Title: Nurse educators' views of integrating culturally and linguistically diverse future registered nurses into healthcare settings: A qualitative descriptive study

Abstract

AIM: To describe nurse educators' views of how culturally and linguistically diverse future registered nurses are integrated into healthcare settings.

Design: A qualitative descriptive design was adopted.

Participants: A total of 20 nurse educators were recruited from three higher education institutions in Finland.

Methods: Participants were recruited in the spring of 2021 through snowball sampling. Individual semi-structured interviews were held and recorded. The collected data were analysed using inductive content analysis.

Results: The performed content analysis identified a total of 534 meaning units from the data, which were categorized into 343 open codes and 29 sub-categories. Furthermore, nine categories were identified and categorized into three main categories. The first main category was pre-graduation and represented a time point during which educators experienced early integration, nurse educator support, and cooperation with stakeholders. The second main category was integration strategies into healthcare settings, which included the main categories of workplace strategies, language competence, and individual competencies and attributes. The third main category was the post-graduation experience, during which educators reported organisational readiness, migration, and efficacy of the integrational model.

Conclusions: The results revealed a need for increased resources linked to how nurse educators support the integration of culturally and linguistically diverse future registered nurses. Moreover, a nurse educator's presence during the last clinical placement, early transition and integration was found to exert a significant effect on the smooth integration of culturally and linguistically diverse future nurses.

Impact: This study establishes the need to enhance stakeholder cooperation between universities and other organisations towards supporting the integration process. Maximizing nurse educators' support during the final clinical practice, early transition and post-graduation allows for successful integration and intention to stay.

Reporting method: This study was reported according to the Standards for Reporting Qualitative Research (SRQR).

Patient or public participation: Participating educators shared their experiences of culturally and linguistically diverse future nurses' integration.

Keywords: Nurse educator, culturally and linguistically diverse, registered nurse, integration, healthcare environment, content analysis, qualitative research.

1. Introduction

Globalization exerts an influence on higher education through increased global interconnectedness (Stokes & Iskander, 2021). As a result of globalization, nursing education programs have an increased shared of international students who are attracted by the prospects of quality education and transition to the labour market (McKitterick et al., 2021). Moreover, the diminishing nursing labour force has stimulated the migration of nurses across borders, with migrant nurses accounting for up to 20 percent of the nursing workforce in certain countries (Stokes & Iskander, 2021). For instance, within the Organization for Economic Co-operation and Development (OECD) region, foreign-born nurses make up a considerable percentage of the nursing workforce with Israel, Australia, Switzerland, Luxembourg, Canada, Ireland, and the United Kingdom hosting between twenty to forty-eight percent within the overall nursing workforce (Dumont & Socha-Dietrich, 2021).

Migrant nurses and nursing students have been defined as culturally and linguistically diverse (Oikarainen et al., 2022). This cultural and linguistic diversity stems from having a different language, culture, religion, race, ethnicity, tradition, value base, and belief system from the dominant group in the society to which they have immigrated (Pham et al., 2021).

The culturally and linguistically diverse nursing workforce in Finland reached 4% by 2016 (Dumont & Socha-Dietrich, 2021). Projections show that this number will drastically rise, due to the prevailing nursing workforce deficit that may not be filled locally and is projected to exacerbate to 30,000 by the year 2030. To meet the demand for nurses, it will be necessary to recruit an increasing number of international health and welfare students who currently comprise only 12% of overall international students in the country (Finnish National Agency for Education, 2017; Rafferty et al., 2019).

2. Background

Previous research regarding culturally and linguistically diverse nursing students in countries such as Italy (Randon et al., 2020), Australia (Lin et al., 2021), Turkey (Kol et al., 2021) and Norway (Strøm et al., 2023) echo research findings from Finland relating to experiences of culturally and linguistically diverse nursing students in clinical learning environments (Mikkonen et al., 2017; Mikkonen et al., 2020) as well as the experiences of mentors and educators in supporting these students (Oikarainen et al., 2022; Kaihlanen et al., 2021). Research findings have shown that culturally and linguistically diverse nursing students experience both cultural and linguistic challenges that may hinder smooth clinical learning, adaptation to clinical environments and integration to healthcare environments (Ropponen et al., 2023). These difficulties are mainly explained by a lack of sufficient support, the limited competence of mentors, low cultural and linguistic competence, and the lack of a receptive workplace atmosphere (Korhonen et al., 2019; Ropponen et al., 2023).

Integrational challenges have been found to persist after culturally and linguistically diverse nurses have graduated (Kamau et al.,2023). with these professionals often facing cultural challenges, linguistic difficulties that may lead to deskilling (Nortvedt et al., 2020), negative experiences related to their culture and racial-ethnic background as well as difficulties in workplae adaptation and competence recognition (Roth et al., 2021; Kamau et al.,2023). These challenges have been found to affect the nurses' ability to practice safe care, integrate into a healthcare organisation, experience professional growth, and enjoy work well-being (Nortvedt et al., 2020; Roth et al., 2021; Kamau et al.,2023). To help support a smooth organisational integration for culturally and linguistically diverse nurses, support through formal and informal strategies that may include intraorganisational, sociocultural and professional development strategies and models have been found beneficial (Kamau et al.,2022).

