

Practice Assessor and Practice Supervisor experiences of facilitating learning for pre-registration international nursing students.

Background

International student applications for subjects allied to medicine, which include BSc (Hons) Pre-registration Nursing Programmes has increased across the UK (HESA 2021). Encouraging international students to study nursing in the UK can implement meaningful benefits, generating diverse and culturally rich knowledge, to inform the profession in an increasingly globalised society. However, it is recognised that international students studying a professional nursing programme require effective preparation, in addition to successful collaboration between universities and NHS Trust/placement providers. This involves preparing students for socialisation into not only a new country and culture, but also navigating the sub-culture of an NHS or other placement organisation and the required standards/professional values of the Nursing and Midwifery Council (NMC). As part of UK pre-registration nursing programme standards, 50% of learning takes place in clinical practice which is supervised and assessed by Practice Supervisors (PS) and Practice Assessors (PA) who have received the required preparation as stipulated by the NMC to undertake these roles (NMC 2018).

Within one acute NHS Trust and university in the West Midlands, various initiatives were implemented to accommodate an increased international student population whose first language was not English, within Year 1 of a pre-registration nursing cohort. These included additional English language sessions, advice sheets for practice partners developed by the university language centre, involvement of NHS Trust international teams, and intentional scheduling of focused discussions as part of 'preparation for practice' sessions. The university also recruited a lecturer with a specific remit for international student co-ordination. Despite these initiatives, it was agreed that further improvement could be achieved to promote successful outcomes for international pre-registration nursing students. During regular scheduled meetings with Practice Facilitators, feedback from PA/PS was discussed. This identified a need to explore the practice voice in terms of PA/PS experiences to gather meaningful insights.

Research studies exploring experiences relating to international students completing nursing programmes predominantly focus on the 'student' experience (Pitcajarvi et al 2013, Sedgwick et al 2014). There is a dearth of literature relating to the practice voice. No primary research relating to clinical supervisor/assessor experiences of facilitating learning for pre-registration nursing students in the UK has been identified. Most primary studies focusing on international

student's experiences were published prior to 2014 and conducted outside of the UK. Therefore, the literature has been viewed with caution in terms of currency and its relevance to UK clinical practice.

Strom et al's (2022) recent study explores Indian registered nurse's experiences of supervising Norwegian students in India, although this related to short placement experiences, rather than students studying a full pre-registration nursing programme. Although not directly applicable to UK nursing programmes, findings suggest that those supervisors who took part in the study emphasised the importance of being well prepared for their students. Participants identified the significance of knowing their students background, including their health, emotional, and social needs, communication skills, and any dietary requirements, to make them feel welcome in their country. Supervisors also felt a sense of 'protection' for their student and anticipated that a greater explanation of the concepts of nursing in a different healthcare system would be needed. Supervisors also identified their role in explaining cultural awareness and background information of patients to provide context for students.

Mikkonen et al's (2016) systematic review of culturally and linguistically diverse healthcare student's experiences of learning in a clinical environment, concluded that additional education in culture and language for both students and clinical staff is essential to improve clinical learning experiences and outcomes. They acknowledge that cultural and linguistic aspects of healthcare education are little researched. From those studies exploring 'students' experiences, the supervisory relationship and staff attitudes were significant in shaping student's experiences and outcomes (Pitcajarvi et al 2013, Warne et al 2010). The first clinical placement is seen as the most stressful and challenging, where additional support could be focused. Despite these challenges and needing time to adjust, students do subsequently find their clinical experience rewarding, if their own cultural values are not compromised (Arieli 2013). Luukkonen et al (2023) identified from a survey of clinical mentors using a cultural competency tool, that cultural competence varies, with mentors rating themselves best in cultural sensitivity and cultural awareness and low in areas of cultural interaction and safety. The study also suggests that a positive learning environment approach created by mentors and their teams reduces language barriers and increases opportunities to develop cultural awareness to reduce cultural values being compromised. Eden et al's (2021) suggests that specialised support staff can help with integration and socialisation of students which is key to encourage professional growth and achievement.

