



Research article

Preceptors' experiences of supervising internationally educated nurses attending a bridging program: An interview study[☆]E. Eriksson^{a,b,*}, D. Högstedt^a, M. Engström^{a,c}, I. Jansson^d^a Faculty of Health and Occupational Studies, University of Gävle, 801 76 Gävle, Sweden^b Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden^c Medicine College, Lishui University, No. 1 Xueyuan Road, Lishui 323000, China^d Institute of Health and Care Sciences, University of Gothenburg, 405 30 Göteborg, Sweden

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ABSTRACT

Background: Internationally educated nurses attending a bridging program must demonstrate clinical competence and meet requirements to apply for a nursing license in Sweden.

Objectives: To describe preceptors' experiences of supervising internationally educated nurses undergoing clinical practice education during a bridging program.

Design: A qualitative descriptive study.

Settings: Two universities offering the 1-year bridging program for nurses with a nursing degree from outside European Union/European Economic Area and Switzerland.

Participants: Fifteen preceptors, all registered nurses, who supervised internationally educated nurses were included.

Methods: Semi-structured interviews were performed, and data were analyzed using qualitative content analysis.

Results: Supervising internationally educated nurses was not the same as supervising nursing students and raised feelings of both joy and frustration. Preceptors had to adapt supervision to the student's nursing knowledge and skills. They had to help students communicate in Swedish and form good relationships with other students, patients, and other professionals. Most preceptors requested more information about the student's nurse education, country of education/cultural background, and previous work experiences. Mixed experiences of support from the university, first-line managers, and colleagues were reported.

Conclusions: Being a preceptor for internationally educated nurses is a challenge, and supervision training is important for managing preceptorship. To supervise students based on their level of knowledge and skills, more information must be shared with the preceptor. Encounters with others are of importance in the training, where teamwork and person-centered care must be in focus, both in prior theoretical education and in clinical practice education.

1. Introduction

The movement across borders of internationally educated nurses is increasing (World Health Organization, 2020). Before applying for a registered nursing license in the host country internationally educated nurses often need to attend bridging programs or validate their knowledge and skills. Parts of the education or validation process take place in the clinical field and the internationally educated nurses are supervised by registered nurses. The internationally educated nurses' themselves

report clinical practice education as an opportunity to learn about the host country's organization, to re-learn and learn new skills but also as a challenge to be a student again and sometimes a lack of understanding from the preceptor (Högstedt et al., 2021a). Even if there is an increase of internationally educated nurses, preceptorship of internationally educated nurses is not that common for most registered nurses in Sweden and as indicated by interview studies with internationally educated nurses, there might be some differences in their need for support compared to local nursing students (Högstedt et al., 2021a, 2021b).

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Preceptorship of internationally educated nurses has, so far, received less attention in the international literature and this study attempts to add to our understanding of preceptors' experiences of supervising internationally educated nurses to contribute to the development of preceptor training and support.

2. Background

Preceptorship in clinical practice is important, because good preceptorship can positively influence newly graduated nurses' confidence and competence (Irwin et al., 2018).

The literature on preceptors' experiences of supervising undergraduate nursing students has reported that they often perform supervision on top of their usual workload and desire more time with the student (Benny et al., 2023; Tuomikoski et al., 2020), increased collaboration/partnership between the clinical placement and academic nursing schools (Alam et al., 2019; Benny et al., 2023; McCloskey et al., 2021), recognition for their efforts (Benny et al., 2023), and support (Benny et al., 2023). Preceptors have also reported that supervising nursing students and newly graduated nurses is rewarding in terms of personal satisfaction (Quek and Shorey, 2018) and that they receive high levels of support (Alhassan et al., 2022). In one review (Pramila-Savukoski et al., 2020), preceptors rated their competences related to supervising nursing students' learning processes fairly high; yet another review (Tuomikoski et al., 2020) reported on the need to develop preceptor competence among nurses by offering nurse preceptors adequate education and ensuring that the organizational structure affords them sufficient support (Tuomikoski et al., 2020).

Supervising internationally educated nurses during clinical practice can in some respects be compared with preceptorship of nurses in postgraduate education. The students are already registered nurses, some of whom have worked for several years and are experienced in their field of practice. Preceptorship of nurses in postgraduate education has been reported to be challenging, to involve striving to be sensitive to students' prior experiences, individual learning needs, learning goals and using reflective learning (Jarnulf et al., 2019).