In addition to formal and informal integration support strategies (McKitterick et al., 2021; Kamau et al.,2022) nurse educator support has been cited as essential to preparing and supporting nursing graduates' integration into care environments (Salminen et al., 2021). This support is part of the nurse educator's role in preparing competent nurses for the demands of a diverse society and workplace (Koskenranta et al., 2022).

Nurse educators have been identified as educators who provide theoretical studies to nursing students and facilitate learning in clinical learning environments (Salminen et al., 2021). Educators are integral to supporting students, acting as role models, shaping nursing education, and preparing competent nurses for real-life work (Stokes & Iskander, 2021). Evidence shows that there is a growing need for qualified nurse educators who can provide high-quality nursing education and ensure that nursing graduates are prepared to enter the workforce (Salminen et al., 2021; Stokes & Iskander, 2021).

According to the nurse educator core competences framework, a qualified nurse educator has been licenced as a nurse, has clinical practice experience, and is pedagogically qualified to facilitate learning (WHO, 2016). However, recent research on nurse educators has established that there are no universal competence requirements (WHO, 2016; Salminen et al., 2021; Koskenranta et al., 2022). In Finland, for example, a nurse educator working in a higher

education institution must possess a master's degree, have completed pedagogical studies, and at least three years of clinical experience (Universities of applied sciences act, 2014).

The competences of a nurse educator help to foster learning and academic success through the adoption of evidence-based practice, curricular development, honing interpersonal skills, legal and ethical values, and striving towards nursing education success (WHO, 2016). These competences are not only essential for successfully implementing nursing education, building interprofessional collaboration, and fostering collegiality (Koskenranta et al., 2022), but also for supporting culturally and linguistically diverse nurses' transition to work life and integration into the work environment (McKitterick et al., 2021).

This study aimed to describe nurse educators' experiences of how culturally and linguistically diverse future registered nurses are integrated into healthcare settings. To the best of our knowledge, previous studies have predominantly explored educators' experiences in clinical learning environments; hence, more evidence on their experiences of how culturally and linguistically diverse future registered future nurses integrate into healthcare settings is needed.

3. Methods

3.1. Design

This study adopted a qualitative descriptive approach (Sandelowski, 2010). A methodological approach well suited to understanding individuals` lived experiences and perspectives within their natural environments. A naturalistic paradigm (Lincoln & Guba, 1985) guided the research and hence nurse educators' experiences were studied within their natural settings. Descriptive (Lincoln & Guba, 1985) and in-depth data were gathered through individual semi-structured interviews (Kallio et al., 2016). The rigour of this study was enhanced by adhering to established standards for reporting qualitative research (SRQR) (O'Brien et al., 2014).

3.2 Reflexivity.

Two researchers collected research data; these researchers had prior experience in the qualitative research approach. Interviewed participants were unknown to the researcher except in one institution where he is a nurse educator; to avoid bias the researcher made clear his position in the research. The research team was bilingual and had competence in both Finnish and English languages. To ensure trustworthiness in the translated text (Al-Amer et al., 2015) meaning units were extracted from raw data in their original language and eventual translation during analysis was cross-checked by all researchers.

3.3 Sample and context

Participant recruitment from three universities of applied science located in central and northern parts of Finland, used an exponential snowball sample approach (Bhardwaj, 2019). This process was initiated and executed by two researchers sending an email invitation to prospective nurse leaders, which included critical information about the research purpose, aims, data collection methods, data management plan, and consent form. Nurse educators who consented were asked to also forward the research invitation to other nurse educators who fit the inclusion criteria. Participants' inclusion criteria were 1) qualified nurse educators that had experience in teaching and supervising culturally and linguistically diverse future nurses and 2) worked in Finnish universities of applied sciences.

3.4 Data collection

Data were collected by two researchers during the months of May and June in 2021. Due to the geographical locations of the research participants and the researcher, online individual, semi-structured interviews were held and recorded in video format. The interviews lasted a maximum of one hour. The interviews were guided by pre-formulated themes that reflected the research aim; more specifically, the themes concerned educators' experiences of the integration process, educators' support, cooperation in the integration process, and the description of a well-

structured model. Participants were free to choose between English and Finnish as the interview language; three participants opted to be interviewed in English. The first and second interviews were used to test the interview themes and questions (See supplementary file). There was no need to alter the themes or questions after these interviews; hence, the interviews were included in the analysed data. Data saturation was achieved after establishing redundancy during the data collection process (Saunders et al., 2018). By the twentieth interview, there was data repetition hence further participant recruitment was halted.

3.5 Data analysis

The collected data were transcribed verbatim with specific interviews allotted special codes, from 001 to 020, for easy identification and concealing participants' identities. Inductive content analysis was used to analyse the data and identify distinct themes (Kyngäs et al., 2019). This process was guided by a constructivist philosophical belief (Crossetti et al.,2016). In constructivism, individuals are believed to create and share unique experiences related to their context (Effat & Tahereh, 2022). Hence each nurse educator's experiences enriched our research phenomena.

