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Emotional Work and Diversity in Clinical Placements of Nursing Students

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Abstract

Purpose: To learn how students experience clinical placements in a setting of diversity and how they cope with the emotional challenges involved.
Design: This study is based on inductive, qualitative research undertaken with Israeli nursing students.
Method: In-depth interviews were conducted with 20 students: 10 Arabs (5 men and 5 women), 9 Jews (2 men and 7 women), and 1 Circassian. The interviews were analyzed through coding and categorization.
Findings: The students' experiences are characterized by emotional strains of various sorts—stress, ambivalence, disgust, frustration, and conflict—that arise in three types of relationships: relationships with patients, with the clinical instructors, and with other students who are on their teams. The data show that diversity has an impact on all these relationships. The data further show that the students cope with the emotional strains by using several strategies of emotional work: distancing, self-strengthening, self-motivation work, and minimizing significance.
Conclusions and Implications: (a) Nursing students' experiences during their clinical placements should be understood in terms of emotional challenges, and their emotional work and coping strategies call for appropriate forms of support. (b) The diversity of the clinical placement environment should be considered as an important factor, both in understanding students' experiences and learning processes and in designing the support that they need.
Clinical Relevance: Culturally diverse settings entail distinct challenges that impact students' emotional reaction to clinical work. Understanding the types of emotional work students do in the process of their clinical experience is critical for educators seeking to promote genuinely caring and effective nursing in culturally diverse settings.

Clinical placements play a crucial part in nursing education, both in the acquirement of nursing skills and in the formation of professional identity. Scholars in various countries are engaged in exploring the factors that promote better learning, and some of them focus on studying the subjective experiences of the students (Curtis, Bowen, & Reid, 2007; Hartigan-Rogers, Cobbett, Amirault, & Muise-Davis, 2007). The aim of this study, which is based on interviews with Israeli nursing students, was to add to this body of research. In particular, to explore how placements in clinical environments that are ethnically diverse and characterized by social tensions are emotionally experienced and managed by students from different backgrounds. In analyzing the students' descriptions, the term "emotional work" was used, which allowed a twofold perspective: it enabled the researcher to analyze simultaneously the particular emotional challenges that the students face and their ways of coping with these challenges. This study, therefore, deals with two different concepts: emotional work and

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diversity. One of the aims of this article is to draw attention to the link between them, namely, how diversity issues are emotionally experienced and dealt with through emotional work

Previous Research on Students' Experience in Clinical Placements

Previous studies show that clinical placements are experienced as emotionally challenging and stressful. According to Levett-Jones and Bourgeois (2011), students' progress is possible only after their previous needs for safety and security, belongingness, healthy self-concept, and learning have been met. Belongingness is a crucial precursor, and studies from various countries also indicate that, unfortunately, students' experience during clinical placements is sometimes characterized by feelings of alienation rather than belongingness (Levett-Jones, Higgins, & McMillan, 2009), "fear" and "discomfort" with the relationships (Cederbaum & Klusaritz, 2008, p. 423), and at times even feelings of being rejected, ignored, devalued, and invisible (Curtis et al., 2007).

Several factors have been found crucial for the students' satisfaction and learning. Newton, Billett, and Ockerby (2009) discussed how students are affected by invitational qualities of the ward and integration in the ward team. The relations between the students and their clinical instructors are another crucial factor. These relations are a great source of learning for the student, but according to Cederbaum and Klusaritz (2009) they are sometimes filled with tension and cause stress due to various reasons, including personality differences, as well as differences in style, values, and degree of commitment. In many cases generational differences, which imply distinct perspectives on nursing (Swearingen & Liberman, 2004), also cause tension.

Another challenge, and probably the most important, is the students' encounter with patients. Studies in the United Kingdom show that students learn to see how much "little things" like giving attention and creating contact are important to the condition of patients (Smith, 2011). However, other U.K. scholars argue that emotional experiences during their clinical placements result in a decrease in students' sensitivity toward patients' pain and in their willingness for involvement with patients (Allcock & Standen, 2001). These findings are supported by a study from Israel, which found that during their clinical placements students develop an instrumental orientation and focus mainly on physical actions and technical rationality rather than on interactions and relationships (Orland-Barak & Wilhelem, 2005).

Thus, while clinical placements are very meaningful experiences for nursing students, research indicates that they are also emotionally challenging. While some research on these challenges has already been conducted, there is a need to further develop our understanding of the emotional difficulties involved and the ways of coping with them.