The experiences of preceptors who supervise internationally educated nurses may be similar to those of preceptors supervising international nursing students, sometimes called.

students from culturally and linguistically diverse backgrounds in the literature. International students complete part of their education in another country. Preceptorship of international nursing students has been reported to be both rewarding (Hagqvist et al., 2020) and demanding (Hari et al., 2021), and there are several special needs associated with supervising culturally and linguistically diverse students as well as international nursing students. According to previous studies, preceptors experience communication problems owing to these students' limited language skills in English or the language spoken in the host country (Hari et al., 2021; Lim et al., 2023; Newton et al., 2018). Cultural differences and different learning styles (Hari et al., 2021; Newton et al., 2018) as well as the need for increased support from educational organizations (Hari et al., 2021; Lim et al., 2023; Newton et al., 2018) have been reported. Mikkonen et al. (2016) highlighted the preceptors' role as intercultural mediators between the student and the rest of the healthcare unit, aiming to minimize discrimination against the student. A European cross-sectional study on cultural competence among supervisors found that cultural competence among mentors in clinical practice varied (Luukkonen et al., 2023), while an Australian study reported that clinical facilitators are well-positioned to support international students (Lim et al., 2023).

Internationally educated nurses do not always get supervision based on their needs during their clinical practice education (henceforth called clinical practice). Discrimination and disrespectful encounters have been reported by internationally educated nurses (Högstedt et al., 2022). Internationally educated nurses often have limited language skills in the host country's language (Viken et al., 2018) and sometimes also in

English, implying that the internationally educated nurses and the preceptor supervising them may not share a common language. Even if studies of preceptorship of nursing students, international nursing students, and nurses in postgraduate education have similarities with preceptorship of internationally educated nurses, the situation is not the same due to the challenges described. The aim of this study was to describe preceptors' experiences of supervising internationally educated nurses undergoing clinical practice education during a bridging program.

3. Method

3.1. Design

The study was a qualitative descriptive study, which is a relevant design for gaining deeper knowledge of the studied phenomenon (Patton, 2015). Given the limited knowledge about preceptors' experiences of supervising internationally educated nurses in a Swedish context, there is a need for qualitative studies. Therefore, a qualitative descriptive study was designed to acquire narratives from preceptors, the goal being to gain an in-depth understanding of how they experience issues concerning supervision of internationally educated nurses during clinical practice. Semi-structured interviews were used to provide a framework for the conversation, allowing participants to talk freely about their experiences of preceptorship (Patton, 2015).

3.2. Setting

The study setting was two universities in Sweden that offer a bridging program for nurses with a nursing degree from outside EU/EAA or Switzerland. In Sweden, the bridging program is a 1-year full-time program (40 weeks), and students spend 16–18 weeks in clinical practice in different care contexts. A description of the program and internationally educated nurses' experiences of the program has been published (Högstedt et al., 2021a).

The universities have about 10–20 internationally educated nurses per year. One university encouraged peer learning, the other did not. Peer learning in this case meant that an 20 internationally educated nurses was paired up with another 20 internationally educated nurses or with a nursing student during clinical practice (Pålsson et al., 2017). Both universities used a 3-part assessment – at mid-course and at the end of the placement – of students' needs, learning, knowledge, and skills in relation to learning goals. The 3-part assessment involves the student, the preceptor and university lecturer, where the lecturer has overall responsibility for the content and assessment of students. The preceptor's role is to supervise the student daily, create a supportive and learning environment, initiate discussions and reflections on nursing procedures, assess the student's development and provide feedback (Kristofferzon et al., 2013).

3.3. Sample and procedure

Purposive sampling was used to select preceptors based on age, experience, and workplace. Eight participants supervised internationally educated nurses at nursing homes, and seven in inpatient care wards. Most preceptors were female and supervised one student (Table 1). First-line managers were contacted to get contact information for nurses who had supervised an internationally educated nurse. Eligible participants received an email with study information and were encouraged to reply by email or phone if interested in participating.