A conventional content analysis was adopted, ensuring that categories and main categories were developed from the raw data (Hsieh & Shannon, 2005). A three-step inductive content analysis consisting of data preparation, organisation and reporting was performed (Kyngäs et al., 2019). During the preparation stage, researchers read through the transcribed data for a clear understanding and confirmation of accuracy in transcription.

In the organisation stage, the researcher mapped through raw data and picked meaning units in sentence form that were manually copied to a coding sheet and linked to the research question; during data abstraction and categorization 534 meaning units and 345 open codes, which were further merged into 29 sub-categories and nine categories that answered the research question. The nine categories were then classified into three main categories (Table 2). In the reporting stage, researchers went through the analysed data for confirmability and credibility (Noble & Heale, 2019).

3.6 Ethical issues

All three participating higher education institutions' leadership gave research permission as per Finnish ethical conduct regulations (Declaration of Helsinki, 2013), (study permission numbers: 506/13.04/2021; 10052021 and 03052021). A statement of ethical permission was not required since the study did not involve under aged participants, did not compromise physical integrity of the participant, did not cause harm, and did not produce security threat (TENK, 2019). Participants were provided with sufficient information about the research aim and data management practices. Moreover, participants went through and voluntarily signed a consent form before being interviewed. The data from research participants were anonymized using special codes. A data managment practice (EU Commission, 2018) was applied when collecting, handling, and storing participants' data.

4 Results

A total of 20 nurse educators were recruited from three universities of applied sciences in Finland. All participants worked in Finnish universities of applied sciences and had experience educating culturally and linguistically diverse nurses. They were all female, Finnish qualified nurse educators with ages between 35 and 65 years; nineteen had a master's degree, and one had a Doctoral degree, and more than half had work experience exceeding ten years (Table 1).

Educators' experience of integration consisted of three main categories: 1) pre-graduation phase; 2) strategies to support integration into healthcare; and 3) post-graduation phase. The pre-graduation phase concerned educators' experiences of the integration of culturally and linguistically diverse nursing students at early points during their education through clinical placements and academic studies. Nurse educators' support of the integration process was mainly described through cooperation between various stakeholders. Furthermore, the educators cited examples of strategies that supported integration into healthcare both at the pre-graduation and post-graduation phases. These

strategies were categorized as workplace strategies, language competence, and individual competencies and attributes. Educators' post-graduation experiences concerned the readiness of healthcare organisations, migration, and the efficacy of the current integrational model.

Pre-Graduation

Early integration

According to the educators, the integration process started during nursing education and continued after graduation when a graduate transitioned into a healthcare organisation. Early integration during studies occurred through various clinical placements in healthcare organisations and organisational engagement before graduation. During studies, the development of an early career development plan and guidance with career choice was stated to help with future integration. Educators noted the crucial role of students' clinical placement as a phase that initiated the integration into the healthcare organisation. This is because nurse students were able to experience early cultural adaptation, learn Finnish culture, care culture, understand nurse roles and the healthcare system, and hence facilitated integration. This was described in the following original quotation:

"Clinical practice initiates the integration of culturally and linguistically diverse nurses into the work community; they are able to show their competence and be part of the work community during studies." 008

The participating educators felt that the final clinical placement is an important factor for transition and smooth integration. This is because future nurses prepare for the transition to work life during their final clinical placement, with their practice serving as a determinant of employment. Healthcare organisations can also provide culturally and linguistically diverse nurses with the opportunity for a prolonged orientation program. It was noted that a future nurse's choice of clinical placement determines their integration, with success in this clinical placement beneficial to starting work during pre- and post-graduation.

"It has happened that the final practice has been, for instance, at the intensive care unit, and a culturally and linguistically diverse nurse student has been there for ten weeks and is employed after the practice." 017

Pre-graduation employment was mainly cited as temporary and periodic shift work. This served as an opportunity for culturally and linguistically diverse nurses to learn the language and integrate into a professional community. It should be noted that the educators stated that the increased demand for workers partially facilitated the increased chances for employment during education, as shown in the following quotation:

"Due to current nursing workforce demands, culturally and linguistically diverse nurses have been integrated into the workforce after clinical practice success." 020

Nurse educator support

The participating nurse educators reported that they support the integration of culturally and linguistically diverse future nurses through certain activities that take place during education at the university and clinical placements in a healthcare organisation. These support activities help nurses transit to work life, integrate, and remain in the city where they were educated. However, the interviewed educators did report that some educators lacked the experience necessary to integrate culturally and linguistically diverse nurses after graduation. Some educators expressed that they felt like outsiders in their educator role, as they are not part of the nursing workforce; furthermore, some of the participants were unaware of what interventions healthcare organisations had adopted to help integrate culturally and linguistically diverse nurses. One of the participants stated the following during an interview:

"It is difficult to report what happens in healthcare organisations because the teacher is an outsider who does not belong there." 014