One aspect needing more attention is the emotional complications introduced by issues of diversity. As part of global processes of immigration and integration, ethnic and racial diversity of nursing schools has increased dramatically in most Western countries, creating a learning environment full of challenges, both to learners and teachers (Bednarz, Schim, & Doorenbos, 2010). International research indicates that diversity influences students' satisfaction and academic integration (Arieli & Hirschfeld, 2010; Arieli, Mashiach, Hirschfeld, Friedman, 2012; Gibbs, 2005). Recognition of the implications of diversity for nursing education has led to the call for cultural safety education (Arieli, Friedman, Hirschfeld, 2012; Ramsden & Spoonley, 1994; Richardson & Carryer, 2005), which means teaching students to reflect on their own identity, as well as to recognize dynamics of power in relationships.

In order to analyze emotional challenges and coping strategies, I applied the concept of "emotional work" to the study of experiences and learning processes of students in a context of diversity and ethnic tensions. The term emotional work was coined by Hochschild (1979) in relation to the effort exerted by a person to induce or suppress certain feelings in order to be able to express, in front of others, the feelings that are expected of him or her as a person in his or her position. The term has two main meanings: the first refers to self-management of emotions, so that the self can experience and project outward the "appropriate" emotion (Hochschild, 1979), and the second refers to relating positively to others in order to help them to feel better (Erickson, 2005). Hochschild also distinguished between "deep" and "surface" play, the latter meaning creating an impression in the "Goffmanian" sense, which is more superficial, and the former meaning managing inner feelings. Emotional work that really succeeds, argued Hochschild, involves inner persuasion that transforms the emotions on which the individual works into profound and authentic ones.

Smith (1992, 2011) applied the term emotional work to nursing, arguing that emotional work is a central part of the care nurses give to patients. Nevertheless, very often this part of the nurse's role is transparent and taken for granted (Henderson, 2001; Gray, 2009), a fact that is at least partially explained by the dominance of "masculine" medical models, which prefer detached concern to

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emotional involvement (Ericsson & Grove, 2008). While most studies on emotional work in nursing have focused mainly on nurse-patient interactions, self-centered emotional work or inner "emotional management" has also been discussed (e.g., Smith & Gray, 2001; Ericsson & Grove, 2008). Emotional management is considered crucial in nursing because nurses who manage their own emotions are more capable of managing the feelings of their patients and therefore can better contribute to their well-being (Henderson, 2001).

Context: Diversity and Its Challenges—The Case of an Israeli Nursing College

This article is based on a study of an academic nursing program in Israel where Jewish and Arab students study together in the shadow of ongoing political conflict, ethnic differences, and socio-economic inequalities. During the course of their clinical placements, the 3rd and 4th year students in this nursing program encounter diversity in various forms.

First, the small teams of five to six students for each rotation include students from different ethnic and religious backgrounds. Our nursing department has 50% Jewish Israeli students and 50% Arab Israeli students. Both groups are themselves composed of many subgroups, such as Jewish immigrants from the former USSR and Ethiopia, students from Kibbutzim, Arabs who are Muslim, Arabs who are Christian, and Circassian students (Circassians are a Sunni Muslim community whose origins are from Caucasus). Second, since some of the clinical instructors are themselves from a variety of backgrounds, the students' encounters with them are often with a person from a different ethnic and religious background. Third, the staff in clinical settings is diverse, so the students interact with staff members from various groups. And fourth, since patients in public hospitals in Israel represent all the groups in the society, students often treat patients who come from many different groups. For the students this means many intercultural encounters with people from different groups, at times in conflict.

One expression of this diversity addressed in this article is the prevalence of different languages. By law there are two official languages in Israel: Hebrew and Arabic. Nonetheless, while all Arab students and instructors speak Hebrew, which is the language of the majority, most Jewish people do not speak Arabic. Another very prominent language in Israel is Russian, which is spoken by Jewish immigrants from the former USSR, a population of approximately 1 million (15% of the overall Israeli population). In addition, there are a large group of immigrants from Ethiopia who speak Amharic or Tigris. One additional language obstacle is that pharmaceuticals, medical diagnoses, and other relevant professional information are all in English. Students are also expected to read English articles relevant to the care of their assigned patients. This means that nursing students need to cope, in addition to all their other challenges, with situations in which they have communication difficulties and barriers.

