



Views on Support Needed for the First Clinical Practice in Nursing

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Degree Programme in Nursing
Bachelor's Thesis
November, 2013

Laurea University of Applied Sciences
 Otaniemi
 Degree Programme in Nursing

Abstract

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Year	2013	Pages	92
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The social changes within the Finnish population will demand for more competent healthcare professionals in the near future. One way to manage this change is to educate foreign nursing students in the Finnish higher education institutes and health care facilities. The purpose of this thesis is to describe the views on support needed for the first clinical practice from the points of view of the clinical tutors and Laurea's English-Language-Taught-Degree-Programme's (ELTDP) nursing students and facilitators. The idea for this thesis was inspired by suggestions for further research in Pitkälampi's dissertation (2012). The data was collected through four different focus group interviews and one set of questionnaires. The focus groups of this thesis were in association with Laurea University of Applied Sciences and were involved with the first clinical practice of the ELTDP in nursing. Participants included clinical tutors, students and facilitators. Phenomenological content analysis was used to analyze the collected data. From the clinical tutors' point of view, support was needed for the demanding role of tutoring ELTDP nursing students and for facilitation of effective communication for the first clinical practice. From the students' point of view, preparation and structure were needed for the support of the first clinical practice. From the facilitators' point of view, organization of and administrative support for the first clinical practice were needed. Further research is needed in order to define internationalization concepts of health care organizations that provide tutoring for ELTDP nursing students.

Key words: ELTDP, Clinical tutor, Facilitator, Nursing student, Clinical practice, Support

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Näkökulmia Tuen Tarpeesta Ensimmäiseen Kliiniseen Harjoitteluun Liittyen

Vuosi	2013	Sivut	92
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Muutokset Suomen väestörakenteessa vaativat lähitulevaisuudessa enemmän päteviä terveydenhoidon ammattilaisia. Yksi tapa sopeutua tähän muutokseen on kouluttaa ulkomaalaisia sairaanhoidon opiskelijoita Suomen ammattikorkeakouluissa sekä terveydenhoitolaitoksissa. Tämän opinnäytetyön tarkoitus on kuvata kliinisten ohjaajien ja englanninkielisen hoitotyön tutkinto-ohjelman opiskelijoiden ja opettajien näkökulmia ensimmäisen harjoittelujakson aikana tarvitusta tuesta. Lopputyön aihe syntyi Pitkäjärven väitöskirjassa (2012) esitetyn jatkotutkimusehdotuksen innoittamana. Aineisto kerättiin neljän kohderyhmä haastattelun ja kyselylomakkeiden avulla. Tämän työn kohderyhmät olivat yhteydessä Laurea ammattikorkeakoulun englanninkielisen hoitotyön tutkinto-ohjelman kanssa. Osallistujat olivat kliinisiä ohjaajia, opiskelijoita ja opettajia. Fenomenologista sisältöanalyysia käytettiin aineiston analysoinnissa. Kliinisten ohjaajien näkökulmasta tukea tarvittiin heidän vaativassa roolissaan opiskelijan ohjaajana, sekä sujuvan kommunikoinnin edesauttamisessa. Opiskelijoiden näkökulmasta sekä ensimmäiseen harjoitteluun valmistautuminen että sen rakenne tarvitsi tukea. Opettajien näkökulmasta ensimmäisen harjoittelun järjestely ja hallinnollinen tuki olivat tarpeen. Lisätutkimusta vaaditaan terveydenhuolto-organisaatioiden kansainvälistymisen käsitteiden määrittämisessä.

Avainsanat: Englanninkielinen tutkinto-ohjelma, Kliininen ohjaaja, Opettaja, Sairaanhoitaja-opiskelija, Kliininen harjoittelu

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1 Introduction

The Finnish population is growing older and more multicultural. The demand for healthcare continues to rise in correspondence to the changing population, and with it, the need for competent healthcare professionals is evident. The ministry of social affairs and health predicts that by 2020, 23% of the population will be 65 years and over (Ministry of social affairs and health 2004). There has been a lot of discussion on how to manage these social changes and one of the solutions has been to import competence from abroad. Another way of recruiting more competent health care professionals is to educate students from abroad in the Finnish higher education institutes. (Ministry of education 2009)

Numerous Universities of Applied Sciences in Finland provide English-language-taught-degree-programmes (ELTDP) which provide opportunities for students to study in English. Today, education in Finland is still tuition-free (Polytechnics Act 351/2003). The ELTDPs are often multicultural study groups that include Finnish students. Overall, there are approximately 100 Bachelor's level ELTDPs in Finland, 11 of which are nursing programmes.

Laurea University of Applied Sciences offers nursing education in English. Nursing is an applied science and therefore, a large portion of the education is practical. Practical studies are carried out in the form of clinical practices, which take place within the Finnish healthcare institutions. Therefore, the successful integration of the foreign students into the Finnish society and culture is essential for their education.

There have been studies which indicate problems with the education and the integration of the foreign nursing students within these degree programmes. According to a series of studies conducted by Pitkäljärvi, clinical practices have proved to be very challenging, especially for foreign students. The main issues include communication barriers, cultural aspects, and difficulties within the clinical environment. (Pitkäljärvi 2012)

Pitkäljärvi (2012) suggests in her dissertation that further research is required in order to understand the support needed by students, facilitators, and clinical tutors during clinical practices. The purpose of this thesis is to describe the views on

support needed for the first clinical practice from the points of view of the clinical tutors and Laurea's ELTDP nursing students and facilitators. The aim is to provide further grounds for understanding the support needed for the first clinical practice of Laurea's ELTDP in nursing. The research question is; What support is needed for the first clinical practice from the points of view of the clinical tutors and Laurea's ELTDP nursing students and facilitators?

The methodology used in this thesis was qualitative research. Focus group interviews were conducted to gather data from ELTDP nursing students and facilitators. An open-ended questionnaire was used to gather data from the clinical tutors. The information gathered was analyzed using phenomenological content analysis. The focus groups of this thesis are in association with the nursing degree programme of Laurea University of Applied Sciences and include clinical tutors, students, and facilitators.

2 Background

2.1 English-Language-Taught-Degree-Programme

Nursing education in English is offered in ELTDPs in Finland. The theoretical studies take place in a multicultural environment. Laurea requires that all eligible students have completed one of their seven requirements proving English proficiency. However, the Finnish language requirements for applying for these programmes vary between universities. Laurea does not require any Finnish language skills prior to admission. (Laurea 2013)

All applicants are also required to have an upper secondary or vocational degree. If applying with a non-Finnish degree, applicants are accepted on points scored during the entrance examination only. Finnish degree holders are accepted based on the entrance exam and their previous studies. The entrance exam includes a written part and an interview. The written part is based on predetermined material related to nursing. The students are then interviewed by the facilitators of the degree programme, in English, about their motivation to study nursing. In the 2012 application process, 327 eligible students applied to the nursing degree programme of Laurea and 23 students began their studies in the autumn of 2012. (Laurea 2012)

The curriculum of Laurea's nursing degree programme consists of 210 credits. The estimated time for completion is three-and-a-half years. The students have completed 50 credits of studies before beginning the first clinical practice. The non-Finnish-speaking students are required to take five credits of basic Finnish language studies before the clinical practice and during the first study year. In addition to language studies the students will have had theory lessons under "an investigative actor in learning nursing and encountering the nursing client". In practice, these study units include, but are not limited to: anatomy and physiology, nursing interventions, pharmacology and gerontology. Lab lessons are incorporated into theoretical studies to provide the students with a chance to observe and practice basic clinical skills. The studies before the first clinical practice also include a short introduction to the clinical environment (Own patient project), which comprises of three working days spent in a health care facility during a three week period. (Laurea SoleOps 2013)

2.2 Facilitator

A facilitator in this thesis is a teacher in Laurea's degree programme in nursing. Mattila, Pitkäljärvi and Eriksson (2009) define the role of facilitator as a link between the school and health care institutions of clinical practices. Mattila et al. also define the facilitator as a supportive colleague for the clinical tutors during clinical practice and facilitator of learning for students. (Mattila, Pitkäljärvi & Eriksson 2009, 153)

The term facilitator is used rather than teacher, because it emphasizes Laurea's contemporary role of a teacher, defined by Laurea's 'Learning by Developing' model. Laurea's ELTDP in nursing uses 'Learning by Developing' as a model of education. In this model, the facilitator is defined as playing a role more of colleague to the students, and essentially as being an equal learner. The facilitator encourages learning through providing the necessary tools and acting as a connection between students and working life. This model of learning presents unpredictable learning outcomes, as the student is the key motivator in their own learning. Because of the emphasis on the students' responsibilities in their own learning, a facilitator may be faced with unpredictable challenges in relation to the 'Learning by Developing' model. Each student also has an individual career path or goal in relation to their own education and the facilitator also acts as a mentor and guidance counselor in the planning and implementation of students' professional goals. (Laurea 2009)

2.3 Clinical Tutor

In every clinical practice, the student is assigned at least one designated clinical tutor, with whom the student works together with to practice nursing care of the appropriate level. A clinical tutor is a professional role model and a mentor for students. Clinical tutors can be seen as students' nursing colleagues. Through mentoring relationships, clinical tutors provide students with opportunities to practice skills under supervision. (Ruohotie 2000, 222-223)

According to Ruohotie (2000), a mentor is someone who provides the student with support in their personal and professional growth. Mentoring includes career and psychosocial functions. The career function helps the student develop in their professional competence and career development through support, guidance and provision of challenging learning situations. The psychosocial function helps the student form their own professional identity. In functioning as a mentor, it is important for the clinical tutor to show acceptance of the student and recognition for their role in their profession. (Ruohotie 2000, 222 - 223) Thus clinical tutors have an important role in creating new competent nurses.

According to Ruohotie (2000, 223), mentoring can increase the satisfaction, self-appreciation and motivation of the mentors. Ruohotie (2000, 223) also mentions that mentors are likely to benefit from the loyalty of the students and from the recognition given to them by their organizations.

2.4 Clinical Practice

Clinical practices comprise a significant part of the curriculum in the nursing degree programme in Laurea; 80 credits out of a total of 210 credits (38%) are from clinical practices alone. Clinical practices are an essential part of the education. The proportion of the clinical studies in the curriculum of the degree programmes is determined by the ministry of education in Finland. (Laurea Facts 2011) Clinical practices in Finland are provided in a domestic language setting.

The goal of clinical practice is that the students familiarize themselves with the field work in a supervised environment. It is an important link between theory and practice. During the studies, the students complete six basic level clinical practices

and two intensive level clinical practices. The practices are three to ten weeks in duration, during which the students spend complete working days at a ward or facility to practice skills and learn concretely about the role of nursing.

The students are responsible for finding and securing their own clinical practice placements through Jobstep-SOTE. Jobstep-SOTE is a search-engine service provided by the Finnish universities of applied sciences that creates a link between school and working life. Through the service, students can find clinical practice and employment opportunities. It also provides employers with access to students' resumes and to a database of potential employees. When the students book their first clinical practice, Jobstep automatically sends their resume to the ward for review and confirmation. After the ward accepts the students' applications, a facilitator confirms the bookings. (Jobstep 2013)

Every practice period has set objectives in the curriculum and the students also set personal objectives. The curriculum objectives for the first clinical practice are: encountering elderly clients in respectful, sincere and equal ways; empowering strengths and resources of clients and families in nursing care; promoting healthy and safe environment for elderly clients; assessing, planning and evaluating nursing care; documenting nursing care; and reflecting on his/her own professional growth (Laurea SoleOps 2013). At the end of the clinical practice, the students evaluate their own performance based on the curriculum objectives and their personal objectives. The clinical tutors also evaluate the students' performance. The first clinical practice is six weeks in duration, during which the students spend 35 hours/week at the placement. The clinical tutors, students, and facilitators all sign a learning contract which includes a confidentiality agreement, the curriculum objectives, the students' personal objectives and self-evaluation, and the clinical tutors' final evaluation.

In principle, there is at least one contact meeting in which all three parties are present. The purpose of this meeting is to discuss the process of the clinical practice and the students' performance during the practice period. The facilitator aims to visit the students and their clinical tutors twice during the first clinical practice, once in the middle and once towards the end.

The need for support varies between the clinical tutors, students and facilitators, and between the individuals within these groups. The purpose of this thesis is to

describe the views on support needed for the first clinical practice from the points of view of the clinical tutors and Laurea's ELTDP nursing students and facilitators.

3 Previous studies

“One of the main features of nursing as a science and a profession is that nursing education is characterized by a close relationship between theory and practice, meaning that nursing cannot be learned through either theory or practice only” (Papastavroua, E., Lambrinoua, E. , Tsangarib, H., Saarikoski, M. & Leino-Kilpi, H. 2009, 177).

Clinical practices are an important step in bridging the gap between theory and practice. If the theoretical learning beforehand is concrete, it can enhance positive experiences related to practice. There are many different learning strategies used in education, and it has been studied that especially with multicultural groups, it is important to include a variety of different methods. (Pitkäjärvi 2012, 22) Clinical practice is a chance for students to observe professionals at work, to practice and develop their own skills, to think critically and come up with their own solutions to problems, and reflect on their own observations and actions (Twentyman M. 2006). It has been studied that ELTDP nursing students have difficulties with clinical practices (Pitkäjärvi 2012, 48) and therefore, may have compromised learning experiences.

Kolb theorized that learning consists of four domains: abstract conceptualization, concrete experience, active experimentation and reflective observation (Kolb 1984). Theoretical lessons support abstract conceptualization. Students are encouraged to think of how to apply theoretical concepts in clinical situations and to analyze their possible effectiveness. This supports the students' actions in clinical situations. Concrete experience is facilitated during lab lessons, which are incorporated into theoretical studies. Students are given the opportunity to develop their theoretical knowledge into practical skills, in a controlled setting. Clinical practice also provides the concrete experience that students need for their learning. Active experimentation refers to the students' development of their own skills through the fore mentioned domains and can be seen within the clinical practice. Reflective observation implements itself through students' self-evaluation of their own

performance and through feedback given by their clinical tutors. All the domains influence each other and contribute to a complete learning experience. (Kolb 1984)

The non-Finnish-speaking ELTDP students often face greater challenges during their clinical practices related to communication barriers, cultural aspects and difficulties within the clinical environment. Difficulties in cultural differences manifested themselves in discrimination, stereotyping and prejudice. Communication barriers between students and clinical tutors resulted in students having to use observation as their main method of learning and also resulted in social and professional exclusion of students (Pitkääjärvi, Eriksson & Pitkäälä 2012, 1-2). The international students often have to adapt to a completely new cultural environment and society alongside their studies (Niemelä 2009, 51) which can create added stress to the clinical practice. It is important to consider all factors influencing the support needed during the first clinical practice.

Although facilitators experience difficulties related to clinical practice periods, it was found in a study by Niemelä (2009) that the clinical practice experiences were perceived more positively among clinical tutors and facilitators than ELTDP students (Niemelä 2009, 39). The ELTDP facilitators face challenges related to finding appropriate placements for international students because of the institutions' strict language requirements and their unwillingness to receive foreign students for clinical practice periods. This creates extra work for the facilitators because they often have to turn to their personal contacts within the profession. In a study conducted by Pitkääjärvi on facilitators' experiences on ELTDPs, the booking of placements for students with insufficient domestic language skills was considered as a major challenge (Pitkääjärvi, Eriksson & Kekki 2010).

There is very little research done on clinical tutors' perspective on mentoring ELTDP students. Conclusions about the challenges in mentoring students can be drawn from the recognition given to the role of clinical tutors by the students and facilitators in the studies done on their perspectives. Clinical tutors' inability and/or unwillingness to speak English creates an even larger communication barrier and increases their work load, though finding and using alternative ways to communicate can also contribute to increased work load. Alternative communication methods increased work load because the clinical tutors were translating, interpreting and constantly ensuring mutual understanding and patient safety. A conclusion made by the

facilitators suggested that clinical tutors have difficulties in making fair and correct evaluations regarding international students' performance. (Pitkäljärvi 2012)

Pitkäljärvi specifically suggested in her dissertation that further research in "methods to support students, facilitators and clinical staff responsible for ELTDP students' supervision during placements" is needed (Pitkäljärvi 2012, 54). A similar conclusion was reached by Niemelä when she stated that the system of arranging clinical practice placements needs to be reevaluated in order to improve the support and guidance given to international students. The mentioned system is inclusive of the educational and professional institutions and the students. (Niemelä 2009, 108) The purpose of this thesis is to describe the views on support needed for the first clinical practice from the points of view of the clinical tutors and Laurea's ELTDP nursing students and facilitators. Pitkäljärvi elaborated that not only do the issues need to be researched, but solutions also need to be developed and adopted.

Through the studies done on the subject, researchers have made conclusions about further studies needed and also have made suggestions for development. Suggestions that would potentially support the learning environment which have been made in the conclusions of previous research include improving students' domestic and professional language skills prior to clinical practice, recognition of clinical tutors' efforts in mentoring ELTDP students, preparing clinical tutors to encounter international ELTDP students, supporting the development of cultural competence on the ward, and considering the students' personal wellbeing and integration outside of school (Pitkäljärvi 2012).

Positive experiences brought forth in previous studies only reinforce suggestions for further development. According to the studies, whenever cultural diversity was seen as a positive influence in the clinical environment it brought about positive learning experiences. Positive experiences have been described as having proper orientation, approval, acceptance of cultural differences, and a supportive, trusting and calm clinical environment. When students were considered as colleagues of the nurses on the ward, the students felt a sense of belonging and developed a sense of professional identity and were more satisfied with their clinical practice. Acceptance also acted as a strong motivator for learning and developing professional skills. (Mattila et al. 2009, 155) Facilitators were found to enjoy working with ELTDP groups and this could be attributed to the cultural diversity of such groups and readiness by

the students to provide constructive feedback. Clinical tutors with positive attitudes towards ELTDP students used alternative methods in mentoring and therefore created positive experiences for all parties involved. (Pitkäljärvi 2010, 556) Ruohotie (2000, 223) mentioned that mentoring brings professional satisfaction and self appreciation to the mentor.

4 Purpose statement and research question

The purpose of this thesis is to describe the views on support needed for the first clinical practice from the points of view of clinical tutors and Laurea's ELTDP nursing students and facilitators.

The research question is: What support is needed for the first clinical practice from the points of view of clinical tutors and Laurea's ELTDP nursing students and facilitators.

5 Methodology

The methodology of this thesis is qualitative research method. Qualitative research is used to bring understanding of the subjects' views on the issue being studied (Aaltola & Valli 2001, 68). This thesis builds on existing theoretical background and the aim is to provide further grounds for understanding the support needed for the first clinical practice of Laurea's ELTDP in nursing.

5.1 Participants

The participants of this thesis had the common experience of the first clinical practice and were chosen based on this experience and their association with Laurea University of Applied Sciences. All participants were also directly involved with the nursing ELTDP of Laurea University of Applied Sciences and the first clinical practice of the student focus group. The goal was to receive relevant and concise data that could be analyzed and used in answering the research question.

The initial focus group included 19 clinical tutors. These 19 clinical tutors were within the selection criteria because they were the assigned clinical tutors of the ELTDP nursing student focus group. The clinical tutors were also employees of the

municipalities and their respective health care organizations. Therefore, permission needed to be obtained from the municipalities of the healthcare organizations providing tutoring, in order to collect and utilize data from the clinical tutors' point of view. The initial 19 clinical tutors were employees of three different municipalities. Only one of the three municipalities granted permission within the time frame of this thesis, limiting the total amount of clinical tutors to nine. Only four of these nine clinical tutors responded to the questionnaire. This severely limited the amount of data collected from the clinical tutors' point of view and is discussed within the ethical considerations and trustworthiness of this thesis.

The focus group of students included ELTDP nursing students who were completing their first clinical practice during the spring of 2013. Twenty-three students fell within the selection criteria, out of which 19 participated in the study.

Five ELTDP facilitators were within the selection criteria for data collection. Four of the facilitators included were registered nurses with pedagogical education. One facilitator involved was the Finnish language teacher of the student focus group. All facilitators were involved in assisting the students' with preparing for their first clinical practice. Three of the facilitators were directly involved with the progression of the clinical practice in various ways. The Finnish language teacher was included because her role in the preparation was essential and because the logistics of the clinical practice is of interest to her teaching methods. One facilitator was on the JobStep-SOTE committee and was included because of her involvement with the focus group of students and for her valuable input concerning the search engine.

5.2 Data collection

Clinical tutors' views were asked by way of a questionnaire, due to schedule differences and difficulties in arranging a common interview time and place. A questionnaire was also thought to give the clinical tutors time to think about answers and to consult involved colleagues if the need should arise.

The data was collected from students and facilitators through semi-structured focus group interviews. Kvale mentions that focus group interviews are a good way of interviewing when the previous research is limited and new information is needed to answer the research question. This method is not best in solving problems, but it is a

suitable method in bringing out the view points of the interviewees on the topic. In semi-structured focus group interviewing, the moderator assumes less control, which promotes discussion. The less control the interviewer assumes over the interview, the more interactive the environment and the more opportunity there is for new information and viewpoints to be discussed. (Kvale S. & Brinkman. 2009, 150)

Kvale and Brinkman (2009, 150) state that focus group interviews have six to ten participants in order to benefit from the focus group interview method. Focus group interviewing depends on discussion among the members of the focus group, so too small or too large of focus groups could hinder the findings. (Kvale S. & Brinkman S. 150) The focus group interviews conducted in this thesis were formed of five participants in the facilitators' interview and two groups of six and one group of seven in the students' interviews. The facilitator focus group was formed of five participants, because there were only five facilitators who fell into the selection criteria of this thesis. This is taken into account in the ethical considerations and trustworthiness of this thesis.

The questions were formed to extract views on support that clinical tutors and Laurea's ELTDP nursing students and facilitators need for the first clinical practice in nursing. In both interviews and the questionnaire, participants were asked about their views on the support that the other participants need, in order to be able to describe the support needed holistically.

The first question in the clinical tutors' questionnaire, was to describe a situation in which their mentoring was seen to have a positive effect on their student's learning. Because there is so little research conducted on clinical tutors' involvement and need for support in mentoring ELTDP students during clinical practices, the questionnaire then asks directly about the views of the clinical tutors on the support that they see themselves needing in mentoring ELTDP students. In the questionnaire, the focus was on the support that the clinical tutors feel they need when mentoring ELTDP nursing students during the first clinical practice. They were asked about what support can be provided by the facilitator and the school, and their employer and/or the ward. Because the clinical tutors were not interviewed, the questionnaire includes an opportunity for free form expression of views on the clinical practice of ELTDP students.

The first question for the students referred to a detailed explanation of a successful learning experience during the clinical practice. This question is an indirect question, which means that the practical answer is used to analyze the underlying topic of interest. With asking this question, the aim was to receive data relating to successful learning situations and information on the current support offered in the clinical practice. Feedback received from the pilot interview suggested that by asking this question first, it may be easier for the interviewees to gather their thoughts on the topic. The second and third questions asked very straight forwardly as to what support the students consider needing during and before the clinical practice. Feedback from the pilot interview also suggested that the questions relating to the implementation of the clinical practice come first, because the subject is more current, and it may help in gathering thoughts relating to the preparation of their first clinical practice. The fourth question aimed at gathering data pertaining to views on support that is lacking or missing and in need of development. Students were then asked about their views on the challenges that their facilitators face in providing them with the support that they need. The aim of this question was to gather the students' views on what support they see their facilitators needing in the clinical practice process. The last question was asked to find a description of good clinical tutor qualities and possibly bring about suggestions on clinical tutors' skills and qualities that need support.

