



A literature review of the language needs of nursing students who have English as a second/other language and the effectiveness of English language support programmes

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ARTICLE INFO

Article history:

Accepted 8 September 2012

Keywords:

English as a second/other language
Nurse education
English support programme
Culturally competent care

ABSTRACT

Australia is increasingly becoming a culturally diverse country, with this trend being reflected in nursing education as significant numbers of students enrol from backgrounds where English is a second/other language (ESL). These students will enable the provision of culturally competent care that a culturally diverse health system requires (Ohr et al., 2010), however they require significant levels of support to not only achieve academically in their nursing programme, but also to perform at the expected level during clinical placements (Boughton et al., 2010). Difficulties communicating with colleagues, patients and their families in the clinical setting have been identified among the challenges that ESL nurses face (Boughton et al., 2010; Jeong et al., 2011). A review of the literature indicates sporadic research into the education of nurses from ESL backgrounds. This paper discusses and raises awareness of common themes such as the challenges of adjusting to Western culture and using the advanced and technical English required by higher education and healthcare. This paper also discusses mixed results reported from a number of English language support programmes. This indicates a need for further research in this area to strengthen support for these nurses who can assist in the provision of culturally competent care.

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Introduction

Australia is becoming a culturally diverse country with twenty six percent of the population born overseas (Australian Bureau of Statistics, 2012). While eighty one percent of the population speak only English, the primary language spoken in Australia, 'forty nine percent of longer-standing migrants and sixty seven percent of recent arrivals speak a language other than English at home', with 3.1% of recent migrants not speaking English at all (Australian Bureau of Statistics, 2012). In response to the emergence of a multicultural society, various governmental workforce strategies are encouraging the employment of health care professionals from various linguistic and cultural backgrounds to enable the provision of culturally competent care that Australia requires (Ohr et al., 2010). Culturally competent care is the provision of effective health care that recognises and respects difference in culture, and

ensures that the care provided does not diminish, but tries to meet cultural needs, thereby preserving and protecting cultural diversity (McMurray and Clendon, 2011). Twenty seven percent of students in Australian universities came from backgrounds where English is a second/other language (ESL) (Australian Bureau of Statistics, 2011) and this figure is reflected in the student nurse population which will potentially contribute to meeting the cultural and linguistic needs of Australia's multicultural health system.

While overseas students have been actively recruited, studies by Shakya and Horsfall (2000) and Sanner and Wilson (2008) found that nursing students with ESL backgrounds tend to have difficulty with general and technical aspects of English, which can affect academic performance (Guhde, 2003; Brown, 2001; Malu and Figlear, 1998), and contribute to higher attrition rates than students who are native speakers of English (Phillips and Hartley, 1990; Choi, 2005; Salamonson et al., 2011). According to Boughton et al. (2010), students with ESL backgrounds require a high level of support to achieve academically during their nursing programme and perform at the expected level during clinical placements. Challenges for these students working in the clinical setting include difficulties communicating with colleagues, patients and their families (Boughton et al., 2010; Jeong et al., 2011).

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Among these are problems with pronunciation, telephone communication, failure to comprehend colloquial expressions and medical/nursing jargon. Shakya and Horsfall (2000) found that while nurses with ESL backgrounds could demonstrate minimum English proficiency required for course acceptance, development of advanced English communication skills related to clinical practice was urgently needed in clinical settings.

A significant element in providing culturally competent care is the ability to communicate clearly and effectively as the nurse–patient relationship is built on communication, and as such, effective use of language is essential. Candlin (1995) argues that communicative competence is vital for nurses if they are to effectively accommodate, empathise and affiliate with patients, and thus build trusting relationships that underpin good nursing practice. An integral component of communicative competence is linguistic competence, which includes the ability of the healthcare provider to speak clearly and correctly with patients (Guttman, 2004), particularly important as many nursing roles such as patient education, counselling, advocating, and advising consist of mediating through discourse only (Candlin, 2002). The National Competency Standards for Registered Nurses (RN) requires that RNs ‘communicate effectively with individuals/groups to facilitate provision of care’ (Competency 9.2 Australian Nursing and Midwifery Council, 2006), however no guidelines are provided as to how nurses with ESL backgrounds can be supported to develop effective communication with their patients. Current literature regarding the effectiveness of support for ESL students is limited.

