinical context
O=Outcomes	Country of origin: Clinical environment in Finland	Study not conducted in Finland
S=Study	Type of studies: Qualitative, original, full text, published within years 2005-2016	Commentaries, literature reviews, single case studies, editorials, quantitative

The Prisma (Preferred Reporting Items for Systematic Reviews and Meta-analysis) flow chart (Moher et al. 2009) was modified to suit this study according to guidance of CRD 2008, to illustrate the study selection process. See: (Figure 1) Duplicates were identified with the aid of RefWorks duplicate tools "exact" and "close". Titles were screened and any irrelevant studies by context, participant or type were organized and removed. Then abstracts were screened and irrelevant records removed. After 20 original studies were in hand, in full text, all studies outside the Finnish health care context were removed. At the end, (n=3) scientific research articles were accepted for the systematic review, because the purpose was to obtain a description of this topic in Finland. These accepted articles were published between 2010-2016.

The methodological approach in all these three selected articles was qualitative. See: (Appendix 1).

Figure 1 PRISMA 2009 Flow Diagram of the article selection process modified for this study according to CDR (2009) guidelines



5.4 Data evaluation synthesis and content analysis

Content analysis was used to analyze the data of the research articles accepted in this systematic review. Because the data were in written in narrative form, data were read and processes. Categories were derived inductively, from specific to the general. Content analysis progressed throughout phases of preparation, organizing and reporting (Elo & Kyngäs, 2008).

During the preparation phase, analysis unit were selected: in this review was the meaning of phrases or sentences and combinations of words based on the aim of review. (Elo & Kyngäs, 2008) Analysis unit was used as a code that was identified from the data. In order to become familiar with the accepted data and obtain deep insight of the data, accepted texts were read many times. (Elo & Kyngäs, 2008)

The organizing phase included abstraction and the creation of sub categories. Sub categories were gathered then into upper categories. At the end, upper categories were created as main categories. (Elo & Kyngäs, 2008)

6 Research findings

Findings of this study were organized under four main categories of 1) personal learning experiences, 2) professional development experiences, 3) professional language development experiences, and 4) professional identity development experiences. A visual representation of the findings illustrates how sub categories, upper categories and main categories were interweaved as threads in the narratives of international nursing students' experiences in clinical contexts in Finland. See: (Table 3)

Table 3 Thematic analysis of culturally and linguistically diverse nursing students' experiences in the clinical environment in Finland.

SUB-CATEGORIES	UPPER CATEGORIES	MAIN CATEGORIES
Students' language skills, year of studies, personality, self efficacy Positive and negative emotions and feelings, coping skills, emotional management, personal growth Learning by watching	Student related factors	Personal learning experiences
Mentors role as social and learning opportunity gatekeeper, role- model, Influencer, prohibitor, supporter. Mentorship and trust, prejudice, support, communication, feedback, patient interaction	Mentor related factors	Professional identity development experiences
Language barriers	Contextual factors	Professional language development experiences
Situated learning environment, atmosphere, orientation, time and support for mentoring, organizational and social elements, legitimate peripheral participation	University and teacher related factors	
School and teachers, preparation for clinical environment, emotional support, professional support, theory vs. real life Schoolmates' peer support, relationships, comparisons, experiences of inequality Disadvantages based on language skills	Fellow student related factors	Professional development experiences

6.1 Personal learning experiences

Culturally and linguistically diverse nursing students reported having both positive and negative learning experiences in the clinical context. Appreciative, constructive orientation was perceived to reduce negative feelings and increased students' confidence and prepare them for clinical environment and its' routines. Time and effort invested for students contributed learning. Learning was considered successful, meaningful and positive in a pleasant, supportive atmosphere, including continuous feedback from mentors. Mentors' active involvement in clinical context created feelings of belonging and generated a reciprocal learning experiences. If mentor nurses were not aware of student's learning needs, learning outcome was reported to be weak. Students experienced that language difficulties and language barriers increased in negative atmosphere. Some students reported that staffs' attributes contributed to patients' reactions towards them. Learning barriers included trust issues, prejudice issues and language issues. Issues that obstructed students' learning in the clinical environment were related to discrimination, distrust, and mentors' and staff restriction from learning opportunities. These experiences reduced motivation, caused social and professional isolation and feelings of frustration.

