



## Research paper

# Experiences of international nursing students in a regional university: A clear direction for nursing education



Coralie Graham <sup>a</sup>, Linda Ng <sup>a,\*</sup>, Odette Best <sup>b</sup>, Jennifer Patrick <sup>a</sup>

<sup>a</sup> School of Nursing & Midwifery, University of Southern Queensland, 11 Salisbury Road, Ipswich, 4305 Queensland, Australia

<sup>b</sup> University of Southern Queensland, 11 Salisbury Road, Ipswich, 4305 Queensland, Australia

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## ABSTRACT

**Background:** Australia sells education to international students, with education currently Australia's third-largest export. Asia is Australia's main source of international students, and Australian immigration policy supports international students to stay in the country after graduation. For international students, moving to Australia can involve a stressful adjustment, with major cultural and social differences.

**Objectives:** This study explores the cultural, societal, and learning experiences of international nursing students at a regional university in Australia.

**Design:** This study uses a qualitative research design.

**Setting:** Regional university in Queensland, Australia.

**Participants:** All international students enrolled in the Bachelor of Nursing program were invited to participate via advertising on the course website, flyers, and mail-outs.

**Methods:** We conducted six small focus groups, clustered by nationality: South Asian, Nepalese (three groups), Indian, and a multi-ethnicity group to explore student experiences in clinical placement settings. We conducted a seventh group, with First Nations Australian students, which will be discussed in a separate publication.

**Results:** Student responses were clustered into eight thematic groups: preparedness to study; communication challenges; barriers or challenges to learning; face-to-face learning environments; bias, racism, or discrimination; preferences for support from the university; community support; and their personal strategies for supporting learning.

**Conclusions:** The findings of this research build on previous research which shows that international students experience linguistic barriers, insufficient social support, and cultural diversities that compound their social isolation and negatively impact their well-being. Our participants reported experiences of racism and communication difficulties in clinical placement settings. International nursing students need support to manage cultural differences and Australian teaching styles. Nursing academics and clinical placement supervisors need professional development in cultural safety to improve the learning opportunities they provide for international students.

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\* Corresponding author.

E-mail address: [linda.ng@usq.edu.au](mailto:linda.ng@usq.edu.au) (L. Ng).

<sup>1</sup> Twitter: @LindaCH\_Ng

**Summary of relevance****What is already known**

International students often struggle to meet the demands of a nursing degree and may experience racism, particularly in clinical placements.

The nursing curriculum is designed to equip nursing students for clinical practice. However, the education on transcultural nursing is often overlooked, minimalistic, tokenistic, or treated as an incidental aspect, despite the presence of some positive examples.

**What this paper adds**

Identification that nursing academics and clinical placement supervisors would benefit from cultural safety professional development.

International students need support and strategies to help navigate clinical placement.

**1. Introduction**

More than 738,000 international students were studying at Australian universities in 2019, with a combined 54% coming from China, India, and Nepal (Australia Government, 2022). With the rapid growth in demand for an Australian education, competition between universities to recruit international students is increasing. Although the international student market only accounts for 6% in Australia, it is one of the top international students' enrolments in overall tertiary admissions (Productivity Commission, 2015). For Australia to remain an appealing destination, universities must meet students' expectations for learning and their social needs (Zhou, Jindal-Snape, Topping, & Todman, 2008).

Many factors influence students' choices about where to study, including personal, educational, and social concerns (Belford, 2017). International students face new educational experiences plus the need to familiarise and accustom themselves to the ways of a foreign country (Belford, 2017). International students face linguistic barriers, insufficient social support, and cultural diversity that can lead to isolation (Amril, Elfondri, Irma, & Kartika, 2022), depression (Mujawamariya, 2022), and decreased well-being (Kee, Yyadav, Ngu, & Sasitharan, 2022).

Given the importance of international students to Australian universities, universities need to consider how international students manage their study experience and whether they currently receive appropriate support (Yang, Zhang, & Sheldon, 2018). It is vital to understand how international students acquire the skills that influence their well-being. This is particularly relevant for disciplines that involve student placements and student interactions with the wider community, such as nursing.

This study explores the perceptions of international nursing students at a regional university in Australia. It explores their cultural, social, and learning experiences, including their experiences with clinical placement. The outcomes add depth to current knowledge of international students' experiences in Australia.