During education, nurse educators reported adopting a pedagogical approach in which the culturally and linguistically diverse and native nursing students were mixed in groups. This approach helped shape attitudes, promote cultural

sensitivity, strengthen interpersonal skills and intergroup interactions, as well as prepare both culturally and linguistically diverse and native nurses for a culturally diverse workplace. This is described well in the following quotation:

"We want to prepare the attitudes and thoughts of each graduating nurse so if they enter a certain work community and there is a culturally and linguistically diverse colleague, they can be friendly to them." 004

During education, approaches such as the use of the native language in teaching and consideration of cultural diversity in education helped enhance the development of language and cultural competence. Moreover, an educator's emphasis on enhancing cultural competence led to efficient adaptation to working life. The diversity of the future nurses meant that they had personal needs that nurse educators attended to, e.g., orientation to the society, culture, language, and healthcare system. This orientation was provided through strong theoretical background and support.

The nurse educators reported that they provided support for finding clinical placements, and then succeeding in clinical practice, to enhance nurses' competence, transition to work, and eventual integration into healthcare organisations. By working together with healthcare organisations throughout the clinical placement, educators promoted future nurses' image, made them more desirable for employers by enhancing their skills and competences through engagement with supervisors, recognized special needs, and offered special support and guidance during clinical practice. This is exemplified in the following quotation:

"*So, when the student is already practicing, the teacher is involved, promoting the image of the students, as well as emphasizing that they are skilled and can do a wonderful job, because that's the case with the majority."* 016

To raise awareness about the presence of culturally and linguistically diverse future nurses, educators informed society and the healthcare system about their competences and willingness to work. They further helped culturally, and linguistically diverse future nurses find employment by establishing relationships and connecting future nurses to organizations by responding to workforce requests. Educators also helped build employment skills, provided guidance on where the graduating nurses should seek employment, and encouraged culturally and linguistically diverse future nurses to seek periodic and temporary work from clinical placement organizations. For example, one participant stated:

"Employers sometimes send us messages that they have a lack of nurses, and that they quickly want to get one substitute nurse." 007

Furthermore, educators felt that they affect how organizations perceive and receive future nurses via visits to healthcare organisations and education about cultural sensitivity, cultural awareness, and various, culturally specific needs. These efforts are pivotal to shaping workplace attitudes, overcoming stereotypes and fear, and the eventual creation of a welcoming environment at the workplace. When facing challenges related to the integration of culturally and linguistically diverse nurses, the educators tried to establish solutions by liaising with nurse leaders and mentors, promoting peer support using alumni, and connecting students to the necessary support, such as employment services.

The interviewed nurse educators detailed various challenges, namely, educators who treated all future nurses equally and did not offer special support to those who required it, the lack of sufficient resources to support clinical placement success, and difficulties meeting individual needs. The interviewed educators felt that additional resources could help educators offer more support while working with healthcare organisations, make use of peer support, enhance employment, and increase cultural awareness within organisations.

Stakeholder cooperation

The participating nurse educators experienced that the integration of culturally and linguistically diverse future nurses involves various stakeholders i.e., both private and public healthcare organizations, cultural centres, religious organizations, municipalities, social welfare organizations, the third sector, along with recruitment and employment

agencies. Cooperation between healthcare organisation and the higher education institution was pivotal in developing every nurse's language and nursing competence during clinical placements. Educators also experienced that the final clinical practice is a key phase in maximizing collaboration and support. For example, one participant stated:

"During that last practice, all of the skills- and language-related support would be offered in collaboration with the school and organization." 003

Cooperation between a university and healthcare organisations was beneficial to post-graduation integration and helped a nurse's development of cultural competence in healthcare organisations through the education of clinical tutors. The interviewed educators, however, felt that there was a need to enhance cooperation through clinical placement, competence development, transition, and integration. This perception is exemplified in the following quotation:

"Some kind of cooperation between universities and healthcare organisations in which integration issues are emphasized could maybe help culturally and linguistically diverse nurses want to stay in Finnish healthcare organisations." 018

The cooperation between a university and municipalities helped support culturally and linguistically nurses through the provision of social amenities, making them feel welcome, employment possibilities, and integration into society. The participants reported that multicultural centres, religious organisations, and third sector organisations cooperated with universities to help nurses meet other immigrants, enhance assimilation, and show a concerted welcoming effect.

The employment of culturally and linguistically diverse nurses was cited as pivotal to successful integration. These nurses were provided employment opportunities through cooperation with recruitment agencies and public employment service organisations. Even though the participants noted that stakeholder cooperation does currently exist, they expressed a need for more structured cooperation, enhanced cooperation with private healthcare organizations, involvement of nurses, and more support from social welfare organisations.

Strategies to support integration into healthcare

Workplace strategies

The participating educators noted that workplace strategies were based on the workplace structure and environment, culture, support from management, induction, along with peer and mentor support. These aspects were experienced during the phases of pre-graduation and post-graduation. According to nurse educators, workplace structure and environment described how nurses are received at work. According to the interviewed educators, positive workplace interrelationships enhanced the workplace environment. Reception at the workplace, along with overall openness, made culturally and linguistically diverse nurses feel welcomed into the profession and work community. A conducive workplace atmosphere, when coupled with positive feedback, made nurses feel valued, accepted, and supported, as well as enhanced workplace comfort. To avoid feelings of vulnerability among culturally and linguistically diverse nurses, healthcare organisations need to motivate, support, and recognize these professionals, as well as make them feel important and useful within the workforce. Educators experienced that workplace strategies such as extra support, equal treatment and fair remuneration help leverage adaptability.

