

Preparedness of Nursing International Students for their Clinical Learning in the Philippines

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Abstract

The Republic of the Philippines is well known for producing quality nurses for the medical field around the world. It is not uncommon to find Filipino nurses in prestigious hospitals in many hospitals both in First World and Third World countries. This excellent record of performance has most likely been one of the reasons why there is an increase in the number of international students coming to the Philippines to complete their nursing degrees. One foreseeable challenge that international nursing students must face in the Philippines is effective communication with patients during their clinical learning. Little is known about how these students are prepared to communicate effectively in a context that is so culturally diverse from their own. Using focus groups design, four groups of nursing students were interviewed to explore their lived experiences pertaining to the preparedness for their multicultural communication for the Philippine hospital settings. Results will help understand how effectively international nursing students are prepared to communicate with their Philippine patients.

Keywords: Philippines, nursing, international students, qualitative research

Introduction

Nurses represent the backbone of the medical team because they form the majority of health professions. An inadequately trained nurse may not only hamper the team's effectiveness but also lead to low quality health care (Eta, Atanga, Atashili, & D'Cruz, 2011). Therefore, the importance of clinical learning cannot be overemphasized as it prepares nurses to become competent practitioners (Kaphagawani & Useh, 2013). This is because clinical teaching lies at the heart of nursing education. Additionally, it is in the clinical setting where student nurses are primed for the reality of their professional roles. Learning in the clinical setting is an important component of nursing education considering that nursing is practice-based profession. Experiences of students in the clinical environment may have intense effect on their learning. Thus, clinical learning environment can influence nursing students' learning, either positively or negatively (Frankel, 2009).

Considering the importance of clinical training to the nursing profession, number of individuals travel out of their countries to receive international nursing education. One of the reasons for the country of choice for nursing education by an international student is effective clinical teaching which is vital for quality nursing practice. The Republic of the Philippines is well known for producing quality nurses for the medical field around the world. It is not uncommon to find Filipino nurses in prestigious hospitals both in First World and Third World countries. This excellent record of performance has most likely been one of the reasons why there is an increase in the number of international students coming to the Philippines to complete their nursing degrees. One foreseeable challenge that international nursing students must face in the Philippines is effective communication with patients during their clinical learning. In the Philippines, the main medium of communication is through the two official languages—Filipino languages and English. In the hospitals, nurses and other health care providers often communicate with each other in a Filipino language. At the same time, patients and their significant others also communicate with health care providers using a Filipino language.

A favorable clinical learning environment is one that is supportive, with good ward atmosphere, good relationships, and is perceived to produce positive learning outcomes for the nurses in training (Frankel, 2009). The ability of nurses to master a clinical skill is dependent upon both educational instruction and practice. One of the most important factors to consider in the clinical environment is communication. In clinical practice, communication is a key factor because one needs to be able to interact with patients, their significant others and the medical staff. Nurses who are able to communicate effectively are better able to collect assessment data (Berman & Snyder, 2014, p. 509). This is because communication and culture are closely interconnected. Through communication, the culture is transmitted from one generation to the next. Poor communication may have negative impact on student learning in the clinical environment, especially if the trainee is an international student (Komaratat & Oumtane, 2009). The international nursing student therefore needs to be linguistically and culturally competent in order to learn more clinical skills.

International nursing students in the Philippines take Filipino (the national language) during their nursing education. Filipino was introduced in 1973 by the government in an effort to have one official native language spoken throughout the country (International Education Guide, 2007). This is supposed to prepare them for effective communication in the clinical area. However, some of the most frequently cited pitfalls and greatest frustrations for students and faculty relate to language and communication (Bednarz, Schim & Doorenbos, 2010). Thus, language often can become a major stumbling block. Meanwhile, a competent nurse requires advanced language and communication skills to provide quality care and ensure patient safety (Eames, 2014). Effective communication is essential for good patient care, and proficiency contributes to providing safe and effective culturally sensitive care (Crawford & Candlin, 2013).

