UNIVERSITATEA BABES–BOLYAI

The Faculty of Sociology & Social Work

PhD. Thesis Abstract

Nursing Students during their First Clinical Experience in Hospital Wards: The Role of Cultural & Professional Training Characteristics in Coping Strategies And self- efficacy

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Introduction

All nursing programs have the common thread of having both a theoretical and a clinical component as part of the educational process (Oermann & Lukomski, 2001).

The profession of nursing is a practice discipline and requires both a cognitive comprehension of theory, skill and dexterity in transferring the theory when providing care for the patient in the clinical setting (Reilly & Oermann, 1990). Therefore, education of nurses occurs in both the classroom setting and the clinical setting where nursing students provide care to patients (Oermann & Lukomski, 2001).

Nursing programs are increasingly based on a broad knowledge of biological, social, and physical sciences, as well as the liberal arts and humanities. In the classroom, students learn about concepts and theories that are applicable to the practice of nursing (Oermann & Lukomski, 2001). The nursing students' syllabus includes studies on the following subjects: interpersonal communication skills, critical thinking and intervention planning, healthcare and healthcare planning in a multicultural society, in order to better equip them to treat clinical cases from different cultures and provide culturally appropriate care (Leininger & MacFarland, 2002).

Professional socialization refers to the process by which the individual learns the culture of a profession. This professional socialization is strongly influenced within the university through classroom teaching, but is more profoundly experienced in the clinical setting (Lincoln, Carmody, & Maloney, 1997; McAllister, 1997).
In clinical practice, nursing students use the knowledge they have learned in the classroom and apply it to actual patient situations (Gaberson & Oermann, 1999). Studying in the clinical environment entails learning how to problem solve, make decisions, work alongside professionals in nursing and other professionals in health care, and help the student nurse develop and internalize values that are part of and important to the profession and practice of nursing (Massarweh, 1999; Oermann & Standfest, 1997). The clinical practice setting is an important element in the whole learning process of nursing students.

With expanding immigration, increasing globalization, and minority population growth, there is a need to enrich the diversity within the nursing profession to better meet the needs of our changing society (Barbee & Gibson, 2001).
The variety of students entering nursing school today represents diverse population groups. Israel is a heterogeneous country in which diverse ethnic, national and religious groups, and groups that are differentiated by other criteria, live side by side. Students in Israel's nursing training programs originate from many different cultures including: Jews, Moslem Arabs, Christian Arabs, and Druze. A culturally diversified nursing curriculum has been shown to improve student satisfaction and learning (Humphreys, 2002; Taxis, 2002).Most importantly nursing curricula should be made more culturally relevant for culturally diverse students (Leininger & McFarland, 2006).

The Research Environment

Training program qualifications for registered nurses in Israel take place in two settings: academic and non-academic. Academic settings can be found in most of the universities that have a nursing school adjacent to a hospital and in several academic colleges throughout Israel. These four-year training programs are known as generic programs.

Non-academic programs are conducted in nursing schools attached to hospitals throughout Israel. The non-academic programs include generic certificate courses for registered nurses and also training programs for the retraining of academics from other disciplines for a registered nursing qualification and the upgrading of practical nurses to become registered nurses (these are two-year courses).

The theoretical and clinical studies in two training frameworks, both academic and non-academic, are run according to the core curriculum of the Nursing Administration. Within the standard academic framework students take additional courses for a first nursing degree.

The Nursing Division of the Ministry of Health is responsible for all nursing training programs in Israel and has the authority to define the profile and functions of a registered nurse, to adapt the core curriculum to this profile and to determine threshold functioning levels for graduates of training programs through a national examination for registration and qualification (Nursing Division, 2011). The nursing

training program includes theoretical and practical studies. During their studies, the students must participate in a given number of hours of practical experience introducing them to different clinical settings determined by the Nursing Division.

The learning curriculum is constructed layer upon layer, both with regard to the corpus of knowledge to which students are exposed and also with regard to the clinical skills acquired during their studies. With the successful completion of the studies, the training institution submits the grades of each student to the Nursing Division as proof of their qualification to undertake the licensing exam (Nursing Division, 2011).

The research was conducted in the setting of two nursing training institutions.

In the nursing training programs there are five courses of study that are in different stages of nursing study. The theoretical studies take place at the school or academic setting and the clinical experience takes place in hospital wards. The two and four-years study programs are made up as follows: first year – theoretical studies, second year – clinical experience combined with theoretical studies. The students are required, during the course of their studies, to undergo different clinical experiences according to the number of hours that the nursing administration dictates – the adult group (internal and surgical wards), the children's and the women's (maternity) groups, psychiatry, community and emergency medicine. In all of the nursing courses in the nursing training programs the first clinical experience starts with the adult group of patients and it is timed to take place towards the second year of studies. The research was conducted amongst nursing students who are in their second year and completed their first clinical experience with the adult patients group.

The research objectives are: To identify how professional - cultural training, and the process leading to self efficacy, involving stress, coping strategies, and social support, are perceived differently among nursing students from various cultures during their first clinical experience and in addition; To examine the interrelationships between professional – cultural training ,experienced stress, coping strategies, and social support, as they lead to self efficacy of nursing students during their first clinical experience.

The Research questions:

1. How does the perception of professional – cultural training differ by culture (religion)?
2. How do perceived stress in the first clinical experience, coping strategies, perceived social and staff support, and perceived self efficacy differ by culture (religion)?
3. What are the relationships between professional – cultural training, experienced stress in the first clinical experience, coping strategies, and perceived social and staff support?
4. How are professional – cultural training, experienced stress in the first clinical experience, coping strategies, and perceived social and staff support, related with self efficacy?
5. What is the contribution of individual factors (cultural training, culturally related stress, and staff cultural support) to self efficacy?

Gap in knowledge

The first clinical experience is a highly complex learning process. Students are introduced to the environment and procedures in different hospital wards and they become familiar with the nurse's role. At the same time, they experience communication and interaction with patients (from different cultures), patients' families and various types of professional staff. Additionally, students learn how to manage patient treatment during the first stages of hospitalization. The organization of the first clinical module represents a big challenge, particularly when it aims at educating nursing students with different cultural backgrounds (Taxis, 2002; Villarruel, Canales, & Torres, 2001; Bednarz et al., 2010).

During their clinical experience students have physical contact with patients and are exposed to an environment that may stimulate, intrigue, and tantalize them as human beings. Students socialize and interact with various people in the clinical learning environment. The clinical environment is also very hard to control. There are a lot of stimuli, which make it hard for students to discern what is essential. The constant change and the potential unpredictability of the clinical environment, cause difficulties to the planning of an optimal clinical learning environment for all students.

Individual students have specific needs that cannot be fully matched by the clinical surroundings (Papp, Markkanen and Von Bonsdorff, 2002).

As they enter the clinical field for their first experience, nursing students report uncertainty, apprehension, fear, stress and distress following their first encounter with the hospital's departmental environment. The lack of previous clinical experience, unfamiliarity with the territory, meeting difficult patients, as well as fear of making mistakes or being evaluated by faculty members are considered by students as anxiety-producing situations in their initial clinical experience. The perceived differences between actual and expected behaviours in the clinical placement have similar effect (Chan et al., 2009).

Providing patient care was an initial clinical experience that caused the most stress for some students (Mahat, 1996 & 1998). Once again students in all levels of nursing education found initial clinical experiences to be stressful (Dye, 1974; Sellek, 1982; Mahat, 1998; Shipton, 2002).

Many researchers have found that anxiety interferes with the process of thinking which ultimately impairs performance (Jarvis, 2006; Oermann & Gaberson, 2006). Clinical experiences require difficult adjustments for students as they move from an environment that encourages thinking to an environment that encourages doing.

Coping refers to ways used by individuals to handle stressful and troublesome circumstances. It also includes expending efforts to resolve problems and to deal with problematic situations. Coping strategies are important in terms of both process and outcome.Coping strategies vary among individuals and are often related to the individual's perception of the stressful event (Kozier & Erb, 2008). Problem-focused coping, emotion-focused coping and seeking social support are some of the common coping strategies one may use to deal with stressful situations (Kohlman, Weidener, Dotzauer ,& Burns, 1997).

Benner, Sutphen, Leonard & Day (2010) discuss the need for graduates to develop an enhanced ability to integrate skilled knowledge, skilled *know-how* and ethical comportment. This terminology parallels the familiar and traditional notion of theory, practice and professional role development.