Because the students' learning is the focus of the clinical practice, the facilitators were asked about the students' support first. It was also thought to be easier for facilitators to think of the clinical practice from the point of view of the students instead of the support that they themselves need. The discussion that these questions can initiate may then be used as a reference in answering the question pertaining to the support that the facilitators themselves need. The support needed by other participants defines the role of the facilitator and, thus, the support that they need.

In the interviews, open-ended questions were used to promote free expression of views and ideas. A strict interview structure was avoided to give the interviewees the control of what was covered, because the purpose of this thesis is to describe the points of view of the interviewees. The interview questions are in the appendix along with the questionnaire questions. Because of the timing of the data collection, preparation and implementation phases of the clinical practice are the themes that

the interview/questionnaire questions were based on. The data was collected whilst the first clinical practice was in progress; therefore, the evaluation phase was not included in the data collection.

5.2.1 Clinical tutors

The clinical tutors' questionnaires were distributed to the wards during the first clinical practice. With the questionnaire, the clinical tutors also received the informed consent form, which is found in the appendices of this thesis. In the informed consent form, the clinical tutors were informed about the background and purpose of the study and were provided with a description of the methodology used. The form also mentioned the voluntary nature of participation, the significance of participation and appreciation for it. A guarantee for confidentiality and anonymity of the participants was also included in the form. All of the questionnaires that were returned included the informed consent forms.

Data collection in the form of a questionnaire allowed for consultation of colleagues. The answers received in the questionnaires, therefore, might have had input from multiple nursing professionals from the wards. Out of the nine clinical tutors that received questionnaires, four clinical tutors completed and returned the questionnaire. Once the questionnaires were collected, the clinical tutors answers were transcribed and translated into English by all three authors.

5.2.2 Nursing students

The students were informed about the study and the interview during orientation for their clinical practice. Two of the authors were present at the orientation session to explain the purpose of the study and to provide information about the implementation of the interviews. Two present facilitators urged the students to participate in the study in order to help in the development of the degree programme. All students present agreed to participate in the study. A few students were not present and information about the study was taken to them by their peers.

The students were then asked to sign the informed consent form. However, at time of the interviews, the students were asked to sign the form again, due to changes

made to the purpose statement of this thesis. Collecting permission again was also done to ensure that everyone participating had signed the form and therefore had given informed consent. The informed consent form expressed the background and purpose of the study, a description of the interview method, the voluntary nature of participation, the significance of participation and appreciation for it. The form also included a guarantee for confidentiality and anonymity of the participants. The date and time of the interview was mentioned on the information letter for the students but was changed to coincide with the students' reflection day about the first clinical practice. This was because of a misunderstanding about the students' reflection day date. The students were informed about this change by the facilitators involved with the first clinical practice. A copy of the students' informed consent form is included in the appendices.

Because of the nature of the interviews, they were incorporated to be a part of the reflection day, which is during the middle of the clinical practice. The purpose of the reflection day is to provide the students with an opportunity to learn by reflection and to share their experiences. The interview preceded the group reflection session lead by the facilitators. Because of the interview method and content, the interviewing may have aided the facilitators in the debriefing of the students. The students were able to reflect on their clinical practice experiences and discuss the support needed for the first clinical practice with their peers in small groups.

The students' interviews took place in Laurea's facilities on the arranged time and date by two of the authors and were recorded using recorders provided by Laurea UAS. One author was not able to be present due to scheduling. The interviewees divided themselves into two groups of six and one group of seven students, making nineteen participants all together. The students were asked to divide themselves into groups to take into consideration the feedback given by the facilitators and student tutors about group dynamics. This was done to prevent situations in which interviewees may have felt discouraged to express their views on the subject because of possible tension. This is thought to have had the desired effect.

The first two groups were interviewed by two individual authors, and the third interview was conducted by both of the two authors. This arrangement was not agreed upon beforehand, but in interest of fair work distribution and due to the larger group size, it was conducted in this manner.

While the first two interviews were being conducted, the third interview group waited on the school premises. The first two interviews took 43 and 48 minutes respectively, and the third interview lasted for 63 minutes. The additional length of the last interview can be attributed to a more relaxed time schedule, an extra participant, an extra interviewer and/or to varied English language proficiencies between members.

While the interviewer involvement was kept to a minimum, the interviewers played a significant role. Each interview started with the interviewer explaining the purpose of the study and the nature of the participation and the interview. The interviewees were asked for possible questions about the interview and were then asked to sign the informed consent forms. The interviewers' role was to introduce the themes of the interview by asking the questions found in the appendices. The questions asked included both direct and indirect questions. The interviewers used follow up questions to clarify statements that would have otherwise been difficult to understand, transcribe or analyze. For example in one interview, an interviewee made an ambiguous statement in which it was not clear as to whether he/she was talking about a clinical tutor or a facilitator and the interviewer asked for clarification. The interviewers also had to repeat or clarify questions. To facilitate the interchange between interviewees the interviewers used non-verbal methods such as nodding, eye-contact and making other gestures of acknowledgement. The interviewers were careful not to express any personal opinions or validate any statements made by interviewees. When conversation came to a stop the interviewer asked further questions on the topic or introduced another topic.

Each interview was transcribed verbatim by the author that was not present in the specific interview. To secure the continued availability of the collected data, copies of the recorded interviews were made for each author. The original recordings were then deleted off of the recording devices upon return to Laurea UAS. The copies of the recordings will be deleted when analysis of the data is finished. The authors of this thesis listened to each interview together while reading each transcription, to ensure accuracy of transcribed data.

5.2.3 Facilitators

The facilitators were informed about the study and the need for their participation during the time of the students' orientation for their first clinical practice. All five facilitators suitable for the interview were emailed about the study and the interview, and asked about possible dates and times for the interview. The interview date and time was then set to suit everybody.

The facilitators were asked to sign an informed consent form when they came to the interview. In this way it was easy to collect all the facilitators' informed consent and it also allowed the facilitators to ask questions about the study. The informed consent form expressed the background and purpose of the study, a description of the interview method, the voluntary nature of participation, the significance of participation and appreciation for it. A guarantee for confidentiality and anonymity of the participants was also included in the form.

The facilitators' interview took place on Laurea's campus on the arranged date and time. All five facilitators were able to participate, and two of the authors conducted the interview. One author was not able to be present due to scheduling. The interview was recorded using a tape recorder borrowed from Laurea UAS. The interview lasted for one hour and 27 minutes all together.

The nature of the facilitators' interview was somewhat different compared to the students' interviews. The interviewers had a significantly smaller role in conducting the discussion. As in the students' interviews, the interviewer involvement was to introduce topics of discussion based on the interview questions found in the appendices. However, because the facilitators had a lot to say and their thought process naturally followed the desired topics for discussion, the interviewers did not need to intervene much. The only need for clarification was concerning the first question. After that the discussion between the facilitators continued uninterrupted until they had covered most of the desired topics. Towards the end of the interview, one of the facilitators had to leave before all discussion had finished. The last question regarding the support that the facilitators need was quickly presented in order to receive this facilitator's input on the matter also.

The recorded interview was divided into three, half-hour sections which were transcribed verbatim by the authors separately. Each of the authors had a copy of the recorded interview in order to secure the data. After the copies were secured, the original recording was deleted off of the recording device, and the device returned to Laure UAS. All three copies of the interview recording will be deleted after the analysis of the data is complete. After transcribing each separate section, the interview was listened to together by all three authors, while reviewing the transcriptions. This was done to ensure accuracy of the transcribed data.

The data was analyzed by all three authors using inductive content method. The analysis was conducted in the same fashion as with the students' interview analysis. However, after having already analysed the students' interviews, the method was more familiar to the authors which made the process more straightforward.

5.3 Data analysis

Inductive content analysis was used to analyze the data. In inductive content analysis, the data is organized into thematic categories which are found within the data. Because of the limited amount of previous research on this specific subject, inductive content analysis was used. This is to ensure that all data would be included, because information outside of the preformed categories in deductive content analysis, would lead to exclusion of valuable data that does not conform to the categories. By creating subcategories from themes within the data, a unifying category is found, and a better understanding of the researched issue is formed (Tuomi & Sarajarvi, 108-113).

In this thesis, phenomenological content analysis is used in order to create a clear understanding of the data, especially in relation to the research question.

Phenomenological content analysis is a form of inductive content analysis, and as such, allows for the inclusion of all data. According to Giorgi (Holloway & Wheeler 2010, 223), phenomenological content analysis consists of four steps. First, a clear understanding of the focus groups' points of view is formed by reading through the transcriptions while listening to the original interview recordings. While doing this, units for analysis are determined, as understood by the authors. Giorgi calls these units 'meaning units'. The meaning of each unit is stated as simply and clearly as possible, in order to relay the themes present within the data. Similar themes within

the restated meaning units are categorized into more encompassing thematic categories until a unifying category for the data is reached. These categories are seen within the graphs listed under the appendices and reflect the content of what was actually relayed within the data collected. Next, the units are re-evaluated with the purpose of creating a clear understanding of the data in relation to the research question. Finally, descriptive statements, on the themes found within the analyzed meaning units, are formed to answer the research question and represent the findings. (Holloway & Wheeler 2010, 223)

The findings of the interviews and the questionnaire are presented in the form of graphs. In the content analysis process, two sets of graphs were formed for each focus group. The first set of graphs includes the raw data from the interviews and questionnaire and are found in the appendices.

For each category within these first graphs, the most descriptive 'meaning unit' was decided upon. Using Giorgi's step-by-step process, the chosen units of analysis were used in re-evaluating the meaning of the data. With the aim of answering the research question, all the categories were stated more descriptively and according to the quotes drawn from each subcategory. The second set of graphs are a modification of the first graphs to better answer the research question. One large graph was created to be inclusive of the points of view of the focus groups. Essential themes seen within the entirety of the data collected was described with the intent of answering the research question. These descriptive statements were also categorized by themes into more encompassing categories until a final unifying category was reached. These descriptions answer the research question. The one large graph is then separated into the answers from the different points of view, in order to make for easier reading. These descriptive graphs are found after the findings of each focus group respectively. The graph representing the answer for the research question is within the text of the findings.

6 Findings

The main themes within the findings are seen as the subcategories of Figure 1. The data collected from the questionnaire and interviews, tell about the support that is needed for the first clinical practice from the points of view of the clinical tutors and Laurea's ELTPD nursing students and facilitators. Figure 1 (see below) shows a

general overview of these findings. The clinical tutors viewed the consideration for the demanding role of ELTDP tutoring and the facilitation of effective communication between participants as support needed for the first clinical practice in nursing. The students viewed preparation and structure for the first clinical practice as themes of support needed. The support that the facilitators viewed necessary included themes under administrative support and organization of the first clinical practice. In order to make for easier reading, Figure 1 is broken down into smaller graphs representing each perspective. These themes on support needed are elaborated upon within the break-down of Figure 1.

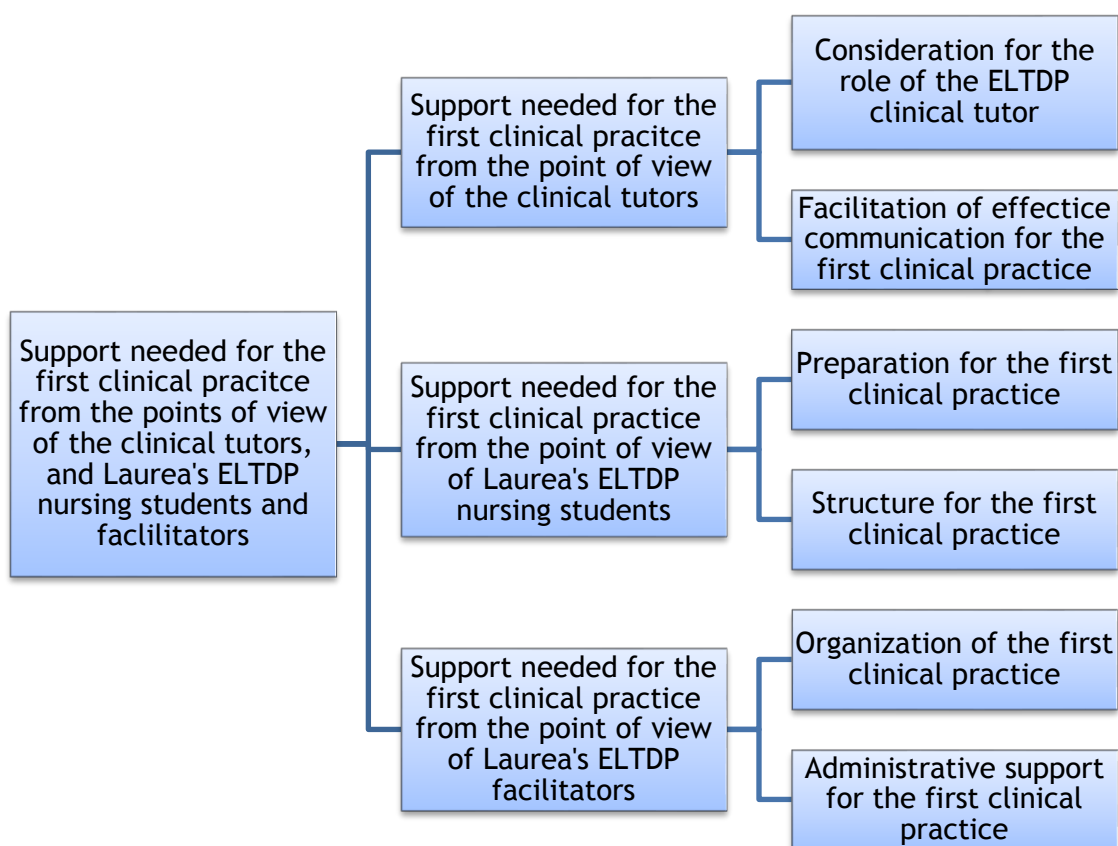


Figure 1. General overview of the findings

6.1 Clinical tutors' views on support needed

According to the clinical tutors' views expressed in the questionnaire, there are several improvements to be made regarding the support needed for the participants involved in the first clinical practice. In their responses, the clinical tutors indicated

the need for consideration of the demanding role of ELTDP clinical tutors, as well as the importance of facilitating effective communication for the first clinical practice.

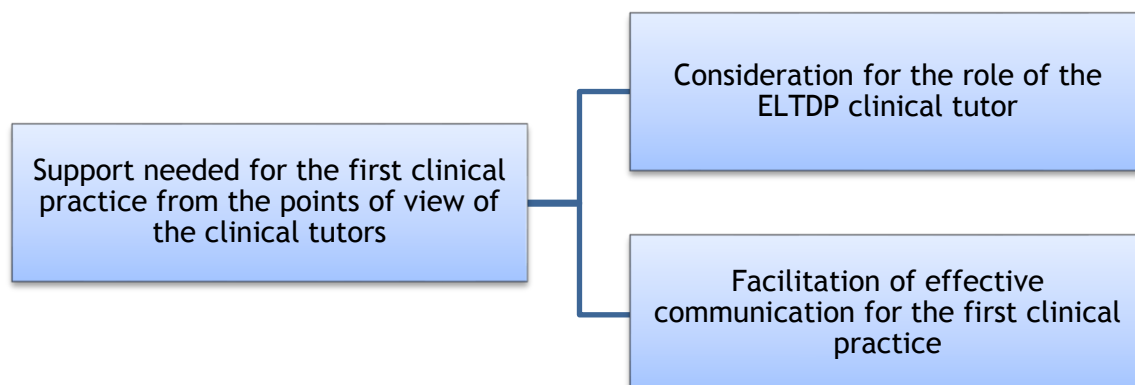


Figure 2. General overview of the clinical tutors' views

6.1.1 Consideration for the role of the ELTDP clinical tutor

There were indications in the data for the need to encourage all participants involved in the first clinical practice to consider the demanding role of the clinical tutor. The clinical tutors mentioned that support for the first clinical practice included input from colleagues, ward managers, the facilitators, the students and themselves. (See Figure 5. 68) Peer support, in general, was mentioned to be supportive of tutoring when asked about the support needed from wards or healthcare organizations.

Views relating to the ward managers' involvement and support were numerous. The clinical tutors had many suggestions on how tutoring of ELTDP nursing students could be supported by having more resources and reviewing the allocation of existing resources. They suggested considering English language skills of those who are selected for tutoring ELTDP nursing students. The clinical tutors hoped for more encouragement in using their own English language skills.

“Rohkaisua siinä, että oman englanninkielen taito riittää ohjaamiseen.”

Encouragement in that, that own English skills are sufficient for tutoring.

“Ohjaaja tarvitsee myös apua oman kielen käytössä (englanti) ja esimiesten myötävaikuttava asenne auttaa asiassa”

The clinical tutor also needs help with her/his own language use (English) and the contributory attitude from the manager helps in the matter

According to the clinical tutors, tutoring of ELTDP nursing students is more time consuming compared to the tutoring of Finnish speaking students. They requested to have less workload when tutoring ELTDP nursing students. It was also mentioned that wards should consider having more staff when tutoring ELTDP nursing students. The clinical tutors specifically expressed the need for more time for the orientation of students, as well as adequate time for facilitator visits and for the final evaluation of the clinical practice. They also hoped for the opportunity to take cultural aspects into consideration when tutoring ELTDP nursing students. The essence of support needed from the ward and management manifested itself in the need for more time and encouragement in tutoring ELTDP nursing students.

The clinical tutors saw the need for support from the facilitators for the first clinical practice. The clinical tutors mentioned that organizing more than one facilitator visit to the clinical practice, and that having one of those visits early on, would be supportive. In the clinical tutors' view, the students should be given more guidance in forming clear objectives. The study unit objectives should also be more concrete and the meaning of each objective should be specified, as the clinical tutors thought they were too broad and general. All in all, the clinical tutors wished for more effort in regard to the providing of information on the clinical practice.

“Tärkeää olisi ohjaavan opettajan tulla mahdollisimman varhaisessa vaiheessa käymään osastolla harjoittelun aikana. Käyntikertoja myös useampia.”

It would be important for the facilitator to come visit the ward as early as possible during the placement. Also multiple visits.

The students' active role in supporting the clinical practice was seen as enthusiasm and effort in learning during the practice. Effort should be applied into providing the clinical tutors with both Finnish and English versions of objectives, and thus aiding the understanding of objectives. The clinical tutors also thought it would be useful to have the students' objectives for the first clinical practice beforehand, as well as information on what theoretical studies the students have previously completed.

“Opiskelutavoitteet ovat hyvin yleisiä ja laajoja, ja jo ennen jaksoa pitäisi opiskelijoita tukea henkilökohtaisten tavoitteiden laatimisessa.”

The study objectives are very general and broad, and already before the period the students should be supported in making their personal objectives.

According to the clinical tutors, using evidence-based nursing supports the tutoring of ELTDP nursing students through congruency between theory and practice. This also supports the students' learning, especially in the first clinical practice. They specifically mentioned that the students need support in practical nursing skills and medication.

6.1.2 Facilitation of effective communication

Facilitating effective communication includes ensuring understanding despite of the language barrier and promoting sufficient language skills needed by both students and clinical tutors for the first clinical practice. (See Figure 6. 69) Many of the clinical tutors responding to the questionnaire mentioned language as being a challenge in tutoring ELTDP nursing students. The clinical tutors called for emphasizing the importance of Finnish language skills needed in the clinical practice. It was mentioned that the students need the most support in learning the Finnish language and with it, encouragement to use their existing skills.

“Kielen ymmärtämisen vaikeus puolin ja toisin voi sabotoida koko harjoittelun, masentaa siten, että opiskelu ei enää tunnu mielekkäältä vieraassa maassa, omaisistaan kaukana. Tarvitaan siis kaikilta tsemppiä!”

Difficulties in understanding language on both sides can sabotage the entire practice, depresses in that way, that studying no longer feels pleasant in a foreign country, far from loved ones. So encouragement is needed from everyone!

The clinical tutors suggested providing sufficient language studies for both clinical tutors and students. Professional terminology was seen as something that both parties were lacking in. In the questionnaire, it came up that the clinical tutors would wish to know more English nursing terminology, in addition to hoping that the students would have better knowledge of Finnish nursing terminology. Moreover, it was mentioned that the clinical tutors thought that the current language studies for

the ELTDP nursing students were insufficient and wished that they would be provided with more language education before the first clinical practice. The clinical tutors expressed how demanding tutoring an ELTDP nursing student with insufficient Finnish language skills was, and wished for support through English language education for themselves.

“Paremmat suomenkielen kurssit opiskelijoille ennen harjoittelua, että olisi edes auttava kielitaito harjoitteluun tullessa.”

Better Finnish language courses for student before the practice, in order to have at least helpful language skills when coming to practice.

The language barrier between the ELTDP nursing students and their clinical tutors was an apparent concern. The clinical tutors felt that the students should be allowed more time regarding the learning of Finnish and that this should also be taken into consideration in order for the communication to be effective. The students' learning process was time consuming, but with patience, progress was evident.

Encouragement to speak Finnish was also seen as a support needed by the students from the clinical tutors. They described alternative methods that supported them in overcoming the language barrier. Methods such as using concrete examples, writing and drawing and using English as a support language were utilized. Also, online translators and dictionaries were supportive according to their experiences.

“Jos suomenkieli ei onnistu harjoittelussa, jouduttiin käyttämään apuna “vajaavaista” englantia ja Google-kääntäjää, joidenkin sanojen kohdalla suurin apu oli innokkaan opiskelijan + panos harjoittelussa”

If using Finnish wasn't successful during the practice, "broken" english and google translator had to be used as aides, with some words the biggest help was the enthusiastic student+ effort during the practice.

6.2 Students' views on support needed

According to the students interviewed, there is much need for support in preparation for and during the first clinical practice. Preparation for the first clinical practice and a well structured first clinical practice were seen as main concepts of support needed by the students. The findings indicate that preparation is inclusive of comprehensive studies, comprehensive orientation for the students and clinical

tutors, and organization of suitable tutoring according to students' needs. The findings further indicate that a well structured clinical practice is inclusive of consideration of all domains of the learning process, organization of facilitator involvement, ensurance of transfer of professional expertise from the clinical tutor to the student, and promotion of a good clinical practice environment. (See Figure 3. below) The figure representing the general overview of the students' views is further broken down into separate figures to make for easier reading.