3.4. Data collection

Semi-structured interviews were conducted from November 2019 to November 2021 in Swedish. The long study period was due to Covid-19, as some settings declined participation during the most intensive period

Table 1
Participants characteristics preceptors (n = 15).

Variable	N = 15
Age (years) mean (min-max)	45 (28–63)
Gender, n	
Female	13
Male	2
Work experience (years)	(Min-Max 2.5–32)
≤4	4
5–9	3
≥10	8
Supervisor training, n	
Yes	10
No	5
Length of supervisor training/credits ^a , n	
2–5 credits	2
6–7.5 credits	8
Experience of supervising regular nursing students (number of students), n	
None	1
1–5	2
6–10	3
≥10	8
Experience of supervising IEN students ^b , n	
Yes	3
No	12

^a One credit is equivalent to one and a half weeks of full-time study. When data do not add up to 15, there are internal missing data.

^b Three preceptors supervised two IENs. Experiences among the group of preceptors are based on supervising 18 IENs.

of the pandemic. Interviews were face-to-face (n = 1) and held at the participant's workplace or by telephone (n = 14); they lasted between 18 and 44 min (mean 30 min) and were recorded on a MP3 player. An interview guide was developed by the research team (EE experienced researcher in qualitative research, IJ associate professor and ME professor, both with long experience of research within nursing), and covered the following areas: participants' sociodemographic data, experiences of the preparation phase, supervising students attending a bridging program, and the preceptors' perceived competence in supervising internationally educated nurses. The interviewers (first and last author) were employed by the two included universities but had no relationship with the participants prior to data collection. Data collection proceeded until the authors agreed that information power had been achieved based on the study aim, data quality and sample specificity (Malterud et al., 2016).

3.5. Data analysis

Qualitative content analysis was used (Patton, 2015). The interviews were transcribed verbatim, and each interview was considered a unit of analysis. The transcripts were exported to Open Code (ICT Services and System Development and Division of Epidemiology and GlobalHealth, 2013) for data organization. The first author began by reading through the transcripts thoroughly to get a sense of the whole. Phrases and text related to the study aim were identified, and meaning units were marked in the transcripts. The meaning units were condensed and coded as close to the text as possible. The codes were read several times to find similarities and differences between them, and groups of codes sharing common attributes were organized into subcategories. Categories were labelled by the first author and discussed with the last author. Thereafter, all authors reflected on, discussed, and reviewed the naming of the subcategories, categories and theme, with a view to enhancing study trustworthiness (Graneheim and Lundman, 2004) (Table 2).

3.6. Ethics

The Regional Ethical Review Board in Uppsala (reg. no. 2018/470;

Table 2
Overview of categories and subcategories.

Theme	Category	Subcategories
A different preceptorship filled with both frustration and joy	Expectations and Preparedness	<ul style="list-style-type: none"> Optimistic expectations and concerns prior to supervision Preparation and access to information
	Facing students' varying levels of competence	<ul style="list-style-type: none"> Experiences of student's level of nursing knowledge and skills Experiences of students' encounters with others Experiences of student's Swedish language skills
	Challenges to the preceptorship	<ul style="list-style-type: none"> Adapt supervision to student's knowledge and needs Using one's competence Approach to supervision Experiences of support

2019-02420) approved the study. All participants received written and verbal study information prior to the interview, and verbal informed consent was obtained. Participation was voluntary, and participants were informed that they could withdraw from the study at any time.

4. Findings

The study findings are presented with one overarching theme, “A different preceptorship filled with both frustration and joy,” and three categories describing preceptors' experiences of supervision of internationally educated nurses during clinical practice.

4.1. Theme: a different preceptorship filled with both frustration and joy

Supervising internationally educated nurses was not the same as supervising nursing students. Positive aspects of supervising internationally educated nurses were to meet another student group and learn about the experiences and competences of students from other countries.

“Fun really, the kind of students who come here are a bit different, and that's fun, definitely”.