Clinical practice is an essential part of the nursing degree program because it ensures that students become safe practitioners and are socialized into the nursing profession (Miguel & Rogan 2012). As more international students enter into educational higher education institutions, they come from a variety of cultures and have very different life experiences. The most obvious challenge is dealing with cultural and linguistic backgrounds different from theirs

(Battle & Cheng, 2004). Language barrier and cultural differences are probably some of the major challenges that international nursing students can face when undertaking clinical learning. How international nursing students communicate with some patients whose medium of communication is only one of the several Filipino languages is part of the interest of this study.

There is shortage of studies about international students' experiences of clinical practice in the Philippines. Meanwhile, there is a large wealth of research on clinical education in general. In spite of this, learning in clinical practice is still a problem especially for international students (Croxon & Maginnis, 2008). Therefore, there is the need for the study to be conducted to expand the knowledge in this area of clinical practice among international nursing students. It is anticipated that the findings would help universities offering nursing education to international students to prepare and support them better in their clinical practice. Also, international nursing students should be aware of the challenges in clinical practice and how to cope with them.

Literature Review

Various studies have been done in connection with clinical experiences of nurses in different parts of the world (Kaphagawani & Useh, 2013). This literature was carefully selected, critically analyzed, and synthesized to serve as foundation and in the development of the study. It helped in developing a theoretical foundation on which this study is based. Specifically, this section discusses the various studies that have been done in the area of clinical preparation of nurses.

In order to investigate nursing students' learning experiences in clinical education, Kaphagawani and Useh (2013) conducted a thorough review of literature using electronic databases of articles from 2003-2012 that were published in English. The studies revealed that effective learning takes place in a clinical environment. Also, clinical practice occurs if students are given opportunities to practice what they have learnt. This can be in the classroom and skills laboratory supervised and supported, provided with feedback in an environment where there is good interpersonal relationships and communication. The researchers recommended that there was a need to use strategies that facilitate learning in clinical practice in addition to creating a conducive clinical learning environment. There was also a call for research to be conducted to explore nursing students' learning in the clinical practice across cultures in different countries. Hence, the current study was in the right direction for more revelation.

Bednarz and Doorenbos (2010) identified concerns arising from attitudes and values within nursing and common approaches to diversity education. They also discussed key issues in nursing education that relate to human nature, culture, faculty workload, and student demographics. The authors suggested some strategies for increasing the effectiveness of professional preparation with diverse students through a focus on culturally congruent education and development of faculty cultural competence. By this they felt nursing education of diverse population could be improved.

Using a cross sectional descriptive correlational design, Skaalvik, Normann, and Henriksen (2012) measured nursing students' experiences and satisfaction with their clinical learning environments in Norway. The objective of the study was to compare the results between students with respect to clinical practice in nursing homes and those in hospital wards. A total of 511 nursing students from five university colleges completed a Norwegian version of the questionnaire. The researchers also used Learning Environment, Supervision and Nurse Teacher (CLES+T) evaluation scale in 2009, for clinical assessment. The results indicated that students in nursing homes assessed their clinical learning environment significantly more negatively than those with hospital placements. The evidence found in this study indicated that measures should be taken to strengthen learning environments for nursing students. Nursing students must be assisted in discovering good clinical learning environments.

In a similar manner, Mattila, Pitkäljärvi, and Eriksson (2009) conducted a qualitative study to describe international student nurses' experiences of their clinical practice in the Finnish health care system. Data were collected by semi-structured interviews. All the fourteen respondents were of African and Asian origin aging from 23 to 30 and had been studying for 2.5–3.5 years in Finnish health care system. They were interviewed, and the data were then analysed by qualitative content analysis. The results indicated that appreciative orientation, sense of belonging to the team, enhancing independent working, growing towards professionalism and working as a member of the team were descriptions of positive experiences.