Nursing graduates require new and more complex skill sets in order to better work and thrive in our present and future health care environment (Benner et al., 2010). To

develop the knowledge needed to achieve what is expected while also feeling empowered and proud of their ability, their skill and their unique contribution, the graduates must develop resilience to stressors. Firstly during their studies and afterward at the workplace. They require an ability to cope with constant uncertainty and change and they must be confident in their ability to do so (Benner et al., 2010). Capacity to manage complex patient situations, problem solving, searching and using evidenced based information on which to make skilled decisions, together with critical thinking and collegial collaboration are crucial for the nursing profession (Benner et al., 2010; Brown, Kirkpatrick, Mangum, & Avery, 2008).
A review of education and nursing education literature undertaken to find a construct that best captured the concept of feeling empowered, satisfied, productive and proud revealed that the concept may be embedded in the construct of career or practice self-efficacy. Self-efficacy is commonly defined as having a belief in one's capability to succeed. One feels up to the challenge of difficult tasks and is therefore intrinsically motivated by them (Bandura, 1993; Zeldin, Britner, & Pajares, 2008).

Cope et al. (2000) found that students on clinical placement need to receive social, emotional and professional support. As a result of this support, students may feel more confident if they experience social inclusion, which can ease the familiarisation process and leave the way open for the demonstration of clinical competence and thus professional acceptance. Support and encouragement ultimately enabled higher levels of confidence, self efficacy, a reduction in anxiety and ultimately a positive clinical experience (Chesser-Smyth, 2005). Student nurses need support and nurturing which will facilitate their entry to their future profession.

The literature relates widely to nursing students' feelings in the first clinical experience. It indicates that exploration of nursing students' experiences at the clinical placements has been a research topic for at least a decade (Beadnell, 2006). Some researchers have provided meaning for this phenomenon, whereas others have implemented strategies to assist in providing a positive clinical experience (Beadnell, 2006; Cope et al., 2000; Randle, 2001).

Some studies have concluded that there is a connection between welfare and social support amongst culturally diverse nursing students (Ben Ari & Gil, 2002). Most importantly, they concluded that nursing curricula must be made more culturally relevant for students from different ethnic and racial minority groups.

A heterogeneous student population transforms the classroom into a practice setting to learn how to communicate with patients with different cultural and racial identities (Sullivan, 2004).

Although some research has studied nursing students' perception of stress due to their first clinical experience (Sharif & Masoumi, 2005) and found that students on clinical placement need to receive social, emotional and professional support (Cope et al., 2000), there is little research-based knowledge regarding the provision of an emotional and social support intervention tailored to the needs of culturally diverse nursing students in their first clinical experience.

No studies exist in Israel that examine how nursing students from diverse cultural backgrounds cope with their first clinical experience in the wards and what are the resources of support that they are relying on (Ben- Zur, 2005).

The research investigates the nursing students' experiences, and evaluates the need to develop culturally adapted training programs. Such a program should include both a socio- emotional preparation of the students for their first clinical experience and their introduction to the nursing profession (Cope et al., 2000). By adding a new perspective to the existing international body of research, the findings of the present work on Israeli nursing students will hopefully contribute to the development of knowledge in this area and prompt the acknowledgment of its importance for nursing education.

The Contribution of the Research to the Corpus of Knowledge

It is important to understand the resources of support and coping strategies of nursing students from diverse cultures as they are initiated into the professional field in all its components. Students need a sound network of emotional and social support during this phase of their studies in order to be able to implement the goals of the clinical experience and to improve the social sensitivity of the nursing practice in the long term (Cope et al., 2000; Collins, 1997).

This research focuses on identifying the support resources and coping strategies employed by students from diverse cultures during their first clinical experience. It also evaluates the need to develop a culturally-adapted emotional support program to prepare them for this experience.

The program will hopefully enhance the students' sense of dedication and professional level, and will constitute a model for training programs tailored to the cultural diversity in education and nursing professional practice.

This research has relevance for nursing students all over the world, especially in the present- day reality characterized by global changes and by increased opportunities to encounter students who are from different cultures (Humphreys, 2002). It is also relevant, for educators preparing students to be culturally competent nurses and for health care institutions that attempt to integrate nurses from culturally diverse backgrounds for the benefit of their patients and to improve the quality of care.

Keywords: Nursing education, Nursing training, First clinical experience, Culturally diverse nursing students, Transcultural nursing, Stress, Coping strategies, Social support, Staff support, Self efficacy.

Chapter 1: Literature Review

This chapter reviews the different theories and research debates that exist in various disciplinary fields which provide the fundamentals of the present study. The first knowledge domain encompasses nursing as a profession, perception of nursing and nursing education in Israel. It describes professional training programs and then clinical practice in nursing education. The second area presents the stress of nursing students, focusing on the sources of stress in clinical settings and the supportive learning environment. The third field provides insights into cultural diversity in Israel, by presenting expressions of cultural differences in nursing training. The fourth domain of literature review comprises theories and models that explain transcultural nursing, nursing students' initial clinical experiences, coping strategies and self efficacy. The conceptual framework of the research is described, based on the afore-mentioned relevant theories.

1.1. The Conceptual Framework of this Research

This research focuses on the role of culture and professional- cultural training in the process leading to self-efficacy, involving stress, coping strategies, and social support, among nursing students during their first clinical experience in hospital wards.

This research draws on theories and models of nursing education and practice, transcultural nursing, stress, coping strategies and self-efficacy.

The relationship between self-efficacy beliefs and academic achievement has been studied among nursing students' populations (Cantrell, 2001; Chacko & Huba, 1991; Defelice, 1989; Harvey & McMurray, 1994).

Other studies have investigated the relationship between self-efficacy and the use of specific coping strategies (Collins, 1997), and the relationship between self-efficacy and success in baccalaureate nursing programs (Aber & Arathuzik, 1996). Self-efficacy not only had a positive main effect in predicting the frequency of use of staying optimistic and problem solving strategies but also moderated the effects of stress from taking care of patients on transference strategy, as well as stress from assignments and workload on problem solving strategy. It is essential to bolster the students' self-efficacy to reduce stress and adopt positively the coping strategies during clinical practice (Zhao et al., 2014).

The relationship between nursing students' self-efficacy and clinical performance has been studied in specific client populations including families in the community (Ford- Gilboe et. al., 1997; Rosen, 2000), patients with chronic illness (Clark et al., 2004) and culturally diverse client populations (Jefferys & Smodlaka, 1999).

Extensive literature exists regarding the sense of stress among nursing students in their first clinical experience in the hospital wards. The literature also presents studies about stress among nursing students experiencing in the wards (Jarvis, 2006; Oermann & Gaberson, 2006; Chan et al., 2009; Mahat, 1996 & 1998; Shipton, 2002).

The literature emphasizes the significance of the fact that students in the beginning of their professional clinical way need a system of social, emotional and professional support (Beadnell, 2006; Cope et al., 2000; Randle, 2001).

During their nursing studies in general and the clinical experience in particular culturally diverse students need an emotional support system that will be adjusted to their cultural needs (Sullivan, 2004).

However, there is little reference in the literature to the students' ways of coping and their use of social and emotional sources of support during their first clinical experience (Jackson, 2001; Tully, 2004). Additionally, No studies were found in Israel which engaged in emotional and social intervention that are adjusted to the cultural needs of nursing students in their first clinical experience

Consequently, the conceptual framework of this research pertains to a number of interrelated areas: professional training and practice, clinical experience in nursing, stress in the first clinical experience, coping strategies, social support, transcultural nursing, cultural diversity in nursing training, and self-efficacy.

