

Faculty Support for ESL Nursing Students: *Action Plan for Success*

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FOR NURSE EDUCATORS IN THE UNITED STATES, A MAJOR CONCERN IS TO ENSURE THAT THEIR GRADUATES HAVE THE CULTURAL KNOWLEDGE AND SENSITIVITY TO CARE EFFECTIVELY FOR AN INCREASINGLY DIVERSE PATIENT POPULATION. On May 17, 2012, the US Census Bureau reported that minorities not only make up 36.6 percent of the population, but also constitute the majority of the nation's children under the age of one (50.4 percent). More than 55 million people speak a language other than English at home (US Census Bureau, 2008).

The nursing profession itself is only gradually becoming more diverse, with nonwhites now comprising 16 percent of the RN workforce (US Department of Health and Human Services, 2010). For those nursing students for whom English is a second language, the literature confirms that both retention rates and NCLEX-RN® pass rates are lower than for students whose first language is English (Bosher & Bowles, 2008; Cunningham, Stacciarini, & Towle, 2004; Gardner, 2005). Nursing students from this group are not succeeding at desired rates. Are there effective strategies to assist nursing students whose first language is not English? If so, what are they, and how can nurse faculty be encouraged to employ them?

For English-as-a-second-language (ESL) nursing students, there are four main areas of concern that have an impact on academic success. This article attempts to address these concerns through a review of existing literature.

Areas of Concern LANGUAGE Language difficulties are universally mentioned as a primary concern for ESL students and their faculty (Olson, 2012; Starr, 2009). Many researchers refer to the Cummins Model of Language Acquisition described by Abriam-Yago, Yoder, and Kataoka-Yahiro (1999). This research illustrates that while it takes two to three years to attain basic interpersonal communication skills in English, it takes five to seven years to acquire the more formal, academic language required for college success. Because many ESL students are proficient in basic English communication, faculty, and even the students themselves, may not recognize the need for more formal English-language training. Medical and nursing terminology adds another language to be learned.

Language difficulties may be a particular concern for ESL stu-

dents in the clinical setting where a high level of interactive communication is required (Chiang & Crickmore, 2009; Olson, 2012). Students must understand patients, family members, and other health care providers. In addition, they must make themselves understood by people who may not be used to communicating with someone who speaks accented English. Under the stress of such situations, even students with fairly proficient English skills may forget their English.

LEARNING MODELS An area that receives far less attention than language difficulties is the difference in learning models students are likely to have experienced in their native countries. Many ESL students understand and have been successful under the transmission model of education (Brown, 2008; Guttman, 2004; Malu & Figlear, 2001; Sanner & Wilson, 2008), characterized by faculty who, as subject authorities, provide all the information that students are required to know. Asking questions may not be considered respectful, and memorization is a primary learning technique (Amaro, Abriam-Yago, & Yoder, 2006; Brown, 2008; Olson, 2012; Wang, Singh, Bird, & Ives, 2006; Xu, Davidhizer, & Giger, 2005). Adjusting to the active learning model expected by nurse faculty in the United States, who emphasize critical thinking rather than rote learning, can be a significant factor in ESL student success (Amaro et al.; Brown; Guttman; Malu & Figlear; Olson; Wang et al.).

TEST TAKING Test-taking skills are another area of concern. There is a relationship between lack of English proficiency and NCLEX performance (O'Neil, Marks, & Liu, 2006). Language difficulties also cause problems on course tests, and multiple-choice questions are particularly difficult (Bosher & Bowles, 2008; Lujan, 2008; Olson, 2012). This type of assessment is not common in the educational systems of many countries where essay questions are primarily used to evaluate subject knowledge (Brown, 2008). Vocabulary particular to American culture and both medical and nonmedical terms may also cause problems. Wordy scenarios intended to provide context for the question can challenge the language skills of ESL students rather than accurately assess their nursing knowledge (Bosher & Bowles).

Faculty may be unaware of cultural confusion or bias in their questions (Lujan, 2008). Bosher's study (2003) of 673 multiple-

ABSTRACT Nursing students whose first language is not English have lower retention and NCLEX-RN® pass rates. This review identifies four areas of difficulty and recommends strategies that can be employed by supportive faculty to assist these students and help ensure a more diverse nursing workforce to care for our increasingly diverse patient population.

choice nursing test questions found relatively few instances of cultural bias but significant problems with linguistic complexity, grammatical errors that lead to confusion, and lack of clear directions that cause difficulty for non-native English speakers.