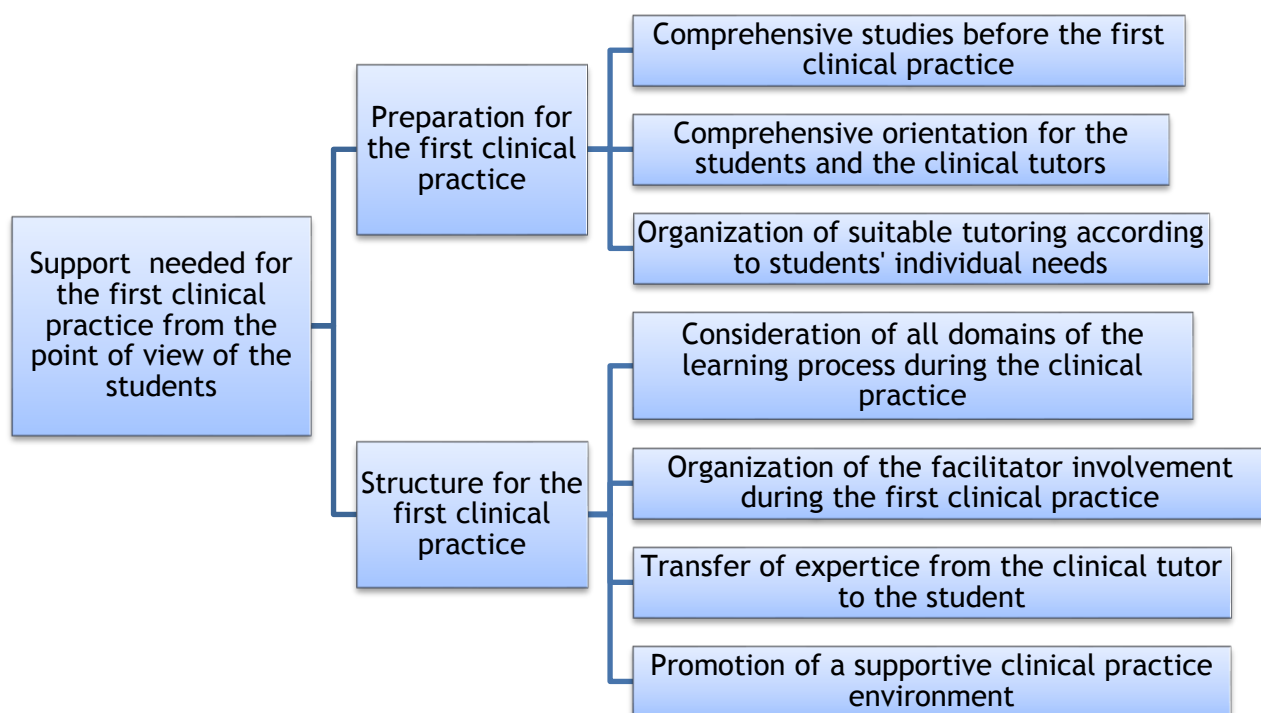


Figure 3. General overview of the students' views

6.2.1 Preparation for the first clinical practice

The importance of comprehensive studies before the first clinical practice was discussed in all three student interviews. The comprehensive studies before the first clinical practice includes theoretical lessons and the practicing of clinical skills. The students view adequate theoretical lessons on documentation and correct procedures as essential in supporting the first clinical practice. Enough opportunities to practice nursing skills in the skills lab was seen as an essential part of studies before the clinical practice. The students emphasized that in order for them to be able to benefit from these opportunities, there should be enough time provided to practice nursing

skills and also that the facilitators need to be up to date with the current procedures used in practice. The own patient project was considered as a source of support in preparing for the practice and it also helped the students form realistic expectations concerning the practice.

“I think the school could support us with giving us more practice in the skills lab than the theory we usually have in class”

Students described the need for support in language studies as essential and they had many specific ideas in how language studies could be supported. Both Finnish speaking and non-Finnish speaking students voiced the need for opportunities to learn Finnish nursing terminology before going to the first clinical practice. The non-Finnish speaking students would like for the facilitators to place more emphasis on the need and importance of Finnish language skills. The students suggested that the current Finnish language studies offered could be intensified towards the clinical practice and generally more structured. Structure needed was described as following a curriculum regardless of class attendance. In conclusion, the support needed through comprehensive studies are associated with theory, language, and skills practice. (See Figure 7. 70) Support provided in these areas would prepare the students for their first clinical practice.

The students described comprehensive orientation of students and clinical tutors as a support needed in preparing for the first clinical practice. The students strongly agreed that there should be more interaction between all parties involved in the first clinical practice to ensure comprehensive orientation for the practice. The students understand that the interaction between students and facilitators before the first clinical practice should be inclusive of providing clear information about the practical arrangements involved with the practice, starting with basic concepts such as lunch discounts. This interaction also includes forming clear and realistic expectations for the practice, and ensuring understanding of school objectives. The students saw that there is a need to ensure that all parties understand the role and responsibilities of being a nursing student in clinical practice. They suggested that this could be ensured by arranging interaction beforehand. The students regarded the interaction between the students and clinical tutors as important in providing information about the student's abilities and knowledge level, and also the student's background. All in all, the student interviews showed that comprehensive orientation

for students and clinical tutors requires more interaction between all parties. (See Figure 8. 71)

“I think, like, more information just to tell them that this is our first practice so they don’t expect like superstars.”

The third aspect of preparation for the first clinical practice from the students’ point of view was organization of suitable tutoring according to student’s needs. First of all the students believed it to be beneficial to assign more than one clinical tutor per student to ensure good learning opportunities. The students also thought that more consideration should be made on the clinical tutors’ shift schedules and workload to ensure enough student-tutor contact time, enough time for daily comprehensive tutoring and to arrange substitute clinical tutors for when assigned tutors are unavailable. (See Figure 9. 72)

The students were concerned about considering communication skills in selecting appropriate clinical tutors. They wished that students with basic Finnish-language skills would be assigned to a clinical tutor with English-language skills to aide the communication, and that in selecting clinical tutors, good general communication skills would be emphasized. The students also voiced concerns about the lack of motivation of clinical tutors in tutoring students, and suggested that motivation and interest would be considered in selecting appropriate clinical tutors. The students felt that it was important to have the opportunity to work with different professionals during the clinical practice placements, specifically mentioning practical nurses, physiotherapists, and pharmacists. Assigning at least one registered nurse as a clinical tutor was seen as essential, even for the first clinical practice. In summary, organizing suitable tutoring for students includes consideration of time, workload and availability of clinical tutors, as well as regarding professional knowledge, skill and motivational aspects of clinical tutors. (See Figure 9. 72)

6.2.2 Structure for the first clinical practice

The students mentioned that providing them with opportunities to observe a procedure before implementing it themselves was important. (See Figure 10. 73) Observation in learning is inherently reflective and it would be important to

encourage the students to not only evaluate their own actions but also the actions of those being observed. The students also explained that there is a need for them to have the opportunity for concrete experiences with supervision and guidance. They gave examples of where they were left to do tasks alone without proper instructions, which was not beneficial for their learning.

Providing the students with opportunities to perform tasks in nursing is the purpose of organizing clinical practice. The students often brought up the topic of concrete experience and the importance thereof. Encouraging self-evaluation of the effectiveness of action was also seen as a support in learning by doing. Students explained that when their clinical tutors gave constructive criticism, corrected their mistakes and took time to explain, they supported them in their self-evaluation.

Allowing for active experimentation is seen through students working independently and practicing within their skill level. Students spoke highly of clinical tutors that allowed for this kind of active experimentation. In this way the students were able to begin developing their own professional skills and identity. The students viewed this independence as important, as they expressed that there isn't just one correct way of doing things. They expressed the need to be allowed to experiment with different ways to promote their learning.

“In my case, they will always tell me that, every like, different nurses do differently, so you should learn from different nurses and take the best that you can and you can modify it for you own.”

A well structured clinical practice should consider all four domains of the learning process in order to support the students and thus ensure they can utilize their previous knowledge, reflect on it and their new experiences, as well as develop their own skills and professional identity.

The organization of facilitator involvement during the clinical practice came up in all the interviews as an important aspect during the first clinical practice. (See Figure 11. 74) The mid-term reflective discussion was seen as a significant source of support during the first clinical practice. The students expressed that it is supportive to have the clinical tutors and facilitators ensure that their objectives are realistic and obtainable during the clinical practice.

“(Facilitator) has visited me once at the placement, it was actually quite helpful. It’s better than I expected, because she raised concerns that I haven’t thought of, like, what has she been doing here and what can she do in the future during the remaining time. It was nice to have her there.”

The students expressed the importance of having clear roles for nursing students and clinical tutors’ and that the facilitators could be more involved with ensuring that these roles are seen in practice. Making an implementation plan together with the clinical tutor and the facilitator and adhering to it in order to reach objectives was seen as significant. The mid-term discussion was also seen as an opportunity to encourage mutual feedback between all parties.

“Because of the language barrier the feedback that I get is very limited.”

When discussing about the organization of facilitator involvement the students talked about encouraging interaction between all parties during the clinical practice and not limiting that involvement only to the mid-term reflective discussion. The students recognized the positive impact that continuous facilitator involvement and availability during the practice has. Involvement and availability were described as facilitators answering e-mails in a timely fashion and interfering if problems should arise during the clinical practice. In summary, the students recognize the facilitators to be a significant source of support during the first clinical practice.

“The school should be able to answer emails promptly.”

The transfer of professional expertise from the clinical tutors to the students is major point to support, as this transfer of information is essentially the key to the clinical practice. The students viewed necessary in supporting this transfer; the provision of adequate time for this tutoring, the provision of adequate guidance during this time; and ensuring understanding between the clinical tutor and the student through different methods of communication. (See figure 12. 75) In ensuring enough time for tutoring there needs to be enough contact time between the clinical tutor and the student daily as well as throughout the practice. Many of the students

related experiences of having a clinical tutor that has a shift schedule that is difficult to follow and arrange enough contact time. The general point of view was though that the arrangement of specific clinical tutor replacements was essential in a case that their own clinical tutor was not on the ward. Enough time for tutoring isn't enough if the tutoring lacks essential elements as adequate explanation of care procedures, repetition, and constructive feedback. The provision of adequate time for tutoring and adequate guidance is not enough if the student is not able to understand their clinical tutor.

“You could be an expert in your job but if you don't know how to communicate that and how to teach others, then that's a bad experience for both.”

Many of the students had rated themselves as having only the very basic Finnish skills right before the start of the practice. This is not a significant issue in the case that the student and their clinical tutors are willing and able to use different methods to communicate. The students spoke of the importance of non-verbal communication. Some felt that the practice was making them into experts in reading and responding to non-verbal communication, even in patient-nurse communication. It was seen as a strength in their professional development. The students see the provision of opportunities to use even their limited Finnish skills, in an environment that is accepting, as important to their language skill development.

“That's the best thing that we learned. We learned to communicate at every level that is not speech (...) like your eyes have to say what you mean.”

Defining keywords that are used and needed in communication in that specific environment was seen as a huge help in communication. Defining key words limits the vocabulary, making the task of communicating in Finnish more manageable. The students also mentioned how essential it is that there is the possibility to use English as a support language and to use this to ensure understanding. Key points made in English could then be translated into Finnish to enhance the development of Finnish language skills.

Creating a positive and welcoming environment for the students at the clinical practice was seen as important. (See Figure 13. 76) The environment was mentioned, but was often in relation to other ideas, as environment affects the whole picture. A few students talked about the possibility of benefiting from having more than one student on the same ward. This was mentioned to also be an inconvenience as the clinical tutor may already have one student. A clear view of the role of the student in clinical practice was seen to affect the clinical practice environment positively, because when the roles are clear, the benefits of having a student on the ward can be emphasized. The students recognized the importance of the clinical staff having a positive attitude towards the roles involved, and also that this needs work. A welcoming and positive environment begins with each staffs' recognition and respect for each colleague's professional competencies.

“Instructors need to tell us that, like, we are not at the mercy of them. We need to go in there and be confident and say this is what we've learned, this is what we expect to learn, I need the opportunity to practice this, and be more assertive.”

6.3 Facilitators' views on support needed

“For years and years we've been talking about what's international, what's transnational, what's multicultural? These concepts keep moving around, but I feel that actually there's not too much kind of contents in the definitions and in a way we see benefits in using the culture sensitiviness of those who come from other places.”

Organization was viewed as an essential support needed for the first clinical practice. Topics forming the organization category range from arranging comprehensive studies beforehand, to the direct organization of clinical practice proceedings. The facilitators also viewed support from administrations as support needed for the first clinical practice of ELTDP in nursing. They mainly discussed administrative support provided by Laurea itself but touched upon that of the Finnish health care organizations also. (See Figure 4. below)

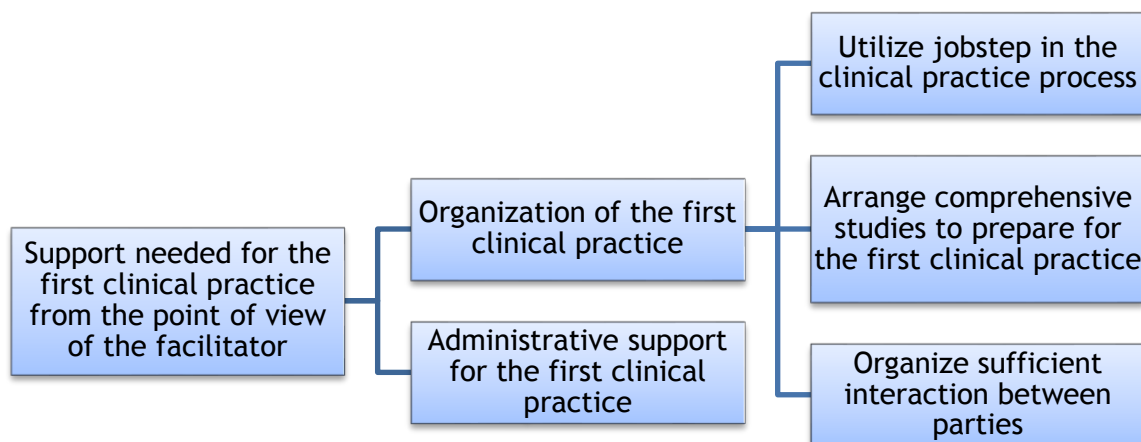


Figure 4. General overview of the facilitators' views

6.3.1 Organization of the first clinical practice

Arranging comprehensive studies is included in the organization for the first clinical practice because the completion of certain studies is mandatory for the preparation of the clinical practice. The need for official feedback on the study units was mentioned on many different occasions. It would be good to encourage the students to give official feedback concerning the study units, in order for the study units to be improved and to remain comprehensive. The facilitators would like to remind the students that giving systematic feedback is the only way for feedback and suggestions to really make a difference. (See Figure 14. 77)

It was agreed upon that more information needs to be provided to the students on the Finnish healthcare system. This was thought to have an effect on the clinical practice, in such a way that the students would therefore be able to understand the wide range of placement opportunities, and be able to better form objectives for their first clinical practice. One facilitator mentioned the importance of providing a comprehensive information package on the clinical practice for the students beforehand, to also aid in this process.

Providing adequate Finnish language studies was a topic covered within the facilitator interview, as the focus group also included the Finnish language teacher. Each facilitator also seemed to have a very personal understanding of the language issues that ELTDP nursing students have, especially during the first clinical practice. It was mentioned that the offered basic Finnish class is already condensed in order to complete the unit before the practice period, and that intensifying the language studies anymore would be too much of a challenge for the students. It was then agreed upon that intensifying the studies was not a reasonable option but that a compromise was needed in order to support the students' language skills for the first clinical practice. This compromise was then made in the form of an agreement to provide a stronger focus of language studies towards the nursing profession by providing nursing terminology. The clinical practice can also be utilized in learning Finnish nursing terminology. It was suggested that the students would collect terminology into a notebook for future reference while in the clinical practice. It was discussed that Finnish nursing terminology would also be important to know in order to complete a Finnish CV for Jobstep. It was mentioned that students may be rejected by clinical practice placements only on the basis of having an English CV or a foreign name. The facilitators spoke of the difficulties in motivating the students to study Finnish before the first clinical practice. They agreed that it would be important to place even more emphasis on the need for domestic language skills in the studying of nursing. It was also agreed that the students' interest in their own curriculum was essential in studies. The facilitators mentioned that they could encourage interest in the curriculum by providing more comprehensive information on the content thereof.

Direct organization of the clinical practice was separated into two categories of securing placements through jobstep and organizing the interaction between all parties during the practice. Jobstep is essentially the only official way for the students to contact potential clinical practice placements. Therefore, it is essential to utilize the system in organizing even the first clinical practice. The facilitators mentioned that although it is a good system in making these initial connections, it does have some points that need development in order to better support the first clinical practice. (See Figure 15. 78)

Because most of the students' Finnish skills are not yet good enough to use Jobstep in Finnish by the first practice, it is essential that the system be developed to better

integrate the Finnish and English sites. It was mentioned that when a student searches for placements in English on Jobstep, only a few possibilities come up, whereas more possibilities are listed under the same Finnish search. This limits the first year students' clinical practice opportunities.

It was also mentioned by the facilitators that the system could be developed to include more varied forms of interaction between the student applying for a clinical practice placement and the wards. The facilitators related experiences in which students were encouraged to call or visit wards refusing to take them based on an assumption of poor Finnish language skills. It was mentioned that often when students have made varied forms of contact with wards of choice, they have been accepted because they have had a chance to make an impression beyond their jobstep profile.

In order for the students to be able to find, book and secure placements through jobstep, they must know how to use the system. The facilitators acknowledged that the students have had difficulties in using the system and that this may be in part due to lack of guidance provided on the subject. They suggested to one another that they provide more guidance in the forms of contact lessons and availability for consultation during the booking period. They mentioned that the contact lesson on using the system could be inclusive of a review of placement possibilities.

In organizing the first clinical practice, it was agreed upon by all of the facilitators that it is important to facilitate adequate interaction between all participants. Here the participants referred to are the clinical tutors and Laurea's ELTDP nursing students and facilitators. Contact that seemed to be self-evident was the facilitators' visits to the placements during clinical practice. Specifics about this visit were not spoken about in much detail as it seemed that the facilitators already had a very clear and mutual understanding of what this contact is about. They did mention that it is important to pay at least two visits to the ward during the clinical practice period; the first visit is to be during the beginning of the clinical practice and the other towards the end. (See Figure 16. 79)

The facilitators spoke of the importance of contact between the clinical tutors and themselves. Interaction that could be improved was considered to be contact between the facilitators and the clinical tutors, outside of the visits paid to the ward

by the facilitator during the clinical practice. Possible topics for this interaction were discussed. The facilitators have noticed that the clinical tutors need guidance from them, in tutoring ELTDP nursing students. The facilitators see that there is need for guidance in the practical use of Laurea's learning contract. In using the learning contract, students are encouraged to write their own objectives for the clinical practice and these objectives set the direction of the student's own learning on the ward. It is therefore important for the clinical tutors to understand how to form achievable objectives and also know how to assist the students in forming these objectives. The facilitators would also like to discuss the importance of creating daily objectives and importance of giving daily feedback on the achievement of these daily objectives.

“We could also kind of support the students, together with the tutors, to these kind of daily objectives that since the objectives of whole placements are rather large. It would be very good method to have the daily objectives and that also would, I guess, give more space for the personal individual daily feedback on the achievement of the objectives”

There was discussion also relating to the idea that clinical tutors have an especially hard time providing the ELTDP nursing students with realistic final evaluations and the facilitators would like to provide more guidance in this. The facilitators related that meetings that have been arranged in the past have been focused more on clinical tutors' experiences in tutoring and the provision of professional peer support in the matter. It was agreed upon that it is essential to provide even more time for peer support between the facilitators and clinical tutors, but that the time would need to be sufficient to include other points of interest too. The facilitators would like to encourage the clinical tutors to be bold in contacting the facilitator responsible for the education of a student on the ward. They agreed upon the importance of feedback received from clinical tutors. The facilitators would be especially interested in hearing about what support clinical tutors would like to receive from them and any suggestions for improvement. It was mentioned that the clinical tutors may request more visits from the facilitators during the clinical practice, but that there are legal issues that limit involvement. The facilitators mentioned that in the past when they have asked for feedback from clinical tutors, the response is often shy of providing any concrete ideas.

The facilitators mentioned the importance of interaction between themselves and the students. They agreed that interaction should not be cut during clinical practice. They would like to encourage the students to also boldly contact their facilitator during the clinical practice. In keeping lines of interaction open, the facilitators mentioned that they would need to respond to emails and phone calls quickly. Much of the interaction that is taking place between the student and facilitator seemed to be understood by each of the facilitators present, so not much discussion took place concerning interaction already implemented. The focus instead was on what interaction could be improved to better support the clinical practice. They mentioned that they could provide the students with more guidance in problematic areas such as in using Jobstep and in understanding the learning contract. They shared experiences in which students have contacted them with words of encouragement and recognition for the facilitators' roles. They would like to encourage the students to also provide the facilitators with positive feedback.

The facilitators would like to remind the clinical tutors and students to communicate effectively during the clinical practice. The students and clinical tutors are encouraged to give and discuss daily feedback on the achievement of daily objectives. The facilitators would like to encourage the students to also give feedback and recognition to the wards. The facilitators would also like to encourage a cultural exchange between the clinical tutor and ELTDP nursing student whenever possible.

6.3.2 Administrative support for the first clinical practice

Support given by the administration of the health care organizations was seen as important. This reference to administration is essentially the administration of health care organizations that the ELTDP nursing students go to, in order to complete their first clinical practice. The facilitators felt that the administrations of these organizations should review their internationalization concepts and the allocation of resources. According to the facilitators there is more talk about the internationalization concepts than what is actually seen in action; the facilitators wondered what the essential meanings of these concepts are and how they are actually seen on the wards when tutoring ELTDP nursing students. (See Figure 17. 80)

“It’s an on-going issue, the hospitals in this area definitely have their internationalization strategies written down, but how they implement it in the real situation, like tutoring, it really our pain.”

Another aspect of health care organization involvement concerned reviewing the allocation of resources of the wards that provide tutoring for ELTDP nursing students. The facilitators felt that there should be more resources reserved for tutoring ELTDP nursing students. In essence, this resource would manifest itself as reserving more time for ELTDP nursing students. The ELTDP nursing students need more personal support from clinical tutors and the tutoring of ELTDP nursing students requires more time due to the language barrier.

The facilitators also thought that the compensation provided by the school for tutoring should be localized. The facilitators voiced that they would like to see the compensation given to the individual nurses or the wards providing the tutoring for ELTDP nursing students. In addition to time and compensation, the facilitators mentioned using student-student interaction as a resource during the first clinical practice. They referred to positive experiences of having a more experienced nursing student on the same shift with a first year ELTDP nursing student, or having an English speaking nursing student and Finnish speaking nursing student on the same shift. The facilitators thought this might have a positive effect on the students learning and professional development.

According to the facilitators, the involvement of Laurea’s administrative support included providing adequate resources for the nursing ELTDP to maintain quality of education, considering the professional needs of the facilitators of ELTDP in nursing, providing recognition for the nursing ELTDP effort, using the official feedback given by the students, and reviewing the internationalization concepts of Laurea. The facilitators voiced that in order to maintain the quality of the nursing ELTDP, the administration should provide resources for focused language studies in nursing. Essentially this means separate language studies for the nursing students. The facilitators believed that ELTDP nursing students need more guidance, and more individual guidance compared to Finnish nursing students and voiced the need of resources to provide adequate and individual guidance needed.

The facilitators felt very strongly that they put a lot of effort into their work but the demand for facilitator support keeps exceeding the resources provided to meet these needs. They voiced having an ethical dilemma between demand and supply; they are not able to provide the support that is needed by the students and feel moral distress by this. They hoped for Laurea's administrative involvement in addressing this ethical dilemma caused by lack of resources.

“It’s not a personal problem, it’s ethical problem. I feel it nowadays that way that ethical problem that you think of your profession, you are supposed to be a teacher. What is that? What does it mean? It’s not teaching professionals anymore its something else.”