The theoretical foundation of this research involves eight main conceptual components:

1. **Professional training and practice -** Until recently, nursing education focused on the knowledge and skills that enable nurses to practice in a hospital setting (Heller et al., 2005; Savrin, 2009). However, as nursing roles have evolved in response to new scientific knowledge, nursing education curricula have been revised to enable nurses to work in more diverse settings and to assume more diverse roles (Heller et al., 2005; Savrin, 2009). Current nursing curricula emphasize critical thinking and the application of nursing and supporting knowledge concerning health promotion, health maintenance, and health restoration as provided in both community and hospital settings (Kozier & Erb, 2008). The profession of nursing is a practice discipline and requires both a cognitive comprehension of theory, skill and dexterity in transferring the theory when providing care for the patient in the clinical setting (Reilly & Oermann, 1990). Therefore, the education of nurses occurs in both the classroom setting and the clinical setting where nursing students provide care to patients (Oermann & Lukomski, 2001).
2. **Clinical experience in nursing -** Clinical experience is, beyond dispute, considered to be a very important part of nursing education (Lee, 1996; Dunn & Hansford, 1997; Nolan, 1998). Clinical experience is a transition period, which allows students to consolidate knowledge and practice skills acquired during fieldwork practice in a working situation. During clinical experience, students are expected to develop competencies in the application of knowledge, skills, attitudes, and values inherent in the nursing profession. Nursing students perceive the practice setting as the most influential context for acquiring nursing skills and knowledge (Dominic, 2002). Clinical experience provides students with optimal opportunities to observe role models, practice what they have learned, and reflect on what is seen, heard, sensed, and done (Thorell-Ekstrand & Bjorvell, 1995).
3. **Stress in first clinical experience** - Stress in nursing students has been well documented (Beck & Srivastava, 1991; Kleehammer, Hart, & Keck, 1990; Lindop, 1989). Student nurses experience more stress in the clinical setting as they progress through their nursing education. Hart and Rotem (1994) found that the initial clinical experience was the most anxiety producing part of their clinical experience. The stress and anxiety levels increase as nursing students learn to apply their theoretical knowledge to the clinical work with their first patients in new environments whilst being observed by their clinical instructors and their peers. Lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by faculty members, as well as differences between actual and expected behaviour in the clinical placement were all indicated by nursing students as anxiety-producing situations in their initial clinical experience. Clinical experiences require

difficult adjustments for students as they move from an environment that encourages thinking to an environment that encourages doing.

4. **Coping strategies -** Coping is defined as the cognitive and behavioural efforts used to manage external and internal stressful demands that are appraised as exceeding the person's resources (Gutenberg, 2002). According to Lazarus (2006), coping strategy is a natural or learned way of responding to a changing environment or a specific problem or situation. Problem-focused coping, emotion-focused coping and seeking social support are some of the common coping strategies one may use to deal with stressful situations (Kohlman, Weidener, Dotzauer, & Burns, 1997). Problem-focused coping refers to efforts to improve a situation by making changes or taking some action. Emotion-focused coping strategies are efforts directed at regulating emotional responses to the problem (Lazarus & Folkman, 1984).
5. **Social support** - refers to the measure by which the individual feels that he or she can rely on people around him or her for help in material and/or emotional areas in time of need (Figley, 1986; Canty-Mitchell & Zimet, 2000). The Stress Theory – coping deals also with external resources that the individual has at his disposal when he or she experiences stress, primarily, social support (Lazarus & Folkman, 1984). The theory explains that adaptation to stress depends not only on the coping strategies that the individual uses, but also on the social support that a person has around him or her (Barrera, 1988; Rutter, 1983; Sandler et al., 1997). The term social support was defined as more "objective", such as the size of the social network, its density and frequency of interaction between those in the network (Norbeck, Lindsey, & Carrieri, 1981), and some refer to the amount of social support that is perceived by the individual (Barrera, 1986). Social support in nursing students includes: close family, friends, formal and professional support (clinical instructor, nursing staff in the wards, and faculty staff).
6. **Transcultural nursing (TCN) -** is a humanistic and scientific area of nursing study and practice that focuses on how behaviour patterns in health, illness, and caring are influenced by the values and beliefs of specific cultural groups. This knowledge is applied in the planning and provision of culturally appropriate care. Leininger (1991) was the founder of the transcultural nursing movement in nursing education, research and practice. She was an early pioneer who led the profession to incorporate culturally competent care in nursing while integrating cultural dimensions and TCN theory in nursing curriculum. In addition, she advocated the certification of transcultural nurses. Leininger defined transcultural nursing as a comparative study of cultures to understand similarities (culture universal) and difference (culture-specific) across human groups (Leininger, 1991). Transcultural nursing requires

sophisticated assessment and analytic skills, and the ability to plan, design, and evaluate nursing care for individuals, families, groups, and communities representing various cultures (Leininger & McFarland, 2006).

7. **Cultural diversity in nursing training -** The term diversity describes differences. Differences can be attributed to age, gender, religion, ethnic origin, social background, sexual preference and many other factors. These differences will be shown as different perspectives that diverse people have on the same issues or facts (Kandola and Fullerton, 1998). According to Modood, Berthoud, Lakey, Nazroo, Smith, Virdee, and Beishon (1997), diversity needs to be considered in three different terms: origin, socio-economic status, and lifestyle. It is argued that in order to prevent stereotyping, labeling and prejudice when dealing with diversity in health care, health professionals should consider the broader aspects of the individual's culture, (Anionwu, Sookhoo, & Adams, 2012). As nursing care is provided to a growing culturally diverse population, multiple elements must be considered within the context in which it occurs before sense can be made of a culture's impact and importance upon health. With expanding immigration, increasing globalization, and minority population growth, there is a need to enrich the diversity within the nursing profession to better meet the needs of our changing society (Barbee & Gibson, 2001). The variety of students entering nursing school today represents diverse population groups. Students in Israel's nursing training courses originate from many different cultures and include: Jews, Moslem Arabs, Christian Arabs, and Druze. Therefore, both theoretical and clinical studies in the nursing training curricula must focus on multicultural nursing. Nurse educators are expected to develop their own cultural awareness, sensitivity, and competence, enabling them to act as role models for all students and attend to the needs of culturally diverse students (Alpers & Zoucha, 1996; Chrisman, 1998; Crawford & Olinger, 1988; Gardner, 2005a).
8. **Self-efficacy** - Perceived self-efficacy is defined by Bandura (1997, 2006) as one's belief in his or her capability to gain certain achievements. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. People with higher self- efficacy would be more likely to interpret difficult tasks as challenges and to make extra efforts to complete the tasks than people with lower self efficacy. People with higher self-efficacy would also be more likely to self-regulate their behaviors to meet their goals and objectives (Bandura, 1997). Such beliefs produce these diverse effects through four major processes. They include cognitive, motivational, affective and selection processes. Bandura offers guidelines to develop topic specific questions that depict this belief (Bandura 1997, 2006).

In summary, the current research examines the perception of self-efficacy and the perception of success among nursing students in their first clinical experience in the ward with reference to the future. The students' perception of success in the first clinical experience was examined in the context of their perception of professional training' the level of stress experienced in the clinical experience, the students' coping strategies and the professional and social support they get. **The research draws on the following theories:**

Benner's Novice- to-Expert Model in clinical practice (Benner, 1984) - providing excellence and strength in clinical practice, describes and explains nursing process in clinical practice.

Theories and models concerning transcultural nursing:

1. **Leininger's Theory- Culture Care Diversity and Universality (Leininger, 1991) -** providing culturally congruent care, describing, explaining, and predicting nursing similarities and differences focused primarily on human care and caring within human cultures.
2. **The Papadopoulos, Tilki and Taylor Model for developing cultural competence (Papadopoulos, 1998)** - Providing cultural competence, describing the meaning of cultural competence that is clearly a necessity in today's diverse society and an essential component of clinical practice for all nurses.

Lazarus and Folkman's Theory- Coping with Stress (Lazarus & folkman, 1984) - Providing strategies for coping with stress**,** explaining and describing types of coping strategies with stress and Social support**.**

Self-efficacy (Bandura 1997, 2006) - Bandura developed Self-Efficacy Theory within the framework of social cognitive theory. The theory provides a comprehensive analysis of determinants of behavior change. Bandura asserted that all processes of psychological change operate through a person's alteration of expectancies of mastery. Self-efficacy was the primary variable related to behavior initiation and persistence with outcome Expectations, performance incentives and environmental support as secondary Influencing variables.