**2. Background**

International students choose Australia for many reasons, including the strength of Australia's education system and the appeal of being able to remain in the country after graduation. However, international students face many well-established challenges, including making new friends, understanding the social and cultural norms, and tackling challenges with daily living (Amril et al., 2022; Belford, 2017). Adjusting to a new culture significantly impacts international students' learning capability (Enoch & Williams, 2022).

Australia's education system is different from that of its Asian neighbours. Most notably, the Australian system actively encourages extroverted learning styles that differ radically from the styles used in Asia (Enoch & Williams, 2022). The Australian system increases international students' feelings of anxiety, loss of control, lack of confidence, insecurity, stress, isolation, lack of support network, frustration, and anger (Hunter-Johnson, 2022; Stevens, 2022). In addition, many international students who face financial pressures linked the high cost of education, which is typically borne by their families at home (Tolman, 2017). These challenges affect international students' learning (Hunter-Johnson, 2022) and increase the stress they experience in adjusting to their academic obligations – particularly those linked to study methods, independent learning, class participation, time management, and language proficiency (Rathakrishnan et al., 2021).

Socio-cultural differences also have an impact on international students (Hunter-Johnson, 2022). Assimilating to the university is more complicated for international students, often because of the additional barriers they face with language and social and cultural adjustments (Kristiana et al., 2022). There is some evidence that academic staff should also adjust their teaching practices to better support international students (Kristiana et al., 2022).

Nursing, as a practice-based discipline, requires the undergraduate nursing education includes learning opportunities in the clinical setting. Clinical placements provide opportunities for nursing students to develop and improve nursing skills, problem-solving patient-related issues, time management, and documentation (Henderson, Heel, & Twentyman, 2007). Arieli (2013) identified that students find clinical placement emotionally challenging and stressful. According to Levett-Jones and Lathlean (2008), students can only progress if their needs for safety, security, belongingness, and learning have been met.

**3. Methods****3.1. Design, population, and setting**

A qualitative research design was used in this study. We conducted six focus groups with a total of 17 participants who were all enrolled in the Bachelor of Nursing program at our regional university. We clustered five of the groups by ethnicity: South Asian (two participants), Nepalese (three groups, five participants), and Indian (four participants). We also conducted a multi-ethnicity group specifically focused on student experiences in a clinical placement setting (four students). We attempted to recruit a group of students on humanitarian visas but were unable to attract participants. We conducted a seventh group, with First Nations Australian students, which will be discussed in a separate publication.

We used focus groups because they combine interviewing, participant observation, and group interaction (Plummer-D'Amato, 2008), and because of the flexibility they provide for groups of different sizes. Focus groups encourage discussion and are useful for both obtaining broad insights into participants' beliefs and experiences, and encouraging interactions between participants that can elicit data and ideas that might not otherwise be uncovered (Mbous, Mohamed, & Rudisill, 2022; Wilkinson, 2011).

We recruited participants by advertising on the Bachelor of Nursing website, and through flyers and mail-outs. The advertisements were distributed to all students enrolled in the Bachelor of Nursing program. We defined our sample size as the point when we achieved data saturation, with no apparent new themes emerging from the focus groups (Rabiee, 2004). Our inclusion criteria were: (i) students must be enrolled in the second year of the Bachelor of Nursing program; (ii) students must have completed at least one clinical placement; (iii) students must identify as belonging to one of the ethnic cultural groups (Indian, Nepalese, and South Asian (Korea,

China, Sri Lanka, and Taiwan), or be in Australia on a humanitarian visa). We conducted a seventh group, with First Nations Australian students, which will be discussed in a separate publication. No previous relationship existed between the study authors and participants.

### 3.2. Data collection

Each focus group was facilitated by two staff. In each group, at least one facilitator was from a similar cultural background to the participants, to remove barriers and encourage feelings of cultural safety. The facilitators monitored the groups' interactions, and took field notes (Duboz et al., 2022) such as participants' behaviours, interactions, body language, non-verbal cues, as well as the group dynamics. We used semi-structured questions, developed from the literature, to guide the focus groups (Bruinsma et al., 2022). This provided a broadly consistent approach across the six groups, while supporting flexibility. (The questions are attached.)

The focus groups were audio-recorded and transcribed verbatim. Field notes and transcripts were compared for accuracy and completeness. Field notes serve as a form of triangulation, offering insights and interpretations that can be compared to the data from the transcripts. This process helps validate and verify the findings by ensuring consistency and accuracy (Plummer-D'Amato, 2008; Wilczewski & Alon, 2022).