They also felt that their role as ELTDP facilitator includes diverse aspects created by the students' needs for more personal support. The facilitators hoped for more resources in order to be able to maintain this diverse role of ELTDP facilitator and to meet the needs of the students. The facilitators also voiced the need for maintaining their own professional competencies. They felt that further education should be provided, and that it should be provided locally, so that they would have the time and resources to participate. One thing that the facilitators were content with was the current network of professional and personal peer support that they receive from each other.

“As a teacher, you guide, you counsel, you are a coach, you are a mentor with the degree students. You shift from being just tutoring to mentoring, because you get the real personal issues”

Further, under the topic of Laurea's administrative support, the facilitator believed that recognition given by the administration is unequal among the education programmes in Laurea. They hoped for equal distribution of resources and more recognition for nursing ELTDP efforts. They also felt it was very important to continue considering and utilizing the official feedback given to the school by the students. They encouraged the students to give on-going official feedback, for it can not be dismissed by the administration of Laurea.

The facilitators thought also that Laurea's administration ought to review their existing internationalization concepts together with the health care organizations

and the ministry of education. The facilitators emphasized the need for interaction between these parties to create a mutual understanding of the internationalization concepts, and to solve conflict between these concepts. The conflicts that came up in the facilitators' interview included the health care organizations' varied ability and willingness to provide tutoring in English, and sometimes strict attitudes concerning the internationalization concepts. A clear understanding of these concepts would be for the benefit of the first clinical practice of ELTDP nursing students.

7 Discussion

The purpose of this thesis is to describe the views on support needed for the first clinical practice from the points of view of the clinical tutors and Laureas' ELTDP nursing students and facilitators. The research method was qualitative research. The data was collected through focus group interviews and questionnaires. Inductive content analysis was used to analyze the data through the phenomenological method.

There were certain points of emphasis made within each interview. Points of emphasis are defined as ideas or statements made that received a considerable response from other participants in form of agreement. There was no strong emphasis placed upon disagreements. The clinical tutors' questionnaires did not include emphasis points, due to the nature of the data collection.

During the first students' interview, emphasis was placed upon two distinct topics. The first topic emphasized was on the importance of receiving adequate information about schedules and expectations from facilitators. Secondly, participants expressed strong agreement to a suggestion for incorporating Finnish nursing terminology into theoretical studies, even for the Finnish-speaking students. In the second students' interview there were repeated points of emphasis made concerning the need for further and intensive language studies before the first clinical practice. In the third students' interview the main emphasis points were concerning the attitudes of the clinical tutors, especially towards ELTDP students.

The topics and concepts discussed seemed to be somewhat more familiar for the facilitators compared to the students, which is understandable. It was apparent that

the facilitators had a lot to say on the topic, and had a lot of insight into the issues. The facilitators also seemed to agree on many things and had suggestions on how things should be. Because of this, separate emphasis points were harder to define from the discussion. There were no topics that would have brought disagreement among the facilitators. However, when analyzing the interview, certain topics were discussed more than others and the discussion was brought back to certain topics, and these were analyzed as being emphasis points.

The facilitators made several conclusions during their multidisciplinary discussion because they utilized the interview as an opportunity to discuss the ELTDP. When conclusions were made, agreement was universal. Emphasis points manifested themselves more in a form of the amount of time spent discussing a certain topic, and others clearly acknowledging each others' points of view. These emphasis points included topics of having more resources for ELTDP, reviewing the internationalization concepts of organizations involved with ELTDP, having a professional and personal ethical dilemma concerning lack of resources, and provision of guidance for both students and clinical tutors.

The general overview of the findings (Figure 1. 24) indicates that there are six main themes under the unifying category of support needed for the first clinical practice. These include two themes from each focus group. These themes describe the views on support needed by all participants. The main themes from the clinical tutors' point of view are the consideration for their demanding role as clinical tutors in tutoring ELTDP nursing students and the facilitation of effective communication for the first clinical practice. The main themes from the students' point of view are preparation and structure for the first clinical practice. From the facilitators' point of view, the main themes are organization of and administrative support for the first clinical practice.

7.1 Discussion of the findings

The tutoring of ELTDP students takes more time because of language barriers, cultural differences and alternative methods of communication. The students thought it very positive when clinical tutors spent time in explaining nursing procedures to them, and ensured understanding of different nursing situations through effective communication. Pitkälä's dissertation (2012, 42) suggests that

when a barrier to communication is present between the clinical tutor and student, the student's learning may result in observation only. A language barrier creates the need for more time in tutoring ELTDP nursing students, in order to include all domains of learning within the clinical practice. Data collected from the the clinical tutors suggested that clinical tutors acknowledge that it is more time consuming to tutor ELTDP nursing students, because of these things mentioned. They hoped for more time to tutor ELTDP nursing students and hoped to have lighter work shifts when tutoring. As a conclusion, the administrations of the health care organizations that provide tutoring for ELTDP nursing students, need to acknowledge the need for more time in tutoring these students and need to provide sufficient resources.

The students hoped that their clinical tutors would know their background when going to the first clinical practice. The clinical tutors, on their behalf, would have liked recognition for the need of encouragement to the cultural considerations. The facilitators thought that the full potential of the cultural considerations is not seen during the first clinical practice. Pitkäljärvi (2012, 54) suggested that wards be supported in the development of cultural competence. This shows that the cultural aspect of having ELTDP nursing students on clinical practice placements should be considered and utilized. By reviewing the internationalization concepts in the health care organizations that provide tutoring for ELTDP students, these issues could be addressed and the implementation of these concepts developed to better support the students and clinical tutors during the first clinical practice.

Pitkäljärvi (2012) brought up the need for recognition for tutoring efforts, especially in tutoring ELTDP students. The findings from this thesis also show that the clinical tutors need recognition for their demanding role in tutoring. The clinical tutors mentioned that they hoped to have encouragement from their administration and the facilitators. The administrative support mentioned, includes guidance in effective time management and encouragement in English language skills. The facilitators suggested that clinical tutors would be provided recognition through localized compensation for tutoring.

Also the students hoped for encouragement as a form of support for themselves and each other during the practice. The clinical tutors and facilitators saw the need for more encouragement in the students' language skills. They also addressed the need for recognition of cultural aspects and encouragement thereof. Students mentioned

that there needs to be respect and recognition between nursing professionals in the clinical environment, as well as respect and consideration for the students' role.

English language studies should be provided for clinical tutors of ELTDP nursing students in order to enhance communication where the student's Finnish language skills are insufficient. The clinical tutors mentioned that they themselves would especially benefit from a course in English nursing terminology. The students also acknowledged the need for clinical tutors' English language skills but recognized that despite everything, the clinical tutors really put a lot of effort into the tutoring of ELTDP nursing students. Both the clinical tutors and the students viewed sufficient English language skills of the clinical tutor as a necessity in tutoring ELTDP nursing students and wished to see this implemented as criteria in selecting clinical tutors. Therefore, providing English language studies for clinical tutors of ELTDP nursing students and considering the language skills in selecting clinical tutors for ELTDP nursing students would support the first clinical practice.

The students and their clinical tutors related experiences in using alternative methods of communication during the first clinical practice. Pitkäljärvi et al. (2010) mentioned that clinical tutors that used alternative methods in tutoring displayed positive attitudes towards ELTDP students. Both clinical tutors and students mentioned how English was used at least as a support language. Some students had mentioned that they spoke only English with their clinical tutors because of their lack of Finnish skills. One student spoke of how she feels she has become an expert in non-verbal communication. The students would like to use and improve their Finnish skills, even while utilizing alternative methods of communication. Finnish should be incorporated into communication through the use of keywords and translating points made in English into Finnish. The clinical tutors gave specific examples of how they communicated with their students when language skills were not sufficient. They used pictures, writing, examples, translators and dictionaries in making themselves understood. Alternative ways to communicate should be adopted and developed for the first clinical practice. Communication should present opportunities for the use of both languages and using alternative methods to communication.

Interaction emerged as an important theme when analyzing the findings for each focus group. Pitkäljärvi (2009) defined the facilitator to be a facilitator of learning for students, a link between the school and clinical practice, and a supportive colleague

to clinical tutors. Clinical tutors, students and facilitators all thought that there should be interaction before the first clinical practice. The clinical tutors didn't specifically mention the need for meeting the facilitators or students beforehand but they did, however, mention the importance of meetings during the practice in clarifying objectives for the practice. The facilitators felt that a lot of time was spent on clarifying issues and providing peer support for the clinical tutors during the meetings already being implemented. This takes time away from the clarification of objectives and current issues during the first clinical practice. The students, on the other hand, felt that the clinical tutors needed clarification on roles seen in the clinical practice. The students requested also for more clarification on their own role in the clinical practice environment. The students suggested that a seminar could be arranged between all participants before the practice to discuss matters related to the practice. This kind of seminar would offer the participants an opportunity to address the practicalities and clarify issues and roles of the participants. In this way, time would be saved in the facilitators' meetings during the practice for the discussion of students' objectives and development. The facilitators also hoped that through consistent meetings with the clinical tutors they could facilitate a closer professional relationship. Organizing the practical arrangements relating to the clinical practice can be seen as a framework within which the clinical practice process can take place.

Pitkäljärvi (2012, 42) mentioned that facilitators recognized the challenge that the final evaluation presents to the clinical tutors. According to this study, the facilitators would like to give more guidance to the clinical tutors concerning realistic final evaluations for ELTDP nursing students. The time for this guidance could also be arranged to take place in the seminar between the participants before the first clinical practice.

It was evident from both the students' and clinical tutors' findings that facilitator availability during the practice supported them. The clinical tutors wished for more visits from the facilitator whereas the students voiced the need for the facilitator to be contactable throughout the clinical practice. The facilitators saw the need for their availability during the practice but they mentioned that they have insufficient resources to respond in a timely manner to problematic situations and questions. One of the facilitators also mentioned that due to legal issues, facilitators' time at the clinical practice placements is limited. Both students and clinical tutors stated

clearly though that they would need more involvement from the facilitator during the clinical practice. As this was seen as an essential support, it would perhaps be wise to consider providing the facilitators with resources to be able to provide the support needed for the students and clinical tutors. Also, the mentioned legal side to this issue needs to be investigated further to be able to understand the limitations placed upon the facilitator visits. The facilitator then mentioned that it would support the practice if clinical tutors and students would contact them without hesitation in case of problems, questions and feedback. Perhaps Laurea's administration could support the nursing ELTDP by providing adequate resources to meet these needs for support.

According to the data received from all the participants, it came apparent that making the first clinical practice successful for ELTDP nursing students, in particular, demands a lot of distinct effort by all participants involved. It is self-evident that the studies prior to the first clinical practice have to meet the needs of international students.

Studies before the practice need to be comprehensive of what is covered in the clinical practice. Pitkäljärvi mentioned the need for practicality in theoretical studies, especially for ELTDP students (Pitkäljärvi 2012, 43). The findings of this thesis only reinforce her statements concerning this matter. All focus groups expressed the need for development in the studies prior to practice. The clinical tutors hoped that the students would have a better understanding of the theory of nursing interventions before the first clinical practice. This would allow the focus to be on the practicing of nursing skills during the practice. The students expressed the need for more time in skills lab at school in order to develop basic skills for the practice. This indicates the need for increased concreteness of nursing studies, especially on the first study year. The students would also like to have theoretical lessons on documentation and this would support the first clinical practice. Pitkäljärvi (2012, 43) mentioned, in her dissertation, that concreteness in theoretical studies prior to the clinical practice can enhance positive clinical practice experience. Providing more concrete nursing studies, instead of abstract theoretical studies, support the students learning and preparation for the first clinical practice.

The students recognized that learning consists of different phases and ways of learning. The students' views on learning can easily be connected with Kolb's theory

on learning. This theory consists of four domains: abstract conceptualization, reflective observation, concrete experience and active experimentation (Kolb 1984). The importance of abstract conceptualisation during practice was seen indirectly in students' comments about the importance of practicing evidence based nursing and encouraging planning of nursing care prior to implementation. This, according to the students, would help make their clinical practice experience more congruent with their prior theoretical studies.

It has become apparent through previous studies, as well as with this study that international students in particular benefit from clear structure for learning with different ways of learning (Pitkäljärvi 2012, 41). Therefore, it is important to consider the learning process of ELTDP nursing students comprehensively. Kolb's theory on learning can be seen manifested in the data collected from the students' interview. The students described, in their own words, the process of learning. They connected theory and practice during the theoretical lessons and in the skills-lab before the clinical practice. During the clinical practice they continued to practice these skills in real situation and talked about the importance thereof. It became apparent that the inclusion of all aspects of Kolb's theory (1984) supported the students' learning before and during the first clinical practice. Thus, it could be suggested that holistic learning theories, such as Kolb's, could be applied with ELTDP nursing students in order to support their learning.

The up-to-date competence of facilitators in teaching and performing nursing interventions was seen important by the students. The facilitators, on their behalf, expressed the need for more continued education opportunities. Laurea's administration can support the nursing ELTDP by providing more resources for this education.

Each focus group mentioned language skills as a major issue in the first clinical practice. All participants acknowledged the need for development in this area. Students mentioned the need for more organization within the Finnish language studies in order to make the most of the limited time for studies. All students should be encouraged to attend Finnish classes regularly in order for the structure to be effective. All focus groups mentioned the need for more emphasis on and encouragement of students' Finnish language skills. In discussing ways of encouraging students' interest in their own studies, the facilitators mentioned that

comprehensive information on the curriculum could potentially spark student interest. It could then be assumed that providing clear information of the course of language studies and adhering to the curriculum may prove to have a positive impact on students' interest in their own language studies. It would also be important to ensure that the students are informed of the necessity for Finnish language skills in already the first clinical practice. The clinical tutors recognized the need for patience and time in learning a new language. The students should take full advantage of the Finnish studies provided, in order to make the most of the limited time they have before the clinical practice to study Finnish.

Some students mentioned that they would like to have the opportunity to attend more intensive Finnish language studies through Laurea before the clinical practice. The clinical tutors also expressed that the students need more language studies before the first clinical practice, especially in understanding Finnish and in the knowledge of professional terminology. The facilitators disagreed with intensifying the current Finnish language studies, as it would be too much of a challenge for students. They suggested instead that the current language studies be more focused towards nursing in order to prepare the students better for the first clinical practice. Focusing language studies can prove to be difficult if students within the class are studying in different programmes. Laurea could support the language studies of ELTDP nursing students by providing sufficient resources needed for focusing on language studies. The facilitators also suggested utilizing co-operation between students in learning Finnish. Perhaps, there could be more co-operation between the Finnish and English nursing programmes to benefit not only the ELTDP students in learning Finnish, but also Finnish students in multiculturalism.

The students voiced the importance of the Own patient project. The Own patient project is used to support the students' understanding of the clinical environment but can be developed to aide in the setting of clear expectations of the clinical practice and in learning about the Finnish health care systems. The own patient project gave the students a better understanding of what clinical practice would consist of. Being an introduction to the clinical environment, the Own patient project can also be seen to support the students' learning through reflective observation. The project could also be used as a point of emphasis in encouraging the language studies of the students.

The facilitators voiced the need for more lessons concerning Jobstep. Jobstep was not mentioned specifically by the students but they did mention having some problems with securing of placements. Clinical tutors did not mention Jobstep. Facilitators' findings indicate that support of the first clinical practice is inclusive of a comprehensive understanding of using the Jobstep system by all participants. The students and clinical tutors mentioned that there should be more contact between them before the first clinical practice in order for the clinical tutor to know more about the students before the practice begins. The clinical tutors hope to have information concerning the students' completed studies and objectives, and the students would like to see the clinical tutors understanding their background and knowing more about what studies they have completed. These concerns could easily be alleviated if the clinical tutors would also know how to utilize the Jobstep system in searching for information about students.

Facilitators suggested that by developing Jobstep to include various forms of interaction such as phone calls and interviews between students and clinical tutors, better opportunity for the exchange of information and interaction could be established. This added interaction between clinical tutors and students could contribute to a more welcoming clinical practice experience and would also give the clinical tutors the tools to plan the students' tutoring of the beforehand.

The focus groups agreed that objectives for the first clinical practice should be made clearer. The clinical tutors expressed that the school objectives are too broad and general and would like the facilitators to specify exactly what it is that they are looking for with the objectives. The students also expressed the need for specification of school objectives. Expectations for the first clinical practice were unrealistic and this made the forming of students' own objectives for the practice difficult. Clinical tutors hoped for more involvement from facilitators in supporting the students with the formation of objectives. The facilitators acknowledged the problem with objectives and concluded that by including more information within the curriculum on the Finnish health care system, they could help support the students in forming clear and concrete objectives. The facilitators also mentioned that contact between the clinical tutors and the facilitators could be reinforced in order to address topics such as the importance of objectives. Essentially, the facilitators need to provide more guidance to all participants on the meaning and importance of objectives. The earlier mentioned seminar between all participants before the

clinical practice could be arranged in order to create a time and place for discussion and guidance on the practical use of the learning contract.

Medication passport objectives and its practical use should also be addressed and made clear for the students and clinical tutors. Suggestions made in previous studies, such as the one conducted by Piispanen and Väkiparta (2013), on the practical use of the medication passport should be reviewed and considered in developing guidance given.

Giving and receiving feedback was discussed by students and facilitators in their separate interviews. The clinical tutors did not mention the need for feedback in their questionnaires. The students wanted more constructive feedback from the clinical tutors, and hoped for a clinical practice environment that was encouraging of giving and receiving feedback. The facilitators emphasized the importance of giving feedback on the achievement of daily objectives in the clinical practice. The facilitators also emphasized the importance of the students giving feedback to the clinical tutors. The students hoped that the feedback they give to the wards would actually be used to develop the clinical practice for the future. The facilitators encouraged the clinical tutors to give feedback to the facilitators on suggestions for development and in order to know what support is needed.

Positive clinical environment provides an environment which is encouraging of constructive feedback. Each professional involved should not only be encouraged to give and receive feedback, but that they should also be required to. The students agreed that utilizing feedback in development of oneself and the environment is a strong encouragement for giving and receiving feedback. The students suggested that there would be some way of being able to follow up on how feedback is used. The facilitators hoped to get more official feedback from the students on the study units through systematic feedback. The students voiced that they are very willing to give feedback to the school, but were concerned about what gets done to the feedback they give. The facilitators firmly stated that if the students give continuous official feedback, it cannot be dismissed by the administration of Laurea. More personal recognition and feedback from the students to the facilitators could also be encouraged. All in all, it seems that the systems for giving feedback are in place, the demand for it is evident, and the participants are willing to provide it, but lack of information prevents feedback from being given. More open discussion concerning

feedback for each other and things related to the first clinical practice should take place between the clinical tutors, the students, the facilitators. By giving continuous feedback the development of the first clinical practice process for future is possible.

Facilitators called for interaction between administrations in creating mutual understanding of internationalization concepts. Clarifying what these concepts mean and emphasizing the need for internationalization within the nursing field could encourage a more positive attitude towards ELTDP nursing students. A mutual understanding of the need for international nurses in the future is made through the clarification of these concepts and strategies. This could secure the continuation of ELTDP nursing programmes through motivating healthcare organizations to support ELTDP tutoring and having a more positive attitude towards ELTDP students.

The study conducted by Niemelä suggested that the clinical practice experiences were perceived more positively among clinical tutors and facilitators than ELTDP students (Niemelä 2009, 39). This phenomenon can also be seen through the data collected for this thesis.

7.2 Ethical considerations and trustworthiness

According to Talbot (1995) trustworthiness is achieved through four steps: credibility, transferability, dependability and conformability. Credibility refers to the plausibility of the conclusions and interpretations drawn from the data. Transferrability is ensured by providing a detailed description of the data and research process to ensure thorough understanding of the method through which the conclusions are made. This enables an outside party to determine if the study is applicable outside its original context. Through assuring dependability, the researcher ensures that the research procedure can be followed clearly. Confirmability ensures that all the findings and conclusions are drawn from the data and that the researcher's interpretations are not in conflict with the data. (Talbot 1995, 487-488)

In this thesis, credibility was ensured through following qualitative research methods. Inductive content analysis was used through phenomenological method. By describing the research process thoroughly, including detailed explanations of the data collection and analysis, transferrability and dependability are assured.

Confirmability in this thesis is ensured through detailed descriptions of both findings and conclusions.

The limitations of this study must be taken into account. The informants in this study included clinical tutors, students and facilitators associated with only one nursing ELTDP group. The ELTDP nursing students involved in this study were not required to have prior Finnish language skills. Therefore, the findings of this study cannot be directly applied to ELTDPs in which the students are required to have prior Finnish language skills. Therefore, the findings of this study can only be considered as a description of the points of view of the informants involved in this study.

Both the students' and facilitators' interviews included questions that asked for views or on the support that the other parties needed. In the clinical tutors' questionnaire, however, there was no question which specifically asked about the support that the facilitators would need during the practice. Due to this omission, there might have been less data in the clinical tutors answers relating to the facilitators and the support they need. All in all, the data from these questionnaires did include a significant amount of data relating to the facilitators.

All of the interviews had sections that were not possible to transcribe accurately due to accents, background noises and/or multiple people talking at the same time. In all of the interviews some interviewees expressed incomplete thoughts and ideas, which were difficult to analyse neutrally. These sections were not utilized due to the dependency of authors' interpretations and might have affected the findings to unknown extent. The quality and quantity of clinical experiences varied between the interviewees, which may have had an impact on the data. The clinical tutors answered their questionnaire in Finnish. These answers were then translated into English for the analysis. Retrospectively, the translation of the clinical tutors answers was not necessary and the translation could have been done after the analysis. In addition, none of the authors were qualified translators. This was not thought to have affected the findings in a significant manner since the authors included both native Finnish and English speakers and the nature of the raw data was concise and simple.

In the first students' interview the interviewer interrupted the discussion to ask one of the thematic questions that was already being discussed to let the interviewees

know of the progression of the interview to the next topic. This stopped the discussion and the idea being presented, but the discussion picked up again in the same fashion with a new idea. In the same interview, the interviewer also mentioned a time restraint upon the interview. This time restraint may have affected the data collected during that specific interview but was not seen to have a considerable impact. In the third students' interview, one of the interviewers interrupted when multiple participants were talking at the same time and the discussion was difficult to understand, to remind them to speak one at a time for the sake of transcription. These incidents may have had an effect on the content and course of natural discussion. Some of the questions were difficult for the participants to understand so that interviewers had to repeat topics or elaborate further upon them. One of the topics requiring clarification was that concerning challenges faced by the facilitators. The participants were generally confused on the distinction between clinical tutor and facilitator. The interviewers had to clarify the definitions multiple times.

The students' interview was piloted in order to make improvements to the interview questions and structure. The facilitators' interview and clinical tutors' questionnaire were not piloted or tested beforehand in any way. The effect that this might have had on the data collected is unknown. Participants for a pilot facilitators' interview would have been difficult to arrange since there was a lack of viable participants for a pilot group comparable to the actual focus group. There was not enough time within the schedule of this thesis to pilot the clinical tutors' questionnaire as the permissions from the cities for the gathering of data took time. However, the clinical tutors' questionnaire and the facilitators' interview were modelled on the students' interview, since the data that being gathered from all parties was along a similar theme. Both the facilitators' interview and the clinical tutors' questionnaire produced data that was similar to the data from the students' interview. Therefore it can be concluded that not piloting these interviews did not have a significant impact on the quality of the data gathered.