Table 1: Mapping Theories and Models that includes a Theoretical Framework

Theory	**T-1** Leininger, 1991	**T-2** Papadopoulos, 1998	**T-3** Benner, 1984	**T-4** Lazarus & folkman, 1984	**T-5** Bandura 1977, 1986
Rationale	Providing culturally congruent care.	Providing cultural competence.	Providing excellence and power in clinical practice.	Providing coping strategies with stress.	provided a foundation for studying the influences that the individual, the environment and cognitive factors have on an Individual's decisions and behaviors.
Key Concepts	Three modes of nursing decisions and actions: 1. Culture care preservation and/or maintenance 2. Culture care accommodation and/or negotiation 3. Culture care re-patterning and/or restructuring	The model is composed of four sequential stages: 1.Cultural awareness 2.Cultural knowledge 3.Cultural sensitivity 4.Cultural competence	The model describes stages in the progression of patient care expertise that can result from practice nursing experience: 1.Novice 2. Advanced beginner 3.Competent 4.Proficient 5.Expert	The theory describes two types of coping strategies: 1.Problem-focused 2.Emotion-focused. This theory distinguishes two basic forms of appraisal, primary and secondary appraisal	The theory describes four sours of self efficacy: 1.performance of the activity 2. vicarious experience 3. verbal persuasion 4. person's physiological states
Justifications	Describing, explaining, and predicting nursing similarities and differences focused primarily on human care and caring within human cultures	Describing the meaning of cultural competence that is clearly a necessity in today's diverse society and an essential component of clinical practice for all nurses	Describing and explaining nursing process in clinical practice	Explaining and describing types of coping strategies with stress and Social support	Describing the meaning of self-efficacy and sours of self-efficacy that are clearly a necessity in nursing clinical practice

The research model is presented in Figure 1:

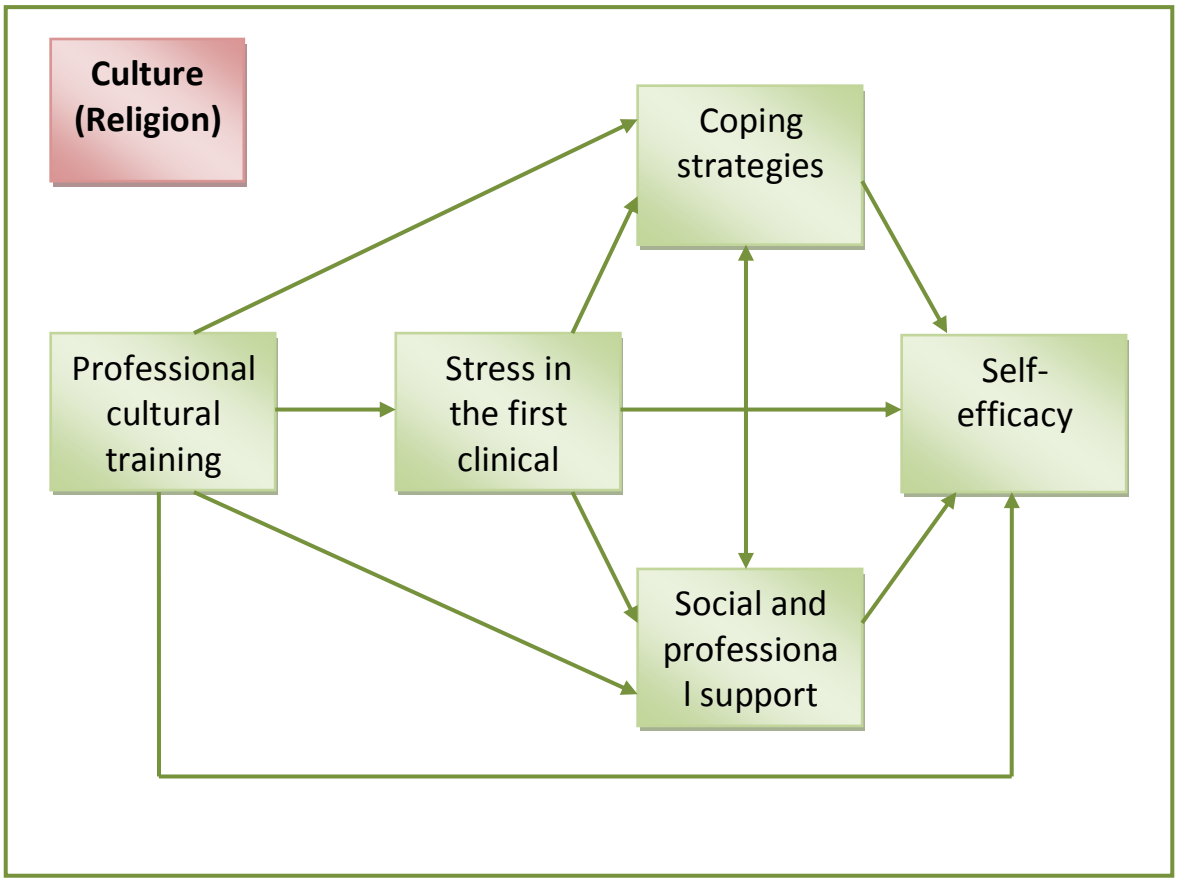

Figure 1: The theoretical model for nursing students' training, stress, social and professional support, coping strategies and self-efficacy in the first clinical experience

1.2. The Research Hypotheses

1. The perception of professional – cultural training will differ by culture (religion).
2. Perceived stress in the first clinical experience, coping strategies used, perceived social and staff support, and perceived self-efficacy will differ by culture (religion).
3. The more the professional-cultural training is perceived as effective, the lesser the experienced stress in the first clinical experience.
4. The more the professional – cultural training is perceived as effective and the lesser the experienced stress in the first clinical experience, the greater the use of problem-focused coping rather than emotion focused, and the higher the perceived social and staff support.
5. The more the professional- cultural training is perceived as effective, the lesser the experienced stress in the first clinical experience, the greater the use of problem focused coping rather than emotion focused, and the higher the perceived social and staff support - the higher the self-efficacy, both at present and regarding the future.
6. Cultural training will be related with the research variables: culturally related stress, coping strategies, social support and staff cultural support, and self-efficacy.

This research provides a detailed description of the culturally diverse nursing students during their first clinical experience in hospital wards, from their own perspective, through a mixed methods design, and employing qualitative and quantitative methods of inquiry described in the following chapters.

Chapter 2: The Research Methodology

2.1. The Research Approach - Mixed Methods Research

Our research used the mixed methods approach, namely a phenomenology strategy of inquiry in the qualitative part that included in-depth interviews of a small number of nursing students and questionnaires for a large number of nursing students in the quantitative part. The goal of mixed-methods research is to rely on the strengths and to minimize the weaknesses of both methods of research, it is also allows looking at issues from the point of view of both numbers and narratives (Borkan, 2004; Connelly, 2009). In this research, triangulation is used in order to increase our confidence in the data. **Triangulation** means that the researchers do not rely on a single research method. Instead they employ more than one measurement procedure when investigating a phenomenon or a research problem. Using the mixed-method

research adds accuracy and enhances confidence in the research findings (Bryman, 2004).

2.1.1. Mixed Methods Data Analysis

In mixed methods research, data analysis relates to the type of research strategy chosen for the research procedures. Thus, in a research proposal, the procedures need to be identified within the design. Analysis is conducted on both the quantitative and the qualitative data, and often includes comparison between the two types of data.

In this research the data was analyzed sequentially; the qualitative data was analyzed through content analysis, initially (Creswell, 2009). Later quantitative data was analyzed statistically.

Table 2: Research Design

Part	**Method**	**Source of Information**	**Data Analysis**
Part One: Qualitative research	In-depth interviews	1. 11nursing students from diverse cultures at the conclusion of their first clinical experience.	- Content analysis - Emerging categories - Themes
Part Two: Quantitative research	Questionnaires	2. 201 nursing students from diverse cultures at the conclusion of their first clinical experience.	Statistical tools

2.1.2. The Qualitative Part of the Research

The current research exposed the first clinical experience from the nursing students' point of view. It is important to understand the feelings, emotions and attitudes of nursing students who first experienced in the ward. Through the qualitative research approach, we could understand the students' coping styles and resources of support which they employed when they were exposed to difficulties in their first clinical experience. The descriptions provided by the students and the words they used were of great significance.

An in depth interview was conducted with 11 nursing students from different cultural backgrounds, in order to evaluate the students' narratives regarding the ways they cope with their first clinical experience in hospital wards, in that sense, this research's perspective is phenomenological. The interviews were conducted between January and April 2013.

2.1.3. The Qualitative Research Sample

The population of nursing students in Israel was studied.

Eleven nursing students who were from their second year of training and finishing their first clinical experience in hospital wards were selected according to this strategy. We intentionally selected the participating nursing students and sites so that among the participants there are female students as well as male students, Israeli born and students who are immigrants to Israel from other countries, and Jews as well as Muslims and Christian students. All students chosen for the interviews had their first clinical experience in adult wards (wards where the patients are adults with internal diseases, and wards where patients with surgical problems are hospitalized).

2.1.4. Data Collection - In-Depth Interview

The data for the qualitative part of the research was obtained through in depth interviews with 11 nursing students. The interviewers' task is to help the interviewees structure their story. The story goes through the process of providing meaning to the content. The interviewer and the interviewee develop meaning in common.

The interview includes 14 open questions that dealt with the students' description of their first clinical experience in a hospital ward, their feelings, experiences and difficulties during the trial period .The students interviewed were also asked to describe the preparation for their first clinical experience (did they receive training or guidance beforehand), emotional support resources and coping strategies in the course of the first clinical experience. In addition, the interview includes questions that dealt with the students' culture.