Methodology

The theoretical framework of study is rooted in phenomenological sociology, which is the theoretical grounding of the qualitative research method used and inductive logic of analysis. Specifically, the research is based on a qualitative method (in-depth interviews) that is suitable for exploring the ways people perceive and experience their everyday reality (Patton, 2002). The research questions were "What are the emotional experiences of the students regarding their clinical placements?" and "What are the ways through which they interpret and manage their experiences?"

The study is part of the ongoing formative evaluation research of a nursing department in an academic college in the north of Israel. The department is 5 years old, and clinical placements began 3 years ago. As they began, we quickly learned that students experienced difficulties in their clinical placements and that in order to create a better learning environment for them we needed to examine their experiences, in particular those related to diversity issues.

Ethical Considerations

The ethics committee of the college granted ethical approval and the head of the nursing department also approved the study. The participants were informed about the nature of the project and agreed to become part of the research. Confidentiality was maintained throughout the study. In order to avoid any undue influence upon the student participants, data were collected by a research assistant who is not a part of the academic or clinical staff involved in the students' placements. Names and other identifying details were changed.

Sample

The study sought to explore the experiences of students who recently completed their initial rotations in hospital departments. Third-year students were eligible for inclusion in the study because, at the time of study, they had completed rotations in general surgery and internal medicine departments. From a total of 80 third-year

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students, 20 students agreed to be interviewed. The sample included 10 Arabs (5 men and 5 women), 9 Jews (2 men and 7 women), and 1 Circassian. Although the students volunteered to participate, the sample is representative: the ethnic or national and gender composition of the sample is proportional to the ethnic or national and gender composition of the class. Twenty participants are considered a reasonable number for a qualitative research, which can provide breadth of in-depth data (Brammer, 2006). Each participant was interviewed once.

Data Collection

A graduate student of sociology and anthropology, who is well trained in ethnographic and qualitative research methods, conducted the interviews. She was instructed to begin each interview with the same request: "Please tell me about your clinical placement experience." In accordance with the logic of in-depth interviewing (Patton, 2002; Spradley, 1979), she was instructed to then ask interviewees to elaborate and explain various issues that they raised in their initial answers. Following the participants' responses, the interview was designed to allow students to speak freely about what is important to them and to refrain as much as possible from imposing upon them categories of meaning that are foreign or external to their experiences. The interviews lasted between 40 min and 1 hr and took place at the cafeteria of the college on the days when students came to the college for lectures. The cafeteria constitutes a part of the students' natural environment and as such carries all the advantages of familiar, comfortable surroundings. Enabling students to reflect on their experiences while in context was consistent with this study's goals and with the theoretical perspective on which it is based. The interviews were conducted in quiet areas of the cafeteria at times when it was relatively empty.

Data Analysis

This study is based on an inductive content analysis. This is a research strategy that does not seek to test theoretically preconceived hypotheses but to identify emergent and underlying themes in interviewees' experiences as a means of facilitating future theoretical development and practical understanding (Graneheim & Lundman, 2004; Patton, 2002). In accordance with the research question, analysis consisted of three main parts: (a) categorization of the main aspects of students' emotional experiences; (b) categorization of the main types of emotional work students referred to in their accounts of emotional strains and experiences; and (c) analysis of the students' references to issues of diversity and the impact of diversity on their emotional experiences and emotional work. Each category and interpretive claim were repeatedly checked and developed through rescanning of the transcripts in search of examples, exceptions, variety, and nuance. Regular meetings and discussions were held with the research assistant and two other professional colleague researchers in order to achieve trustworthiness of the data analysis. Further, in accordance with the theoretical underpinnings of inductive content analysis, and in order to allow the reader to assess the trustworthiness of the analysis, each interpretive statement was accompanied by an illustrative verbatim quote. The interpretive framework as a whole is illustrated by the aggregated citations.

Findings

The students' accounts show that their experiences during clinical placements were mostly influenced by three types of encounters: (a) with patients; (b) with the clinical instructors, and (c) with the other students in the rotation group. The following participant statements present how each of these encounters is emotionally experienced and the emotional work that is involved. Also addressed is the issue of diversity and its impact on students' experiences.