It is important to mention that the quantity of the data received from students, facilitators and clinical tutors vary. The students and the facilitators provided the most data through semi-structured focus group interviews. The questionnaires gathered from the clinical tutors provided significantly less data than the interviews. The most limiting factor in contacting the clinical tutors was acquiring the research permissions from the municipalities within which the healthcare organizations were

located in. For the purposes of this study, a research permit from only one of the three municipalities, intended to be included in the study, could be acquired within the timeframe of this study. This significantly limited the amount of participants. All in all, out of 19 clinical tutors only nine were included in the final focus group and were sent the questionnaire. A total of only four clinical tutors filled in and returned the questionnaire, which further reduced the amount of data available for analysis. Even though there were so few returned questionnaires, the limited input from the clinical tutors produced valuable data in relation to the research question. Other reasons for the lack of data from the clinical tutors, as concluded by the authors, might have been due to a lack of interest by the clinical tutors, their busy schedules, the timing of the clinical practice and data collection, and the nature of the questionnaire.

The congruency between Pitkäljärvi's (2012) results and the data gathered from the different focus groups in this thesis only reinforce the credibility of the findings. Generalizations should not be made concerning the data, but rather reflection on this subject is encouraged. Through reflection, the study findings can be modified and applied to other situations not related to the study. The suggestions for future development made in this thesis could be adopted and the effectiveness of action evaluated.

7.3 Suggestions for further research

Suggestions for further research include the evaluation of the implementation of internationalization concepts of health care organizations providing tutoring for ELTDP nursing students. Also, because of the limited mentioned studies, further research should be conducted on the clinical tutors' points of view on the subject. Jobstep should be re-evaluated and steps in the form of development should be taken to better support nursing students. Pitkäljärvi's suggestions for further research included the need for further research into solutions for support needed and that the solutions should be developed and adopted.

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Appendices

Appendix 1. Informed Consent Forms

Dear Participants!

We are working on our Bachelor's Thesis with Laurea University of Applied Sciences. We will be working with Laurea's English-language-taught-degree-programme (ELTDP) in nursing. The purpose for our thesis is describe the support needed for the first clinical practice from the points of view of clinical tutors and Laurea's ELTDP nursing students and facilitators.

We are planning on conducting interviews with Laurea's first year nursing students, their clinical tutors and the facilitators involved.

Your interview will be a focus group interview, and will take place on Otaniemi's campus during the week 18. The exact date and time will be agreed on later. Focus group interviewing is the method of data collection used and will be semi-structured. We are hoping to interview five facilitators and the interview will be conducted by all three authors. Please reserve approximately up to 1 hour and 30 minutes to complete the interview.

The interviews will be tape recorded. This is to ensure the inclusion of all necessary data in the analysis. The recorded data will be transcribed verbatim and the recordings will be deleted from the devices used. After the data analysis, the transcriptions will also be destroyed. The recordings and transcriptions will only be handled by the interviewers. The anonymity of all participants will be protected and confidentiality will be ensured.

We hereby formally invite you to participate in our thesis process. Your participation is voluntary and is an opportunity to express your views on support needed for the first clinical practice.

Participation is greatly appreciated!

Sincerely,

Mari Nevala (mari.nevala@laurea.fi)
Mikko Olki (mikko.olki@laurea.fi)
Mirve Törmä (mirve.torma@laurea.fi)

I hereby choose to participate in the thesis study and give my consent for the usage of any data that I provide during the interview.

Dear Participants!

We are working on our Bachelor's Thesis with Laurea University of Applied Sciences. We will be working with Laurea's English-language-taught-degree-programme (ELTDP) in nursing. The purpose for our thesis is describe the support needed for the first clinical practice from the points of view of clinical tutors and Laurea's ELTDP nursing students and facilitators.

We are planning on conducting interviews with Laurea's first year nursing students, their clinical tutors and facilitators. The student interviews will be focus group interviews, and will take place on Otaniemi's campus on the 6th of May at an agreed time. Focus group interviewing is the method of data collection used and will be semi-structured. Participants will be interviewed in small groups of 6 students by one interviewer. Please reserve approximately 30 minutes to an hour to complete the interview.

The interviews will be tape recorded. This is to ensure the inclusion of all necessary data in the analysis. The recorded data will be transcribed verbatim and the recordings will be deleted from the devices used. After the data analysis, the transcriptions will also be destroyed. The recordings and transcriptions will only be handled by the interviewers. The anonymity of all participants will be protected and confidentiality will be ensured.

We hereby formally invite you to participate in our thesis process. Your participation is voluntary and is an opportunity to express your views on support for your first clinical practice.

Participation is greatly appreciated!

Coffee and refreshments will be served in the bar after the interviews.

Sincerely,

Mari Nevala (mari.nevala@laurea.fi)

Mikko Olki (mikko.olki@laurea.fi)

Mirve Törmä (mirve.torma@laurea.fi)

I hereby choose to participate in the thesis study and give my consent for the usage of any data that I provide during the interview.

Arvoisat ohjaajat!

Olemme kolmannen vuoden sairaanhoidon opiskelijoita Laurea Ammattikorkeakoulusta. Teemme lopputyötämme englanninkielisten tutkinto-opiskelijoiden ensimmäiseen harjoitteluun liittyen. Lopputyömme tarkoitus on kuvata opiskelijoiden, ohjaajien, ja opettajien näkökulmia ensimmäisen harjoittelujakson aikana tarvitusta tuesta.

Otamme ohjaajat mukaan tutkimukseen, sillä haluamme muodostaa kokonaisvaltaisen kuvan tarvitusta tuesta kaikkien harjoitteluun osallistuvien osapuolten näkökulmasta. Ohjaajilla on todella tärkeä rooli opiskelijoiden harjoittelussa, mutta heidän näkökulmiaan on tutkittu kovin vähän. Olemme luoneet tämän kyselyn johon haluaisimme että vastaisitte. Tulemme hakemaan kyselyn osastoltanne, ja analysoimme ne henkilökohtaisesti. Vastaukset tulevat olemaan nimettömiä, eikä niitä tulla yhdistämään tiettyihin osastoihin. Analysoinnin jälkeen haastattelulomakkeen aineisto hävitetään. Haastattelulomakkeen aineistoa tullaan käsittelemään ainoastaan lopputyöntekijöiden toimesta; näin osallistujien anonyymiteettiä tullaan suojelemaan ja salassapitovelvollisuutta kunnioittamaan.

Osallistuminen on täysin vapaaehtoista. Ohjaajien näkökulmia harjoittelujen osalta on tutkittu hyvin vähän. Tämän vuoksi osallistumisenne on erityisen tärkeää. Olisimme kiitollisia osallistumisestanne!

Halutessanne, tulemme kertomaan lopputyön tuloksista osastollenne jälkikäteen, ja saatte myös kopion työstämme osastollenne.

Täten, pyydämme ystävällisesti Teitä osallistumaan lopputyöhömmme!

Kiitos!

Mari Nevala (mari.nevala@laurea.fi)

Mikko Olki (mikko.olki@laurea.fi)

Mirve Törmä (mirve.torma@laurea.fi)

Haluan osallistua ja suostun antamaan kyselyssä antamani informaation lopputyössä käytettäväksi.

Appendix 2. Questions

Nursing Students

- I. Please describe in as much detail as you can a situation in which you learned something new at the clinical practice? What made it a successful learning experience?
- II. From your point of view, what support is necessary during the first clinical practice?
- III. What support do you consider necessary to have before going to the first clinical practice?
- IV. How could support prior to clinical practice be developed?
- V. What challenges do you see your facilitators having in the clinical practice process?
- VI. From your point of view, what makes a good clinical tutor?

Facilitators

- I. From your point of view, what support do you see the students needing during preparation for the first clinical practice?
- II. From your point of view, what support do you see the students needing during the clinical practice?
- III. How are the clinical tutors involved with the preparation for the first clinical practice? From your point of view, could the involvement be developed?
- IV. What support do you see the clinical tutors needing in tutoring ELTDP nursing students during the first clinical practice?
- V. What support do you need, as the facilitator, in preparing the students for the first clinical practice?
- VI. What support do you need, as the facilitator, during the first clinical practice?

Clinical Tutors

- I. Kuvaile mahdollisimman tarkasti tilannetta, jossa koit että ohjauksesi edesauttoi opiskelijaa oppimaan jotain uutta. Ja mikä teki siitä onnistuneen oppimiskokemuksen?
- II. Millä osa-alueilla englanninkieliset tutkinto-opiskelijat tarvitsevat eniten tukea harjoittelujaksoa ajatellen?
- III. Mitä tukea hoitotyön ohjaaja tarvitsee englanninkielisen tutkinto-opiskelijan ohjaamiseen?
- IV. Millaista tukea koet tarvitsevasi oppilaitokselta ja opettajilta?
- V. Millaista tukea koet tarvitsevasi osastoltasi ja/tai työnantajaltasi englanninkielisten tutkinto-opiskelijoiden tukemiseen harjoittelun aikana?
- VI. Muita ehdotuksia/näkemyksiä