Aim

To explore Practice Assessor and Practice Supervisor experiences of facilitating learning for international pre-registration nursing students.

Objectives:

To identify areas of good practice

To explore any challenges encountered and viable solutions considered

To identify examples of effective collaborative working

To utilise findings in developing strategies for future learning and development

Method

Design: This study employed a qualitative interpretive approach drawing on social phenomenology (Shutz 1967, Van Manan 2017). A qualitative methodology not only incorporates the perceptions of participants but can also lead to an understanding of the phenomena being explored (Streubert & Carpenter 2010). In addition, Parahoo (2014) suggests that adopting a qualitative methodology is highly suitable when studying phenomena relating to nursing experiences. As the aim of this study was to explore PA/PS experiences of facilitating learning for international pre-registration nursing student's and not the generation of facts or generalisable outcomes, this approach is congruent with the approach used.

The study took place within one acute hospital NHS Trust, relating to PA/PS experiences and perceptions during a 12-month period. Interviews took place during February and March 2022.

Participants: A purposive sample was employed for this study as the characteristics required are defined as Practice Assessors (PA) and Practice Supervisors (PS) in a specific setting (Gerrish and Lathlean 2015). Participation information sheets were emailed to a purposive sample of 70 practice supervisors and practice assessors who had recently facilitated learning for international pre-registration students during their first Part of a BSc (Hons) pre-registration nursing programme. The Practice Facilitator (PF) team and NHS Trust communication briefings promoted the opportunity to be involved in this study. Six PA/PS contacted were no longer employed by the Trust. 10 from the eligible 64 PA/PS agreed to participate in the study and consent forms were subsequently issued and returned. It was not the aim of this study to offer generalisations, although some transferability of findings may be relevant to other pre-registration nursing cohorts/settings. This is congruent with the methodological approach used (Van Manan 2017).

Data Collection: A flexible interview schedule was developed to address the research aim and objectives of the study, ensuring that potential prompts were identified to facilitate and further explore the individual's response.

Data collection for this study was gathered from single face-to-face, semi-structured interviews. Participants were given the choice of face to face in person interviews or via MS Teams. Interviews lasted between 30 – 45 minutes. This is seen as appropriate within a qualitative based study attempting to gain respondents' views on their perceptions and experiences. Factual accuracy was not the object of the study, although participants responded to questions and probing drawing on their own versions of reality and social constructs (Alexiadou 2001).

Data Analysis: All interviews were recorded and transcribed verbatim. Drawing on Braun and Clarke's (2006) reflexive thematic analysis approach and the interpretive approach advocated by Alexiadou (2001), responses were initially coded and themed individually by two of the research team. These were subsequently compared and discussed to generate super-ordinate themes to structure analysis and discussion. The research team comprised of academic staff within the University leading the study. The use of researcher triangulation through scheduled discussions supported research credibility.

Three super-ordinate themes emerged from the analysis:

Communication

Supporting students

Collaborative working

Ethical considerations: Ethical approval was gained from the University and agreed with the NHS Trust.

Findings

communication

All participants identified 'communication' as an initial area for improvement. Despite English language pre-requisites and additional language sessions provided within the university, it was perceived that many international student nurses would benefit from continuing to improve their language skills to engage in effective and meaningful dialogue with their colleagues and patients. Nevertheless, all participants reflected on their own communication style and appreciated the need to consider alternative explanation strategies to ensure their meaning was understood by students.