Encounters With Patients: Controlling Empathy, Managing Resentment, and Facing Language Frustrations

Salman, a Muslim male student, described an experience in the internal medicine department. He talked about the complexity of emotional work in meeting relatives of a patient who died:

> The three of us [students] and one nurse went to wash a patient. During the bathing the patient died.... What was most difficult was meeting the family. What to tell them? ... We should be strong as professionals, because it is our duty to help them accept it. I had tears, but I did not let the family see this.

There are three main points to draw from this quote. First, the student experienced great emotional difficulty. Second, the student felt it was his duty to give support. In other words, he saw the "other-centered" emotional work as part the role of nursing. Third, the student's way of coping was by doing "self-centered" emotional work. He was telling himself that being professional means being strong and that by being strong he can help others better.

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The notion of being strong for the sake of the patients went hand-in-hand with the notion of creating borders between one's self and the patients.

The next quote is taken from Shiran, a Jewish woman, who described her experience in a pediatric department:

> In situations that are emotionally difficult one needs borders—not to get too attached to the patient . . . . When people cry and suffer it raises something in me as well . . . . So this is what I learned to do, to have borders.

The emotional work described here involves the creation of emotional distancing, which is a well-known defense mechanism, described in the 1960s by Menzies (1960). This quote also points to a possible tension between other-centered and self-centered emotional work. Will detachment support her ability for other-centered emotional work, or will it have the opposite result?

The students' accounts of encounters with patients revealed another emotional challenge—the need to overcome disgust and resentment. Clinical placements exposed the students to unpleasant sights and smells that most of them had never experienced before. This made them realize that nursing means also doing various "dirty" tasks. So, in addition to feelings of disgust and resentment, many students also faced a crisis regarding their choice of career, as they started to question their ability and motivation to become a nurse. Alal, a Muslim student described her experience:

> There was a patient with his excrement leaking outside the bag, and he kept on pulling out the bag and the excrement got all over his body. The instructor asked me to clean and to take care of his wound. It was very hard: the look of the wound, the excrement, the smells. I didn't know how to handle this. I didn't want to. I wanted to leave. I understood that I would have to do such things in the future, and this is our profession . . . I must cope with it. I have wanted to be a nurse since I was little. What helped me cope was knowing that I wanted this profession nevertheless.

Alal seemed deeply emotionally involved when she recalled this experience. What should be noted in her story is her quick turn from describing the great resentment she felt to describing the immediate emotional work she did during the event. She told herself that this is part of the profession and then she reminded herself of how much and for how long she had wanted to become a nurse. This type of emotional work can be termed "raising inner motivation." It was very common among the students.

In the next quote, Orit, a Jewish student, described her work of motivation. It shows that this is not a "surface act" intended to create an impression, but a "deep play" (Hochschild, 1979), intended to transform inner perceptions:

> I came across very difficult situations like bathing a patient whose legs are cut off . . . . There were moments when I nearly broke down, but I did not let it happen . . . I need to look at everything in proportion. And I'm really strong. And I want to be a nurse. It is something I feel inside me. I feel good when I help and treat people . . . patients who are close to the end of life and you are the only person that treats them . . . to give them respect. You feel satisfaction.

This woman found herself in great stress, and her way of dealing with it was an intellectual attempt to adopt a rational perception—"putting things into proportion"—and also to do "motivation work," consisting of four stages: (a) she characterized herself as strong; (b) she reminded herself of how much she desired to be a nurse; (c) she recalled what it is in nursing that attracts her so much: being able to help people; and (d) she reminded herself that being a nurse can be satisfying.

Interestingly, we found no distinctive differences between students who came from different ethnicities, religions, and gender regarding the issues described here, nor did they mention their background as relevant to their experiences. It seems that diversity does not play a role in this issue. Nevertheless, the students did mention that diversity in the context of encounters with patients exacerbated their emotional tensions. The students were mostly frustrated by some cases in which they could not perform the care they learned to give and wanted to give, because they could not communicate with patients. Some of the Jewish immigrant patients and families do not speak Hebrew or Arabic, but only Russian or Ethiopian, and this was a barrier to both Arab and Jewish students who do not speak these languages; some Arab-speaking patients, especially from the old generation, do not speak Hebrew, and this was a problem for most of the Jewish students, and for the Circassian students who are fluent in Hebrew and the Circassian language but not in Arabic.