2.2. The Quantitative Part of the Research

In this social science research, data for the quantitative part was collected through structured questionnaires which were distributed in two nursing training institutions in Israel to a total of 201 nursing students. The research was conducted amongst second

year nursing students at the conclusion of their first clinical experience in the adult wards.

2.2.1. The Quantitative Research Sample

The sample includes 201 students studying in two nursing training institutions in Israel who had completed their first clinical experience in hospital wards. It was decided to conduct the research at this stage of their first clinical experience since this is the first point in time at which the students are exposed to the practical work of the nursing profession. The participating students were mostly in their twenties, women, Israeli born, and single. About a half had a high school education, and others had studied beyond high school. They had varying degrees of religiosity. They composed four different ethnic groups, by religion: Jewish, Moslem, Christian and Druze, with the first, Jewish, being raised mostly speaking Hebrew, and the others, Arab, being raised mostly speaking Arabic. A convenience sampling was chosen for the research.

2.2.2. Tools and Data Collection

Questionnaires are the most commonly used data collection instrument. They are used in different research designs, have advantages in both audit and research, and are designed to elicit information through the written responses of subjects.

A structured questionnaire was used for collecting the quantitative data.

The Tools Used in this Research

Table 3: Summarizes the questionnaires used in this research.

Factors	No. of items	Authors	Questionnaire
1. Total score: perceived effectiveness of theoretical courses	4	Composed for this research	Perceived Effectiveness of Theoretical Courses in Preparation for the First Clinical Experience
1. Clinical nursing skills (α = .82) 2. Nursing approach and cognition (α = .83) 3. Cultural sensitivity (α = .91)	14	Composed for this research	Perceived Practical Preparation for the First Clinical Experience
1. Stress from taking care of patients (α = .89) 2. Stress from assignments and	29-Original items	Sheu, Lin, Hwang, Yu, Hu, & Lou (1997)	The Perceived Stress Scale for Nursing Students in Clinical

workload (α = .85) 3. Stress from lack of professional knowledge and skills (α = .89) 4. Stress from the clinical environment (α = .80) 5. Stress from peers and daily life – (α = .78) 6. Stress from clinical instructor and wards' staff (α = .92)	11-added items		Practice
1. Problem focused coping (α = .69) 2.Emotion focused coping (α = .75) 3.Social support seeking (α = .63)	30	Ben-Zur (2005), Gilbar & Ben-Zur (2002)	The Coping Strategies Questionnaire
1. Support from significant others (α = .84) 2. Support from family (α = .90), 3. Support from friends (α = .90)	12	Canty-Mitchell, & Zimet, (2000), Zimet, Dahlem, Zimet & Farley (1988), Zimet, Powell, Farley, Werkman, & Berkoff (1990)	The Multidimensional Scale of Perceived Social Support - MSPSS
1. Functional nursing staff support (α = .92) 2. Psychological nursing staff support (α = .94) 3. Cultural related support (α = .89)	24-original items 4- added items	Shelton (2003)	Perceived Faculty Support Scale (PFS)
1.Perceived success in the first clinical experience 2. Perceived future success	2	Bandura (1997, 2006)	7. Perceived Self Efficacy

Chapter 3: The research Findings

3.1. The Qualitative Research Findings

The process of content analysis process yielded seven categories, each divided into sub-categories (secondary themes). The main categories are: Professional Nursing Training; Cultural training in nursing, The Experience of Stress during the First Clinical Experience in the Ward, Coping Strategies, Using Professional Sources of Support, Using Social Sources of Support, and Empowerment and Self-efficacy.

These categories express the contents of the interviews.

Table 4 presents the various categories which emerged from the interviews.

Table 4: Categories Emerging from the Interviews

Main Themes	Secondary Themes
1. Professional Nursing Training	1.1. Acquisition of Knowledge, Clinical Skills. 1.2. Emotional Preparation. 1.3. Constructing a professional identity.
2. Cultural Training in Nursing	**A. The Student's Culture and the Patient's Culture** 2.1 Reference to the Student's Culture in the Training. 2.2 The Approach of the Staff and the Clinical Instructor to the Student's Culture. 2.3 Reference to the Patient's Culture. **B. Differences According to the Student's Origin** 2.4 The Religiosity Aspect of the Clinical Interaction. 2.5 Core Values.
3. The Experience of Stress during the First Clinical Experience in the Ward	3.1 Pain due to Exposure to the Sights and Suffering of Patients. 3.2 Helplessness. 3.3. Overwhelming due to Task Overload. 3.4 Pressure due to Lack of Experience.
4. Coping Strategies	**A. Problem focused Coping Strategies** 4.1. Using Previous Experience. 4.2 Performing Procedures. 4.3 Looking for Alternatives. 4.4 Planning Priorities. **B. Emotion focused Coping Strategies** 4.5 Venting Emotions. 4.6 Using Humor. 4.7 Optimism. 4.8 Isolation. 4.9 Faith.
5. Using Professional Resources of Support	5.1 The Clinical Instructor. 5.2 The Staff in the Ward. 5.3 Patients. 5.4. The School Staff.
6. Using Social resources of Support	6.1. Family. 6.2. Friends.
7. Empowerment and Self-efficacy	7.1 Increased Confidence. 7.2 Satisfaction. 7.3 Self-Efficacy in the Clinical Experience.

Category 1: Professional Nursing Training

In terms of the characteristics of the professional training, it appears that nursing students arrive at their first clinical experience with a set of tools that includes: clinical knowledge, communication skills, and clinical skills that were acquired during their training and the preparation towards their exposure to the clinical field. However, the interviewees noted that there was not enough of an emphasis on the emotional and mental preparation of the student in addition to the acquired knowledge. The students described the contribution of their first clinical experience to the construction of their professional identity; an identity that includes values of giving and responsibility for the lives of the patients.

Category 2: Cultural Training in Nursing

During the training that the students receive as part of their nursing studies, it seems that the main emphasis is on learning the therapeutic approach to patients from diverse cultures (rather than on the cultural characteristics of the students and their ways of coping). During their training the students are exposed to nursing in a multicultural society, and learn how to cope with interaction with patients from diverse cultures. During the clinical experience in the ward, the instructor and the staff relate to the cultural background of the students and how to cope with patients from diverse cultural backgrounds. The interviewees indicated that they felt that the professional training should help develop their awareness of the importance of the students' cultural background, ways of coping in their first clinical experience in the ward. The religiosity aspect and the value of respect are two important issues raised by students with Muslim & Christian background.

Category 3: The Experience of Stress during the First Clinical Experience in the Ward

The interviews showed that students experience stress during their first clinical experience in the ward. The feeling of stress intensifies through the clinical interaction and their exposure to the sights and suffering of the patients hospitalized in the ward. The students described a feeling of helplessness while managing care for complex patients or those opposed to treatment. The students noted the heavy workload associated with the requirements and tasks they had to perform within the framework of the clinical experience and their lack of clinical experience during their initial

encounter with patients and when performing new skills; all of these intensify the feeling of stress among the students.

Category 4: Coping Strategies

An analysis of the interviews indicated that there are two coping strategies which helped the students during their first clinical experience –problem focused coping strategies and emotion focused coping strategies.

Problem focused coping strategies are designed to give a practical solution to the sources of stress/ external or internal difficulties, and include: using previous experience, performing procedures as a strategy for reducing stress, looking for possible alternatives, and planning priorities.

Emotion focused coping strategies are designed to change the student's emotional state and reduce the unpleasant feelings (both physical and mental) that are associated with the difficulty or stress with which the student is coping. Some are beneficial for coping and some make coping more difficult. These strategies include: venting emotions, the use of humor, optimism, faith, and isolation.

In conclusion, the interviews showed that along with the use of problem-focused coping strategies, the students also used emotion-focused coping strategies seeking to reduce their difficulty and stress in their clinical experience in the ward, and enhance their sense of joy. Isolation is a strategy that makes it difficult for the students to cope with the difficulties and stress that they experience.

Category 5: Using Professional Resources of Support

Another major category that emerged from the interviewees' answers refers to their coping strategies during their first clinical experience in the ward. A significant theme in the interviews was that the students used different resources of support in order to cope with the clinical experience. The resources of professional support for the students are: the clinical instructor who accompanies them throughout the experience, the medical and nursing staff in the ward, the patients hospitalized in the ward, and support from the school staff. In some of the interviews, the clinical instructor and the staff were not seen as a resource of support for the students.