“They hadn’t....said, “Where do you keep this? What do I need?” That became quite a big thing, even when we were asking to help position a patient in bed or walk a patient to the bathroom they were saying, “Yes.” then standing there.... we had to take time to ensure they understood...” (P8)

Phraseology and expressions were highlighted as areas that could be misinterpreted. An example given was ‘a kettle of fish’ (P6) which means a mess or a muddle, but if interpreted literally would not provide the purported meaning. This participant also mentioned a patient asking to ‘spend a penny’ when wanting to go to the toilet which does not have a literal meaning. Individuals who have learned English outside the UK, may have been taught by someone who has also learnt English as a second language. This does not always incorporate colloquial conversational aspects so can be confusing to international students. In addition, a participant who identified themselves as an international nurse stressed that international students would have learned English from an early age, but may have difficulty with accents:

“They (international students) need to be encouraged to say they have passed the basic exam of English and they know English; they have learned English all through their life in school.... they just need to continue speaking English and ask the other person to repeat slowly.” (P10)

In terms of understanding, it was felt by most participants that international student nurses did not question or clarify meaning. Students’ lack of confidence in asking for clarification was acknowledged, with additional support and questioning implemented by PA/PS in many cases.

“When people talk to you a lot, if you don’t fully understand what other people are saying straight away, you don’t want to be the one to say, “I don’t really know what you mean.” So, then, we (PA/PS) would say “Do you want to go off and just have a look...and then tell us a bit more about it when you come back, so that we know you understand it?”... I do think you have to check understanding..., you need to be reassured of understanding, not just a yes or nod”. (P5)

Participants identified that additional time was needed to explain processes and requests to international student nurses due to their English language limitations This was seen as a barrier to effective facilitation of learning in some cases, particularly during busy periods and

within acute settings. PA/PS recognised that patience, encouragement, and reflecting on their own communication style was essential to ensure understanding was achieved.

“Communication was difficult, due to understanding of the English language, and perhaps we have accents...., and some of us do talk fast. Sometimes there’s difficulty because we wear masks, so that’s another issue....it might be two times, or three times, I may have to explain. Sometimes I couldn’t understand what they were saying, because they may use different words for other things. So, it was just a case of being patient”. (P7)

Additionally, navigating a healthcare system which was completely different to the student’s country of origin also presented challenges with understanding of care giving. The complexities of the UK NHS and care organisations is included in theory sessions with the university as part of NMC standards, however it was acknowledged that international students would not have experienced this in the same way as UK students.

“You take it for granted when English is the students first language and used to our culture. You take it for granted they know how to talk to patients and what to talk about. It is quite different having an international student who may have different values and different approaches to communication with other people.... (Students) said they found it difficult that our population was quite needy. In their country, when someone came into the healthcare system, they were much more self-caring...patient’s expectations were lower”. (P3)

Many participants highlighted cultural differences as a factor affecting communication, identifying role status and age as aspects that appeared to influence how some international students communicated. Those participants who themselves had been recruited from non-UK countries were more aware of how these differences could impact student learning experiences and subsequent integration to nursing teams. Other participants identified they did not understand the cultural backgrounds of international students and therefore felt unprepared in terms of supporting their professional socialisation or appreciating differences in communication terms that could be misconstrued.

“Yes, I think cultural differences come into it. People do have bias....but it can be uncomfortable to address... We had a student...who used terminology such as ‘seniors’ and ‘my elder’ which the PS did not appreciate. We got a practice facilitator’s help to assess that situation. She said it’s not an elder in the sense that we would see, she probably used the wrong word, she probably meant ‘peer’ or ‘superior...I don’t know, ...because that is her culture and to respect her elders.... But it could also be misconstrued as rude. (P9)

“I am an international nurse. When I came over.... I struggled a lot, because it is a different country, the culture is different, expectations are different, the way we work is different, and the weather is different, everything is different in the beginning, but I already had a...sound background of nursing. Initially (students) are shy, and they need that confidence and backup (support/encouragement) from us, but they get there....” (P11)

Despite these challenges, participants did highlight student progression throughout the practice learning experience. They identified how international students persevered and increased in confidence over time. Students' communication skills improved, and they began to feel more self-assured in holding conversations with colleagues and patients.

supporting students

It was apparent that many participants felt support for pre-registration international students involved considerable time and direction from themselves and their colleagues to ensure meanings and activities were understood. During a post pandemic period where nursing staff were extremely busy, this appeared to impact staff resources. Some participants felt additional support and supervision was needed to address any potential safety aspects due to miscommunication.