The next quote is from Nora, a Circassian student, who described an encounter she had with a patient from a Soviet background, who could not speak Hebrew:

> I said *balit* which means "pain" in Russian, and she understood me. But this is the only word I know, and now I should learn how much it hurts, and where does it hurt . . . . I say something and she starts talking fast and I understand nothing. You can know everything, but if you cannot communicate with the patient, to tell her to change position, how will you be able to relate

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> to emotional aspects or even to give instructions if you don't have the language?

Stories similar to this were many. The next quote taken from a Jewish student (Dina) illustrates how frustrating this got sometimes:

> There are patients that refuse to let you treat them, they say to you go and bring someone who speaks Russian or Arabic. Some patients get angry.

The students' descriptions do not include any key for their way of coping with this difficulty. They all stressed the need for language training.

Relations With the Clinical Instructor

As mentioned above, the students are guided and instructed by a nurse from the given department, who is a qualified clinical instructor. The instructor assigns them tasks, supervises them, and grades their performance. All interviewees spoke a lot about their relations with, and feelings toward, the clinical instructors. Some of them were very grateful, but sadly, many of them expressed much anger and pain.

Omar, a Muslim student, described an incident where he felt powerless and frustrated. His only way of coping was emotional work that was aimed at restraining anger and cultivating discipline within himself:

> She [clinical instructor] started yelling at me for something I did . . . I did not answer, because I did not want to argue, there were patients around. I had something in my hands, I was shaking, I wanted to throw it at her face and tell her I don't want to learn from her. I restrained myself, I restrained myself.

Ora, a Jewish student, described her attempts to overcome distress caused by her relations with the clinical instructor:

> I did not want to wake up in the mornings I had to go to the clinical placement . . . I thought maybe I cannot and don't want to become a nurse, but I wouldn't let myself fall. I told myself I should wait for . . . another experience that might remind me why I want to be a nurse. And I'm strong and I want to become a nurse and to give myself to others. This is my aim, my essence, my dream.

Her way of coping was (a) inducing patience and stamina and (b) "motivational" work, done by reminding herself how much she desires to become a nurse.

The need to overcome frustrations related to relationships with clinical instructors was prevalent in interviews of students with no differences of ethnicity, religion, or gender. Furthermore, Omar, who is quoted above, did not mention at all the fact that the clinical instructor he was speaking about was a Jewish woman. Nevertheless, diversity was an issue related to in several narratives. I shall quote here two examples. The first is Sarit's, a Jewish student:

> The instructor was Arab and one of the Arab students came in late that day. So the instructor told her what was happening before she joined, in Arabic. I felt very bad, because this had to do with me and another Jewish student. And she spoke in front of us about it in Arabic, while she could have spoken in Hebrew. But, I prefer not to give too much attention to this. Because once you do give attention you can find many things that are not proper. Because what can you do, we are like this. It is understandable that an instructor will find more common ground with students who are from the same religion. I should not give any importance to this, because otherwise it will become important.

We see that Sarit felt that the instructor (who knew Sarit did not understand Arabic) should have chosen to speak about her in a way she could understand. Sarit coped with this unease by consciously deciding to minimize the significance of this apprehension and "normalizing" it. I call this emotional work because Sarit decided to suppress emotions of anger and induce a state of mind of "tolerance" and understanding that is intended to allow the routine and mundane relationships to continue.

The second example is taken from the interview with Mussa, who complained that the clinical instructor graded him poorly because he was an Arab:

> There was an Arab instructor and she treated the Jewish students different than the way she treated us. It was very frustrating. The knowledge of the Jewish student was not so good, and she gave her the best mark . . . I was much better than her. But it's not so important; after all it's only a few points . . . Arabs are afraid that people will say that someone is treated better by the Arab instructor because he or she is an Arab . . . . So we lose from all sides.

On the "emic" level (the subjective experience of the speakers), these are two very different stories, but on the "etic" level (the level of analysis), we identifed a few similarities between the two stories. First, the students felt stress related to their relations with the instructor in the context of diversity. Second, the way the students handled the negative emotions they felt was similar: what they did was to legitimize and normalize what made them feel uneasy by saying it was "natural" and to minimize its

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importance for them, or at least to try and do it. With the background of the great tension in Israeli society between Jews and Arabs and Palestinians, focusing attention on such an incident could potentially increase the fear and hostility that are hidden under the surface. The emotional work done here seems to be intended to prevent the conflict from blowing up.