In Mattila et al.'s (2009) study, some of the descriptions of negative experiences were related to restricted learning and compromised human dignity, which lead to negative feelings of being an outsider, decreased self-esteem, sense of giving up and anticipation of difficulties. For instance, students expressed concern that they were prevented from participating in meaningful learning experiences. This took forms of withholding information concerning patients, not being given own patients, and not allowing students to give oral reports. Some students felt the staff was ignoring them. This manifested itself in leaving students alone and outside the social environment. Students were in some cases called names and remarks were made about their skin colour and ethnic background. Some patients refused to shake hands with some of the students, and some refused to be nursed by them. The results revealed a need to develop clinical practice arrangements when the language of the learning environment is other than that of the student nurse.

The study concluded that, as the number of international students has increased in the Finnish health care sector and in nursing education, it is important to recognize the factors related to positive and negative experiences in clinical practice. Students' poor command of Finnish easily led to negative experiences. In this case, flexible use of both English and Finnish was found helpful. Putting students in a position where they had no role in patient care resulted in experiences of being left out.

Additionally, Warne, Johansson, Papastavrou, Tichelaar, Tomietto, et al. (2010) conducted a study to develop a composite and comparative view of what factors enhance the learning experiences of student nurses whilst they are in clinical practice. The study involved students undertaking general nurse training programs in nine Western European countries. The

study focused on student nurse experiences of clinical learning environments, supervision provided by qualified nurses in clinical placements, and level of interaction between student and nurse teachers. The researchers utilized a validated theoretical model: the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) evaluation scale.

The CLES+T evaluation scale has a number of sub-dimensions: Pedagogical atmosphere on the ward; Supervisory Relationships; the Leadership Style of Ward Managers; Premises of Nursing; and the Role of the Nurse Teacher. Data collection involved 1903 participants from Cyprus, Belgium, England, Finland, Ireland, Italy, Netherlands, Spain and Sweden using a web-based questionnaire. The findings revealed that respondents were generally satisfied with their clinical placements. There was clear support for the mentorship approach; 57% of respondents had a successful mentorship experience although some 18% of respondents experienced unsuccessful supervision. The most satisfied students studied at a university college, and had at least a seven week clinical placement supported by individualized mentorship relationships.

In a related development, Abu-Qamar and Shoqirat (2012) explored the nurse student's experience of the final year placement, and uncovered contributing factors to a positive clinical experience in Jordan. A qualitative explorative approach was used. Two focus group discussions were conducted in Arabic language with a total of 12 participants selected randomly from the list of students who completed the period of pre-graduation intensive clinical placement from public faculty of nursing located in the southern province of Jordan. The focus group discussions were digitally recorded and translated independently into English.

In this study, three themes emerged from the data. The first theme related to the environment of clinical placement and included two sub-themes: 'from orientation-to-team work' and 'from tiredness-to-ignorance'. The second theme was about the faculty and preceptors as reflected by the lack of coordination between the clinical settings and the faculty, plus inconsistency in students' evaluation. The last theme concerned patient preferences that included a lack of interest in receiving care from students. The researchers concluded that creating a supportive learning environment guided by issues identified and implications put forward by this researcher is a prerequisite for successfully executed nursing programs. Failure to do so could lead to a stressful transitional journey and detachment from the classroom and the real world of clinical work.

De (2010) conducted another study in the United Kingdom, which aimed at establishing whether international nursing students were facing disadvantages when caring for patients in the UK. The main objectives were to consider whether unfair discriminatory behavior could be linked to ethnicity and to determine whether negative behavior by patients would have any impact on their career's self-esteem, clinical practice or the quality of care that was being delivered. The findings showed that students were faced with insults such as 'monkey' 'poor country folk' or 'second class citizens' by patients in their care.

The growth in numbers of culturally and linguistically diverse students entering nursing programs in Australia presents challenges for academic and clinical staff, and most importantly the students themselves. Based on this, a research was conducted by *Jeong, Hickey, Levett-Jones, Pitt, Hoffman, et al. (n.d.)* to explore these challenges and to develop strategies to overcome them. The study used a qualitative explorative approach to gain rich in-depth data.

Eleven culturally and linguistically diverse students, three clinical facilitators, and four academic staff members participated in focus group interviews.