A review of the literature indicates that there has been sporadic research in education of students with an ESL background in both nursing and other disciplines, and this is consistent with previous findings (Phillips and Hartley, 1990; Malu and Figlear, 1998; Omeri et al., 2003; Konno, 2006; Chiang and Crickmore, 2009). Studies from the USA, Australia, the UK and New Zealand have focused primarily on the issues and challenges faced by the students. Similarly, Andrade (2006) found a limited number (56) of studies (in the general higher education sector) relating to factors influencing adjustment, and interventions designed to specifically address the needs of international students which are descriptive rather than evaluative in nature. Common themes identified in the literature that will be discussed in this paper include the challenges of adjusting to Western culture, difficulties using academic English and the technical language of healthcare, and the support programmes for ESL students that have been implemented with mixed results.

Challenges faced adjusting to language and culture

Difficulty adjusting to Western culture and using the English language is a prominent theme demonstrated in several studies. Andrade’s (2006) review of studies published between 1996 and 2005 identified a comprehensive range of factors that influenced social adjustment and academic achievement of international students. For example, first year international students found difficulty understanding lectures because of the speed of lecture delivery, and the vocabulary used. Furthermore, international students exhibited more stress and anxiety, experienced financial stress and discrimination, had less social support and felt more lonely and homesick than did local students (Rambruth, 2001; Ramsay et al 1999 cited in Andrade, 2006; Konno, 2006). These challenges are consistent with results from other studies (Johnson, 2008; Amaro et al., 2006; Shakya and Horsfall, 2000; Omeri et al., 2003; Jeong et al., 2011). A review of ten qualitative studies of ESL nursing students conducted over 15 years (Starr, 2009) revealed a combination of common issues that fit into two major categories: challenges that hinder, and reinforcements that help student

success. In addition, it was noted that the challenge of language would appear to directly affect success or failure as these students need to learn two new languages: English, and the technical language used in health care in a way that may not be congruent with their learning needs (Starr, 2009).

Malu and Figlear (1998) studied the problems that impeded success for nursing students with an ESL background. Data were drawn from a variety of sources including periodic open-ended interviews with students from an ESL background, and observations in the classroom and clinical settings. Discourse and text analysis was conducted and four problems were identified: second language development, differing expectations of nursing education, a fear of failure, and unfamiliarity with a participatory learning model (Malu and Figlear, 1998). The participatory learning model involves group work and class discussions which is at variance with the prior educational experiences of many international students who described their education as being very structured, with an emphasis on rote memorisation, little dialogue with teachers, and a preference for auditory and tactile learning (Sanner and Wilson, 2008; Omeri et al., 2003). Similar concerns with English proficiency, communication difficulties, cultural differences, and unfamiliarity with the health care environment were reported from an evaluation of a Teaching and Learning Enhancement Scheme (TALES) implemented for international students (Seibold et al., 2007). This programme was designed to support international nursing students undertaking an accelerated Bachelor of Nursing programme in an Australian university. It involved a team approach with 3 academic mentors working with the students through fortnightly meetings to develop English language skills including colloquial English, health related language and abbreviations common in the medical field, familiarisation with handover of patient care at shift change, reflective writing, writing a resume and participating in interviews (Seibold et al., 2007). While the majority of the 20 students attended sessions in semester one, an average of only nine students attended classes in semester two, perhaps reflecting the varying needs of the individuals. However this latter group responded positively, stating the programme outlined by Seibold et al helped develop written and oral communication skills, and cognitive skills such as reasoning and critical thinking.

These results are consistent with findings from a qualitative study of nursing students reported by Amaro et al. (2006) who interviewed 17 ethnically diverse graduate nursing students from five different US nursing programmes regarding their perceptions of barriers that hindered or facilitated their completion of their nursing education. Consistent with Yoder’s (1996) earlier findings, nearly all of the participants cited language and cultural differences as primary barriers in their education as they had difficulty reading, taking notes in classes and communicating with instructors and patients/staff at clinical sites.

Challenges using academic english

One of the problems ESL students face completing their studies and participating effectively in the clinical setting appears to be related to the higher level of academic language required in higher education, along with the technical language used in healthcare. Higher level English refers to functioning at the higher level on Bloom’s taxonomy (1956, as cited in Jacques, 2000) of educational objectives which includes tasks of analysis, synthesis and evaluation. Cognitively demanding oral and written English, and interpretation of abstract concepts presented in text books is often required in lectures and class discussions (Abriam-Yago et al., 1999). Guhde (2003) argues that nursing requires a higher level of cognitive academic language proficiency, however most students with ESL backgrounds have only conversational mastery of English,