Appendix 3 Figures of the findings

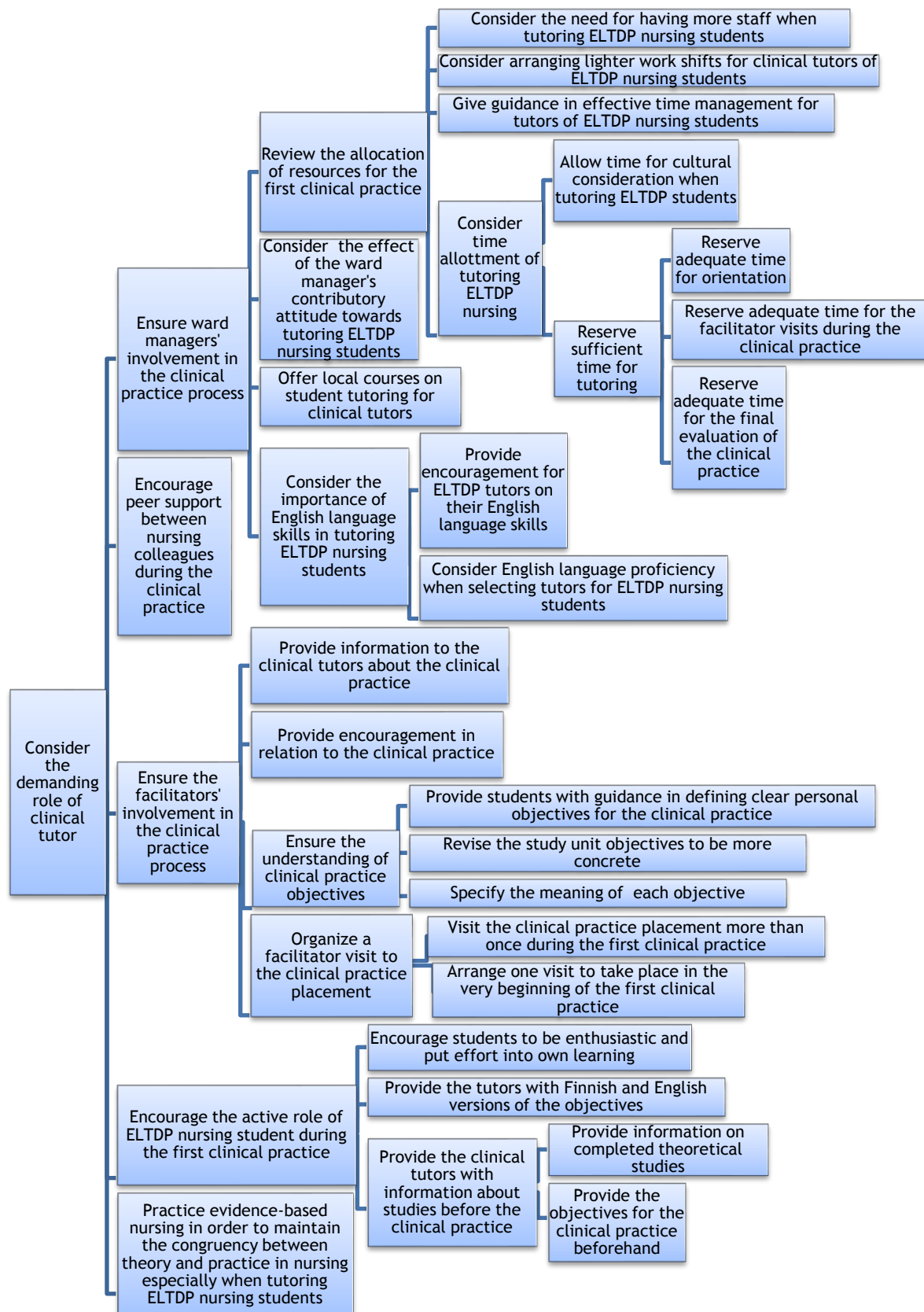


Figure 5. Clinical tutors' views on consideration for ELTDP tutoring

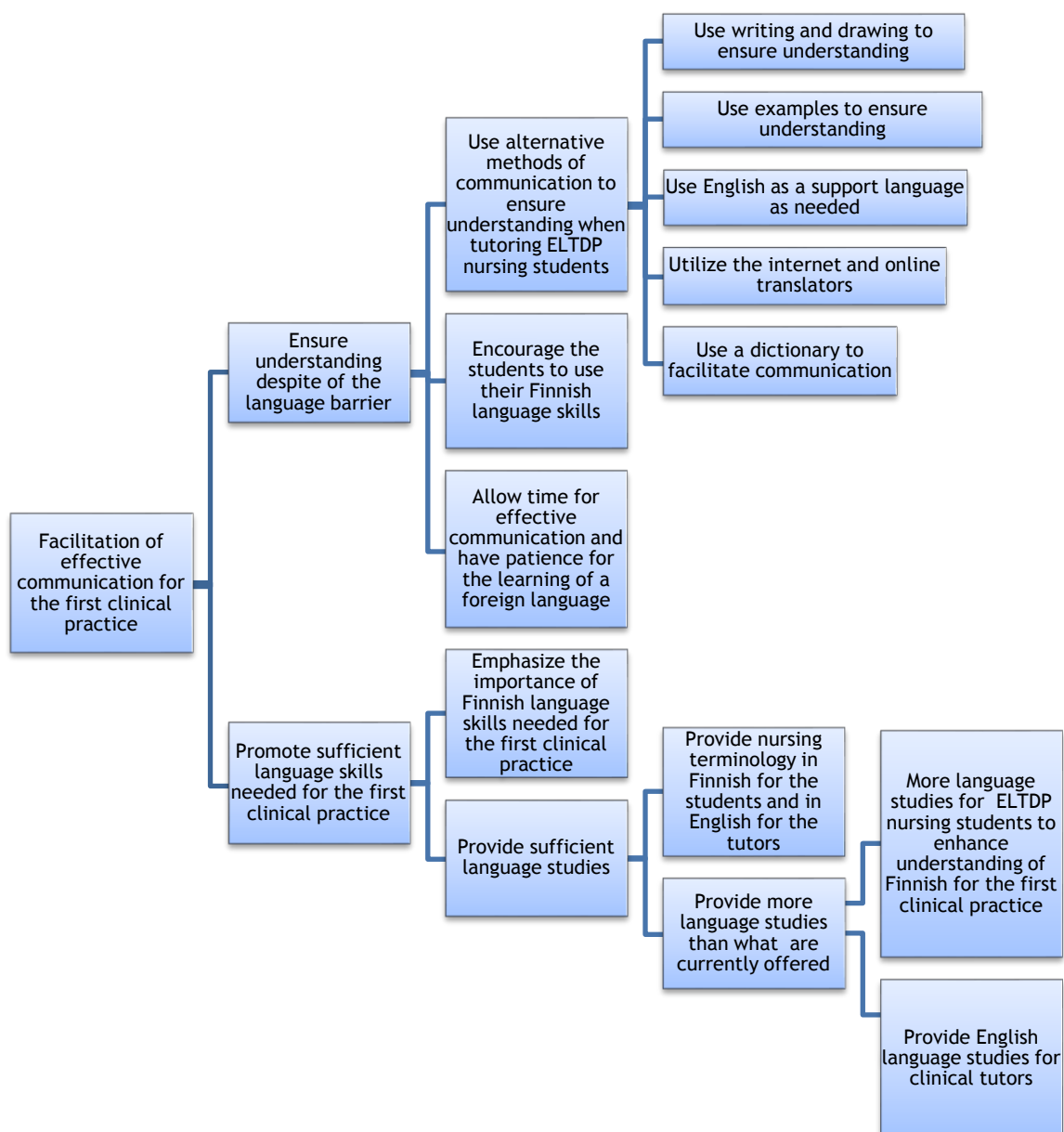


Figure 6. Clinical tutors' views on effective communication

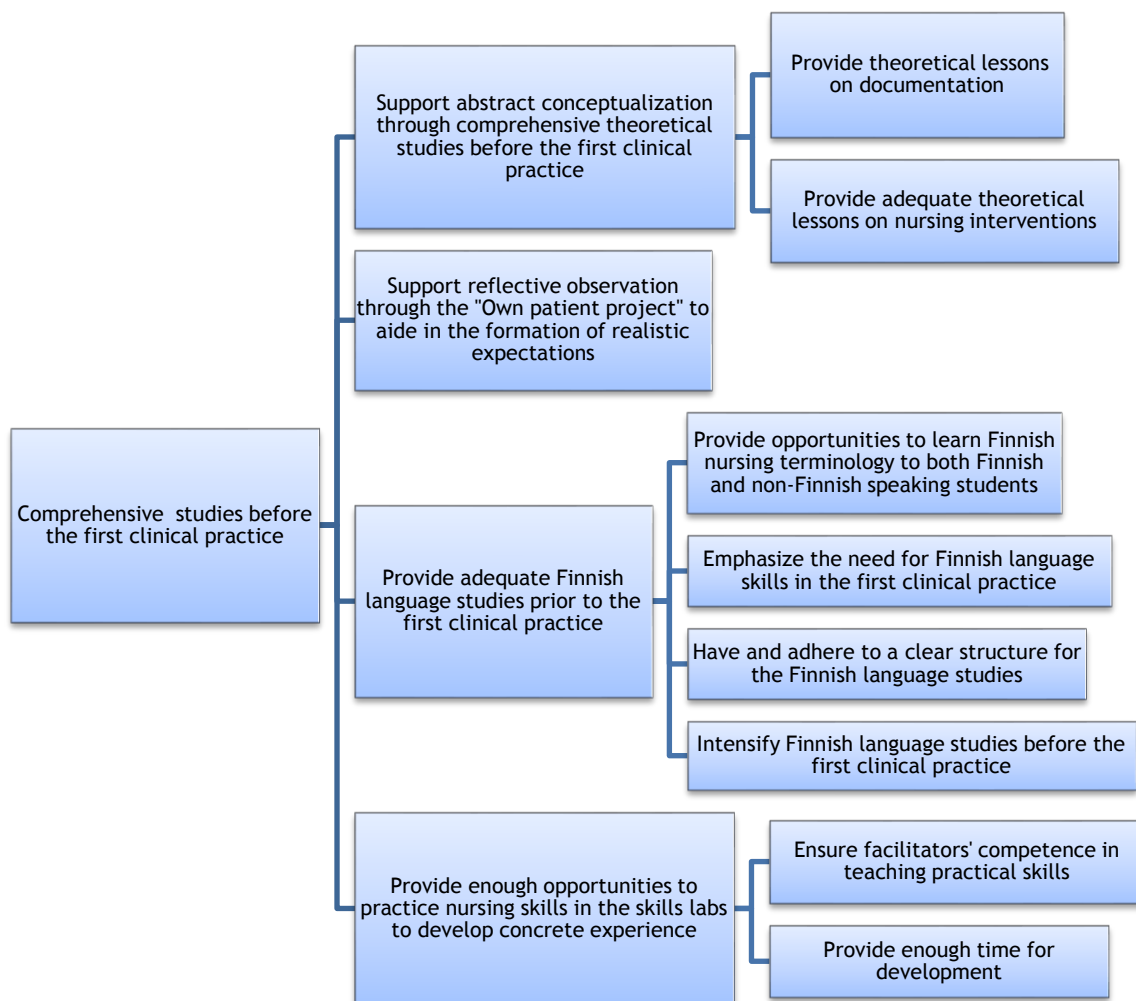


Figure 7. Students' views on the need for comprehensive studies

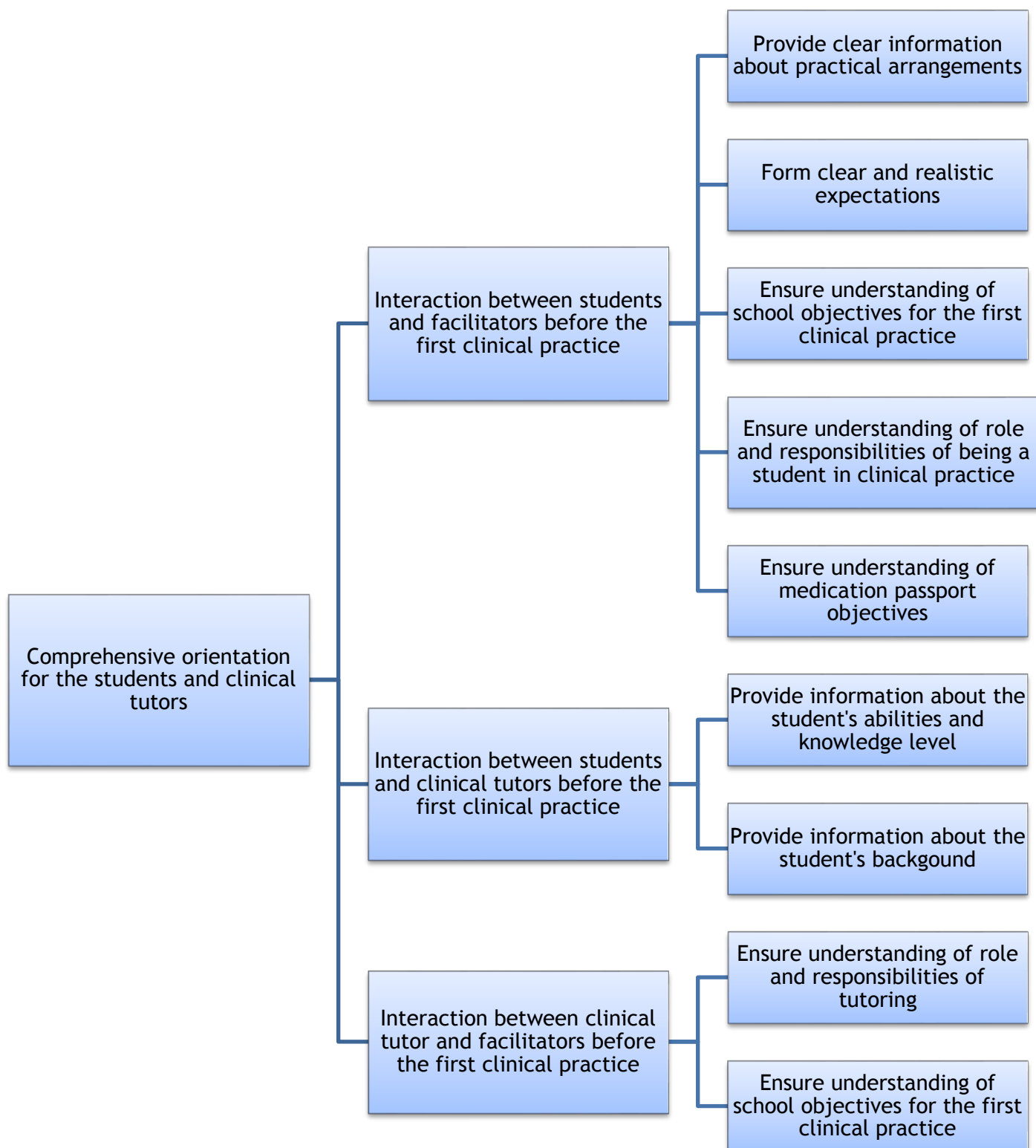


Figure 8. Students' views on the need for comprehensive orientation

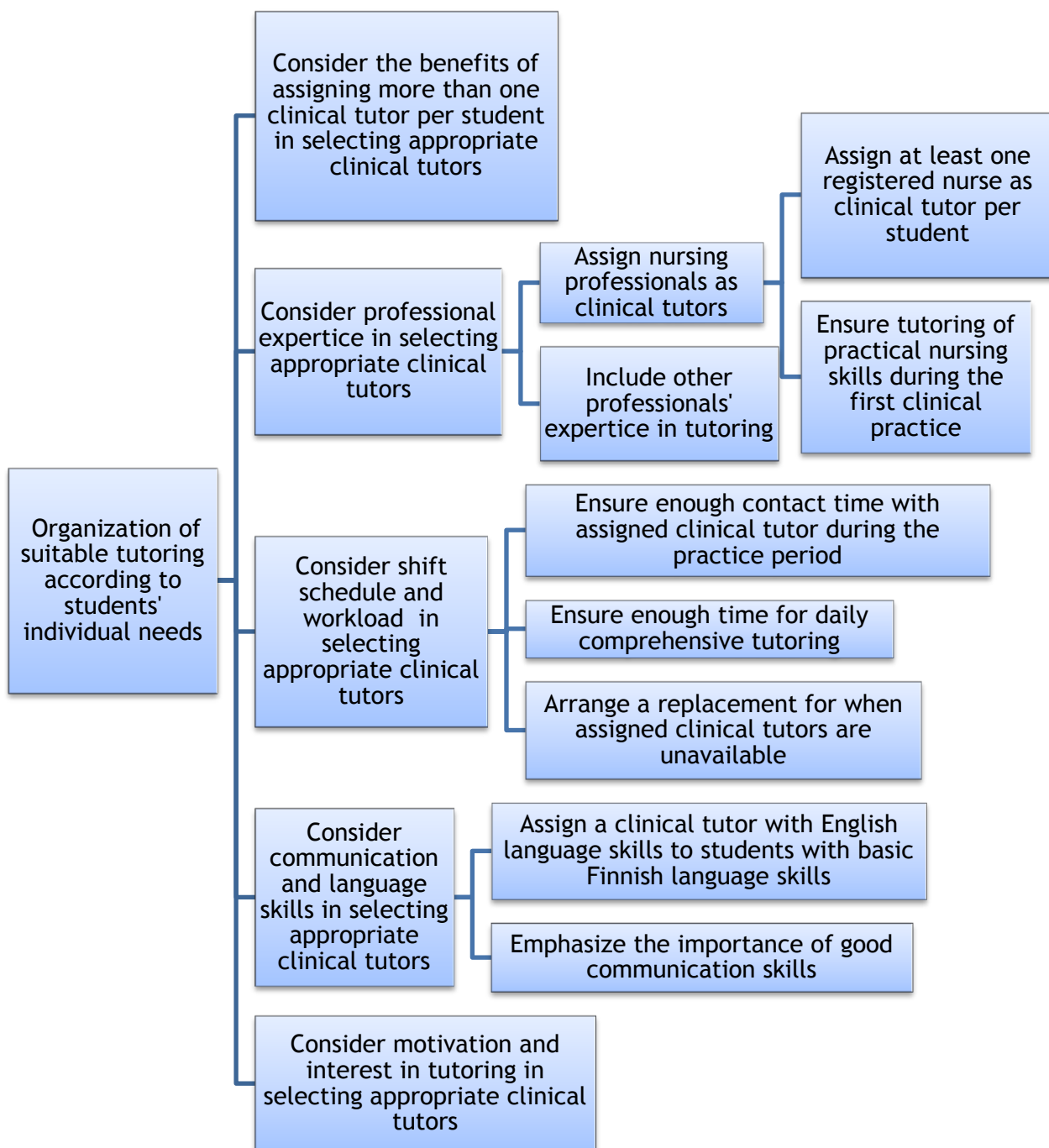


Figure 9. Students' views on the need for suitable tutoring

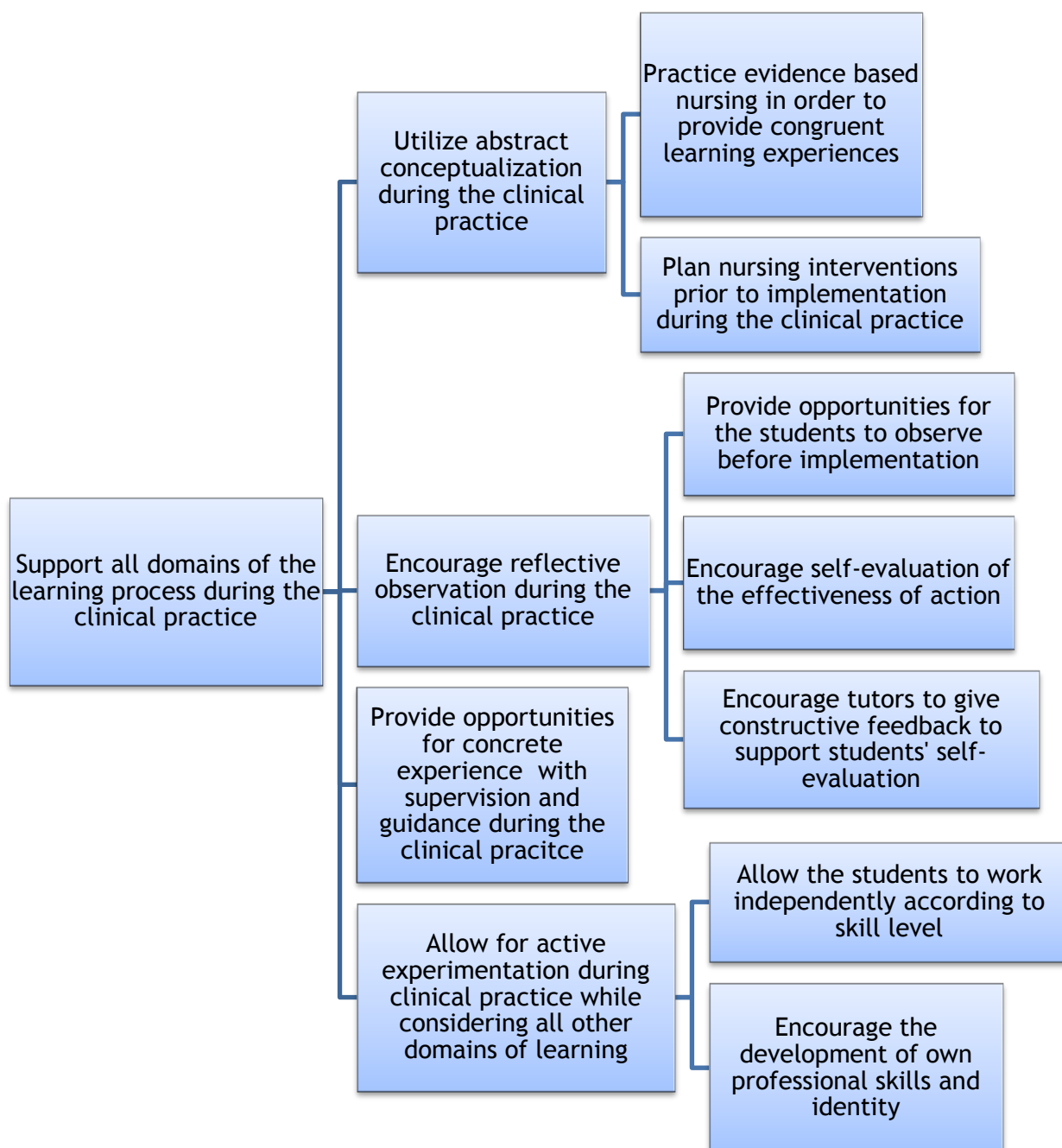


Figure 10. Students' views on learning within the clinical practice

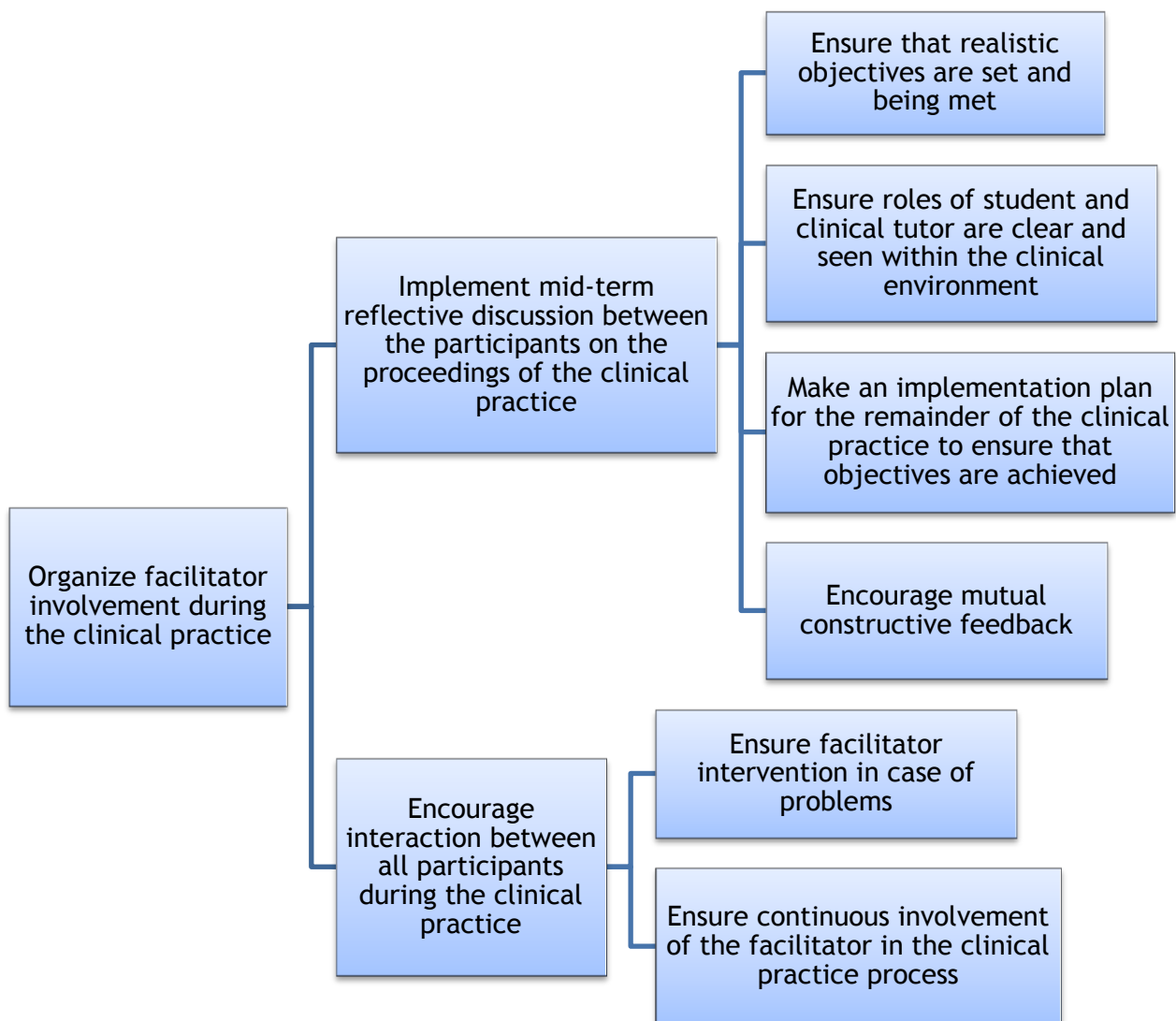