Four major challenges emerged. They included level of English language competence; feelings of isolation; limited opportunities for learning; and inadequate University support. The challenges identified led to a meaningful discussion of the political, financial, social and intercultural context in which they were trapped. The study provided educators, clinicians, policy makers and researchers with an insight about where and how they could begin to break the trap. It highlighted the need for further research into the perspectives of Australian students who study and socialize with their international peers.

Dillon (2011) completed a quantitative, longitudinal study that examined the cognitive competence and confidence developmental outcomes of baccalaureate nursing students over an academic year with clinical experience. Qualitative anecdotal data were collected to obtain students' perceptions of the clinical experience. The Dillon Developmental Model (DDM) provided the conceptual framework for the study linking theory and practice together in an experiential learning environment. This model proposes that nursing students progress from novice to competent developmental stages over the course of their nursing education. This report focuses on the student's perception of the clinical experience. The students' responses identified feeling associated with their cognitive, competence and confidence development over the academic year. Dominant feelings surfaced at each phase of the study that correlated with the beginning student, the novice, and advanced beginner of DDM. Anecdotal data revealed students who went from being nervous, scared, anxious, excited, and unprepared to being confident, comfortable and eager to learn more after an academic year with clinical experience.

While there is an emergence of important literature on the experiences of international nursing students around the world, as seen above, scarcity is evident in such research in the Philippine context. This scarcity is despite the increasing number of international nursing students in the Philippine higher education institutions.

The purpose of this study was to explore and describe how international nursing students are prepared for their clinical learning in the Philippines. This exploration was deemed important because of the ongoing globalization that brings together nursing clinicians who may not share the same backgrounds with their patients.

This study is based on three main objectives:

1. To investigate the perceptions of international nursing students on their academic intercultural preparation in order to care for Filipino patients
2. To assess the perceptions international nursing students have about their clinical practice.
3. To understand better the connectedness of international nursing students to Philippine Ed

Methodology

This quantitative survey research study's main purpose was to investigate the international nursing students' perceptions of their cultural preparedness for nursing clinical

learning in the Philippines, and how they perceive their cultural experience during their clinical learning. Survey research was the preferred design because it provides the best tools to efficiently and effectively synthesize research participants' opinions or perceptions on issues or experiences (Creswell, 2012).

Instrument

This survey research study used a researcher-made instrument that was made of six variables related to international nursing students' perceptions about preparedness for their clinical learning. The Cronbach's alpha was computed for each of the six variable. Academic preparation had six items, with an alpha of .87. Cultural competence had five items (alpha=.80). Experience based on color had 5 items (alpha=.93). Country experience had five items (alpha=.79). Language experience had four items (alpha=.92). Filipino experience had five items (alpha=.83).

Sampling

The population of this study was the nursing students at both the undergraduate and master's levels of the five selected higher education institutions (HEIs). Random sampling was utilized in five higher education institutions. The instrument was completed by 72 students. Among them, 25 were male and 47 female students. In the nursing programs of the institutions included in this study, it seems that the number of female students is almost twice as the one for male students. The sample included 17 master's students and 55 bachelor's students. Only 16 of the sample indicated that they were proficient in Tagalog, the language used with most of the patients in the region, while the rest (56) were not. On their personality, 34 reported being extrovert and 34 introvert, while four participants did not report any. On their race, 36 were black, 30 Asian, five mixed and one White.

Research Setting

Research participants came from five HEIs located in Cavite, Metro-Manila, and Baguio provinces of the Philippines. These HEIs included three private Christian universities and two state universities. Each of the included HEIS had at least Level 3 accreditation of the Commission on Higher Education of the Philippines. It is on this basis that they were considered to be some of the best potential candidates for this study. Additionally, all of them had had nursing programs running for more than 20 years. Last, they all had international nursing students, which means that they needed to have programs in place to guide such students in their clinical learning.