Student related factors, categorized as self-efficacy, student's personality, year of nursing studies, and students' Finnish language skills were influential in the professional learning experience outcome. Communication skills helped students to learn more and cope negative issues arising from the social context. For some students, obstructed learning experiences increased their inner motivation and self-determination. In the selected articles, learning by watching was a contradictory topic. Some students experienced that observing what staff members were doing triggered negative feelings, such as giving up nursing studies. For students, who considered observation being positive learning experience, it was involved in professional identity development and feelings of gradually appreciating own way of performing nursing work. Socio-culturally negotiated capacity to act developed through scaffolding and increased students' deep level learning. (Virtanen 2016)

6.2 Professional development experiences

Culturally and linguistically diverse nursing students' consider the clinical learning environment significant for their professional development. Both negative and positive professional development experiences were again reported. Three upper categories were covered in this main theme: mentor related factors, clinical environment factors, and university related factors, which included category of fellow students.

Differing positions and power relations were reported and comparisons were made between fellow students. Students who didn't speak Finnish experienced having less meaningful work tasks and professional development opportunities compared to their Finnish-speaking peers. Teachers had found clinical placements for culturally and linguistically diverse students. Clinical environments and clinical learning contexts were considered *real life*, apart from *theory*, represented by university.

Positive professional development experiences were attached into ideas of being able to work independently, having own patients and being trusted by mentors and other staff. Students appreciated mentors who encouraged them to critical thinking before, during, and after clinical activities. If mentors shared their good impressions of students with other staff members, students' clinical skills were progressed. If mentors' positioned students as active actor of the professional working community, and provided repeating opportunities to perform different clinical tasks, students were able to exercise and develop their independency, professionalism, and professional language skills, all at the same time.

6.3 Professional language development experiences

Themes "*professional development experiences"* and "*professional language development experiences"* were deeply intertwined. When students' experienced professional development, they also experienced that their professional language skills were developed. Both themes required social interaction and continuous

feedback from mentors and clinical staff. Unsolved language barriers led easily to professional and social isolation. Conflicting demands also existed, as students were expected to be active and yet, they did not know how to get involved with nursing activities because of lack of common language (Mattila, 2009).

Multilingual circumstances provided students' unique situation during their clinical learning rotations. As a result of their language skills, some students' were forced to wait for foreign patients and provide basic nursing care instead of giving oral reports or administer medications. Positive attitude and social involvement increased all possible means to communicate and manifested creativity. Culturally and linguistically diverse nursing students experienced that they are expected to be independent and have sufficient professional Finnish language skills. Due to their insufficient Finnish language skills, international students experienced that they were positioned differently in comparison to their Finnish peers: they were given fewer responsibilities, and therefore fewer opportunities to perform work tasks independently. These findings are symmetrical to findings reported by Crawford (2013), and Mikkonen (2016). International students seem to be set in unequal positions in terms of accessing the labor market. This was a lived experience of the students participating Virtanen (2016) longitudinal study.

6.4 Professional identity development experiences

Theme "*professional identity development experience"* was close to "*personal learning experience"* theme. Students experienced that growth towards professionalism took place during clinical practice periods, and included feelings of growing up, maturing, being aware of own potential and feeling like professionals. Happiness, profound satisfaction, energy, and increased self-confidence were attached to professional identity development experiences. Socially constructed self-actualization enabled feelings of being empowered, being appreciated, and being part of a team.

Sense of belonging and experiences of peripheral legitimate participation lead students to perceive themselves as fully members of health care providers community. Clinical atmosphere, and staff's genuine interest for students' professional growth increased their willingness to learn more. Acknowledging and accepting students as team members, and allowing them independence in patients care exposed students to new challenges and enhanced their gradual professional development.

Students positioned mentors as gatekeepers, enablers and role models: by enabling participation and providing access to social, professional and linguistic resources, mentors enabled participation, learning and professional growth towards professionalism. Affordances, opportunities and situations to communicate, participate and having own patients created linguistic and professional confidence. Accumulated situations and repeated work tasks potentially help students to reach the stage in which they were able to position themselves as active actors and exercise their professional nursing skills independently. (Virtanen 2016)

7 Discussion

7.1 Discussion of the results

The aim of this literature review was to revisit existing literature on culturally and linguistically diverse nursing students' experiences in clinical learning environment in Finland. The findings of this literature review reveal that the Finnish health care sector is not yet prepared for integrating and socializing international nursing students into workplace and its communication micro-cosmos, in their own terms. This literature review also reveals that the Finnish government level solution to attract and educate international nursing student for the Finnish labor market is not sustainable in its' current practices, and presents occasionally almost an unachievable utopia to non-Finnish speaking nursing students.