“I made everybody aware that (international students) would need a lot of support, because obviously safety is always going to be an issue. A student needs to be supported otherwise they could become unsafe. So, it wasn't just the person they were working with that shift, I would make sure that everybody else was aware that they needed to be, not watched, but you know really well supported.... I made the point to my manager as well”. (P2)

Nevertheless, many participants felt they learned from international students, and it encouraged them to review their own supervision and assessment methods to ensure cultural sensitivity. The PF team employed by the NHS Trust were reported as an excellent source of support for participants, who they felt were able to offer reassurance that other PA/PS were experiencing similar challenges and also share strategies that were seeing positive outcomes. Both the PF team and PA/PS were also able to contact the academic assessor at the University to discuss areas of concern and identify areas for improvement. The recurrent message was that international students needed additional preparation to clarify expectations of practice as shown in example quotes below:

“they give their full 100% if they know what the expectation is” (P11)

“it was like piecing the puzzle together for her....” (P1)

It was identified that convening a ‘whole team’ meeting within a ward/service area to discuss experiences was difficult. Participant 3 indicated that their specific clinical area supported each other through a closed WhatsApp forum which helped to identify issues and discuss viable solutions. This was found to be particularly helpful to share ideas in a timely manner rather than waiting for a meeting opportunity. It was apparent that those PA/PS who themselves had been recruited internationally had a significant understanding and rapport with pre-registration international students. Their insight helped to advise colleagues on culture and learning strategies.

“They feel someone who is from their background understands...because I’m sure every five questions they want to ask, they only ask one, because they don’t know whether they should ask this or not...it is always good to have someone in the team who has lived the journey....” (P10)

Peer support was seen as valuable, with many participants identifying senior students learning with and supporting international students. However, it was also highlighted that international students tended to ‘stay together’ which was seen to limit their learning and English language development opportunities. This was also perceived by some participants as inhibiting independence and prevent students from being pro-active in their learning. This suggests that setting clear boundaries, which are understood by all students, may help to clarify expectations.

“When we had a chat...and said, ‘Look, you are not going to be able to go through this course with you just following each other and not asking’ we put an action plan in place and, it sounds mean but we did split them up so they were on different shifts to encourage them to come out of their shell and to show us they can do this. One really came out of her shell.... their communication improved, and they became much more confident. (P8)

All participants identified the need for additional information about international student cultures and their understanding/experiences of nursing care in their own country to help support their transition. Many were interested in learning more about their personal backgrounds to help understand how best to facilitate their learning.

“For me personally, it’s been really interesting working with people from all over the world, and from different cultures. It has been really interesting talking to them. (P3)

“it was a positive experience because I saw her progress so much from start to finish and actually, we formed a lovely relationship... I got a lot from it in terms of having a big challenge, meeting it, and seeing them become so much more confident and happier” (P2)

Participants were asked how they facilitated learning of NMC professional values and if there were any specific challenges or positive outcomes from their experiences as a PA/PS in supporting international students. Many participants felt that all students (home and international) needed support and guidance to achieve required professional values. One participant acknowledged that acting as a role model to support students will increase understanding of professionalism.

As mentioned in previous theme findings above, challenges occurred with communication, language, and cultural differences, which affected initial achievement of many professional values. Nevertheless, participants felt that additional support enabled international students to complete many of the requirements by the end of their placement.

“It seems almost unfair putting them into their first placements and expecting them to be achieving quite hard things (professional values). The English that is required is not simply basic English, you’re asking them to step into a professional role using professional language. That’s not basic English, that’s advanced English.” (P3)

“I think to start, the care and compassion seemed to be lacking...they would hand (patients) a bowl and say.. “There you go...” Then walk off. But as the placement went on, they did start to pull the curtains and ask.. “Do you need any help? I’ll leave you a few minutes and then I’ll come back and just see.” Just checking in with the patients and doing that bit more of the care....realising expectations” (P8).