The participating nurse educators felt that the diverse culture within the workforce and healthcare organisations means that the prevalent culture affects how nurses are integrated. More specifically, the cultural competence, skills, and abilities of professionals aided integration into work life, while mutual cultural understanding and acceptance of diversity at the workplace made culturally and linguistically diverse future nurses remain at the workplace. Cultural diversity within the workforce requires talented leadership and openness towards cultural understanding. This leadership demands cultural sensitivity, recognition of personal diversity, and acceptance of individual qualities and aspects. The participants stated that a leader's management of cultural diversity is important to the eventual acceptance of diversity within the ward, work community and healthcare orgnisation. One of the participants shared:

"*Cultural ability and cultural skills of the Finnish nurses, as well as of culturally and linguistically diverse nurses has to go both ways.*" 016

A conducive workplace environment can enable openness, the recognition of strength in diversity, and utilization of culturally and linguistically diverse nurses at the workplace. Workplace-supported acculturation through social events and cultural activities allowed for integration into the local culture and society, as well as helped reduce these nurses' intention to leave. Educators experienced that the creation of a culturally conducive workplace requires cultural adaptation assessment and support, cultural interactions, genuine interest in cultural diversity, and cultural understanding and accommodation. Furthermore, healthcare organisations should work to facilitate competence recognition in diverse nurses even though there may be strong cultural or language differences.

Management support involved a positive attitude and valuing culturally and linguistically diverse nurses. Managers used individual and group counselling to foster individual and mutual working modalities and identify developmental needs. Ward managers created a conducive atmosphere and held open discussions about competence development. Furthermore, the participating nurse educators shared that management led work counselling that helped nurses' competence development, career growth, survival instincts, and professional sufficiency. Educators also felt that regular management developmental discussions would help foster development. It was, however, noted that even though nurse leadership - as part of management - guided the development of an accepting culture, successful integration, and competence recognition, not all managers sufficiently supported integration. For example, the following was shared by one participant:

"The attitude of management affects individual nurses." 009

The participating nurse educators felt that culturally and linguistically diverse nurses experience induction and support during their integration in the way that they assume their roles and practice nursing. Workplace induction was found to be more effective when it was individualized. Effective induction promoted the feeling that nurses were well supported at the workplace and helped model a positive attitude. The nurse educators shared that culturally and linguistically diverse nurses should be provided a prolonged, instructed, evaluated, well-arranged induction with a named inductor and audited induction process, as this is crucial to building self-confidence and resilience, as well as decreasing attrition. Educators experienced that even though well-designed orientation programs had positive effects on integration, healthcare organisations did not provide sufficient induction and support for competence needs such as language development. The nurse educators also felt that induction had to be well-structured and adopted into the integration model to help with adaptation to roles, improve nurses' competence, and promote career development, with one participant sharing:'

"I would say this adapted kind of orientation period, an individualized orientation period for the culturally and linguistically diverse nurses, junior nurses, it is working very nicely. I do not know so many places that have that." 010

Mentorship and peer support were pivotal towards nurse integration; this is because welcoming culturally and linguistically diverse nurses into the workplace and providing them with mentoring enhanced feelings of belonging and allowed access to assistance from colleagues. A prolonged, intense mentorship period, which includes a named mentor and working in shifts to support other nurses, was reported to help nurses integrate into the work unit, overcome language challenges, and develop competence. On the other hand, post-induction mentorship helped with career development. Peer support both at pre-graduation and post-graduation was related to strong peer friendships, shared experiences, and peer mentorship, as well as helped develop social relations and peer networking. Nevertheless, the participating educators experienced that although there was awareness of the importance of peer support and mentorships to successful integration, certain organisations did not provide sufficient resources to newcomers, who had to determine their roles and practices on their own.

Language competence

The participating nurse educators highlighted language competence as an integral skill in the smooth integration of culturally and linguistically diverse nurses. Educators shared experiences that language learning must be given

enough time and that organizations in which culturally and linguistically diverse and native nurses are paired, language courses are offered, and included learning opportunities and competence development feedback will show optimal language competence development. The participants stated that low language competence affects the career-patient relationship, limits career choices, decreases career mobility, and slows the transition process. Although educators experienced that even culturally and linguistically diverse nurses with low language competence can transition to work, they felt that this phenomenon was largely related to workforce shortages. To breach the language competence gap, educators felt that culturally and linguistically diverse nursing students should take Finnish language courses when at the university, have attempted to integrate into Finnish culture before studies, be provided with a Finnish language tutor, and have the ability to take part in culture courses. At the organizational level, the educators shared that the language competence of culturally and linguistically diverse future nurses improved during clinical practice, and that in some instances limiting the use of languages other than Finnish was beneficial to the development of language skills. One participant shared the following:

"I bet that language is a central aspect, that language competence opens a lot of opportunities." 007

Competences and attributes

Educators felt that culturally and linguistically diverse future nurses who possessed the correct competences and attributes will undergo a smooth integration. Competences such as cultural competence and work competence, which involves ability, interest in work, and motivation in seeking employment, were reported to appeal to healthcare organisations and help with a smooth transition and integration. Despite varying backgrounds and experience in the nurse educator role, the interviewed educators noted that culturally and linguistically diverse nurses are skilled, perform well in their roles, and can adapt well to care culture. For example, one of the participants stated:

"They are skilled and can do a wonderful job, that's the case with the majority." 010

Furthermore, attributes such as personal courage, motivation, and willingness to integrate, and a positive attitude were reported to significantly help culturally, and linguistically diverse nurses overcome vulnerability. It was also established that enhancing native nurses' personal skills, such as personal reflection on attitudes towards culturally and linguistically diverse nurses, cultural knowledge, and courage, can help them provide strong collegial integration support.

Post-Graduation

Organisational readiness

The participating nurse educators experienced organisational readiness towards the integration of culturally and linguistically diverse nurses in various ways. The respondents answered that organizational readiness was currently hampered by the lack of resources and a structured support and integration process, along with hesitation towards employing culturally and linguistically diverse nurses and intraorganizational variance in how various units within the organisation felt about these nurses. One of the nurse educators stated the following:

"Many places seem to be quite hesitant and careful in first taking culturally and linguistically diverse students for practice and then employing them." 020

Nursing workforce shortages were noted as having a positive effect on the transition to working life. However, educators highlighted regional differences in this aspect, i.e., organisations in southern Finland were more experienced and receptive of culturally and linguistically diverse nurses. As such, these organisations were located in larger cities, were more experienced with cultural diversity, and had adequate resources. The participating nurse educators also noted that the level and nature of an organisation influenced the extent to which culturally and linguistically diverse nurses were employed. The educators' experiences showed that elderly and primary care organisations have higher assimilation rates of culturally and linguistically diverse nurses than specialised care. For instance, primary care organisations were reported to be responsive to culturally and linguistically diverse nurses, accommodative to different types of employees, and required only basic language proficiency. However, the

educators shared that culturally and linguistically diverse nurses wished to work in specialised care, with the educators expressing that specialised care organisations could improve the support they provide, namely:

"I think that geriatric care is a field that hires quite a lot of culturally and linguistically diverse students and nurses; there you can see that they can work even during their studies." 013.

Organisations were found to have higher expectations of culturally and linguistically diverse nurses, especially in the case of nursing and language competences, than of native nurses. Even if culturally and linguistically diverse nurses demonstrated high competence, low language competence affected their integration into organisations. For this reason, the participating educators felt that organisations should employ interventions for attracting culturally and linguistically diverse nurses; this could include liaising with universities and the adoption of integration as an organisational-wide, well-managed process. These interventions could help avoid experiences of perceived incompetence and deskilling, create a positive organisational attitude, mental readiness, recognition, and support for competence gaps, develop positive leadership culture, attract nurses to organisations in smaller cities, change the prevalent attitude in specialised care, improve cultural understanding and support future organisational readiness to employ culturally and linguistically diverse nurses. This viewpoint is shown in the following quotation:

"Sometimes I think that certain wards, because of some certain rules they have inside, their own stuff, they are not so ready to take culturally and linguistically diverse students or nurses." 008.

Migration

The interviewed Finnish nurse educators felt that culturally and linguistically diverse nurses generally migrate from smaller cities to larger cities. This movement happened either pre-graduation, due to the possibility of working while studying, or post-graduation (for various reasons, including the possibility to practice nursing). The nurses who had family and relatives in larger cities relocated to be closer to them and were either employed during pre-graduation as either care assistants or practical nurses in elderly care. Moreover, it was reported that larger cities have better experience with culturally and linguistically diverse nurses and that limited amounts of nurses remain in smaller cities post-graduation. In larger cities, these nurses could practice nursing even if their language competence was low, and they had the possibility to practice as registered nurses after graduation. One of the interviewed nurse educators shared:

"They already move from this area to the south of Finland, because they can have, apart from nursing, any kind of nursing job during their studies to get some money." 005.

Efficacy of integrational model

The nurse educators also shared their experiences of how an integrational model should be structured and what effect this would have on culturally and linguistically diverse nurses' integration. It was noted that an organised process should be sequenced according to individual nurses' skills and competences. The process should also elaborate the role of stakeholders, e.g., the university, employing organizations, the community, co-workers, and shared responsibilities. A well-structured process would improve positive experiences by meeting personal needs, as well as improving feelings of equality, delivery of safe care due to strong language and nursing competence, work well-being, self-belief, use of special competences, career development and eventual intention to stay.