As discussed earlier in the chapter 3, language skills are crucial in nursing profession for many reasons. (Finch, 2014; Taylor, 2003; Hull 2016) Nurses' professional language skills are contextual and highly embedded in the environment they work. As Virtanen (2016) longitudinal study reveals, international nursing students' professional Finnish language skills are developed in their actual context. To conclude, international nursing students' professional Finnish language skills cannot be fully appropriated before they enter to clinical learning environment, (and later to working life) because professional language learning develops at work, through real life hands-on practice. (Virtanen 2016)

While clinical learning modules are intended to empower, prepare and educate students for working life, there are ways in which it can also lead to their exploitation and tacitly encourage them to maintain the status quo. Hence, the theory-practice -model can offer students the worst of both worlds: on the other hand equipping them with generous helping of theories and models related to anti-oppressive holistic care practices and compassion, and on the other hand, subjecting them to the

very real and immediate demands of the workplace that can have a culture which is antithetical to those more relativistic and idealistic academic values. (Hart 2015, 41)

During clinical training periods, students are exposed to various working communities, where the subjective sense of identity that frames the "very doing" of the nursing job operates in institutional, impersonal "being professional" -level. Impersonal forces, such as professional standards and professional status define, how different professions operate and legitimately act through constructed shared identities at work. In these complex, multi-professional "real-life-classrooms", nursing students' own professional identity and nursing philosophy is developed. In the clinical learning context, all nursing students are subject to the power being wielded above them in the hierarch, but at the same they are also encultured in the practice of wielding that power over those who are located beneath them in that hierarchy, such as new generations of nursing students. (Hart 2015, 44)

Finnish health care units and clinical wards can be hostile environments and unwelcoming places to nursing students, in particularly to culturally and linguistically diverse nursing students. Students with poor Finnish language skills are not ranked very high, professionally, status-wise, or as future colleagues. However, students' poor command in Finnish language should not compromise the socialization in compassionate, individualized nursing care practices. Negative stereotypes and language-related expectations toward culturally and linguistically diverse students trigger feelings of being disillusioned with the career choice. Gap between professional ideals and practice reality should be addressed, since intolerance toward culturally and linguistically diverse nursing students is misuse of nurses' collegiality.

Development of professional identity and nursing philosophy is located at the heart of clinical learning experiences, mostly in socially constructed discomfort. The process of learning to be a nurse includes self-determination, and emotional and psychological processes with self; own personality, own identity and own values. How-

ever, as noted by Arieli (2013), only after experiences of belongingness and individualized holistic mentoring have met, student's professional identity development and self-actualization is possible.

7.2 Ethical considerations

The Finnish Advisory Board on Research Integrity (TENK) is an expert body that is appointed by the Finnish Ministry of Education and Culture. The board has drawn up guidelines for researchers to conduct good scientific practice. They have also created procedures for handling misconduct and fraud in science. In order to conduct a research in an ethical and sustainable manner, the author has followed the responsible conduct of research guidelines by the Finnish Advisory Board on Research Integrity (2012). The results of this study have been reported with honesty towards data and according to good scientific practice.

7.3 Reliability, validity and limitations

In this study, PRISMA 2009 –flow Diagram -method was used to search, select and evaluate systematically scientific knowledge from available studies and to ensure that the contents of the review and analysis were appropriate (Moher et al., 2009). No specific levels of value or point system were used for the research articles, which may have affected the results. The literature search was planned carefully with the aid of the information specialist, focusing on the relevant databases corresponding to the study question. The help of the information specialist was significant for the trustworthiness of the search strategy. Screening process was conducted alone, but eventually discussed and agreed with mentors. In order to provide a synthesis about the research question, a particular protocol was used. (Bearman et al. 2012) This review was performed by following the process of scientific research in which next phase is based on the previous one (Petticrew 2003) and in total of 4 phases were chosen for conducting the review process. 1) Research question from the topic was

identified, 2) data from the relevant literature was systematically searched, selected and evaluated, 3) selected data was analyzed, and 4) data was reported.