Both students complained about an instructor who is an Arab—both the Jewish student who felt bad about the instructor speaking about her in Arabic to another student and the Arab student who felt the instructor undergraded him because of not wanting to be accused of overgrading an Arab student. These findings point to the complex position of an instructor from a minority group with his or her relations with both minority and majority students.

Encounters Within the Student Group: Diversity as an Opportunity

All the students claimed that being part of a diverse group consisting of students from various groups—Arab, Jewish, new immigrants—was significant for their learning and made a real difference to their experience. For most of them, there was very little social contact with students from different ethnic groups prior to the clinical rotations, although they shared classes for 5 days a week over 2 years of intensive study. They sat on different sides of the hall and hardly communicated. The clinical placements starting in the 3rd year changed that. All the interviewees reported creating friendly relationships with students from other ethnic groups that were on their team, as described by Mona, an Arab woman:

> Before I hardly ever spoke with them [the Jewish students] . . . . Now we . . . call each other on the phone, and we are interested in each other. Even outside the clinical placement itself. We exchange cake recipes . . . . I can tell you that most of the contacts in class between Jews and Arabs were made during the clinical placements.

Mahmud's description goes even beyond friendships to describe himself as going through a great change as a result of being placed with an ethnically diverse team:

> My opinion of the Jewish students completely changed. I thought they are evil, and it changed . . . I hope things will turn better in this country, more peace.

The positive change supported learning processes, as described by Adina, a Jewish woman:

> Before the placements we weren't together and now we did get connected . . . there is cooperation and a lot of mutual support.

Nonetheless, working in mixed teams sometimes led to harsh feelings. This mostly related to language issues, and specifically to cases when some team members spoke among themselves in a language that one or two of the group could not understand. This left the other students feeling alienated and lonely. This dynamic was described by Moshe, a Jewish male student who was in a group with three Arabic-speaking students:

> I ask people to speak Hebrew, but after a few minutes they turn to Arabic again. It makes the work very hard and I feel very lonely. I sit with them and they speak Arabic and for me it's like sitting alone.

Another description we heard was from Jessica, a Jewish woman who does not speak Russian:

> The students in our group who were from Russia spoke Russian and it felt really bad. I felt they turned to Russian when they did not want us to understand them . . . .

It is important to note that even those students who complained on this matter spoke in favor of mixed teams and described the advantages. Perhaps emphasizing the rewards was their way of emotionally coping with the stressful experiences.

Discussion

This study describes three major experiences that are significant in students' accounts of their clinical placements and shows how the students dealt with the challenges by performing emotional work. In the study, special attention was paid to the consequences of the diversity of the social environment on the students' emotional challenges and emotional work.

The first experience concerns the students' facing appalling situations of patients' suffering and death. The students navigated between other-centered emotional work aimed at expressing feelings and self-centered emotional work aimed at distancing, and both are perceived by them as part of the professional demands. Encounters with the "unattractive" sides of nursing raise emotional distress and doubts regarding their ability and motivation to continue their education and become nurses. In coping with these emotional strains, the students resort to various types of inner motivation work: putting things into proportion, characterizing themselves as strong, reminding themselves of how much they desire to become nurses, and recalling the reasons for that. While students

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from the different groups reported similar emotional experiences and coping strategies, they referred to one aspect of diversity—language barriers—as causing frustration that could not be dealt with effectively. Expressing emotions is described as dependent, at least to some extent, on the ability to communicate verbally with patients.

The second emotional challenge related to interactions with the clinical instructors. The study findings resonate with those of previous studies dealing with the tensions characteristic of the relations between nursing students and clinical instructors. Here, too, it appears that these relations are sometimes a source of great stress for students. The study adds to previous research by emphasizing the emotional work performed by students in order to overcome anger and protest toward what they experience as unjust misuse of authority. Inducing patience and stamina, and motivational work done by reminding oneself how much one desires to become a nurse, are the dominant emotional strategies. The findings also show that diversity has an impact on students' experiences, reflected in the fact that they describe themselves as unsatisfied and ill-treated by instructors due to issues related to ethnicity and nationality. Suppressing emotions of anger and inducing a state of mind of tolerance by explaining the events as natural or legitimate are the prominent strategies of coping. It should be noted that some students talked about their experiences and relationships not just with clinical instructors but also with other staff members and "unit climate." However, there are very few references to this issue in the data; therefore, it was not presented as a theme. Perhaps further research can elaborate more on the experience of unit climate and the emotional work involved in this experience.