The educators felt that, at present, integration support for culturally and linguistically diverse nurses was minimal, unstructured, and needed further development. A modelled integration process was experienced to be effective when structured through clinical placements and if it continued during postgraduate studies and guided career choice. The process and model of integration should reflect organisational management, strategies, and ideals. Furthermore, the nurse educators shared that organisation had certain areas for improvement, namely, receptiveness, collegial cooperation and support, the availability of interventions that reflected needs and challenges, realistic expectations, prolonged induction, and mentorship coupled with the prioritization of such aspects as cultural diversity, local culture, cultural understanding, and support for language learning. The development of these aspects within an integration model could facilitate a smooth integration to the work

community, provide a good professional foundation, as well as help culturally and linguistically diverse nurses achieve professional development, be aware of the work culture, preserve their own culture, and choose an optimal career path. One of the respondents shared the following:

"I hope that this kind of a model would offer motivation by giving culturally and linguistically diverse nurses the feeling that we welcome them with open arms and want to motivate them, not only that we need nurses for the hospital or for the elderly home; rather, that we need professionals that have an independent profession and are valued in Finland." 010

5 Discussion

This study, which was based on nurse educators' experiences, established that culturally and linguistically diverse nurses face challenges both during pre- and post-graduation. Notably, educators felt that they lacked sufficient resources and experience to meet the needs of these nurses and enable a smooth transition and integration into healthcare organisations. Previous research has specified that culturally and linguistically diverse nurses face social, economic, linguistic, cultural, and academic challenges (Bristol et al., 2020). Providing nurse educators with additional resources could help meet culturally and linguistically diverse nursing students' learning needs through the adoption of effective learning approaches (Sommers & Bonnel, 2020), prepare these nurses to participate in culturally and linguistically diverse healthcare, enhance clinical practice success, especially during the pre-graduation phase, and improve the transition to work life (Kaihlanen et al., 2021).

Furthermore, the presented results show that the final clinical practice that culturally and linguistically diverse nurses experience is effective at gaining organisational support and improving the transition to work life, which is important in decreasing attrition rates among culturally and linguistically diverse nurses. Previous research has identified a strong relationship between effective nurse educator pedagogical expertise, including presence during the final clinical practice, and the success of subsequent transition and integration (Kaihlanen et al., 2021). The experiences shared by the participating nurse educators, however, demonstrate that the nurse educator's role evolves during the initial and later stages of nursing education, with decreased presence during the final graduation and transition phase; hence, the nurse educator's contribution to supporting transition and integration into healthcare settings may go unnoticed (Kaihlanen et al., 2021). Limited resources translate to low awareness and insufficient experience with the integration process, as was shared by the educators in our study; thus, there is a risk that culturally and linguistically diverse nursing students will not get a nurse educator's support at the crucial final phase towards transition and early integration. This could be expected to negatively affect the nurse's professional identity, career growth and intention to remain in nursing.

Another key finding was that some educators lacked experience of how culturally and linguistically diverse nurses integrate into healthcare environments at the post-graduation phase. Based on the shared experiences, educators were more present and active during the pre-graduation phase and had an integral role in supporting integration at this phase. Evidence has shown that newly graduated nurses need support when adapting and integrating into a healthcare organisation, and that low support may contribute to low professional identity, career dissatisfaction, and possible attrition (McKenzie et al., 2021). An educator's awareness and support at the post-graduation phase has been found to relieve the vulnerability associated with cultural and linguistic diversity (McKenzie et al., 2021). Hence, there is need for nursing education to be structured and sufficiently resourced so that crucial nurse educator support can extend to the post-graduation and early integration phases.

The presented findings established that most healthcare organisations expect that culturally and linguistically diverse nurses are ready to practice nursing right after their graduation; this could explain why insufficient resources are allocated into understanding the needs and competences of culturally and linguistically diverse nurses. Previous research has also established a strong relationship between structural empowerment within a healthcare environment and the psychological empowerment of nurses (Tomietto et al., 2022). The participating educators

experienced immense expectations by healthcare organisations to prepare professionals who were ready for work life post -graduation. Previous research has reported that organization-led interventions are effective at facilitating newcomers' organizational socialization (Tomietto et al., 2022), smooth adaptation and subsequent integration (Hussein et al., 2017). This, when combined with the educators' experiences, showed that healthcare organisations should be more prepared, receptive, and supportive for culturally and linguistically diverse nurses.

The participating educators reported that additional organisational resources for induction, mentorship, linguistic and cultural competence, peer support, competence development and a conducive workplace environment would benefit the integrational experiences of culturally and linguistically diverse nurses. These interventions, which should be realized at the organisational level as well as at both the pre- and post-graduation phases, would require healthcare organisations to input resources and readiness to enable these strategies (Kamau et al.,2022; Kamau et al.,2023). This is also theoretically consistent with the organisational socialisation framework, in which clear induction programs, along with well-defined support by both mentors and ward managers, are beneficial to effective integration (Tomietto et al., 2022).