(preceptor (P) 11)

However, the preceptorship of internationally educated nurses was also challenging and preceptors experienced ups and downs in trying to create good learning situations for internationally educated nurses with the limited knowledge they had about the nurses. Structural circumstances contributed to lack of information regarding students' nursing knowledge, previous nursing experience, and language skills. More structural support from the university and their employer could ease some of the preceptor's burden/overload when supervising internationally educated nurses. Supervision of internationally educated nurses was more difficult compared to supervision of nursing students and associated with great responsibility. Preceptors felt frustrated and stressed when the student was taking a long time to complete a task, had difficulties establishing trusting relationships with others, and lacked knowledge of the Swedish language.

“I would like to have more time, more time for reflection, more time to be able to prepare, in the best of all worlds I wish I had time to reflect a little after each work shift”.

(P7)

Feelings of uncertainty was another negative aspect for preceptors, especially for those without formal supervision training. Being able to identify and handling differences as well as having the necessary time and patience, to helping students with the Swedish language put

demands on the preceptorship, indicating that employers need to be more aware of supporting preceptors supervising internationally educated nurses.

4.2. Category: having expectations and need of information before meeting the student

The preceptors reported both feelings of excitement and worries prior to meeting the internationally educated nurses. Some wanted more information about the student's nurse education and background, while others had concerns about their own competence regarding preceptorship of internationally educated nurses. Overall, preceptors reported feeling it would be fun and exciting to supervise a new group of students. They expected to learn new things themselves.

"We will be able to give and take from each other, we will both learn from this encounter".

(P3)

Mixed concerns prior to meeting the student were also reported. Some preceptors worried about students' Swedish language skills, theoretical knowledge, working experiences and clinical practice in a Swedish context, whereas others did not. Not all preceptors had supervision training or had previously supervised internationally educated nurses, which contributed to their worries.

"It really was a concern, that I didn't have supervision training, ... it was the first time I'd supervised that kind of student. So it was a bit unsettling".

(P3)

Regarding preparation from the university, preceptors were generally satisfied with the information and had contact with the university lecturer. However, some expressed lack of basic information and had first received information when the students brought it on their first day. Furthermore, uncertainty was expressed when preceptors felt unsure about their role and what was expected of them. Preceptors wished they had received more information about students' cultural background and their nursing education.

"I tried reading about the education offered in the country she was educated in to see if I could get some kind of insight".

(P5)

4.3. Category: facing students' varying levels of competence

The preceptors described internationally educated nurses as talented, self-motivated but also as sometimes lacking nursing skills. They faced new supervision situations when helping internationally educated nurses develop good communication as well as create positive encounters with patients, relatives, and other professionals. Furthermore, preceptors faced impaired communication owing to some students' poor knowledge of Swedish and had to create strategies to avoid misunderstandings.

The preceptors reported that, overall, the students were prepared for clinical practice. Most preceptors described students as highly educated, self-motivated, and that they shared much of their knowledge with others.

"I often feel they know more than I do in many areas. That they've had a lot of responsibility at their previous workplace, that they know a great deal".

(P1)

On the other hand, some preceptors felt that the students had knowledge gaps, lacked basic nursing skills, offered excuses when they could not demonstrate their knowledge, and wanted to control what

needed to be learned.

"[the student] simply had less knowledge and really just wanted to get through all this".

(P9)

The preceptors reported mixed experiences concerning students' ability to interact with others.

"I think she treated the patients well, but that was something she mentioned herself, as if that were... she had to adjust a bit as a nurse in Sweden compared to what she was used to".

(P3)

The preceptors also mentioned that the students had to work on their relationships with others because they were uncertain when interacting with others.

"He really got on so well with some, but with others everything was very strange and wrong".

(P6)

Moreover, some preceptors felt it was challenging for the student to establish a respectful relationship with the assistant nurses and physicians.

"There's a difference in the care culture, in how people treat each other and how they talk, discuss things with physicians and nurses and so on. That was a bit of a challenge, but also fun that I got to push her a little and work with her so she would dare to do more and make her own judgements and actually argue for them".

(P5)

It was considered important that students did not get into any trouble with other staff members.

"They should have good relationships with the assistant nurses and physicians, and they should find... so they don't end up in trouble themselves".

(P1)

All preceptors commented on the students' Swedish language skills. Some felt they were lucky because their students had good language skills. Others expressed the joy of seeing how their students developed their mastery of Swedish quickly.

"It's been fun to see how he's developed, I mean his language skills".