also referred to as 'Basic Interpersonal Communication' (BICS), the social language used in face to face conversation which most students acquire in their interaction with peers at school and work (Cummins, 1991). Malu and Figlear (1998) presented a case study of one student which demonstrated that while the student had satisfactory control of BICS, his command of 'Cognitive Academic Language Proficiency' (CALP) (Cummins, 1991),² was limited and consequently he did not have the language competency to demonstrate an understanding of concepts or abstractions. As a result, his academic performance declined, stress levels increased and he was unable to achieve his academic goals (Malu and Figlear, 1998). The Nurses and Midwifery Board of Australia (NMBA, 2011) requires applicants to achieve an International English Language Test (IELTS) score of 7.0 in academic modules in each band (reading, writing, listening and speaking) in order to become RNs; hence it is important to support the development of CALP in order for students to achieve this. The IELTS test is one of two widely used and internationally recognised tests that are deemed to predict a student's competence in managing academic study in the English language, a score of 7–8 out of 9 described as 'high' scoring (Coffin, 2004). An IELTS score of 6.5 is required for acceptance to the Bachelor of Nursing programme at the author's institution.

Shakya and Horsfall (2000) interviewed nine nursing students from ESL backgrounds to explore their experiences during one year of study. All participants experienced difficulty achieving the higher levels of verbal/written proficiency required to understand lectures, interact in tutorial groups and learn the more technical aspects of language in health terminology. The students experienced difficulties with speaking and comprehending both classroom and clinical situations with patients and health personnel. In comparison, while native English speaking students also experience academic and social transition issues in the first year of tertiary study, this was mainly because they disliked the teacher/teaching style. These students also preferred collaborative study and peer support, and only 20% required academic writing support as compared to 76% of ESL students (Rambruth, 2001).

Findings from these studies are supported by the work of Johnson (2008) who observed classes within one faculty of a New Zealand University, and recorded retrospective interviews with lecturers and nine students from ESL backgrounds to identify which aspects of tertiary study students found difficult, and what factors affect adaptation to this environment. While the participants were a convenience sample of staff and students, and therefore not representative across different departments/universities, the results are consistent with other research (Malu and Figlear, 1998; Shakya and Horsfall, 2000; Salamonson et al., 2008, 2011; Guhde, 2003; Crawford and Candlin, 2012). Johnson's data were analysed using a constant comparison method where the data are read and reread as it was collected, with emergent themes identified through a process of inductive reasoning. These emerging themes/events were then compared with those already identified, and integrated into existing or new categories, with noteworthy relationships in the data then being described (Johnson, 2008). Students were generally unprepared for studying at tertiary level, having difficulties with English comprehension and academic literacy skills. Johnson (2008) found that the traditional lecture was not a particularly effective method for addressing learning needs of ESL students as they only understood approximately 20–30% of lecture content, did not understand all the language used, and had difficulty understanding different accents. In addition to these problems, senior students reported that although specialised vocabulary

was problematic, understanding language at the extended discourse level was more difficult, reflecting a lack of CALP as explained by the Cummins Model of language acquisition (1991). While there was no direct comparison with native English speaking students who are unlikely to understand 100 per cent of spoken lecture material; ESL students attributed their lack of understanding to perceived linguistic shortcomings (Johnson, 2008).

Similar results were found from a quantitative study examining the association between English language acculturation and academic achievement among first year ESL nursing students in one Australian university (Salamonson et al., 2008). The English Language Acculturation Scale (ELAS) used is a short 5 item measure which focuses only on the linguistic dimension of acculturation. It was adapted from a well-established instrument, the Short Acculturation Scale for Hispanics (Marin et al., 1987), which showed high levels of validity and reliability. A 97% response rate produced results which indicated a positive correlation between length of residence in Australia and ELAS scores. The ELAS asks questions related to which language is used to read, think and speak in general, and which language is spoken at home and with friends (Salamonson et al., 2008). Lower levels of English language acculturation, particularly with students new to Australia, appear to be associated with lower levels of academic achievement. For example, students with low ELAS results also showed poorer academic performance, particularly in Bioscience where almost two thirds of students failed, perhaps due to their lack of CALP (Salamonson et al., 2008). These results underscore the need to support students to achieve adequate CALP, as a lack in academic language proficiency makes it very difficult for students with ESL backgrounds to meet academic challenges, particularly during the first year of their educational programme. This has led to the introduction of various English language support programmes.

English language support programmes

While few in number, there are conflicting results of the success of English language support programmes, however the majority show successful outcomes. Baik and Grieg (2009) evaluated an ESL tutorial programme in a Faculty of Architecture aimed at developing discipline-specific language and academic study skills, while students concurrently learned the content of the subject. Despite the limitations of small numbers ($n = 25$) for this quantitative study in one faculty, the results suggest that the programme had a positive effect on students' future academic performance, as regular attendees had better academic results for the year and better course retention the following year than low attendees (Baik and Grieg, 2009).