Category 6: Using Social resources of Support

Another significant emotional support network emerging from the interviews included family and friends. The nuclear family is perceived as a strong resource of emotional

support for the students during their initial experience in the ward. The interviews indicated that the students share their experiences and the processes they go through during the clinical experience with their families. The interviewees indicated that a conversation with a significant friend or members of their group helped them feel better and encouraged them when things were hard for them. Additionally, when group members experienced something together and go through the same processes and shared experiences, it strengthened them as a group and enhanced their confidence. The group experience was mutually beneficial and contributed to the learning process of each of the group members. Getting support from students who were in a more advanced stage of their studies was also beneficial to the interviewees.

Category 7: Empowerment and Self-Efficacy

Of all of the experiences that the interviewees experienced in their first clinical experience in the clinical wards, the students described experiences related to empowerment, which is expressed as a feeling of confidence and satisfaction. The interviewees experienced empowerment when gaining clinical experience in treating patients in the ward and performing clinical skills. According to them, clinical experience is acquired over time, from experience to experience, and with exposure to a variety of clinical situations in the ward. The students' clinical confidence increased. The feeling of satisfaction was a part of the empowerment, and providing care to the patients and their gratitude reinforced the sense of satisfaction among students.

The students point out the importance of self-efficacy. Self-efficacy contributes to success and to achieving the goals of the clinical experience. The students' self-efficacy depends on their clinical knowledge and the skills that they have acquired in their professional training.

3. 2. THE QUANTITATIVE RESEARCH FINDINGS

Descriptive results

This part presents a description of the main variables of the research:
perceived effectiveness of theoretical courses in preparation for the first clinical experience, perceived practical preparation for the first clinical experience, perceived stress in the first clinical experience, coping strategies, perceived social support, perceived nursing staff support, and perceived self efficacy. In addition, background characteristics regarding family or friends who practice nursing or medicine, and whether the students themselves have treated patients in the past, are presented.

Further, relationships between the research variables and major demographic and background characteristics are examined.

Table 5: Summary of the Research Findings according to Hypotheses

Hypothesis	Findings	Confirmation of Hypothesis
1. The perception of professional- cultural training will differ by culture (religion).	• No ethnic differences were found in the students' perceptions of professional-cultural training. • The theoretical courses and the practical training were perceived to have a moderate to high level of effectiveness, with clinical courses, courses in the basics of nursing, and courses in the life sciences being perceived as more effective than courses in the social sciences. • The practical preparation was perceived to focus on clinical nursing skills more than on cultural sensitivity, and on cultural sensitivity more than on nursing approach and cognition.	The hypothesis was not supported.
2. Perceived stress in the first clinical experience, coping strategies used, perceived social and staff support, and perceived self-efficacy will differ by culture (religion).	• Stress due to the clinical environment, from friends and daily life, and from clinical instructor and ward's staff, was perceived as higher by Moslem students than by some of the other groups. • Problem focused coping was higher among Druze students than among all other students, and emotion focused coping was higher among Moslem students than among Jewish and Christian students. • Social support (total score) and support from friends were higher among Jewish students than among all other students. • Support from family was higher among Jewish and Druze students than among Moslem students. • Psychological staff support was lower among Moslem students than among all other students, and culture related Culture related support was lower among Moslem students than among Jewish students. • No ethnic differences were found for self-efficacy.	The hypothesis was partial supported
3. The more the professional – cultural training is perceived as effective, the lesser the experienced stress in the first clinical experience.	• Perception of the practical training as more comprehensive was predictive of less stress, in general, and in terms of stress due to assignments and workload, from lack of professional knowledge and skills, from friends and daily life, and from clinical instructor and ward's staff. • Perceived effectiveness of theoretical courses was unrelated to experienced stress. • Past experience in treating patients tended to be related to less stress. • Among the dimensions of the practical training, a significant effect was detected for nursing approach and cognition in reducing stress.	The hypothesis was partial supported.

Hypothesis	**Findings**	Confirmation of Hypothesis
4. The more the professional – cultural training is perceived as effective and the lesser the experienced stress in the first clinical experience, the greater the use of problem focused coping rather than emotion focused, and the higher the perceived social and staff support.	• Higher stress in the first clinical experience was related to a greater use of all three coping strategies. • Perception of the practical training as more comprehensive was related to a perception of greater social and staff support. • Professional-cultural training was unrelated to coping strategies, and stress or effectiveness of theoretical courses was unrelated to social and staff support.	The hypothesis was partial supported.
5. The more the professional – cultural training is perceived as effective, the lesser the experienced stress in the first clinical experience, the greater the use of problem focused coping rather than emotion focused, and the higher the perceived social and staff support - the higher the self-efficacy, both at present and regarding the future.	• The treatment of patients in the past, greater perceived effectiveness of the theoretical courses, lower stress, and a lesser use of emotion focused coping, were related to higher self-efficacy, both specific in the first clinical experience, and generally in future nursing work. • Perception of the practical preparation for the first clinical experience as more comprehensive was related to higher self-efficacy in the first clinical experience, but was unrelated to self-efficacy in future nursing work. • Problems focused coping and seeking social support, as well as social and staff support, were unrelated to self-efficacy.	The hypothesis was partial supported.
6. Cultural training will be related to the research variables: culturally related stress, coping strategies, social support and staff cultural support, and self-efficacy.	• Cultural training (practical) was positively related to effectiveness of the theoretical courses and staff cultural support, but was unrelated to stress, coping strategies, or self-efficacy. • Culturally related stress was positively related to emotion focused coping and Seeking social support, and negatively related to self-efficacy. • Staff cultural support was interrelated to social support.	The hypothesis was partial supported.

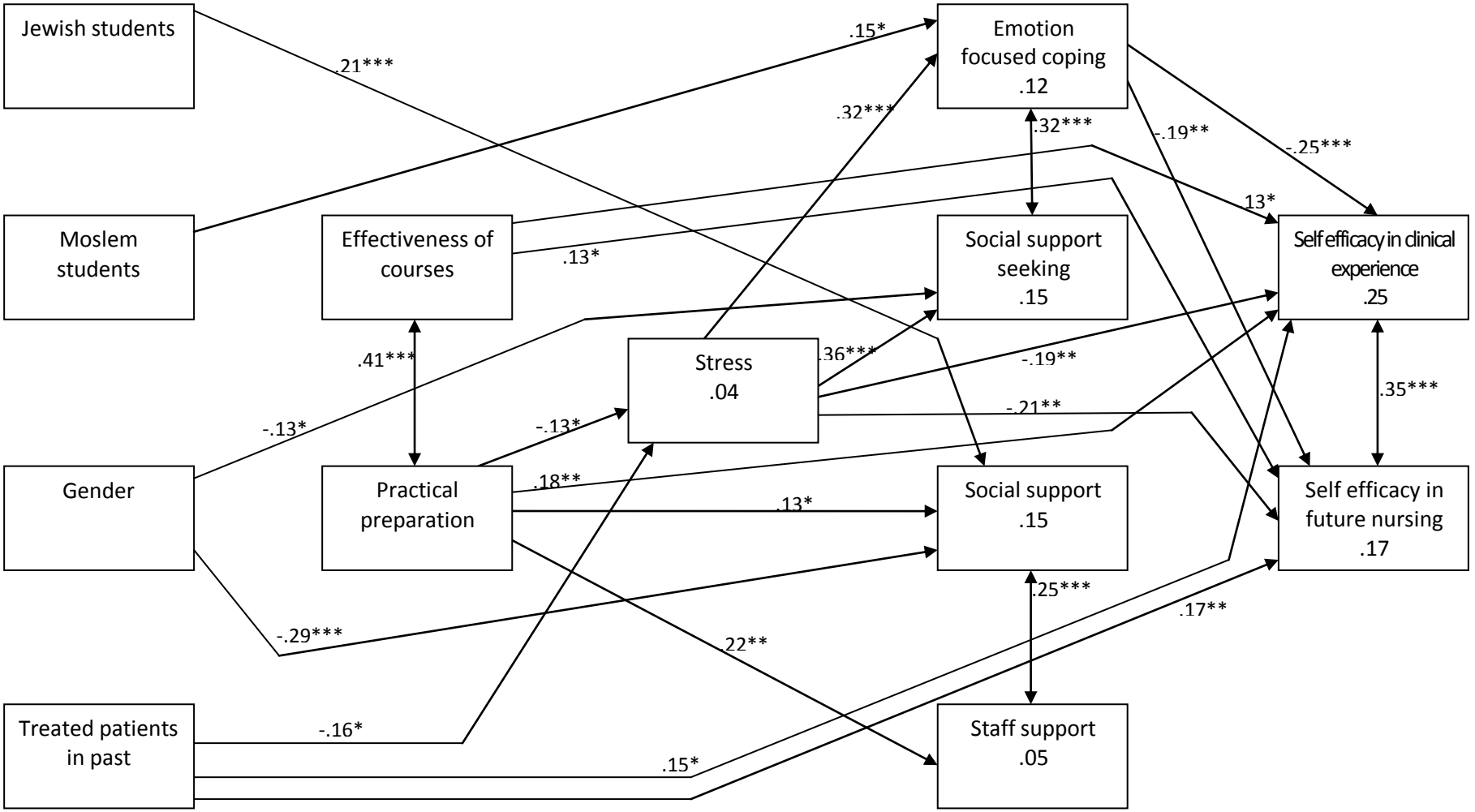

Figure 2: The research model regarding professional-cultural training, stress, coping strategies, social and staff support and self efficacy