Figure 11. Students' views on facilitator involvement

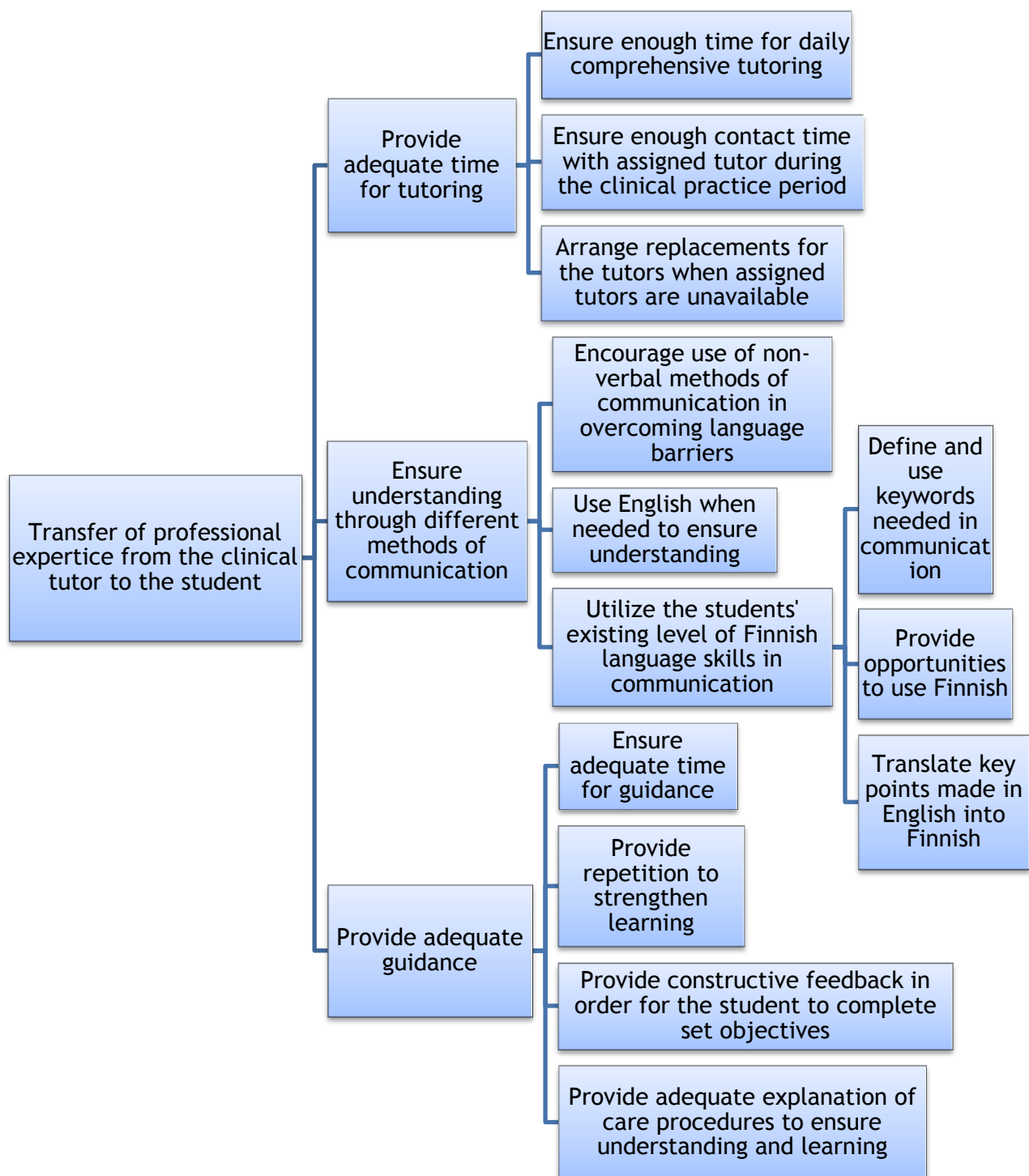


Figure 12. Students' views on the transfer of expertise

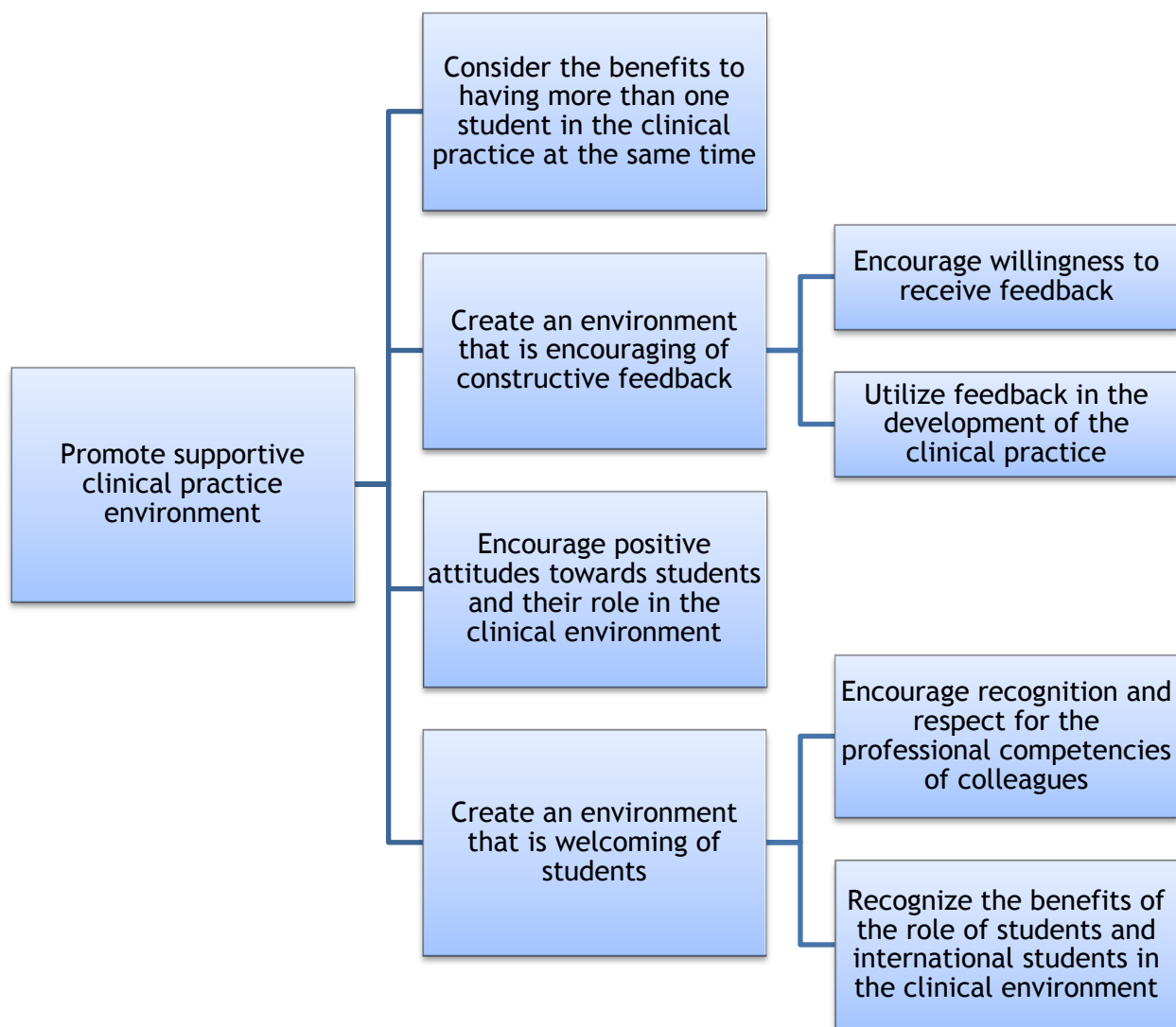


Figure 13. Students' views on the clinical environment

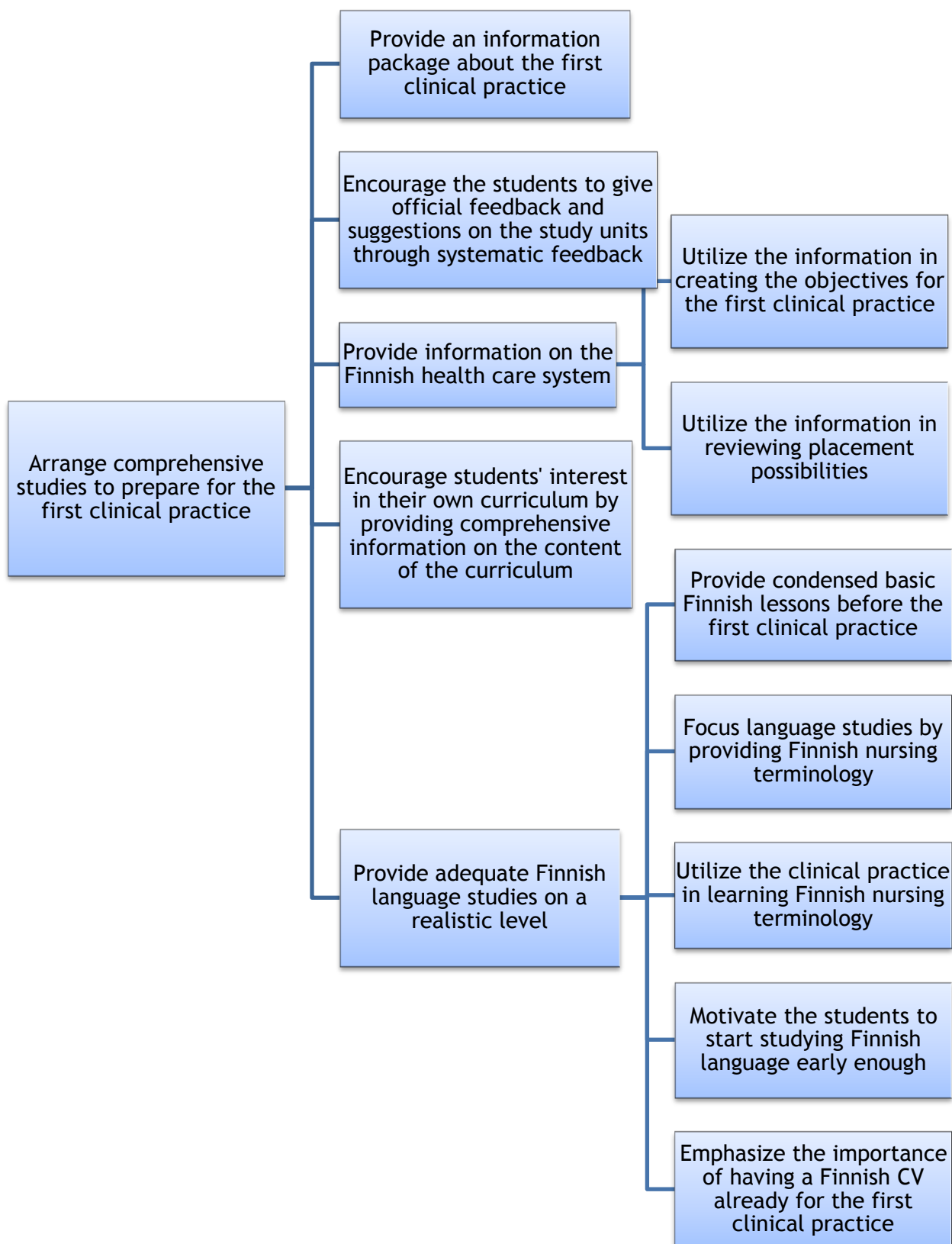


Figure 14. Facilitators' views on comprehensive studies

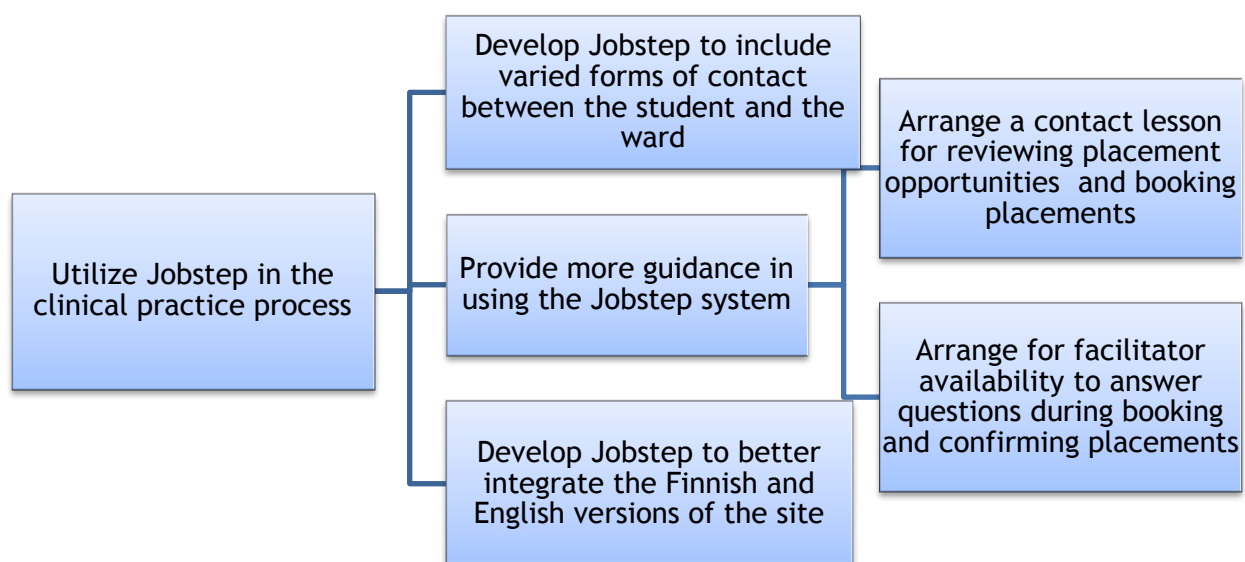


Figure 15. Facilitators' views on Jobstep

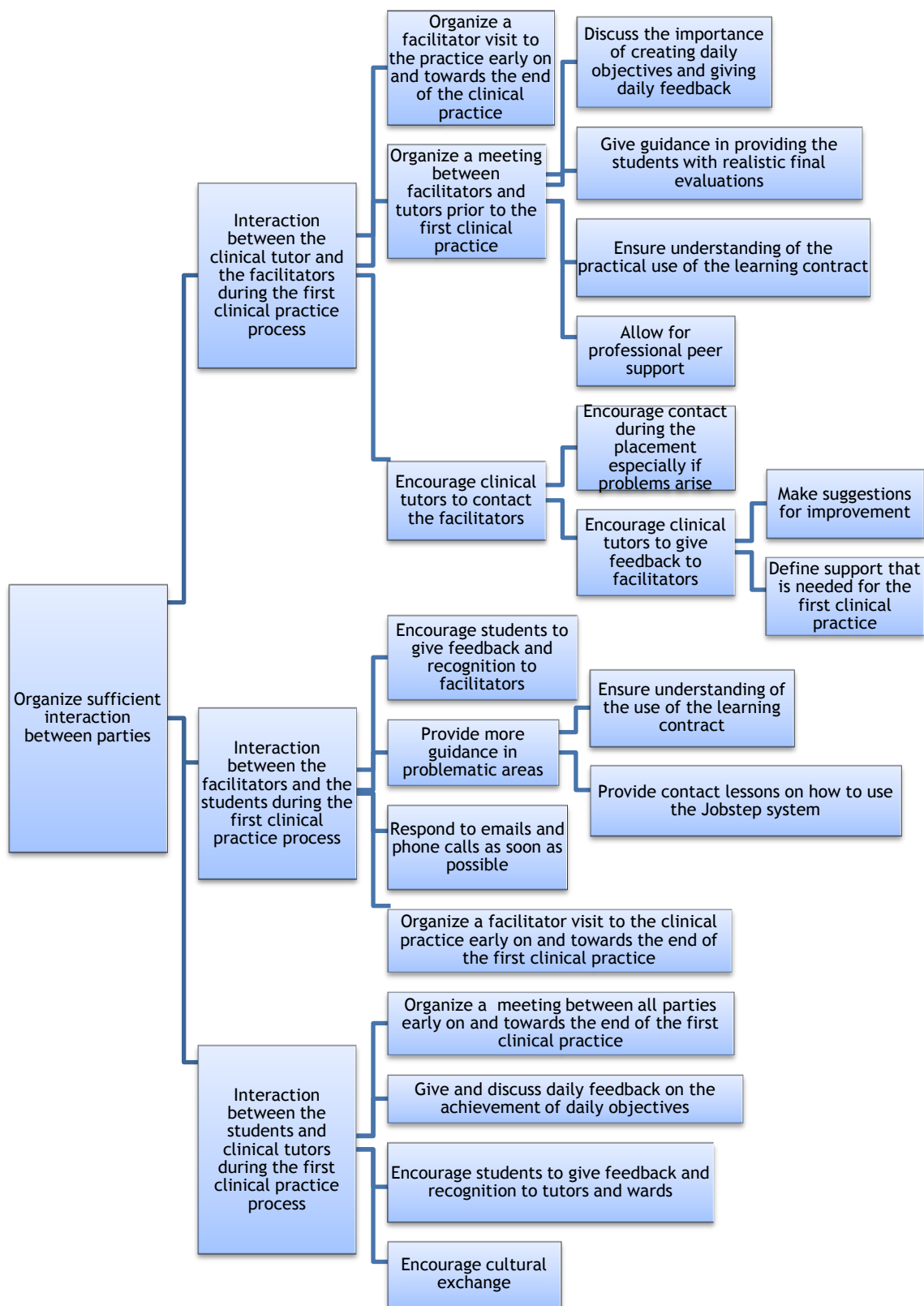


Figure 16. Facilitators' views on organization of interaction

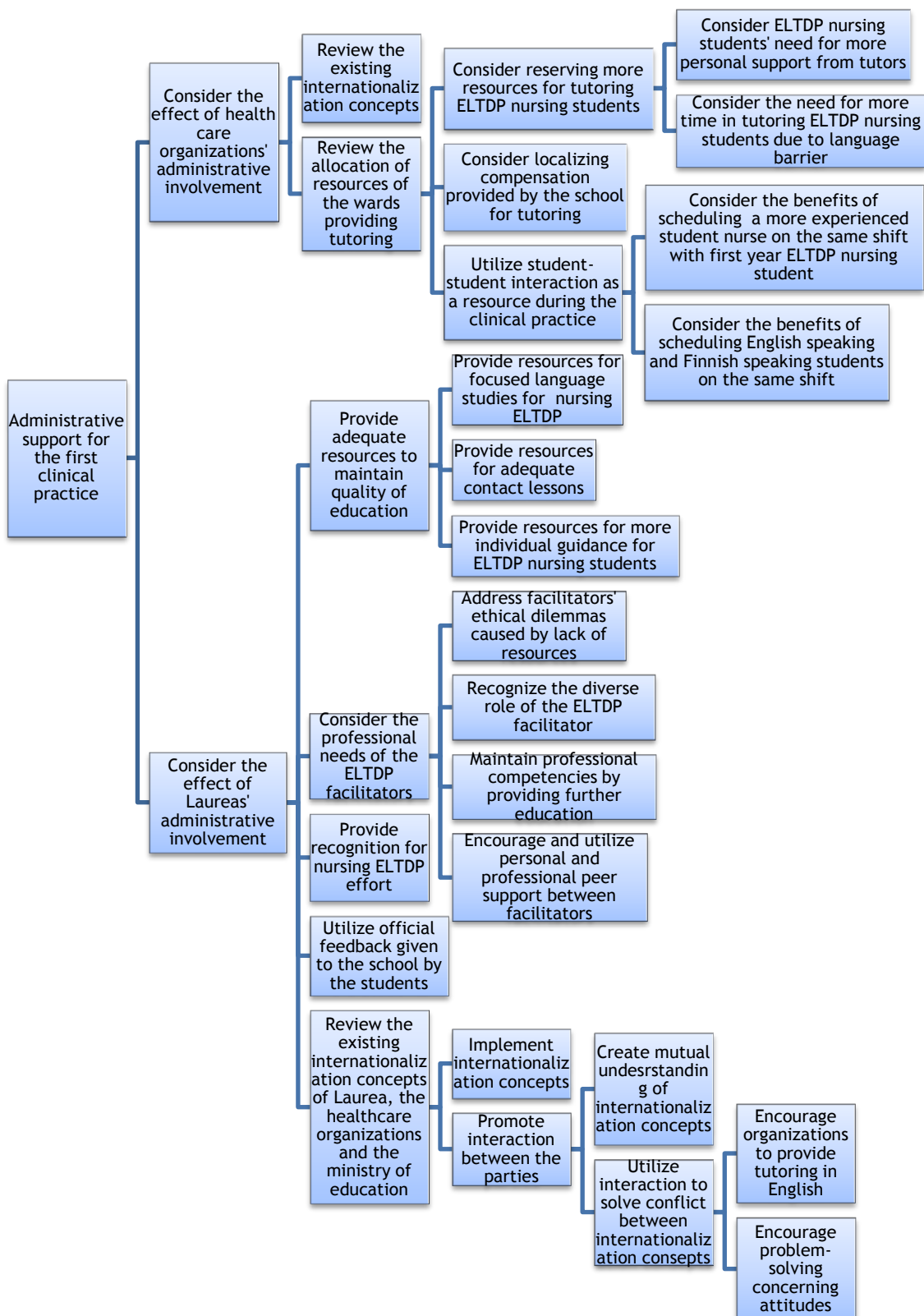


Figure 17. Facilitators' views on the need for administrative support
Appendix 4. Figures of the data