Data Collection

The survey was administered face-to-face by both one of the researchers and one research assistant. Questionnaires were completed at the participants' respective university. Most participants completed the survey within 10 minutes. All of them were paper-based. After completion, each participant returned the questionnaire. Participation was voluntary and no name of the participants was recorded on any of the survey materials. The informed consent

that describes the purpose of the study and the rights and responsibilities of the participants were presented at the beginning of the questionnaire. It is only those who understood and agreed to be involved who actually completed the questionnaire.

Data Analysis

All the completed questionnaires were encoded in SPSS in preparation for data analysis. Data clean up followed to assure the results were accurate. Three types of tests were then run to investigate preparedness of international nursing students: descriptive statistics, independent t tests, and one-way analyses of variance. For coding, 1 was used for “strongly agree”, 2 for “agree”, 3 for “disagree”, and 4 for “strongly disagree”.

Results

To start with, descriptive statistics were calculated to investigate the average perception of the participants on how they feel prepared about the six target variables. Table 1 presents means and standard deviations of these descriptive statistics.

Table 1
Means and Standard Deviations of the Six Variables

	Academic Preparation	Culture Experience	Racial Experience	Country of Origin	Linguistic Origin	Experience with Filipinos
<i>Mean</i>	2.07	2.26	2.95	3.05	2.73	2.13
<i>SD</i>	.62	.57	.93	.93	.65	.54

In general, the participants agreed that they felt well prepared academically for their clinical learning ($M=2.05$; $SD=.62$). They also agreed in general that they felt culturally competent while involved in their clinical learning activities ($M=2.26$; $SD=.57$). Based on the issue of racial discrimination during their clinical learning, whether from classmates, nurses, doctors, or patients, they disagreed of being discriminated against ($M=2.95$; $SD=.93$), although with a large variability that can mean that a few participants did face some racial discrimination. Almost the same disagreement was found on discrimination based on the international student’s country of origin ($M=3.05$; $SD=.93$). Participants did not feel discriminated against simply because of lack of Tagalog speaking competency ($M=2.7$; $SD=2.73$). Last, participants agreed that Filipinos they encounter during their clinical learning (doctors, nurses, supervisors, classmates, patients) are prepared to work with international nursing students ($M=2.1$; $SD=.54$).

The independent t-test was computed to investigate whether gender mattered in the perceptions that participants presented about the six variables. Table 2 presents the results of the test.

Table 2
Independent t-test Based on Gender

Independent Samples Test

		Levene's Test for Equality of Variances		t		
		F	Sig.	t	df	Sig. (2-tailed)
Preparation	Equal variances assumed	7.100	.010	-.099	70	.922
	Equal variances not assumed			-.087	34.774	.931
Culture	Equal variances assumed	.256	.614	1.031	70	.306
	Equal variances not assumed			1.024	48.154	.311
Color	Equal variances assumed	3.229	.077	2.601	69	.011
	Equal variances not assumed			2.402	39.480	.021
Country	Equal variances assumed	.001	.980	-.304	70	.762
	Equal variances not assumed			-.325	58.654	.747
Language	Equal variances assumed	1.625	.207	1.094	70	.278
	Equal variances not assumed			1.023	40.741	.313
Filipinos	Equal variances assumed	.330	.568	1.103	68	.274
	Equal variances not assumed			1.057	43.779	.297

Based on the gender, there was no statistical difference in how the research participants viewed their preparedness for and their experience with their clinical learning, except in the color of the participants ($t=2.6; p \leq .5$).

An independent t-test was run based on whether the participants were undergraduate or graduate students. This test was needed to investigate whether undergraduate students perceive their preparedness and experiences differently from graduate students. Table 3 presents the findings of this t test.