(P16)

The notion that students had inadequate Swedish language skills was expressed by many preceptors. They described how students had difficulties making phone calls, reading instructions, reading complicated words, and writing in patients' records. As a result, communication failures and language confusion became problematic for both students and preceptors.

"The language problems were really rather serious".

(P15)

Consequently, the preceptors had to spend extra time on checking the students and helping them write in Swedish. Strategies used to enable communication and to avoid misunderstandings were to speak clearly, help with spelling, speak English, and use translation applications. Preceptors tried to explain in more detail and confirm what had been said by asking questions.

"It takes some time and you have to explain, I mean explain maybe and get confirmation that we've understood each other by asking questions".

(P12)

Some preceptors did not understand how students could have passed the compulsory language courses and thought they were entering

clinical practice too early, given their limited Swedish language skills. Others experienced impaired communication or that communication with students simply did not work, and their relationship with students became strained.

4.4. Category: perceived challenges to the preceptorship of internationally educated nurses

According to the preceptors, adapting supervision to the students' needs and the goals of the clinical practice was challenging, and situations occurred that posed a risk to patient safety. Some preceptors reported letting internationally educated nurses practice nursing tasks earlier than they did with nursing students. The reasons were that internationally educated nurses must learn many things during a short period. Although the students already were nurses, they needed to understand and practice nursing in a Swedish context, for example, they needed to understand the concept of person-centered care.

"What the patients want, their wishes and such aren't important in those countries. And those are definitely things that need to be brought up and discussed, showing how we do things here".

(P11)

Adapting supervision also involved explaining the nursing role in relation to other professions. For example, students need to take on the responsibility of a nurse, i.e., neither act like an assistant nurse nor assume the physician's responsibility. Furthermore, the preceptors needed to help students take on the role of a student.

"[the student] has to be allowed to be a student and practice what he needs to practice, not things he already knows how to do".

(P7)

Preceptors further reported letting students handle medical devices, discussing ethical issues, and explaining the connections to evidenced-based nursing. Although the preceptors tried to adapt supervision to the students' knowledge, students' actual performance affected patient safety. Examples of serious incidents included serving food to a post-operative patient, not following care routines, risking infection by not following hygiene routines and giving the wrong medication.

"Instead of nine tablets a week there were seven, one a day, and also at the wrong time of day".

(P9)

Most preceptors thought they had the competence to supervise internationally educated nurses. They relied on their long working experience and experience of supervising local and international students. Those who lacked supervision training expressed their desire to receive further training. Supervising internationally educated nurses was described as more difficult and taking more time; they felt stressed and frustrated when the student could not finish a task within a reasonable timeframe.

"I was most frustrated about time, in this case, that everything took such a very long time".

(P15)

Some preceptors felt challenged in their role but had experienced self-development too. A few preceptors doubted they had the necessary competence to supervise internationally educated nurses.

"I've never had students with a foreign education. I think... I'm not sure I have the competence needed".

(P14)

For some, the challenges had been so great that they did not want to supervise another internationally educated nurse in the future. Preceptors also reported feelings of joy and how happy they felt when

students were eager to learn.

"She was so committed to developing her skills, that was the best part of supervising this student, for sure".

(P5)

Others reported that the uniqueness of the student group was stimulating, compared to local nursing students.

"This kind of student, who comes here, is a bit different, and that's really a lot of fun".

(P11)

Furthermore, preceptors thought it was interesting and exciting to meet people from other countries.

"You get to know different people and learn about different cultures; I really like that".

(P14)

Being a preceptor for an internationally educated nurse was considered a task that entailed great responsibility, as these students would soon start working as registered nurses. The preceptors emphasized the importance of the first planning meeting with the student and of listening to what the student wanted to focus on, instead of generalizing. Some described the importance of the student and preceptor having joint responsibility for creating good learning opportunities. Therefore, good communication between the preceptor and student was critical. Furthermore, it was vital that the preceptor could trust the student to work on his/her own. Some preceptors asked students open questions and encouraged them to ask questions. Others thought it was the student's responsibility to ask for support. Having good communication skills and patience was described as a prerequisite for preceptors.

"You're the supervisor of that kind of student, so you have to have a lot of patience and You must have pretty good communication skills because there's a lot of explaining".