The focus groups ranged from 30 to 60 min in duration, giving almost 4 h of data. In the transcripts, participant responses were individually labelled with a unique participant code where possible (participant number plus cultural identifier: India = I, Nepal = N, South Asia = SA, and multi-ethnicity group = C), and facilitators were coded Q. When responses were unable to be attributed to an individual participant, they were coded with the group code and a question mark.

### 3.3. Data analysis

We began the data analysis with a content analysis to check the frequency and distribution of responses (Duboz et al., 2022). In this study, we use constant comparative method as it is highly flexible and iterative (Reyes, Bogumil, & Welch, 2024). We continuously compare data with previously coded data. This involves looking for similarities, differences, and patterns within and across different data segments. We did this until data saturation is reached, where no new themes or insights emerge from the data. From this, we developed themes and subthemes, which became the codes for analysis. We read and re-read the transcripts to identify and understand the themes and concepts, then related these themes back to the literature (Bruinsma et al., 2022). We selected representative quotations to illustrate key ideas. The thematic categories and analysis reflect the joint decisions of the researchers.

## 4. Ethical consideration

Ethical approval was obtained from The University of Southern Queensland Human Research Ethics Committee (#H20REA014). We sought informed consent from each participant, both verbally and through written information. Data were stored in a database only accessible by the researchers.

## 5. Results

Some of the participants had come to Australia specifically to study nursing at the University of Southern Queensland (UniSQ). All had completed their primary and secondary education in their country of origin, and most had also completed tertiary studies in

their own country. All of the interviewed students from Nepal had completed a Diploma of Nursing before coming to Australia.

We grouped participants' responses into eight themes: preparedness to study; communication challenges; barriers or challenges to learning; face-to-face learning environments; bias, racism, or discrimination; preferences for support from the university; community support; and their personal strategies for supporting learning.

### 5.1. Preparedness to study

While several participants said they felt ready to study when they started their course at UniSQ, many described the stark differences between their home country's education system and Australia's: "I mean the way we teach here, and back home is definitely chalk and cheese" (N5). Participants contrasted their former education, which was based on rote learning and passing exams, with the Australian system that focuses on discussion and critical thinking: "[At home] I had to do my assignments, exams, all through written way, not through computer ... it was like task focused. It wouldn't be like [here, where] you have to practise critical thinking, what if this situation arrives, and what will you do" (N4).

Some students had completed the UniSQ Tertiary Preparation Program, which they described as useful, "I think it's really good for international students to do that, 'cos they will give you like a basic [idea] of what you can expect in the university. It's really helpful 'cos in our country it's really different ... how we write" (SA1).

### 5.2. Communication challenges

Communication challenges were almost the most common theme discussed by the international students participating in our study. In many Asian universities, "[the] medium of instruction is English but still the problem is we don't communicate much in English. We use our [own] languages" (I1).

Participants said that reading and writing English was easier than listening and speaking. They found some aspects of Australian English more challenging, including pronunciation, accents (city and rural), medical terminology, the speed of speaking, colloquialism, and jokes. Australian English creates a particular problem for students on clinical placement: "I couldn't understand especially ... the farmers. They talk very fast ... I had to ask can you please slow down" (N1).

Several said their communication skills had improved noticeably during their clinical placements: "In my first placement, I'm shy to communicate with the patients ... my facilitator and my RNs encourage me to communicate with the patient .... So in my second placement I'm [more] confident how to communicate with a patient" (I4).

### 5.3. Specific barriers or challenges to learning

Participants reported academic challenges, including their lack of understanding about how the Australian education system works, their confusion about not being 'spoon fed' information, and difficulties with academic writing:

To understand the system, it was very difficult, because back home it was more like a spoon-feeding from teachers .... The teachers would prepare all the materials and they would just give [a] lecture in all those contents. [Here] we have to be quite independent and do everything ourselves, do our own research .... It took me a while to understand ... the study system – everything – it was very difficult to understand the contents – the way the university works (N1).

Some students were reluctant to ask for help when they did not understand: "Back home we were very scared of teachers ... they

would punish us. They were very strict over there. But here was totally different, we can go and speak with them ... and we can ask them about things" (N4).