Table 3
Independent t-test Based on Academic Degree

		Independent Samples Test				
		Levene's Test for Equality of Variances				
		F	Sig.	t	df	Sig. (2-tailed)
Preparation	Equal variances assumed	.385	.537	-.647	70	.519
	Equal variances not assumed			-.632	25.717	.533
Culture	Equal variances assumed	.228	.634	.034	70	.973
	Equal variances not assumed			.033	25.706	.974
Color	Equal variances assumed	2.420	.124	-1.872	69	.065
	Equal variances not assumed			-2.418	40.306	.020
Country	Equal variances assumed	.697	.407	-.497	70	.621
	Equal variances not assumed			-.699	56.489	.488
Language	Equal variances assumed	3.385	.070	-1.587	70	.117
	Equal variances not assumed			-1.850	35.476	.073
Filipinos	Equal variances assumed	.016	.898	1.165	68	.248
	Equal variances not assumed			1.100	20.686	.284

From the table above, it is evident that there was no statistical difference in the perceptions of both undergraduate and graduate students. Both undergraduate and graduate students had similar perceptions about their ratings on the six variables of this study.

It was important to run the t-test of the six variables based on whether international nursing students felt treated differently based on their limited Tagalog proficiency. Table 4 presents the results of the test.

Table 4
Independent t-test Based on Academic Tagalog Proficiency

		Independent Samples Test				
		Levene's Test for Equality of Variances		t		
		F	Sig.	t	df	Sig. (2-tailed)
Preparation	Equal variances assumed	2.808	.099	.573	66	.569
	Equal variances not assumed			.447	18.635	.660
Culture	Equal variances assumed	.241	.625	-.752	66	.455
	Equal variances not assumed			-.649	20.567	.524
Color	Equal variances assumed	1.717	.195	2.303	65	.024
	Equal variances not assumed			2.115	22.239	.046
Country	Equal variances assumed	.023	.881	-1.260	66	.212
	Equal variances not assumed			-1.456	32.558	.155
Language	Equal variances assumed	.163	.688	1.072	66	.288
	Equal variances not assumed			1.113	26.515	.276
Filipinos	Equal variances assumed	4.129	.046	1.253	64	.215
	Equal variances not assumed			.989	17.510	.336

From this table, it is evident that participants did not statistically differ on the way they perceived the treatment they receive whether or not they have low proficiency level, except for the color of the participants ($t=2.3$; $p \leq .5$).

Tables 5 and 6 present the t-tests for both personality and the type of institution (private or government). These tests were needed to investigate whether the participants' personality or the type of institution that they attend mattered.

Table 5
Independent t-test Based on Personality

		Independent Samples Test				
		Levene's Test for Equality of Variances		t		
		F	Sig.	t	df	Sig. (2-tailed)
Preparation	Equal variances assumed	.343	.560	-.270	69	.788
	Equal variances not assumed			-.295	13.082	.773
Culture	Equal variances assumed	.382	.539	2.086	69	.041
	Equal variances not assumed			2.286	13.111	.040
Color	Equal variances assumed	.007	.933	-1.418	68	.161
	Equal variances not assumed			-1.501	12.782	.158
Country	Equal variances assumed	1.355	.248	.003	69	.998
	Equal variances not assumed			.005	27.425	.996
Language	Equal variances assumed	.288	.594	-.360	69	.720
	Equal variances not assumed			-.424	14.130	.678
Filipinos	Equal variances assumed	.008	.929	-.433	67	.666
	Equal variances not assumed			-.429	12.161	.675

Table 6
Independent t-test Based on Type of Institution

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Preparation	Between Groups	.421	2	.211	.540	.585
	Within Groups	26.515	68	.390		
	Total	26.937	70			
Culture	Between Groups	.025	2	.012	.037	.964
	Within Groups	22.652	68	.333		
	Total	22.677	70			
Color	Between Groups	4.208	2	2.104	5.737	.005
	Within Groups	24.574	67	.367		
	Total	28.782	69			
Country	Between Groups	.204	2	.102	.114	.892
	Within Groups	60.727	68	.893		
	Total	60.932	70			
Language	Between Groups	.789	2	.395	.927	.400
	Within Groups	28.929	68	.425		
	Total	29.718	70			
Filipinos	Between Groups	.828	2	.414	1.455	.241
	Within Groups	18.789	66	.285		
	Total	19.618	68			

Results in both Tables 5 and 6 demonstrate that research participants' perceptions on the six variables did not depend on whether they were introvert or extrovert, or whether the institutions they attended were private or private universities. The exception here was with the culture ($t=2.1$; $p \leq .5$) and color ($t=2.1$; $p \leq .5$)

The last test that is part of this study was important was the one-way analysis of variance to investigate the variables that had statistical differences. Table 7 presents the ANOVA results.