(P5)

The preceptors emphasized the importance of reflecting together with students at the end of the day as a way to promote students' learning. Preceptors reported varying results when using peer learning.

"I have to say it's pretty successful, because peer supervision is, I think, really good, they ask each other, and they get to solve problems themselves".

(P14)

Others had stopped using peer learning because students differed greatly in age, gender, nationality, nursing knowledge and skills.

"Peer learning works great, because they teach each other, they have different experiences. But if the difference between them is large, it doesn't work".

(P14)

In general, the preceptors reported receiving good support from the university lecturers during the clinical practice. They knew whom to contact, and university lecturers contacted them to ask whether they had any questions.

"That lecturer was very engaged, and we had a couple meetings on site, and we even spoke on the telephone a couple of times".

(P5)

Support from colleagues, head preceptors, and first-line managers was also mentioned. However, some reported lack of support from their employer and the university. For example, they had not been told they could suspend a student who posed a risk to patient safety.

"It would have been good to know that you can actually say: 'You can't be here.' [laughter] Because I'm sure none of us understood that, and nobody told us either".

(P6)

5. Discussion

There are many earlier studies looking at both preceptorship and internationally educated nurses, but the present study adds a perspective on preceptors' experiences of supervising internationally educated nurses during clinical practice. The overarching theme, "A different preceptorship filled with both frustration and joy," shows that being preceptor for an internationally educated nurse was different from working with a local nursing student. This result indicates that preceptors need specific preparation before supervising internationally educated nurses as well as that internationally educated nurses need more specific preparation before entering clinical practice.

To begin with, preceptors need information on the content of the bridging program and the goals set for clinical practice. Lack of information to supervisors about internationally educated nurses' needs and lack of goals for their clinical practice have also been reported by students (Högstedt et al., 2021b). To plan for supervision, the preceptor also needs specific information about the student's knowledge and earlier nursing experiences, Swedish language skills and experience of the Swedish care context. To meet these needs, a formalized document for self-introduction can be developed and introduced for both supervisors and students and then followed up by the universities, ensuring that information reaches the preceptor before clinical practice begins.

The preceptors reported great variation in students' knowledge, and in addition to the formalized document preceptors should have before clinical practice begins, it is also important to have an initial planning meeting. In this meeting early on in the clinical practice, preceptors can listen to the student's needs and individual goals for clinical practice, and then arrange learning opportunities and support accordingly.

It is important that preceptors gain understanding from co-workers and managers that supervision may require extra time for explaining things and helping the student develop good relationships with other professionals (assistant nurses and physicians), but also with patients and their relatives. The specific areas the supervision must focus on included how nursing care is performed in a Swedish context, something also described by internationally educated nurses (Eriksson et al., 2018; Högstedt et al., 2021b). Moreover, preceptors had to help students assume the role of a student in a Swedish context, where students are expected to communicate with and pose questions to the preceptor. To do that, preceptors need knowledge about how they can use different pedagogical methods to encourage internationally educated nurses students to feel safe in the learning process. For example, some preceptors saw the advantages of peer learning when students solved problems together (cf. Ädel et al., 2021). Here, the student also needs preparation prior to clinical practice. This includes information on being a student in a Swedish context, where they are expected to ask questions so that they can learn more and avoid misunderstandings. This can be a challenge, as students may feel pressured to demonstrate their knowledge (because they are already nurses) and, thereby, miss learning opportunities. If the internationally educated nurse does not "crack the code" of being a student it can jeopardize the success of clinical practice, when the student and her/his preceptor have different views during assessments (cf. Vae et al., 2018).

Although our findings confirm previous studies showing that bridging programs for internationally educated nurses help with language improvement (Khan-Gökkaya et al., 2019), the preceptors' descriptions of the situation suggest that more language support may be needed. Although basic knowledge of the Swedish language is required to start the bridging program, many students seem to have limited language skills regarding specific nursing language, where

misunderstandings may occur that pose a risk to patient safety. Therefore, a project has begun at one of the universities included in the study where students begin with one semester of Swedish language instruction focused on the language used in healthcare situations.