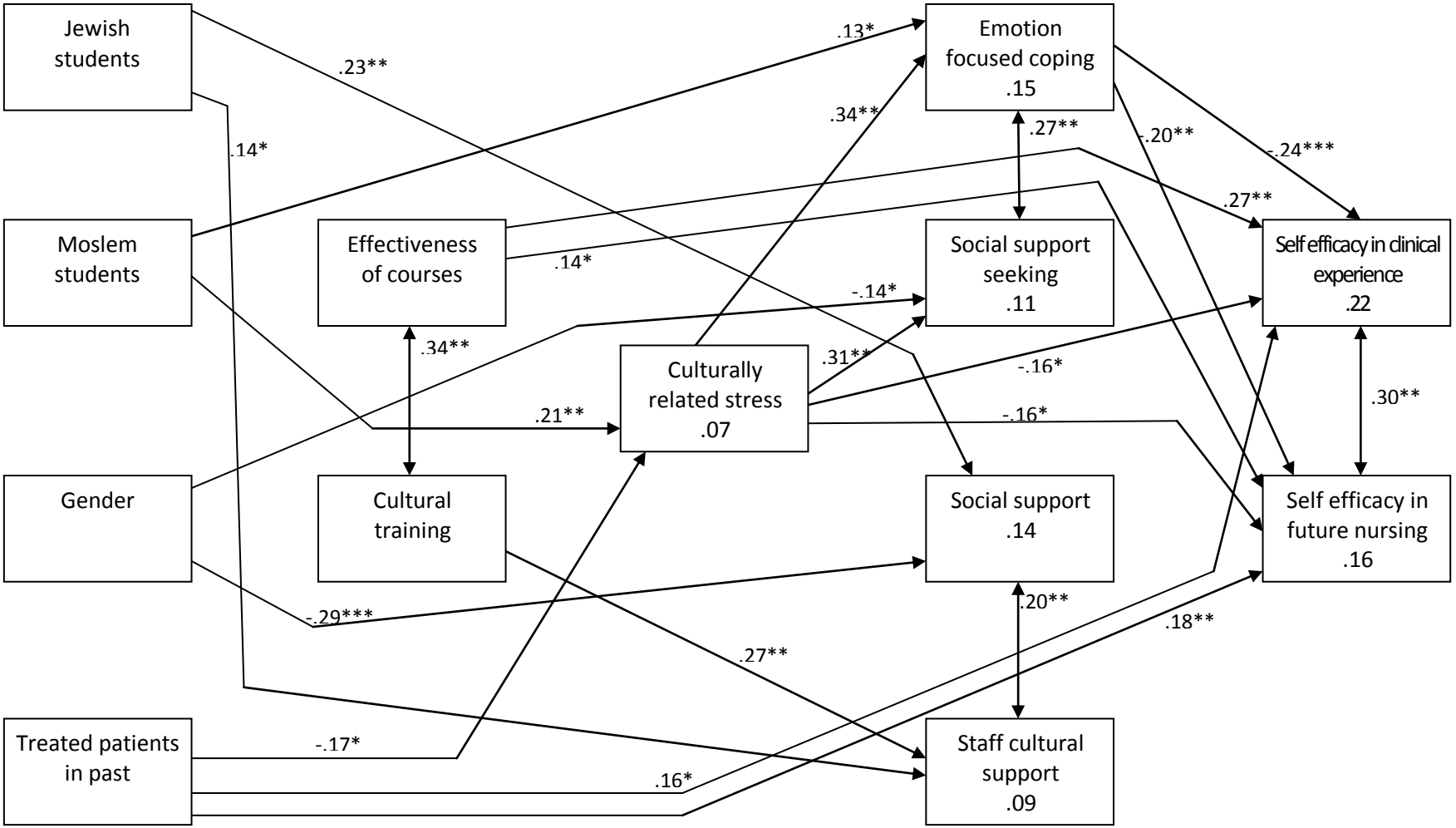
Jewish students
Moslem students
Gender
Treated patients in past
Effectiveness of courses
Cultural training
Culturally related stress .07
Emotion focused coping .15
Social support seeking .11
Social support .14
Staff cultural support .09
Self efficacy in clinical experience .22
Self efficacy in future nursing .16
.23**
.14*
.13*
.34**
.27**
-.20**
-.24***
.27**
.14*
-.14*
.34**
.31**
-.16*
.21**
-.16*
.30**
-.29***
.20**
.18**
.27**
-.17*
.16*

Figure 3: The specific research model regarding cultural training, culturally related stress, coping strategies, social and staff cultural support, and self efficacy

Chapter 4: Conclusions and Recommendations

4.1. Results in the model exhibit several paths:

1. Moslem students use emotion focused coping more than others. Emotion focused coping, in turn, predicts lower self efficacy, regarding both the first clinical experience and future nursing work.
2. Past experience in treating patients is both directly and indirectly related with self efficacy. Past experience in treating patients predicts lower stress, which itself predicts self efficacy, both directly, and indirectly through emotion focused coping.
3. Perception of the effectiveness of the theoretical courses is directly related with self efficacy.
4. Comprehensiveness of the practical preparation is directly related with self efficacy in the first clinical experience. It is indirectly related with self efficacy (present and future) by predicting stress, which then predicts self efficacy, both directly, and indirectly through emotion focused coping.
5. Comprehensiveness of the practical preparation is directly related with social and staff support in the first clinical experience, yet both types of support are unrelated with self efficacy.
6. Jewish students and females reported greater social support, yet social support is unrelated with self efficacy.

Several conclusions drawn from the model:

1. Self efficacy in the first clinical experience is a function of the perception of the effectiveness of the theoretical courses, the comprehensiveness of the practical preparation, past experience in treating patients, stress in the experience, and emotional focused coping.
2. Self efficacy in future nursing work is a function of the perception of the effectiveness of the theoretical courses, past experience in treating patients, stress in the experience, and emotional focused coping.
3. Experienced stress in the first clinical experience is a key factor to the use of coping strategies, as well as to self efficacy.

4. Social and staff support, as well social support seeking as a coping strategy, are unrelated with self efficacy. Problem focused coping was unrelated with the research variables and dropped off of the model.

Specific results regarding cultural training:

1. Cultural training (practical) is positively related with staff cultural support: the more comprehensive the cultural training is perceived, the higher the perception of staff cultural support.
2. Moslem students experience higher culturally related stress, which then predicts lower self efficacy (present and future), both directly, and indirectly through heightened emotion focused coping.
3. Past experience in treating patients predicts lower culturally related stress, which then predicts higher self efficacy (present and future), both directly, and indirectly through a lesser use of emotion focused coping.
4. Jewish students experience higher social support and higher staff cultural support than other students.

General results reiterated from the general model (Figure 2):

1. Emotion focused coping predicts lower self efficacy, regarding both the first clinical experience and future nursing work.
2. Past experience in treating patients is directly related with higher self efficacy.
3. Perception of the effectiveness of the theoretical courses is directly related with higher self efficacy.
4. Jewish students and females report greater social support, yet social support is unrelated with self efficacy.

Several conclusions drawn from the culturally specific model:

1. Self efficacy in the first clinical experience, as well as self efficacy in future nursing work, is a function of the perception of the effectiveness of the theoretical courses, past experience in treating patients, lower culturally related stress in the experience, and a lesser use of emotional focused coping.
2. Culturally related stress in the first clinical experience is a key factor to the use of coping strategies, as well as to self efficacy.
3. Social support and staff cultural support, as well social support seeking as a coping strategy, are unrelated with self efficacy.

4.2. The Research Implications

For Nursing Education

Students in the nurse education frameworks in Israel represent the cultural spectrum in Israel. The nursing students constitute a heterogeneous and culturally varied mix. Therefore the core nursing curriculum is required to include the multicultural domain with an emphasis on the students' needs. Both the theoretical and practical curricula have to include aspects of the students' cultural needs.