Table 7
ANOVA Test

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
Preparation	Between Groups	.421	2	.211	.540	.585
	Within Groups	26.515	68	.390		
	Total	26.937	70			
Culture	Between Groups	.025	2	.012	.037	.964
	Within Groups	22.652	68	.333		
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Filipinos	Between Groups	.828	2	.414	1.455	.241
	Within Groups	18.789	66	.285		
	Total	19.618	68			

From Table 7, there is a clear evidence that only color yielded statistical difference ($F=5.7; p \leq .5$). This means that, the ratings of participants' perceptions on racial discrimination differed based on their race. Table 7 does not, however, provide clear evidence on the ordering of ratings by race. It was thus necessary to run the Tukey Test to find exactly where the difference lied. Table 8 presents the synthesis of the test.

Table 8
Tukey HSD Test on Students' Race and Racial Discrimination

Multiple Comparisons

Dependent Variable: Color
 Tukey HSD

(I) race	(J) race	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Black	Asian	-.51041*	.15111	.003	-.8726	-.1482
	Mixed	-.15593	.28904	.852	-.8487	.5369
Asian	Black	.51041*	.15111	.003	.1482	.8726
	Mixed	.35448	.29326	.452	-.3484	1.0574
Mixed	Black	.15593	.28904	.852	-.5369	.8487
	Asian	-.35448	.29326	.452	-1.0574	.3484

*. The mean difference is significant at the 0.05 level.

From Table 8, it is evident that Asians had statistically higher ratings on whether they believed they were discriminated against based on their race. The higher the rating (e.g., in this case, drawing closer to the mean of 4), the closer the disagreement the answers were. It means that international nursing students from Asian descent tended to disagree more about feeling the racial discrimination. Blacks (n=36), on the other side, seemed to perceive more racial discrimination than did their Asian counterpart (n=29).

Findings

From the results presented above, the present study has provided a few important findings that are worth synthesizing here. First, from the results of the survey, students feel culturally prepared for their clinical learning. It seems that the nursing academic programs provide intercultural training that equip international students with needed intercultural competence skills.

Additionally, the research participants felt culturally competent during their clinical learning. This finding means that, international nursing students did not only learn intercultural communication skills simply to pass the tests, but rather, they actually utilized those skills successfully in their clinical learning activities.

Next, the research participants as a whole felt no sense of discrimination based on their color. Due to the large variability on the variable of racial discrimination, however, a follow-up test revealed that Black international nursing students perceived statistically more racial discrimination than did Asian students.

It was found in this study that research participants felt no sense of discrimination based on their country of origin. This finding is quite understandable, given that it is quite hard to predict someone's country of origin, unlike racial background, which is fairly easy to notice.

The results above showed that students' Tagalog proficiency did not affect the way they were treated. Last, they felt that Filipinos they encounter during their clinical training are inter-culturally well prepared.

Conclusion and Recommendations

The following conclusions can be drawn based on the findings of this study. First, international nursing students are generally satisfied with the cultural preparation and intercultural experience during their clinical learning. Second, Asian students seem to perceive their experience fairly better than Black students when it comes to the treatment they receive. Last, findings of the current study are in agreement with Wa-Mbaleka and Gaikwad's (2013), which investigated the perceptions of international students on Philippine higher education. The study investigated the international student's perceptions on the quality of Philippine education in tertiary institutions and the treatment that those students received.

The results of the current study are quite encouraging. In general, international nursing students involved in this study seem to have a positive attitude towards their intercultural learning and experience. The fact that the agreement level was not "strongly" perceived means that some improvement can still be made in the intercultural competence preparation and experiences of international nursing students. Qualitative research is needed to understand the findings of this study within specific contexts. Last, a study with more international nursing students could present a more accurate picture of the perceptions under investigation.

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