The present study shows that teamwork and person-centered care are areas that can be a challenge for students in encounters with the staff, patients and relatives, and here guidance from the preceptor is important. These areas need to be pointed out during preparation of preceptors, and more focus needs to be placed on preparing students prior to clinical practice for how work in these areas is performed in the Swedish context. Preceptors reported great variation in students' ability to interact with other people. In line with another study (Choi et al., 2019), some mentioned cultural differences in how one talks to and treats other professionals. A systematic review of studies on international nursing students concluded that preceptors can minimize feelings of social isolation by creating a welcoming environment and mediating cultural differences (Mikkonen et al., 2016). Cultural differences in how one treats others may stem from not being used to teamwork in which all professions contribute their knowledge to the group, especially if internationally educated nurses come from a culture with a stronger hierarchical structure. Moreover, working in a person-centered manner, where the patient is a partner in the team and in making decisions about care, was not familiar to all internationally educated nurses and was a challenge in patient encounters. This is in line with a previous study (Högstedt et al., 2021b) in which internationally educated nurses reported finding it difficult to step into the new clinical environment and culture, as well as to relearn a different nursing role, including leadership and teamwork.

The result indicates that increased support to preceptors is needed. To prepare preceptors, courses can be held using the present results to frame the content, as described above. These courses can also cover topics like diversity, nursing training, and supervision approaches in different contexts/countries, which could be beneficial to prospective preceptors, as Sweden and many other countries are becoming more multicultural societies.

During the clinical practice, two preceptors can supervise one student and creating support groups for preceptors, especially if the supervisor is unexperienced. Also support by the university, colleagues, head preceptors and their first-line manager. However, even though interventions for preceptors have a positive short-term impact on preceptors' development, we do not know what kinds of interventions have long-term effects (Griffiths et al., 2022).

5.1. Strengths, limitations and future research

Data collection proceeded until different experiences of preceptorship of internationally educated nurses were obtained, including positive experiences of students' success but also more strained situations when students did not pass their clinical practice assessments. One possible limitation of the study is that data collection took place over a long period due to Covid-19 because the heavy workload made it difficult to include participants. The first interviews were conducted with participants who had had been preceptors before the pandemic, while others were preceptors during the pandemic, which also could have affected the preceptorship. Recall bias can occur, meaning that the participants may have forgotten or altered their memory of some aspects of the preceptorship. During the analytical phase, the first author shared reflections and thoughts based on the interviews and fieldnotes with the last author. Disagreements were resolved through discussion until consensus was reached in the research team. To enhance dependability, an interview guide was used. However, using an interview guide directs participants' answers, which may lead to missing data. To avoid this limitation, the interviews were semi-structured and began with open-ended questions covering each area of the guide. Confirmability was achieved by exemplifying each presented category with quotes. The participants' characteristics and information on the setting were

provided to help the reader judge the study's transferability (Patton, 2015).

To learn more about how to give internationally educated nurses the best opportunities, future research should focus on interventions including preparation for both preceptors and students prior to clinical practice as well as pedagogical methods during clinical practice. Moreover, in a project currently underway, preparation prior to the bridging program begins with a semester of Swedish language instruction focused on the language used in healthcare situations, as the topic of communication in healthcare settings needs to be studied.

5.2. Conclusions

This study contributes new knowledge on preceptors' experiences when supervising internationally educated nurses during their clinical practice in a non-English-speaking country. To ensure that preceptors feel confident in their supervision role with internationally educated nurses, supervision training is of importance to managing the preceptorship. Information on students' previous nursing education, cultural background, and work experiences is needed, taking language skills into consideration, to facilitate a good learning environment for internationally educated nurses during their clinical practice. Treatment of and encounters with others constitute an important part of practical training, where teamwork and person-centered care must be in focus, both in prior theoretical education and in clinical training.

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Ethical approval

The Regional Ethical Review Board in Uppsala (re. no. 2018/470; 2019-02420) approved the study.

CRedit authorship contribution statement

EE, DH, ME, IJ were responsible for the conception and design of the study. EE, IJ performed data collection. EE performed data analysis, drafted the article, and made critical revisions. IJ, ME, DH contributed to data analysis, interpretation, and critical revisions. All authors reviewed and approved the final manuscript.

Declaration of competing interest

The authors are employed at the two universities running the bridging program. The authors had no relationship with the informants prior to data collection.

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