The third experience discussed here concerns the students' interactions with other students in their teams. They all reported that clinical rotations played an important part in creating closer and positive relations and attitudes toward each other. Some of the students experienced difficult moments, and they dealt with these by normalizing the incidents and minimizing their meaning. They all emphasized the rewards of the diverse character of the teams, and described this as an opportunity. A situation in which students from diverse groups cooperate in an intense and demanding environment apparently creates bonds between them.

The study findings have several practical implications. First, language training is important and should be offered. In Israel there is a striking necessity for Arabic and Russian language courses, although adding to the already heavy nursing curriculum is a huge challenge for most students. Second, there seems to be a need to include emotional and diversity issues in clinical instructors' training. One possibility is to design simulation workshops where the different types of interactions discussed in this article are to be actively examined through role-playing. Such workshops could empower the instructors to routinely foresee and deal with students' emotional strains. Third, there might be a need to consider a supervision-through-consultation of clinical instructors. Since direct supervision might create further difficulties and strains, there might be a need to offer instructors the possibility to routinely consult with a senior and experienced instructor. Also, to initiate a discussion group for sharing, discussing, and handling the emotional and interactional difficulties that arise during placements. Such a discussion group could be used to jointly explore the emotional issues discussed in this study.

Fourth, it is also obvious that we need to look for better ways to prepare the students themselves for stressful and shocking experiences with patients. In order to achieve this goal, there seems to be a need for interpersonal communication courses. Indeed, the college in which this study was conducted has included such courses, which are conducted in small groups and co-led by psychologists and expert nurses. Following this study we now include discussion of the emotional issues raised in these courses.

Fifth, and interrelatedly, the issue of the students' dealing with diversity and conflict, whether with clinical instructors, nurses on the ward, doctors, or their student colleagues, deserves practical attention. Primarily, there is a need to augment cultural safety education (Arieli, Friedman, & Hirschfeld, 2012; Ramsden & Spoonley, 1994) with emotional management techniques related to experiences of diversity. Moreover, there seems to be a need to take advantage of students' diversity in the classroom and initiate interaction and dialog about intercultural matters. In other words, there should be an emphasis on experiential learning in the class-room.

In our faculty encounters with students, we try to role model genuine cultural respect. We also try to hire faculty from different cultural backgrounds, particularly Arab faculty, and work in faculty seminars on a more in-depth understanding of our own preconceived notions related to "the other" and how best to manage intercultural diversity. This is not always easy, since we live in an environment where cultural diversity too often denotes political conflict with everyone involved and feeling threatened. Some of these issues were described in previous research (Arieli, Friedman, & Hirschfeld, 2012; Arieli & Hirschfeld, 2010; Arieli, Mashiach, Hirschfeld, & Friedman, 2012).

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Limitations

This study represents only the students' perspectives and does not capture the perspectives of the clinical instructors or nursing staff. Both of these need to be explored in order to fully understand the emotional work that accompanies clinical experiences. Moreover, the study is based on 20 interviewees from a single class. As is always the case in qualitative research of this sort, generalizing from this study to other contexts is problematic. Therefore, I suggest the need for subsequent studies to explore students' emotional experiences and emotional work in diverse environments. Quantitative questioners, based on the findings of this study, can be developed and used in order to expand the database by gathering data from larger samples and from other culturally diverse settings.

Conclusions and Global Implications

Although this study took place in Israel, I believe similarities in student experiences in various contexts can be identified, and the two main arguments of this article can be relevant to diverse environments: (a) Because nursing students experience emotional strains and challenges during their clinical placements and resort to emotional work, they should be given proper support in order to assist them in their emotional work. (b) The diversity of the clinical placement environment, and particularly the resultant language barriers, should be seen as an important factor both in understanding students' experiences and learning processes and in designing the support they need. Particular concern should be given to emotional stress related to diversity in clinical placements that take place in politically charged societies.

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Clinical Resources

- Global standards for the initial education of professional nurses and midwives, World Health Organization, 2009: http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf
- Clinical instruction in prelicensure nursing programs, National Council of State Boards of Nursing position paper, August 2005: https://www.ncsbn.org/Final_Clinical_Instr_Pre_Nsg_programs.pdf.
- National League of Nursing think tank on transforming clinical nursing education, April 14–15, 2008, Indianapolis, Indiana, USA: http://www.nln.org/facultyprograms/pdf/think_tank.pdf

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