Weaver and Jackson (2011) conducted a four day programme focussing on general academic and subject specific (bioscience) writing that included one-on-one sessions where students were provided with feedback on previous and current assignments. Feedback focused on referencing, grammar, structure and clarity of expression. 28 students attended with 17 providing feedback in a group discussion and survey. Despite the short duration and limited focus, students gave positive feedback describing the individual sessions as one of the most helpful aspects of the programme.

Seibold et al. (2007) evaluated a mentorship programme for international nursing students which included group meetings discussing general and academic English, as well as nursing related content. The participants reported that they felt the support helped them with oral, written and cognitive skills such as critical thinking, however only nine of 20 students attended the programme. A similar programme was evaluated by Boughton et al. (2010) for an accelerated Master of Nursing (graduate entry) in Australia. This

² Higher level English as previously described, requiring students to communicate in more cognitively demanding oral and written English.

programme commenced with a 5-h introductory workshop with nine subsequent 90 min sessions focussing on academic capability (computer use/resources, essay writing, referencing and critical reading) and clinical placement preparation (role play using effective communication, terminology and colloquial language) as well as fostering a sense of belonging and social support. While this was a pilot programme held over one semester with only 17 participants, it was evaluated by students as being extremely positive, with claims that it provided academic resources, enabled cultural adjustments, and provided much needed peer support (Boughton et al., 2010). Similar results were found in evaluations of courses designed to help ESL students communicate effectively with clients and colleagues in the clinical setting (Bosher and Smalkoski, 2002; Chiang and Crickmore, 2009). The authors of both these studies interviewed small numbers (two and nine students respectively) after implementing healthcare communications courses, and while the reported results lacked detail, participants in both found the courses beneficial, particularly related to cultural communication differences.

Shi et al. (2001) described an English support course at a Hong Kong university that focused on oral communication for medical students prior to clinical practice. This course was developed from the observation of six 1-h teaching sessions that were video and audio-taped, followed by an analysis of the discourse to identify language areas that appeared to be problematic. Only 30 students were recorded however a number of important language skills were identified such as verb tenses, appropriate terminology and adverbials to describe examination techniques. The course relied heavily on the video data that was collected to develop three case studies which provided the background for specific discourse foci, for example, staging a report, using appropriate terminology, and describing medical examination findings that were acted out in role play. Evaluation by students indicated that the course was successful in addressing the specific communication needs which helped them prepare for clinical practice (Shi et al., 2001).

Contrary to the positive results of the studies outlined above, Starr (2009) reviewed literature and found that additional English classes are often not effective due to simplicity of content and lack of context related to students' needs; that these students not only need to learn English, but also medical terminology to be successful. A study by Crawford and Candlin (2012) found that only 4 of 8 participants of an English language support programme claimed that academic writing and reading skills had assisted them, however, many of the participants had only attended approximately 8 h of a possible 24. Suggestions to improving the programme included continued focus on academic writing and reading, but with increased nursing related content reflecting terminology, roles, and tasks; as well as practice for the IELTS exam.

Sanner and Wilson (2008) explored reasons for course failure by having students with ESL backgrounds describe their experiences of a nursing programme in 3 interviews over a 6-month period. Interestingly, although each participant shared instances where difficulties with reading and speech (including reluctance to speak in class) may have contributed to academic difficulty, they did not perceive it to be a primary reason for course failure, but rather other issues involving discrimination and stereotyping emerged as contributing factors. For example, participants' perceived and described incidents where teachers made negative assumptions about their learning ability based on their accent and ESL status which further reduced willingness to speak up in class. They also did not feel that remediation programmes were useful as they reduced study time (Sanner and Wilson, 2008). Only three students were interviewed for this study; however similar responses to interview questions suggest a saturation of themes. The participants reviewed the data to assure credibility of the

findings. Furthermore, the researchers had prolonged engagement with the participants allowing for the development of trusting relationships, which facilitated a willingness to report their perceptions (Sanner and Wilson, 2008).

Conclusion

Reviewing the literature has highlighted a variety of complex and interacting challenges for nurses with ESL backgrounds in adjusting to Western culture and using the advanced and technical English of higher education and healthcare. Mixed results regarding the success of English language support programmes demonstrate that further research is needed to develop and refine language support that will promote the development of CALP. With increasing cultural diversity in healthcare, nurses with ESL backgrounds will become more valuable in providing culturally competent care, and it is essential that they be given appropriate support to develop CALP, not only to achieve in their academic programmes but also to communicate effectively in the clinical setting. Enhancing English language and communication skills will maximise the potential for success as Registered Nurses.

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