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REVIEW

# Is there a relationship between the diversity characteristics of nursing students and their clinical placement experiences? A literature review



Jane Koch, RN RNT MA <sup>a,b,\*</sup>, Bronwyn Everett, RN, PhD <sup>b</sup>,  
Jane Phillips, RN, PhD <sup>c</sup>,  
Patricia M. Davidson, RN, BA, ITC, MEd, PhD <sup>d,e,f</sup>

<sup>a</sup> Centre for Cardiovascular & Chronic Care, University of Technology, Sydney, Australia

<sup>b</sup> School of Nursing and Midwifery, University of Western Sydney, Locked Bag 1797, Penrith South DC, NSW 2751, Australia

<sup>c</sup> Palliative Nursing, Cunningham Centre for Palliative Care & School of Nursing Sydney, The University of Notre Dame Australia, PO Box 944, Broadway, NSW 2007, Australia

<sup>d</sup> Johns Hopkins University, United States

<sup>e</sup> Centre for Cardiovascular and Chronic Care, University of Technology Sydney, Australia

<sup>f</sup> Cardiovascular Research at St Vincent's Hospital Sydney, University of Technology, Sydney, Australia

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## KEYWORDS

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## Summary

**Background:** There has been an increase in ethno-cultural, linguistic, and socio-demographical diversity in students enrolling in undergraduate nursing programs. Diversity also involves other characteristics, but little is known about how diversity impacts on the clinical experiences of nursing students.

**Aim:** The aim of this review is to identify studies which describe the clinical placement experiences of nursing students who have a broad range of diversity characteristics.

**Methods:** Major databases were searched and original studies published from 2003 to 30 June 2013 were eligible for inclusion. An expanded definition of diversity was used to include characteristics such as ethnicity, language, age, religion, gender, socioeconomic status, carer responsibilities, sexual orientation and special needs/disability.

\* Corresponding author at: Family and Community Health Research Group (FaCH), School of Nursing and Midwifery, University of Western Sydney, Locked Bag 1797, Penrith South DC, NSW 2751, Australia. Tel.: +61 2 9685 9395; fax: +61 2 9685 9599.

E-mail addresses: [j.koch@uws.edu.au](mailto:j.koch@uws.edu.au) (J. Koch), [b.everett@uws.edu.au](mailto:b.everett@uws.edu.au) (B. Everett), [jane.phillips@nd.edu.au](mailto:jane.phillips@nd.edu.au) (J. Phillips), [pdavids3@jhu.edu](mailto:pdavids3@jhu.edu) (P.M. Davidson).

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*Findings:* Male gender and speaking English as a second language are diversity characteristics associated with a less positive clinical experience. These students are also more likely to leave their nursing program. Mature-aged students and those from ethnic minority groups were also noted to have a less positive clinical experience and in some cases, this also increased attrition. However, it was difficult to determine the impact of these characteristics alone as they appeared to be linked with other characteristics such as financial difficulties and carer responsibilities in the case of mature-aged students, and language and international student status in the case of ethnicity.

*Conclusions:* Given the significant benefits associated with preparing a diverse nursing workforce, it is an imperative to better understand the impact of diversity on nursing students to ensure that every placement becomes a positive and valuable learning experience.

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## Introduction

Australia is considered one of the most culturally and linguistically diverse countries in the world (OriginsInfo, 2012), with 26% of its population born overseas and a further 20% having at least one overseas-born parent (Australian Bureau of Statistics, 2012). Similar rates of demographic diversity are seen in other developed countries such as the United States (US) (US Census Bureau, 2012) and the United Kingdom (UK) (Office for National Statistics, 2011).

Whilst this diversity is reflected across society and the workplace in general, it is particularly evident in the nursing profession, accelerated through international recruitment and an increasing trend towards nurses migrating from developing to developed countries (Brush, 2008; Dywili, Bonner, & O'Brien, 2013). The number of overseas-born registered nurses (RNs) in Australia in 2001 was 25%, with just over one-third of these being recent arrivals (Australian Bureau of Statistics, 2013). In 2011 this figure was 33%, with almost two-thirds of these nurses being recent arrivals and a four-fold increase in nurses from India (Australian Bureau of Statistics, 2013). Transitions in nursing workforce demographics are also seen in the UK where traditional 'source' countries such as India and the Philippines are being replaced by European Union (EU) countries. In 2011/12, 18% of RNs were from EU countries, including new EU states such as Poland and Romania, and those countries affected by the eurozone crisis such as Portugal, Spain and Ireland (Buchan & Seccombe, 2012).

A change in the demographics of nursing students has also taken place, primarily as a result of 'widening access' initiatives to improve participation of students from under-represented groups in higher education (Australian Bureau of Statistics, 2012; Bradley, Noonan, Nugent, & Scales, 2008; Chowdry, Crawford, Dearden, Goodman, & Vignoles, 2013) and increasing migration (Department of Economic and Social Affairs Population Division, September 2013). This has resulted in increasing numbers of nursing students who speak English as a second language (ESL), are older, from indigenous or ethnic minority groups, or come from low socioeconomic groups. For example, in the US the number of students entering nursing programs from minority/ethnic groups doubled between 2002 and 2011 (American Association of Colleges of Nursing, 2012a, 2012b) and now represent 28.3% of all students in entry-level baccalaureate programs (American Association of Colleges of Nursing, 2013), a figure likely to rise with minority groups projected to comprise 57% of the US population by 2060 (US Census Bureau, 2012).

National Australian data is not available however the literature suggests Australian nursing students are increasingly older (Kenny, Kidd, Nankervis, & Connell, 2011), speak English as a second language (Donnelly, McKiel, & Hwang, 2009a), work part-time while studying (Salamonson, Everett, Koch, Andrew, & Davidson, 2012) and have carer/parental responsibilities (Kenny et al., 2011). In more urban areas, nursing programs are likely to have higher numbers of international students (Salamonson, Koch, Weaver,

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