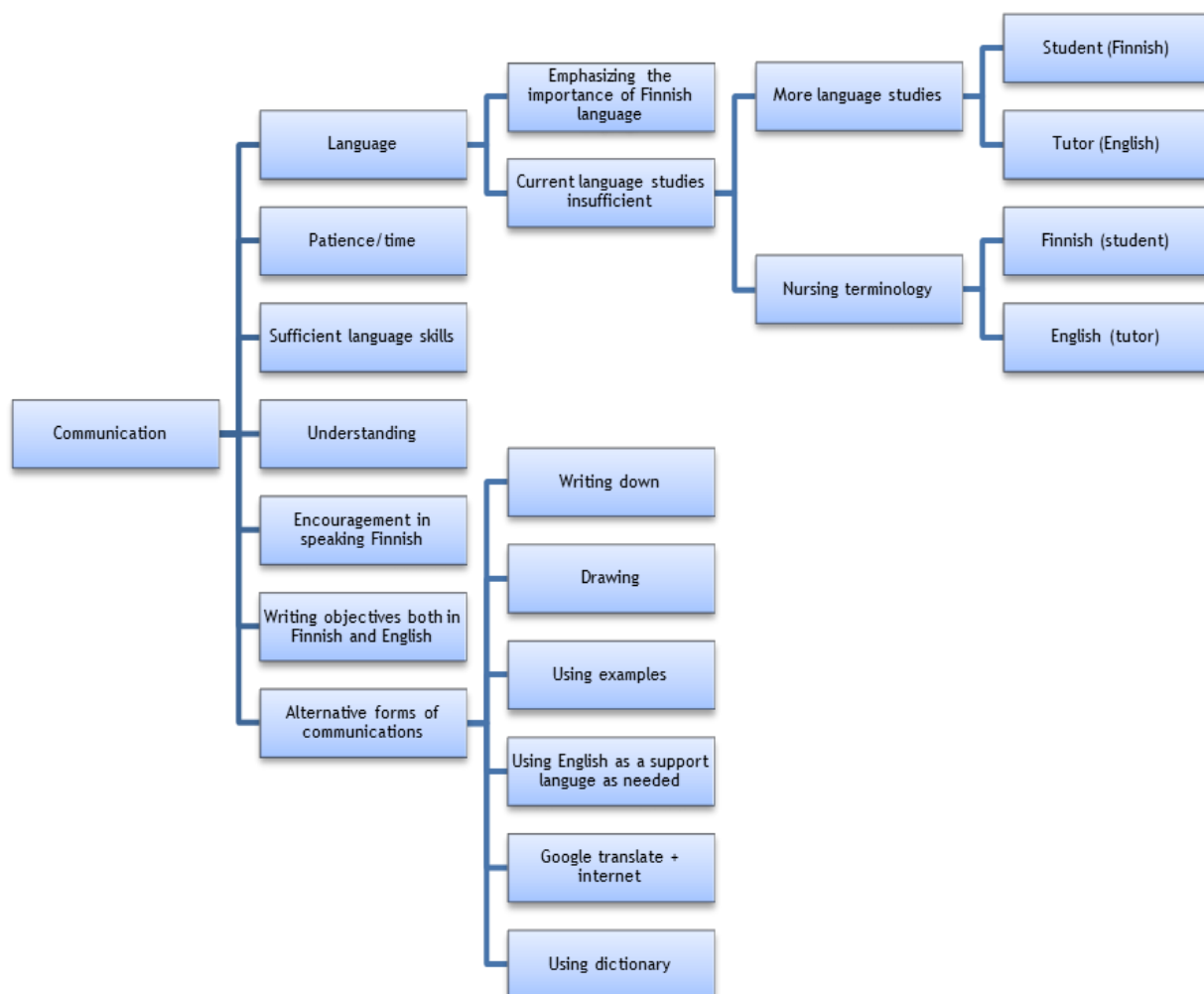


Figure 18. Clinical tutors' data: Communication

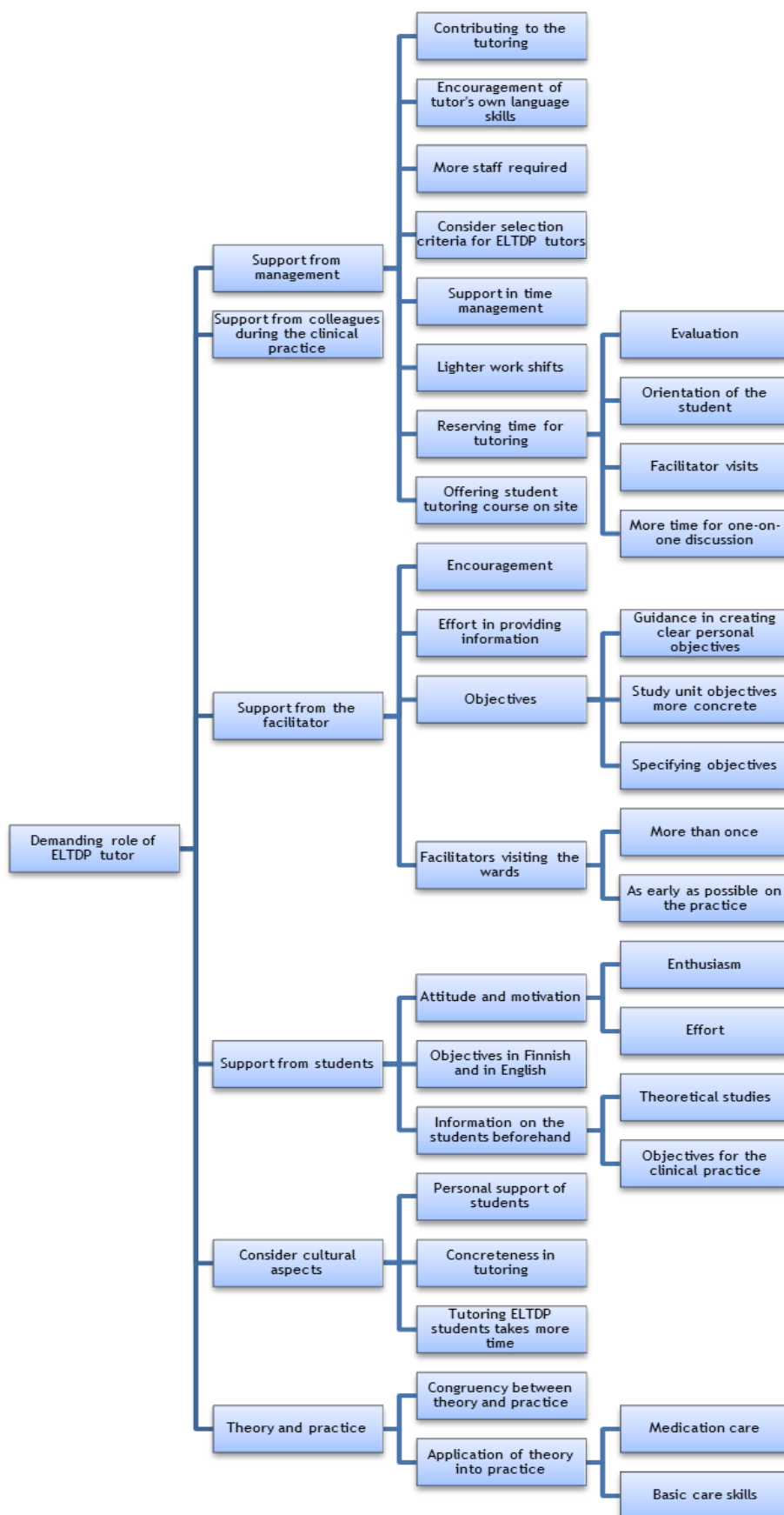


Figure 19. Clinical tutors' data: Demanding role of ELTDP clinical tutor

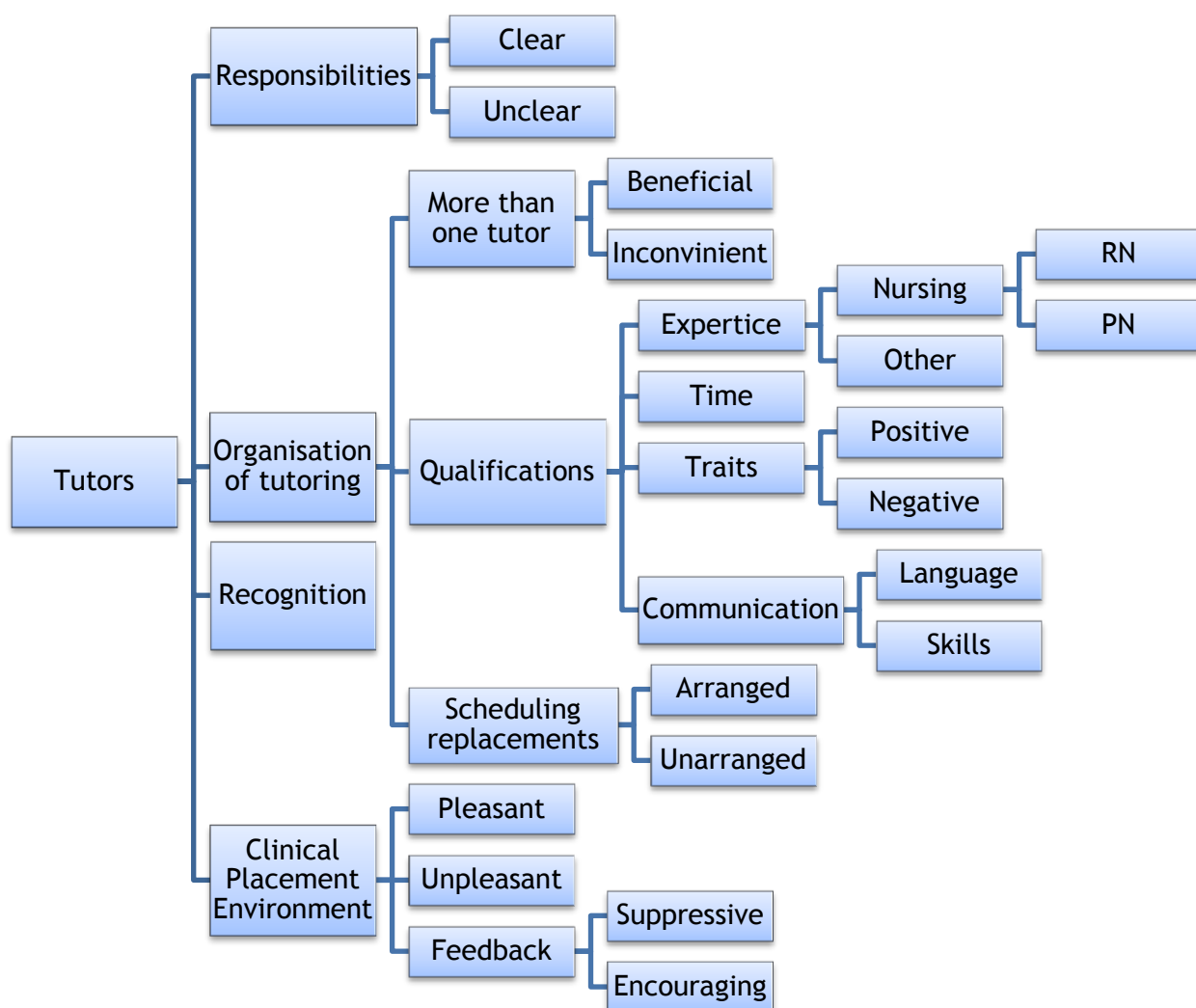


Figure 20. Students' data: Clinical tutors

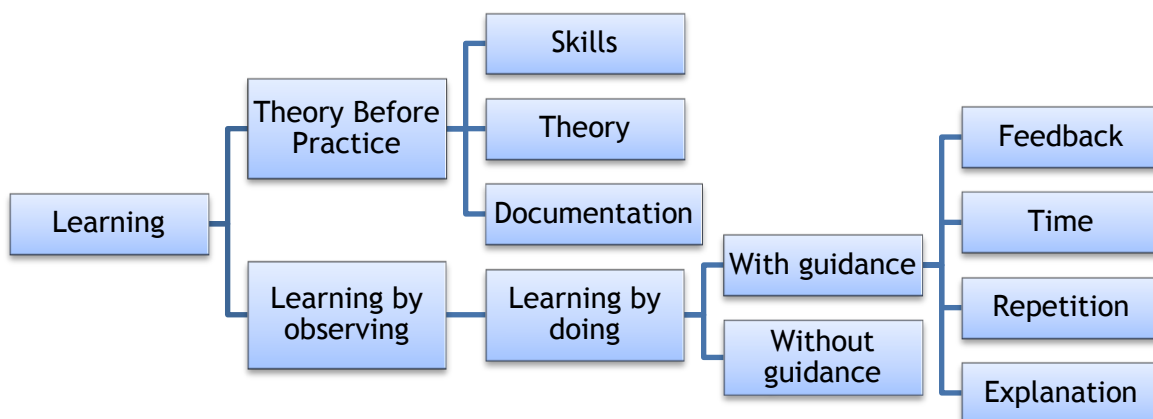


Figure 21. Students' data: Learning

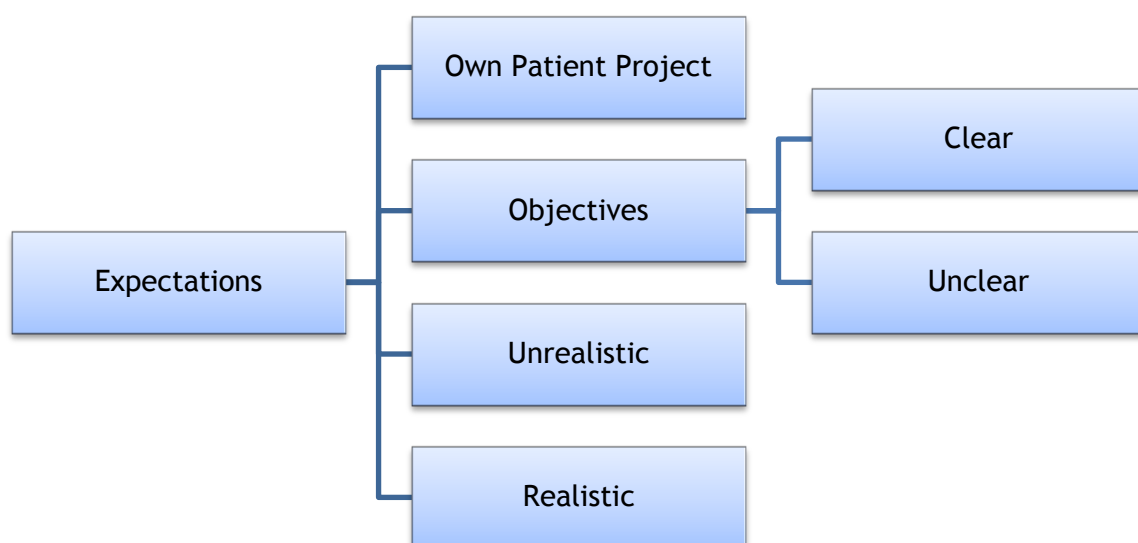


Figure 22. Students' data: Expectations

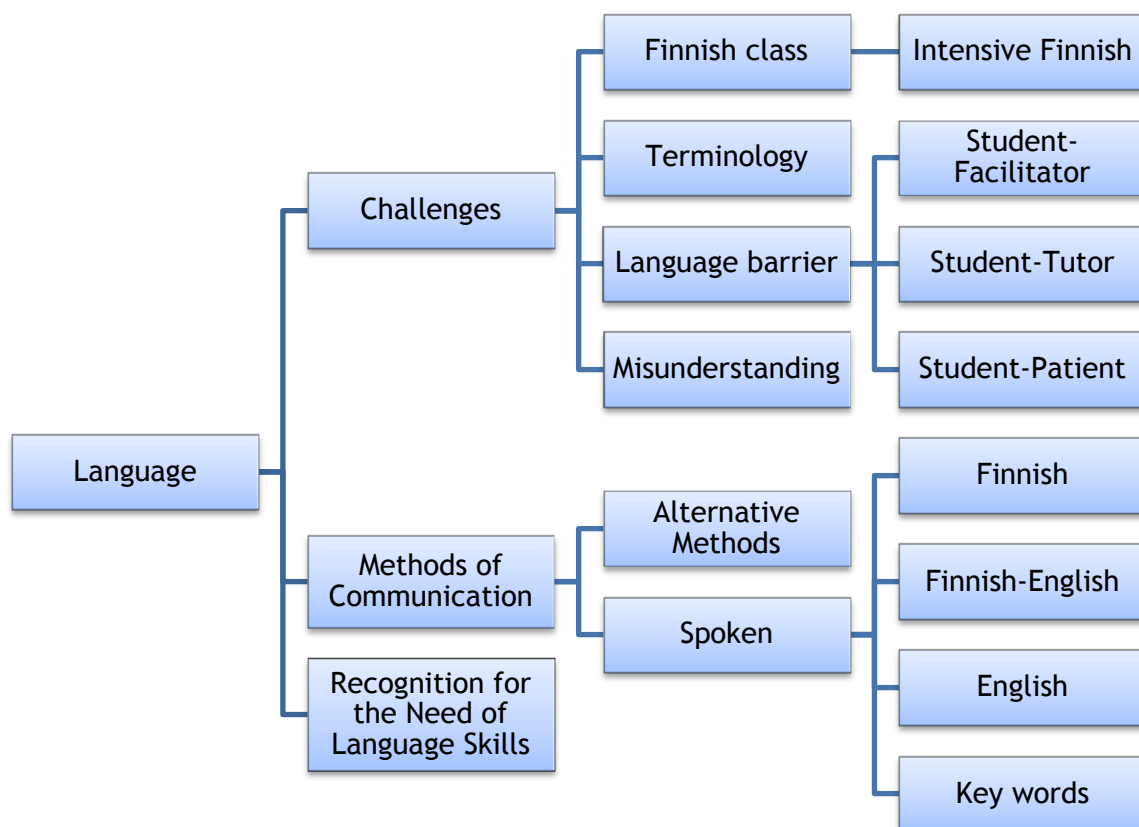


Figure 23. Students' data: Language

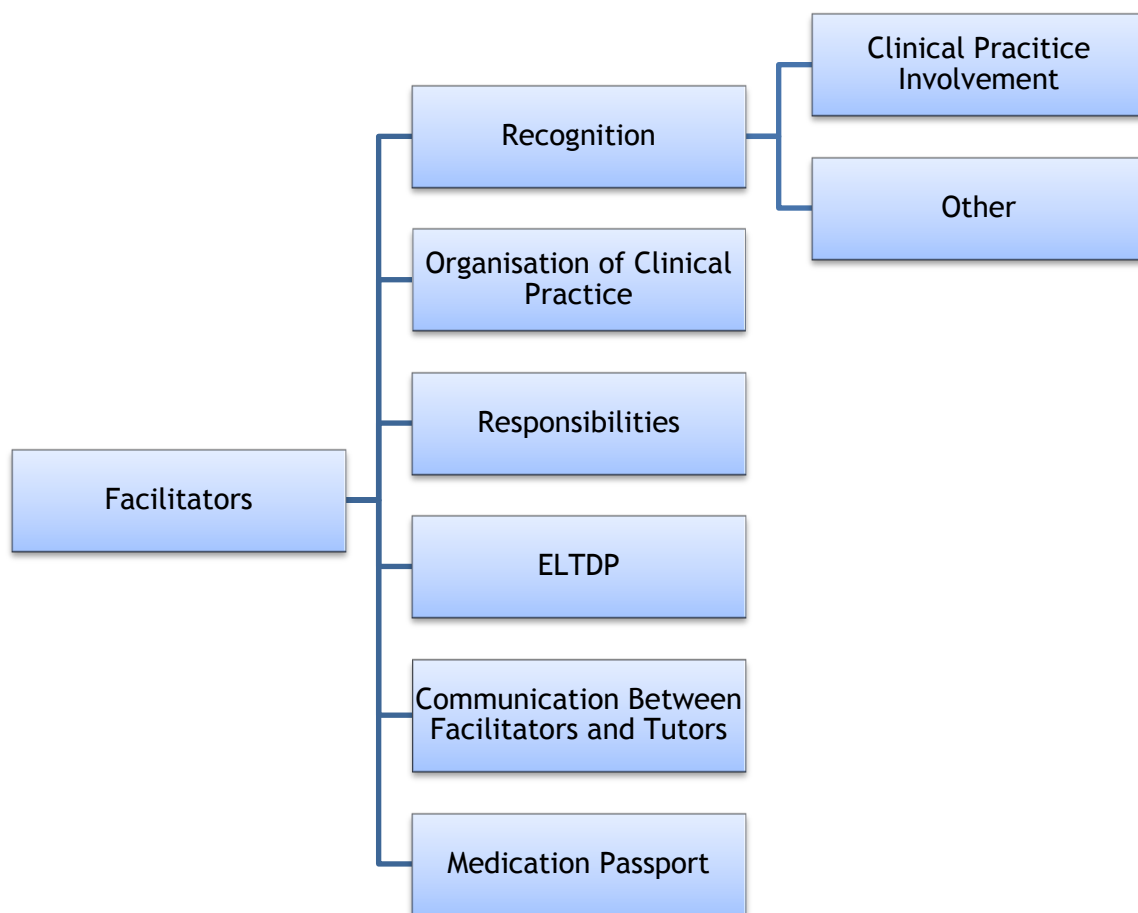


Figure 24. Studnets' data: Facilitators

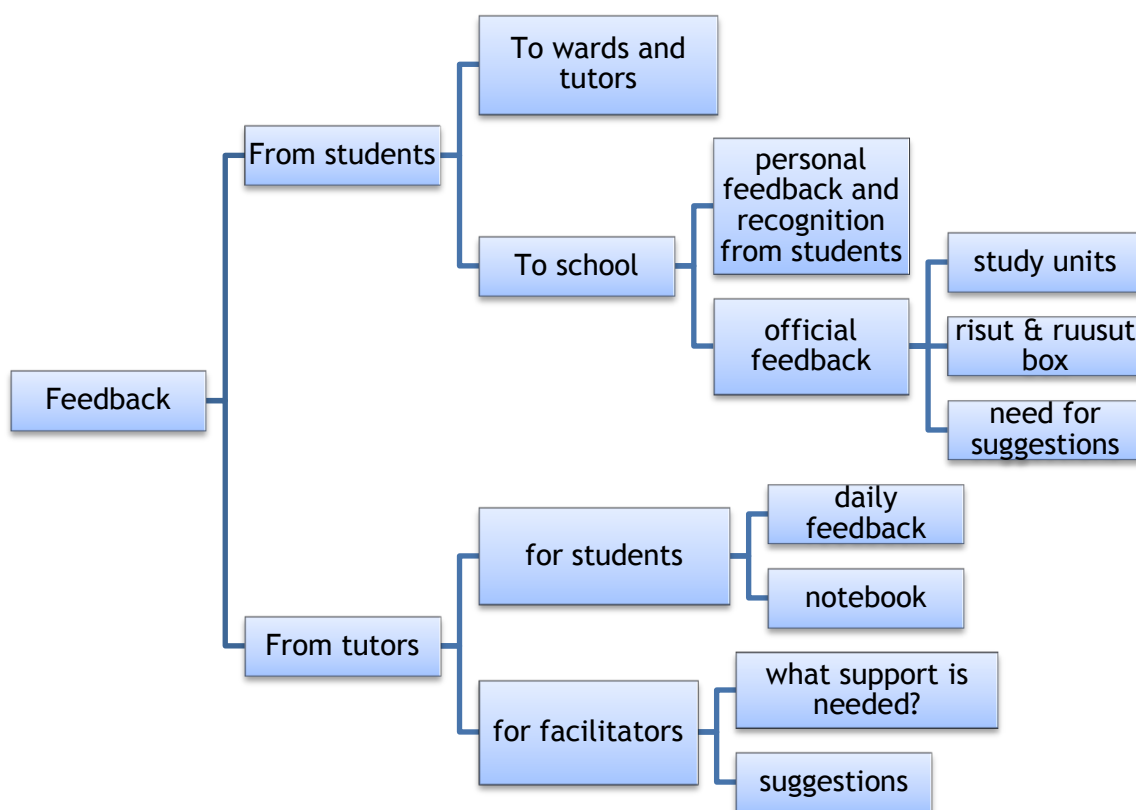


Figure 25. Facilitators' data: Feedback



Figure 26. Facilitators' data: Facilitators

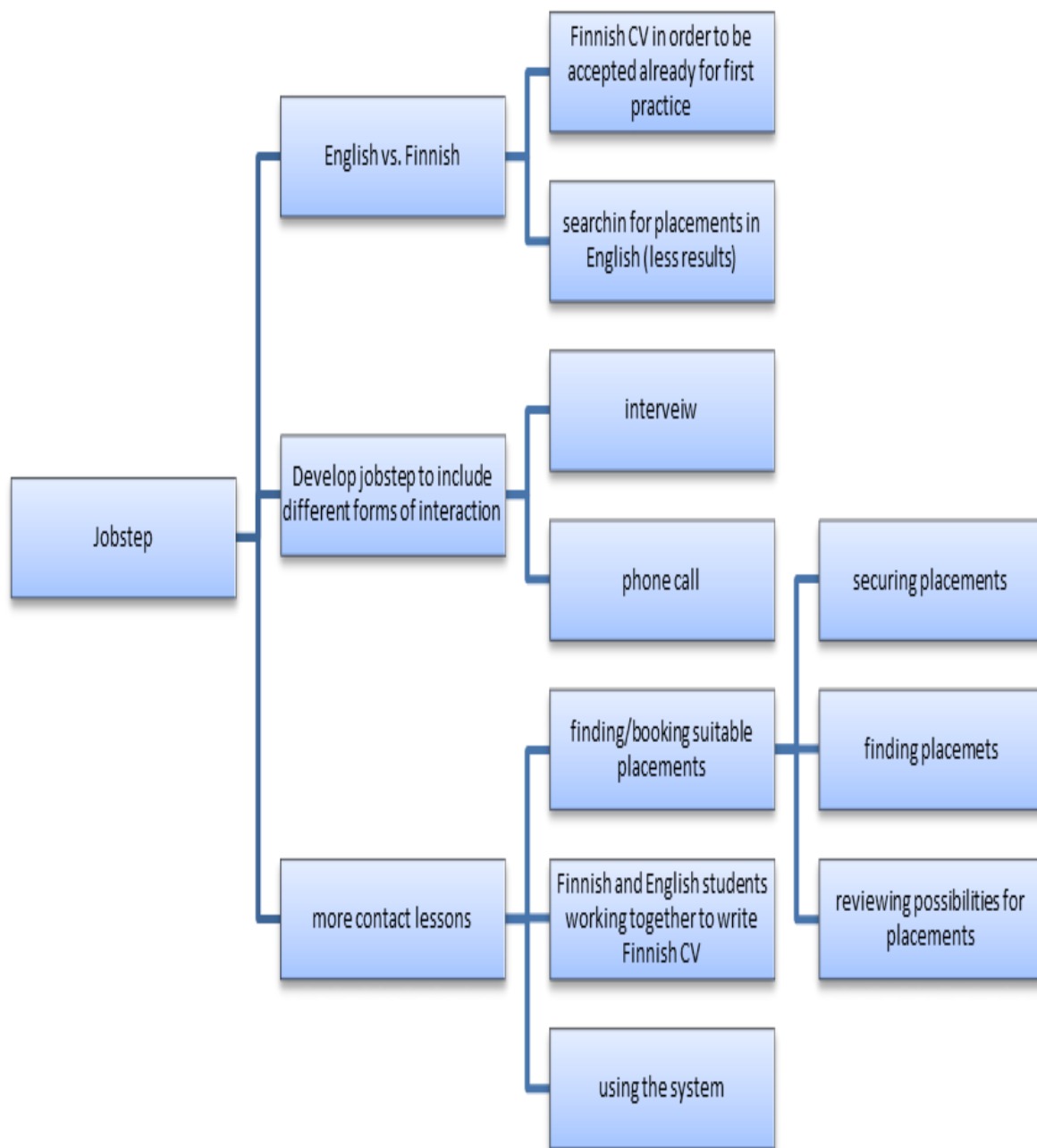


Figure 27. Facilitators' data: Jobstep

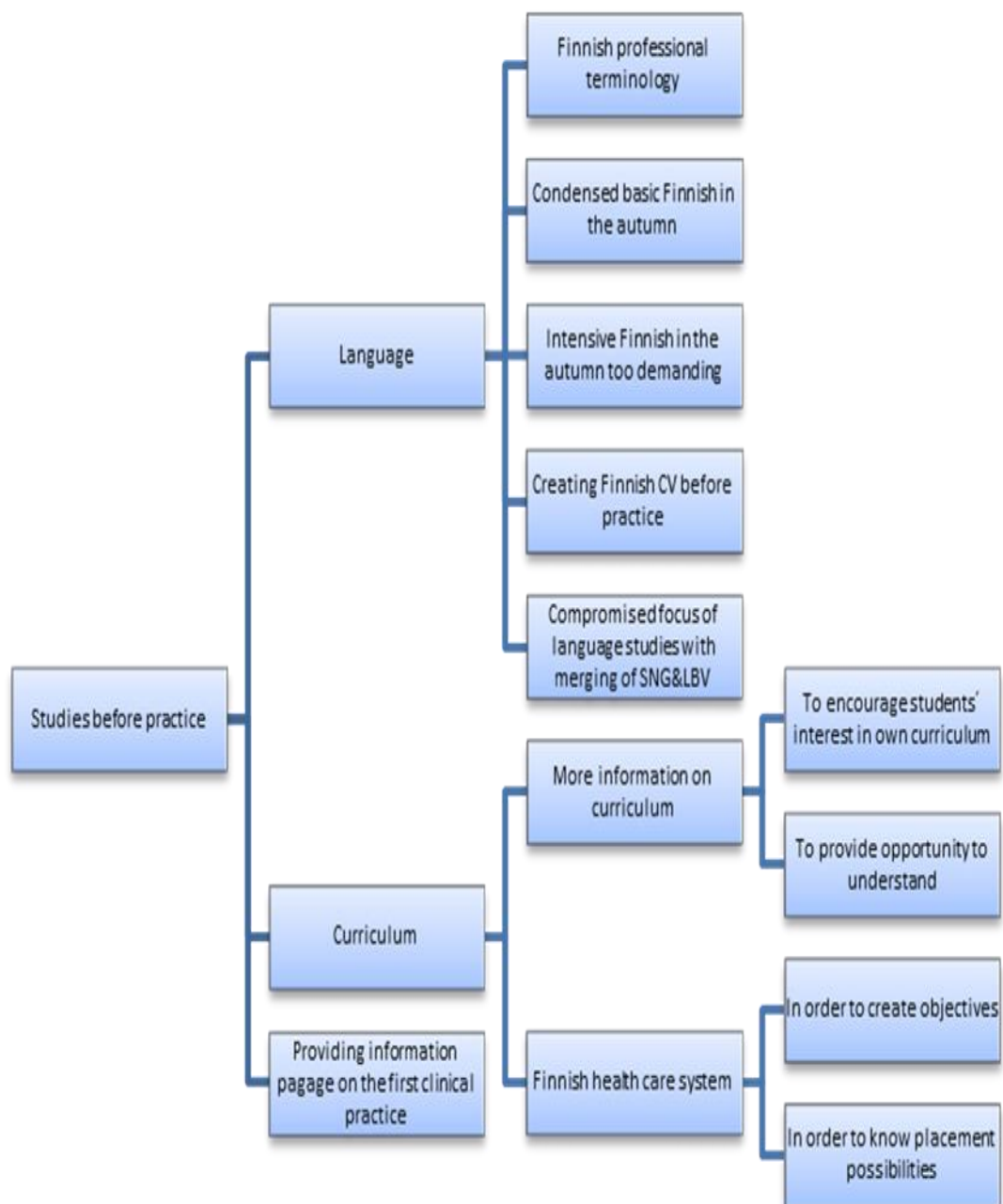


Figure 28. Facilitators' data: Studies before the practice



Figure 29. Facilitators' data: Clinical Practice

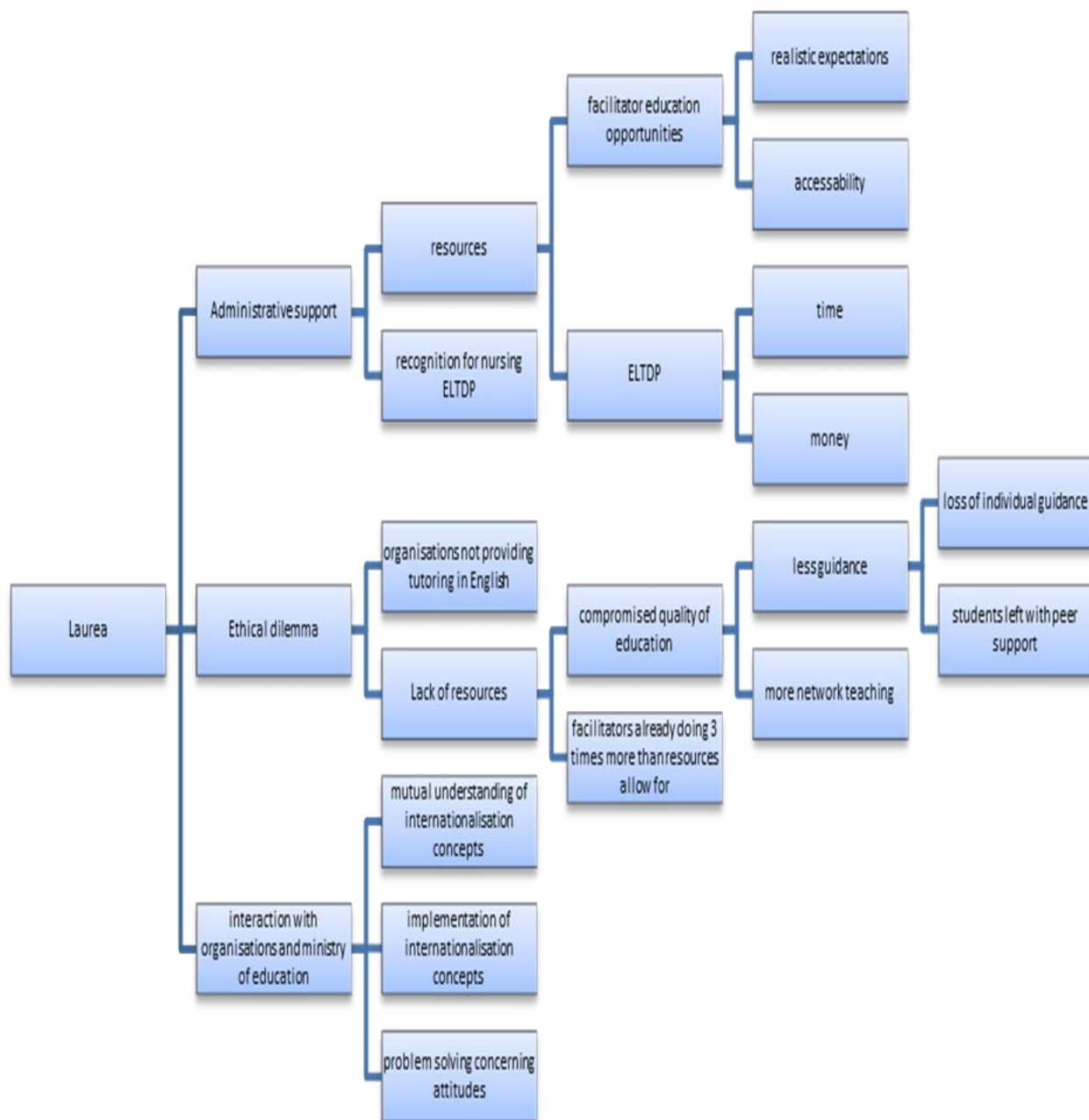


Figure 30. Facilitators' data: Laurea