Academic writing was discussed as a problem in each focus group:

My grammar is not good, so I just felt difficulty in grammar. I find nursing interesting, so I was good with assignments. But sometimes I just do it late. It's my problem. Just with the grammars and everything, that's all. I didn't ask anyone for support. (N3)

Several felt they did not have enough time to complete the tasks in clinical skills labs:

I found if we can spend more time with the activities, it's really helpful [to learn] prioritising work and then the nursing interventions ... I just need more support from the teachers' ideas, and then can understand rather than we just always just study through online. Sometimes with the [labs] it's like bang, bang, bang ... session 1, okay session 2 bang, bang, and then, go for a break and then come back ... and then start the second round or third round. And I feel like it's just, yeah rush. (SA2)

Cultural differences created difficulties in learning and feelings of homesickness and loneliness: "At first, it's like different environment and different culture, and you are not adapt to the situations and environments, so it's bit hard at first to add up everything. And you feel homesickness, and you will cry every day" (N3).

For some participants, financial issues were a problem: "You know we have to pay like nearly \$16,000 per semester. So, my family are ... locked down in Nepal due to COVID-19 and they are not working. So, it's really hard" (N2). Participants who were working to support themselves initially had difficulty balancing their work and studies: "I need to work and balance my study and everything" (N3).

#### 5.4. Face-to-face learning environments (classroom and clinical placements)

Some participants felt unable to fully participate in the classroom – either due to language concerns or their previous educational experiences.

Definitely the fear of getting out there, like in front of ... sometimes it's the fear of [it] getting personalised.... Being singled out if you ask some question, even if you are right. I mean it comes back to the way we have been learning things since we were kids, you know.... (N5)

Some found it easier to ask questions one-to-one or in an online discussion forum rather than in a group. Several said the classroom setting was better for their learning than online.

The teacher says you can just ask any questions you have. There is not any stupid questions so that made me really comfortable with that .... That's why I was telling you that online is not good because when I am in the class at uni I could ask questions in person to the teacher face-to-face and the teacher would know me ... and that really helped. (N1)

Some students said they would not attend class if their classmates from the same cultural background were not attending, for fear of being alone or snubbed by students of a different nationality.

I was more comfortable in class with [other Nepalese students] ... we would form as a group there, and if one of them won't come to the classes, then most of them wouldn't come, because they had that fear that, oh what I would be left alone, and I don't want to be alone in my class, sitting alone in my table, and no one would speak to me, you know .... But while I moved on, while I was studying, more and more I got to experience there are many

Australian friends now, they are very good, although we have some cultural differences, but it's good. But it's just that starting phase, you know. (N3)

Other students felt confident about participating in the classroom: "I feel pretty much confident because I feel teachers are very much engaging with the students" (I2).

Students encountered several barriers to fully participating in clinical placements. "One of the RNs ... whenever I want to ask a question, she always shush-shush-shush me ... so I just stopped asking her then" (C1). Some commented on experiencing RNs who refused to allow them to do meaningful patient care: "You know, they think about the student there to just make a bed and shower" (C4). Some felt publicly embarrassed about their language: "We still struggle to understand Australian slangs and people. And they instantly judge us, oh they don't know the English ... especially during placement, people just judge, oh English their second language" (I3).

Most students reported that they gained confidence over time, particularly with the support and encouragement of clinical facilitators and staff who mentored them appropriately.

#### 5.5. Bias, racism, or discrimination

International students described many instances of bias, racism, and discrimination, mostly on clinical placements from clinical facilitators, placement staff, and patients. One participant commented:

We all three [non-Australians] felt similar, she discriminated ... she was so friendly with both Australian students ... and she never come to the floor to help us... I also begged her, after every shift can we have small briefing, so what we learn you know. She refused to do it. (I1)

One participant described feeling unable to complain about facility staff, because of how they may be perceived:

I didn't feel much discrimination against me, but I hear that one of the nurses ... she was just talking to other nurse; oh, you get all of the students from Nepal .... It's just maybe a joke ... but for me, I don't know if that nurse doesn't want to involve any student for her work ... or maybe she's picky or she doesn't like Asians. (C3).

Some participants believed they were treated differently on clinical placement from white Australian students: "[The clinical facilitator] never come to help us on the floor but she was always going back to the Australian two girls and talking on the floor about what they're doing and what not" (I3).

Participants said they also experienced racism on placements from staff from different racial backgrounds based on perceived conflicts with their country: "A colleague, she's also from a different country and she hates Indians ... so she told me, I don't like Indians. Whenever I talked, she was laughing at my accent ... and she's laughing behind me .... That day I cry, it was very bad for me. (I4)

Not all the racism participants described was overt: "I have experienced that – they wouldn't say it directly in front of us saying that I don't want you, but I have had some registered nurses who wouldn't like to take me but would rather prefer Australian students" (N1).