Supporting all nursing students can be seen not only as a requirement of the PA/PS, but also as a reciprocal learning experience. Findings suggest that affording time, patience and drawing on the support of colleagues, can help influence successful outcomes in practice for both students and patients.

collaborative working

Participants were asked to reflect on their overall experiences of facilitating learning for pre-registration international students. It was evident that peer support from their colleagues,

including drawing on those members of the team with a similar cultural experience was extremely helpful in navigating effective solutions to problems posed.

“I think definitely having someone from the students own culture if possible so they are able to say...“Help” in their own language....to say “I don’t understand.” Someone that is on their level just for them.” (P8)

Buddying where available, was suggested as a positive strategy to help international students feel more supported in clinical practice. Receiving information about the student prior to them commencing their placement experience in terms of their background, country of origin, lifestyle/hobbies, expectations, was seen as a way of planning for this approach. Working with the University and the NHS organisation was seen as key to ensure this approach could be effectively managed.

“If a member of staff is from a similar area, you could buddy them up....not necessarily their assessor, but a supervisor. So, they have a contact they might have something in common with” (P5)

“It is always good to have, in your team, someone who has lived this journey. That will give them so much more confidence.” (P10)

Participants overwhelmingly indicated that they collaborated effectively with Practice Facilitators within their organisation. The PF Team were the main source of support for the PA/PS, helping with any issues arising and always available to talk through a range of actions to offer short, and longer-term solutions. One participant felt that it would be useful for all international students to meet with the Practice Facilitator prior to starting their practice experience so they would have a known contact for support, in addition to their allocated PA/PS. However, it is acknowledged that this is not always feasible due to resources within the PF team.

Developing collaborative PA/PS peer support groups were identified by many participants as an opportunity to foster sharing of experiences and to talk through areas of good practice, supporting each other to find appropriate solutions to queries. A PA who identified themselves as an international nurse, offered to be a resource for staff to help with questions and also for international students. In addition, facilitating organisational cultural events with students was suggested, to maximise PA/PS exposure to cultural information/increasing levels of knowledge and understanding.

“I was wondering about...initiating WhatsApp groups, or a Facebook page. You don’t need very big groups, but where some volunteers....I don’t mind, as a ward manager, being a resource for them. To just ask me any question. It could be anything....” (P10)

“I will be more than happy to get involved in those (cultural events). If they are all international students....I can get international nurses and myself and others (to get involved)....call us in.” (P10)

Collaborative working with the university was seen to be via the PF Team, who regularly meet with academic staff, however some participants did highlight the university Academic Assessor as someone to draw upon to discuss student progression. It was evident that participants were not always aware of the services that the University offered to students in terms of support and guidance, although they would refer to the Practice Facilitator Team for information.

Participants identified the need to include further discussion of the specific learning aspects of international students within PA/PS preparation and updates delivered within the NHS Trust to mirror those delivered within the university. As pre-registration international students continue to complete their practice experiences within a range of provider organisations, learning from a case study approach as part of PA/PS education will help to inform current and future members in these roles.

One participant also suggested the NHS Trust could consider a ‘lead’ for pre-qualifying international healthcare students.

“We need... a supervisor or practice assessor group in the Trust, so we can link in with each other from other areas...Maybe a lead for international students in the Trust to co-ordinate...” (P7)

Obtaining organisational information which might be accessible to international students was seen as something a lead or co-ordinator could source. Although participants felt collaborating with other departments (such as HR) within the NHS Trust would be useful, time restraints were seen as a barrier. This also permeated through participants feelings of wanting to be an ‘advocate’ for students but unsure of what information was available and would be of use. It is acknowledged that many healthcare organisations have international leads who assist in the recruitment of non-UK registered nurses but are not necessarily involved with pre-qualifying students.

“Is there somewhere (within the Trust), a support network for them, especially for international students and international nurses, where they can find some resources.” (P10)

It was apparent that participants felt collaborating with others to share ideas and ‘tips’ did enhance their knowledge and understanding, and ultimately their practice as a facilitator of learning for international students.

Many participants felt their experience in supporting students did yield many positive benefits and were keen to improve their supervision and assessment to meet the needs of future international students. Gathering additional feedback from students and colleagues was identified as a future mechanism for helping to improve facilitation of learning.