The presented research highlights the need to enhance both inter- and intra-organisational cooperation to tackle variance, both regional and in the type of healthcare organisation, for how culturally and linguistically diverse nurses integrate into the workforce. The educators experienced that elder care institutions and primary care organisations are better at assimilating, and more responsive to, culturally and linguistically diverse nurses than specialized care. They also noted that culturally and linguistically diverse nurses are more drawn to healthcare organisations in larger cities. Since clinical learning experiences at the pre-graduation phase serve as an opportunity for better integration after graduation cooperation between different organizations, i.e., academic institutions and healthcare organisations, and between ward managers, mentors and educators is key to support culturally and linguistically diverse nurses in their transition to practice (Tomietto et al., 2022).

According to the participating educators, culturally and linguistically diverse nurses have limited career choices in terms of location and specialisation. This finding clearly demonstrates the segmentation and stratification of the nursing workforce. Labour segmentation has been found to impede a nurse's career growth and professional identity and may also lead to a highly stratified nursing profession (Olakivi, 2020). This phenomenon may further negate positive aspects within the nursing workforce and profession, which should be built on equality, diversity, and inclusion of culturally and linguistically diverse nurses.

The current global nursing workforce shortage will exacerbate the risk of health inequalities and outcomes, especially for populations facing low access to care and within regions with an inadequate workforce (Lowman & Harms, 2022). The presented results have established that, in Finland, culturally and linguistically diverse future nurses tend to migrate to larger cities and municipalities because of social and economic reasons. This internal migration will undoubtedly affect the supply and demand for nurses in smaller regions and cities. This migration of nurses to larger cities, along with its contribution to the nursing workforce and access to care, has been documented elsewhere (Hillmann et al., 2022). Hence, nurse educators have an important role in motivating and supporting culturally and linguistically diverse nurses to stay and integrate into smaller cities and municipal healthcare systems.

6 Strengths and Limitations

This research has several strengths: researcher triangulation has enhanced the confirmability, credibility, and validity of our study (Noble & Heale,2019). The sample was recruited from three different universities of applied sciences within two regions in Finland; this helped enhance transferability (Connelly, 2016). Authenticity (Eldh et al.,2020) was achieved using direct quotations that brought out the participant voices more vividly in our research.

The limitations of our study are that the population may have introduced cultural, gender, and/or generational biases since all the participating educators except one were Finnish and all were female over the age of thirty-five years. Despite the lack of cultural, gender and generational diversity in the study population, we feel that the experiences

of these nurse educators may be unique to them and not representative of the views of the general population of nurse educators in Finland. However, we feel that all the experiences represent the context in which Finnish nurse educators practice, and hence, give substantive evidence on how nurse educators experience the integration of culturally and linguistically diverse registered nurses in the Finnish context. The snowball sampling approach may have generated selection bias and locked out participants who may not have been acquainted with the participating educators. Four participants came from the first author's institution and this relationship may have affected how they shared their experiences. Although conducting interviews in an online manner may have limited human contact, we find that using video interviews helped minimise this limitation.

7 Conclusions

This study has presented Finnish nurse educators' experiences related to the integration of culturally and linguistically diverse future registered nurses into clinical practice. These new nurses seem to be missing the presence of nurse educators at the post-graduation phase, which represents a vulnerable time when newly qualified nurses might need support in transitioning and integrating into a healthcare organisation and their profession. However, academic nurse educators' competencies are identified as important in facilitating transition to practice, during the future nurses' academic experiences. Even though nurse educator post-graduation support might be beyond the scope of a nurse educators' role, we may in our context need to utilize nurse educators who would work within the hospital system and are involved in transition to practice programs.

Early support, especially during the final clinical placement, was reported to act as a safe step towards a smooth transition. At this stage, the nurse educator serves as an important support system. However, the shared experiences suggested that nurse educators grapple with limited resources; hence, the results demonstrate that higher education institutions should allocate sufficient resources to educators. Increased resources might allow nurse educators to better support culturally and linguistically diverse nurses. There also seems to be a lack of diversity among nurse educators, which suggests that universities should review employment practices, as well as policies that guide inclusivity, equity, and diversity, to ensure a group of nurse educators who can competently educate culturally and linguistically diverse nurses.

The presented results also reveal that more must be done to halt the segregation and stratification of the nursing profession in Finland. Culturally and linguistically diverse registered nurses in Finland seem to show low levels of integration into specialized care institutions. This trend poses a significant risk for professional growth and diversity within these settings. This form of segregation also affects the experiences of culturally and linguistically diverse patients when accessing specialized care. This finding will likely have the largest impact on healthcare organisations in smaller towns, which need to allocate more resources towards alleviating the movement of culturally and linguistically diverse registered nurses to resource-rich organizations in larger cities. The findings of this research also impact stakeholder cooperation, as there is a clear need for universities and other organisations to cooperate in order to support and successfully integrate culturally and linguistically diverse nurses. The findings, even if based in a specific educational, cultural, and organisational environment at the national level, are consistent with the international landscape of healthcare nurses' mobility and with theoretical models of organisational socialization.

Further research is needed to fully understand how nurse educators who are aware of cultural differences and diversity influence the integration process of culturally and linguistically diverse registered nurses. The presented results suggest that research on labour segmentation within the Finnish nursing workforce, along with the associated effects on the professional identity and growth of culturally and linguistically diverse nurses, is warranted.

Conflict of interests

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