Participants who described instances of racism, bias, and discrimination said they only experienced it from a small number of clinical placement staff:

Other nurses are always there to help if we need. It's a multicultural ward anyway, so level 2, so a lot of Indian nurses, and Irish, and some Nepalese, and yeah, it's just pretty multicultural. So, a lot of them are really helpful, other than, except one. (C3)

### 5.6. How could University of Southern Queensland provide more support?

Participants suggested several supports that they felt would help international students, particularly in relation to clinical placements. They noticed that some nurses were unwilling to buddy with international students: *“But maybe some exclusion from the students ... there are some nurses that – I don’t think they like students with them”* (C1) and some were unwilling to allow international students to fully participate in patient care: *“So, I don’t know, like maybe [the nurse unit manager] should take some initiative to what students are doing, you know, what students are learning there”* (C4).

Some students had poor experiences with clinical facilitators:

When I go for my placement, I want to learn the things I don’t know, but the thing is rather than focus on learning, we are scared about the facilitator [and] how they’re going to see us. How they’re going to judge us. We are human beings, we can make mistakes and we are in the learning phase. (I1)

Some participants were concerned about the timing of clinical placements, which sometimes clashed with mandatory laboratory attendance. They also described receiving late placement rosters and placement locations that created transport difficulties because they needed to rely on public transport. Some students were afraid to travel alone late at night after a shift: *“... this is extremely stressful for someone who is alone, I think this is the issue, biggest issue which I’m experiencing”* (I3).

For students with a young family or other caring responsibilities, family circumstances created difficulties with placements. The families of these international students often believed that, with the high costs of the university, the students should receive more support. *“I have a little one at home ... I also don’t have any family here, I can’t leave my kid by themselves, she’s only three years old”* (I3).

Some students commented that extra help from someone who understood their additional needs and cultural background would be valuable. For example, students who had access to a previous or more advanced student from their home country as a student representative found this helpful. The experienced student could advocate for them with the university and act as a go-between to help them negotiate challenges.

Some students said the time spent in laboratory classes was inadequate and was further challenged with the impacts of COVID-19. They felt they needed additional practice laboratory sessions to enable them to improve their skills. They also felt the university could provide English language courses, help in applying for recognition of prior learning, assistance with finding local work, and psychological and emotional support.

### 5.7. Community support

Some participants identified that having community support from people who had moved to Australia from their home country helped them to adjust to life in Australia. This support helped with their study, being homesick, financial support, and coping with the stress of study and assessment.

Students who lived in the UniSQ student accommodation found this to be useful, particularly when they first arrived in Australia. On-campus accommodation helped them to feel safe and helped them make connections with other new students. *“So I think it’s better if the university provided for the first – first six month, some program for Nepalese students, so that they can feel homely and psychological support especially at the first few months”* (C2).

### 5.8. Students’ personal learning strategies

Students cited several strategies they used to overcome challenges to their learning, particularly in relation to clinical placements. Some prepared for placements by researching the policies and procedures of the facility, the types of patient conditions they would be faced with, and common treatments including medications. Some practised the procedures they might need to do. Students also commented that being organised in planning their study was important; some sought help with this from UniSQ support services.

Some discussed the need to discriminate between good and bad role modelling from clinical facilitators, saying they needed to consciously decide to reject the bad.

When you go to placement, you also are observing the nurses, like how they do their shift, how they plan everything, so I think I’m just going to pick up on the positives that I saw on them, like what they do that I think that I can also adopt in my nursing career someday, and just leave the negative, yeah. (C1)

## 6. Discussion

The aims of this study were to explore the perceptions of international nursing students with cultural, societal, and learning experiences at a regional university in Australia. Our focus groups with the 17 students suggest that universities could do more to support international students, particularly for clinical placements. The students’ responses add depth to current understandings of the challenges faced by international students in adjusting to the Australian university environment, managing their learning strategies, and engaging in clinical placement.

The participants’ comments show that they experience bias, racism, and discrimination, which is most evident in the clinical environment. Students’ experiences of overt racism in clinical placements were the most concerning finding of this study. Not surprisingly, this experience was immensely distressing for the students involved (Lim et al., 2023). Some students also experienced bias in laboratory and theory classes.