Surprisingly limited amount of research on the topic has been conducted in Finland, considering that the international nursing education has been organized regularly since 1993. (Kela & Komppa, 2011) During the research process it was noticed that the concept of culturally and linguistically diversity evolved rapidly during the ten years that the search covered, however more in other countries than in Finland. The lack of studies makes it difficult to generalize the results of this review, in particularly because only one of the selected articles was a longitudinal type of study. However, this review provides indications of what kind of learning experiences culturally and linguistically diverse nursing students have during their clinical studies in Finland, and results are in coherence with international studies of this topic. The reviewed articles were all published in peer-reviewed, high-quality scientific journals, available online. Literature reviews, commentaries, academic dissertations and Masters' thesis published in Finnish were consulted, still excluded from this review.

7.4 Conclusions and recommendations for further studies

The demand for sufficient language skills and the ability to work independently is expected from international nursing students already during their first practice and learning the necessary Finnish language skills is seen as students' own responsibility. The authoritative voice about language learning is mirrored in media discussions related to international workforce reported also by Virtanen & Suni (2011). Despite the labor shortage in health services, international nursing students studying in an English-language nursing degree programmes in Finland struggle with becoming acknowledged as potential and capable co-workers and professional workforce.

All parties involved should take responsibility to support students in their processes of gaining professional Finnish language proficiency. Virtanen (2016) observes that

from the hospital's point of view, the responsibility for guaranteeing that students have sufficient professional Finnish language skills seems to lie with the educational institution. The educational institution, in turn, appears to view language learning as occurring mostly during practical training. (Virtanen, 2016) Consequently, learning the language needed at work is regarded as an individual struggle, as also reported by Virtanen & Suni (2011). More studies are needed how professional Finnish language skills could be integrated into English language taught nursing degree programmes and how translanguaging and language mixing methods could successfully used in the clinical learning environment.

Culturally and linguistically diverse nurses are needed in the Finnish health care context, in all sectors of nursing. Encouraging them to apply fields beyond operating theaters and home care sectors is important. Professional Finnish language skills are developed gradually, with the help of others, in real life situations. Clinical training units may benefit from broader understanding of social elements of language learning processes. The results of this review demonstrate the need for further, longitudinal studies and examples of good practices in the Finnish health care context.

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Appendices

Appendix 1. Data extraction from original studies

STUDY	PURPOSE	PARTICIPANTS	YEAR OF STUDIES	METHODOLOGY	KEY FINDINGS
Mattila et al. (2010)	To describe international student nurses' experiences of their clinical practice in the Finnish Health Care system	N=14	Requirement: 2,5 years of studies. Participants had been studying for 2.5-3.5 years.	Semi-structured, individual, 25-35 minutes long interviews conducted by three graduating nursing students. Qualitative content analysis	Inductive content analysis based on positive and negative themes. Positive experiences were related to appreciative orientation, sense of belonging to the team, enhancing independent working, growing towards professionalism and working as a member of the team. Negative experiences were related to restricted learning, compromised human dignity, which led to negative feeling of being outsider, decreased self-esteem, sense of giving up and anticipation of difficulties.
Pitkäjärvi et al. (2012)	Explore nursing students' experiences with ELTD-programmes in Finland	N=27 (6/21) in 4 different UASs	1st: 7 2nd: 11 3rd-4th: 9	Focus group interviews and thematic content analysis. 1 interview/participant	Language barriers and negative attitudes toward students and their cultural background lead to social and professional isolation.
Virtanen, A. (2016)	To examine the development of international nursing student's professional Finnish language skills and agency during their practical training	N=2	Longitudinal approach: 3 initial interviews, during 3 years, reflecting on ongoing practical training, and final practice interview with a student.	This study is part of a longitudinal multi-sited ethnographic study, including interviews with the students, teachers, hospital staff, observations at the faculty and at the hospital during the practical training, as well as audio-recordings of mentoring practices.	Due to their lack of Finnish language skills, international students are positioned differently than their local peers. After being positioned as active actors by their mentors, international students can be potentially able to exercise their agency and promote their professional language skills. Agency and professional Finnish language skills are developed at work.