Discussion

It is clear from these findings that PA/PS within this study have faced challenges in facilitating learning for pre-registration international nursing students but have also identified gaps in their own knowledge and understanding of how culture and language can influence the learning relationship. As Pitcajarvi et al (2013) suggests, it is the supervisory relationship, alongside staff attitudes, that will shape successful outcomes. Therefore, strategic, supportive interventions for PA/PS are seen as essential to improve learning experiences for students. These should be discussed between the University and NHS organisation to encourage collaborative working and consistency of messaging.

It is not surprising that language and time constraints have been identified as barriers to facilitating effective learning relationships but sharing learning with colleagues and drawing on organisational support networks as suggested by participants, will improve understanding, and help to embed interventions that have proved successful. This study suggests the importance of organisational teams working together for improvement, including consideration of 'specialist' team members or an international lead for pre-qualifying health care students being introduced as a source of guidance and information.

The PF team were clearly seen as the first point of contact for any issues arising. Findings also suggest that additional specialist resources and awareness of how to access these, within the NHS Trust and university would be extremely beneficial in terms of both signposting students and informing PA/PS queries. This is supported by Eden et al (2021) who suggests that identifying specialist support is necessary to integrate international students.

The buddying approach suggested by participants of this study is a useful first step in drawing on staff with relevant experience to help students in their socialisation to an NHS culture. Specialist language departments at universities can also offer information for clinical staff in terms of specific communication strategies that can be adopted.

PA/PS support groups and regular forums to discuss anonymised case studies were seen to be a possible improvement strategy to encourage learning from each other's experiences. These could be considered in partnership with academic staff from the University to promote

understanding and appreciation of all aspects of student learning. Sharing and reviewing PA/PS preparation and update content relating to international students would also help to ensure consistency.

This study has identified that understanding student background and culture could help to facilitate a more meaningful and enjoyable learning experience, for both students and PA/PS. However, as suggested by Arieli (2013), this will only be possible when students own cultural values are not compromised. The proposal for students to share 'this is me' personal background information with their PA/PS prior to commencing their placement is an interesting aspect to explore further. Storm et al's (2022) study identified the importance of this information to prepare and welcome students, where the supervisor felt a sense of 'protection' in facilitating learning for international students. This needs to be clearly explained to students in terms of consent, what the information will be used for, and their right to say no.

Despite challenges faced by PA/PS, the study findings concur with previous literature suggesting that students do ultimately fulfil requirements and progress in their learning journey, being immensely proud of their achievements.

Limitations

It is acknowledged that this is a small qualitative study and findings are not generalisable. Nevertheless, it is hoped that these findings may be transferable to other healthcare organisations and provide information to generate further research.

Conclusion

This research study has created an opportunity to hear the practice voice of supervisors and assessors in facilitating learning for pre-registration international students. Challenges and areas of good practice have been identified, with suggestions and proposals highlighted for further exploration and implementation. Continued collaborative working between teams will help foster knowledge exchange, understanding, and awareness of possible strategies to employ for improvement.

Implications for Practice

- Consider appointing a 'lead' to develop expertise in facilitating learning for pre-qualifying international health care students and to signpost resources as appropriate. This

can be managed in negotiation with organisational development/HR/international recruitment departments.

- Create a network or community of practice within your service area to share resources and expertise. This can also act as a source of support to share experiences and discuss strategies for improvement.
- Co-ordinate a collaborative learning event with your university partner, where knowledge can be exchanged and a joint approach learning from case studies can be implemented.
- Plan the implementation of a meaningful buddying system. This could include asking internationally trained nurses who share similar experiences or considering more senior international students to adopt a buddying/coaching role with their junior peers.
- Include relevant scenarios drawn from practice experience for discussion in PA/PS preparation sessions and updates. Discuss cultural competency and self-assessment to identify gaps in knowledge, awareness, and understanding. Involve PF's in accessing additional organisational training/education to address gaps.

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