The training staff - teachers, clinical instructors and the nursing staff in the hospital wards, have to develop awareness of cultural diversity among the students. Cultural awareness and sensitivity on the part of the training staff and clinical instructors might develop the student and allow him or her to socialize into the profession.

Comprehensive practical training encourages the students' high sense of self-efficacy and even contributes to their success in nursing practice in the ward and in their coping with patient care.

In nursing training, there is room for encouraging and developing workshops among culturally diverse students, focusing on providing tools for effective use of coping strategies towards their clinical experience in the ward, and regarding aspects pertaining to the students' cultural background and their ways of coping in the clinical experience in the ward. Additionally, there is a need to develop a module that will relate to the emotional aspects and stress situations experienced by the nursing students (sources of stress within the students in the course of their studies and in the clinical experience in particular). This module will allow the students to acquire tools for coping with stressful situations and develop effective coping strategies. The findings of the current research will contribute to the construction of a tailored practical training program to fit the unique nurse training needs of each student.

For Nursing Practice

Students in the nurse education frameworks in Israel, who represent the cultural spectrum in Israel, are the future nursing generation. These students will ultimately provide nursing care to a varied population and to patients from diverse cultural backgrounds.

Therefore, in training and the clinical experience, nursing teachers and clinical instructors have to consider the students' cultural needs. The nurse education system in Israel currently emphasizes multi-cultural issues which emerge in the course of providing care to the demographically diverse population in Israel. It is reasonable, then, to relate to the cultural characteristics of students' of nursing students who experience in the wards, and adjust the curriculum to such characteristics as language. In addition to the fact that consideration of these characteristics may help in the study processes and increase the students' chances of success, this consideration also constitutes an example and a role model for those who will be required to apply what they have learned when they have to provide nursing care to patients in the future.

Comprehensive and broad preparation towards the first clinical experience in the ward contribute to developing the students' abilities and use of various coping strategies in processes of learning and experiencing they undergo in the ward. The participants of the current research discussed difficulties in their first clinical experience. Stress is also significant for them. According to the research findings the students make use of all coping strategies to succeed. An extensive "tool box" which includes multi-cultural contents will enable all students to use more effective strategies and develop high self-efficacy in the clinical experience and in the future in general.

For Nursing Policy

The research revealed that in terms of the distribution of the population of nursing students according to Ministry of Health data, there are no formal data regarding the ethnicity, religion or nationality distribution of students. The mix of nursing students is varied in terms of ethnicity. It is important to increase and the awareness of the Ministry of Health and the Nursing Administration, with regard to the cultural characteristics of the students and their needs in the framework of their training. Furthermore, the nursing administration has to include more practical aspects in the

core curriculum, so as to help the students integrate in the system of clinical experiences in the wards.

The findings of the current research reveal that the more comprehensive the practical preparation in the framework of nurse education, the lower the level of stress among the students, and the higher their sense of self-efficacy in the clinical experience in the ward. Practical training in the current research predicts social support and the staff's support of the students. The students greatly appreciate the practice and the clinical experience. The practical training connects theory and clinical practice and is of great significance in the process which the student undergo (socialization to the nursing profession) and the change in role from students learning in class to nurses managing patient care. Therefore the policy of the nursing administration has to place more emphasis on clinical practice.

It is important to extend the multicultural approach in the framework of the nursing administration in accordance with the needs of the culturally diverse students enrolled in the different nurse education programs in Israel. This change will lead to empowerment of the students and the training of culturally diverse nurses who, in the future, will provide culturally congruent care to culturally diverse patients in Israel. These nurse education graduates will be culturally competent and skilled at caring for the multicultural population in Israel.

For Nursing Research

The current research examined the correlations among a number of variables: professional-cultural nurse training perceived stress in the first clinical experience, coping strategies (problem focused, emotion focused, and seeking social support), perceived social support, perceived nursing staff support, and perceived self-efficacy. The current research is a preliminary research conducted in Israel among nursing students from diverse cultural backgrounds (the sample included four ethnic groups: Jews, Moslems, Christian and Druze). The research can be extended to examining the correlations among variables with larger samples of nursing students and larger ethnic groups (the number of students in the ethnic group will be large) so as to get findings pertaining to cultural diversity.

Recommendations for Further Research

1. Based on the findings of this research
   - It is possible to conduct research among nursing students who have previous experience at managing patient care, compared to students who have no such previous experience.
   - The variables which were examined in this research can be examined among students at an advanced stage of nursing education and additional clinical experiences which are part of nursing education.
   - Research with the same variables may be conducted among students who study in academic training institutions in comparison with non-academic ones.
2. It is possible to conduct qualitative research with a large sample of culturally diverse students so as to examine profoundly the findings as seen by the students. These studies will contribute to the nurse education system in Israel and the nurse educators, by adjusting the teaching methods to the needs of the students.
3. Research has to be recommended among nurse educators and clinical instructors who accompany sand shape the image of the nursing graduate. These studies will contribute by increasing awareness of nurse educators to the needs of their students and their integration into nursing activities in the very beginning of their professional way. Additionally, such research will add aspects from the perspective of clinical instructors who educate culturally diverse students.
4. An identical research can be conducted among students studying in the various frameworks which also conduct clinical experiences, and in which the field experience is a significant aspect of the curriculum (e.g. social work). For instance, medical students, social work students, physiotherapy students and occupational therapy students. These studies can also include the cultural aspect.
5. Exploring other variables that may influence students' perceptions, for instance political and social orientation, religious observance, socio-economic status and so on.

6. An international study can be conducted in other countries in various nurse education frameworks and among culturally diverse nursing students in these frameworks. Such research may add to the existing knowledge by exposing unique aspects and characteristics pertaining to professional-cultural training in the population of nursing students in these countries.

The Contribution of this Research

1. This research dealt with local Israeli data, that now can added to, and enrich global data. The findings of the research add a new dimension to the professional literature and broaden the existing knowledge of the subject.
2. In this research the male population was about 30%, allowing statistical significance to its findings, while other studies on this subject did not have enough male participants to do this.
3. In the current research, findings emerged which reflect cultural differences among nursing students in their first clinical experience in the ward, pertaining to significant issues: the sense of stress experienced in their first clinical experience, use of coping strategies, social support and the support of the staff: these findings add and contribute to the existing knowledge, mostly in the cultural aspect of nurse education.
4. The current sample represents four ethnic groups living in Israel: Jews, Moslems, Druze and Christians. It is important to represent the cultural spectrum in Israel so as to get findings that have to do with each of these groups. Further research can and should be conducted with larger samples of the ethnic groups in Israel to yield more findings in the cultural context.
5. An additional contribution of this research is found in the use of research tools:
    - Perceived Effectiveness of Theoretical Courses in Preparation for the First Clinical Experience.
    - Perceived Practical Preparation for the First Clinical Experience.
    - The Perceived Stress Scale for Nursing Students in Clinical Practice.
    - The Coping Strategies Questionnaire.
    - The Multidimensional Scale of Perceived Social Support - MSPSS.
    - Perceived Faculty Support Scale (PFS).
    - Perceived Self-efficacy.

    Use of the various research tools yielded interesting and important findings in terms of the correlations among findings in the current research. Additionally, findings emerging from the use of these tools contribute to the aspect of professional nurse education

6. The preliminary research findings were presented to nurse educators and clinical instructors in the framework of in-service courses offered to clinical instructors in the attempt to increase awareness of the research topic and to develop the clinical instructors' awareness of the processes which nursing students from diverse cultural backgrounds undergo in the beginning of their professional training in general and clinical practice in particular.
7. Another positive outcome of this research was that it provided support for the recommendation to incorporate additional courses in nursing training: courses in Transcultural nursing, courses providing information relating to the diverse cultural groups living in Israel and the provision of specially designed nursing studies that take nursing students' cultural origin into consideration. Furthermore, the findings of the study can make an original contribution to the nursing profession and especially to knowledge specific to the sub- discipline of transcultural nursing.
8. If the nursing profession in Israel wishes to promote nursing care that has sufficient cultural competence to meet the needs of culturally diverse patients, it will have to increase the representation of nurses from different cultures in the workforce and increase the recruitment of culturally diverse nursing students to reflect the cultural diversity of the population.
9. The findings of this research are also relevant and contribute to the frameworks of nurse education in other countries; the very fact that other nurse education institutions in the world also have students from diverse cultural backgrounds who cope with difficulties in their theoretical studies and the clinical practice in the wards.

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