Participants feel that clinical supervisors treat them differently from their Australian counterparts, and they struggle with communication in the clinical environment – with patients, with supervisors, and with other staff. There may be opportunities for universities to better prepare students for clinical placements, provide training for placement supervisors, and improve the support available during placement. Training in cultural safety for placement supervisors and educators may be particularly relevant. Best et al. (2022) identified the need for professional development for nursing and midwifery academics in both cultural safety and unconscious bias, to develop their knowledge of cultural groups and support their approach in educating students from diverse cultural backgrounds.

The participants in our research also discussed their preparedness to study and barriers or challenges to their learning. The Australian learning environment, which encourages group discussion and critical thinking, is beyond the experience of many international students, who may have been rewarded for rote learning in their country of origin. Participants in our study suggested they needed better preparation and support to fully embrace the Australian style of learning. They suggested the university could provide more preparation classes and ongoing peer support to help them adjust to living and studying in a regional Australian city (Lim, Honey, Du Toit, Chen, & Mackenzie, 2016).

Our study suggests that academic staff should be mindful that international students have difficulty in grasping academic writing and classroom communication. International students may need

more time to think and reflect, particularly in laboratory classes. Because international students are typically more confident with reading and writing than with speaking and listening, academic staff may not notice this problem. Academic staff need to consider their communication style and their pedagogical methods to ensure that international students receive sufficient guidance.

International students represent a large revenue stream for universities, and international students themselves are fully aware of the value they bring. Several participants in our research said they expected and needed better support from their university – both to enhance their student experience and improve their educational outcome (Fronek et al., 2021).

This study is not without its limitations. Firstly, the small number of students who participated in this study means we cannot generalise the findings beyond our cohort of nursing students at one regional university in Australia. However, the study extends and supports other findings in the field and adds insight into the experiences of nursing students. Different findings may emerge if similar studies are undertaken in other universities or with students from different disciplines.

## 7. Conclusion

The findings from this study are consistent with the broader literature about the experiences of international students, who typically report linguistic barriers, insufficient social support, and cultural diversities that compound their social isolation and negatively impact their well-being (Mitchell, Del Fabbro, & Shaw, 2017; Sidhu, Cheng, Collins, Ho, & Yeoh, 2021). This study supports and extends that work, most notably by identifying the difficulties that international students experience with clinical placement.

With a post-pandemic push for more nursing students, Australian universities need to ensure that international nursing students receive a culturally safe education (Best et al., 2022). The Australian university sector is highly reliant on the revenue of international students, and many international students will apply for Australian-permanent residency when they graduate. Educators need to ensure that these students are well-equipped to study successfully in Australia and to work across our healthcare settings.

## 8. Recommendations

This study provides clear evidence that international nursing students need support to understand and manage their new cultural and learning environment. In addition, students, educators, and clinical placement supervisors need support to improve cultural awareness and cultural safety within the clinical placement setting. Educators need clear guidance on how cultural safety fits into their responsibilities and how it intersects with their teaching practices. Although Ramsden (2002) has been mandated as part of the nursing curriculum, educators may need additional professional development to fully integrate it into their work (Best et al., 2022). This additional professional development could include pairing educators with mentors who have experience in implementing cultural safety initiatives and can provide personalised guidance and support. Mentors can help educators navigate challenges and offer practical advice based on their own experiences. Encouraging regular feedback and reflection on teaching practices related to cultural safety can help educators identify areas for improvement and celebrate successes. Creating a culture of continuous improvement is key to sustaining meaningful change. In addition, clinical facilitators and clinical placement supervisors need to be provided with cultural safety professional development opportunities to help them recognise and reflect on any unconscious biases they may hold towards international students or students from particular cultural

groups. Organisations can create a peer learning and support network where clinical facilitators can share experiences, challenges, and successes related to cultural safety. Peer support can be invaluable in fostering a sense of ownership and commitment to implementing cultural safety principles. With the urgent need for more registered nurses to meet Australia's healthcare needs, providing a culturally safe place for students to study and complete clinical placements must be a priority.

## Authorship contribution statement

**Coralie Graham:** Conceptualization, Methodology, Funding acquisition, Project administration, Writing – review & editing. **Linda Ng:** Project administration, Writing – original draft. **Odette Best:** Project administration, Writing – review & editing. **Jennifer Patrick:** Formal analysis.

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None to declare.

## Ethical statement

This study has received ethics approval by The University of Southern Queensland Ethics Review Committee (#H20REA014). This study has also conformed to the provisions of the Declaration of Helsinki. Date of approval: 10 July 2020.

## Conflict of interest

We have no conflict of interest to declare.

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