CULTURAL DIFFERENCES A final area of concern is cultural differences. Communication patterns, personal space needs, orientation to time, environmental control issues, and social organization patterns are all part of cultural norms (Davidhizer, Dowd, & Giger, 1998; Olson, 2012). As such, they can have an impact on nursing student performance. Issues such as therapeutic communication, including eye contact and touch; meeting assignment deadlines or patient medication schedules; planning for patient care; and providing appropriate patient education are all affected by cultural values. ESL students are also likely to have particular difficulty with psychosocial content because of their different cultural backgrounds (Cunningham et al., 2004; Olson). They frequently feel isolated and may need assistance in accessing language, tutoring, and counseling resources (Olson; Williams & Calvillo, 2002; Xu et al., 2005).

Strategies for Student Success In light of these difficulties, what are some effective strategies to help ESL students be successful in their nursing programs, provide them with the knowledge and skills needed to pass the NCLEX-RN, and provide safe, effective, and culturally appropriate nursing care to patients?

LANGUAGE To improve their language skills, ESL students need to practice all four components of language proficiency: reading, listening, speaking, and writing. Students should be encouraged to keep vocabulary notebooks or note cards (Brown, 2008; Malu & Figlear, 1998). They can also tape class lectures and listen multiple times (Brown) and make use of lecture outlines or handouts (Caputi, Engelmann, & Stasinopoulos, 2006; Sanner & Wilson, 2008). According to the Cummins model, ESL students may increase their English comprehension by explaining the nursing content they learn in their own language; they should be encouraged to study aloud or present content to family or friends who speak their native language (Abriam-Yago et al., 1999; Choi, 2005).

ESL students, frequently hesitant to speak in public, should be gradually introduced to making oral contributions in class. The pair-share technique asks students to exchange information with students sitting next to them. When ESL students become comfortable with this technique, they will be more likely to contribute in small-group discussions and then move on to full-class discussions and, eventually, to oral presentations (Brown, 2008; Campbell, 2008; Guhde, 2003). To aid in the transition, understanding faculty could let students know in advance when they will be called upon in class, to allow time to prepare an answer.

ESL students should also study with access to language resources such as a native language-English dictionary, medical dictionary, and thesaurus (Cunningham et al., 2004; Sanner & Wilson, 2008). Role playing has been identified as another useful

learning strategy for ESL students. Providing a model for the student who can then practice (Campbell, 2008; Choi, 2005) is particularly effective in helping students prepare for clinicals. Clinical instructors can record simulated patient reports and allow students to play them multiple times to help develop their listening skills. Providing a standard form for taking a verbal report will help students identify and organize important information (Guhde, 2003; Olson, 2012).

Clinical groups need to be carefully arranged with a supportive clinical instructor who can give ESL students language assistance when necessary. Groups should be as small as possible and comprised of stronger students to serve as role models. Chiang and Crickmore (2009) developed a useful tool for clinical instructors to provide baseline and progressive assessment of essential clinical communication skills. Students are ranked on a performance scale from "very poor" to "very good" in the categories of verbal communication, written communication, and responding to verbal communication. It is important to have students paraphrase instructions to ensure they are understood (Hussin, 2009). Postclinical conferences should provide a safe and supportive opportunity to discuss and clarify any cultural issues arising during the clinical session.

ACTIVE EDUCATION MODEL To help ESL students move from the transmission education model to a more active one, faculty must make their expectations clear, explaining the "active learning process and the role that students play in their own learning" (Malu & Figlear, 2001, p. 204). It is recommended that representatives from the college/university writing and tutoring centers attend a class to reinforce the importance of these resources to students and establish valuable connections for nurse faculty.

ESL students have reported that an ongoing "buddy" system, which pairs each ESL student with a peer mentor, can be particularly beneficial (Taxis, 2006; Wang et al., 2008). In addition to helping bridge language and culture differences, the buddy system increases opportunities for English immersion in social settings that can lead to improvement in language skills.

A simple but effective activity to introduce active learning at the beginning of the course is to have students locate specific topic information within their textbooks (Abriam-Yago et al., 1999). Examples of completed assignments and study guides to help students identify important concepts are helpful. Since initiating communication with faculty may be considered rude in certain cultures, Malu and Figlear (2001) recommended inviting ESL students to ask questions and having them practice with classmates, or an adviser, in order to gain confidence. Writing out questions to turn in at the end of class or using email to submit questions could be other nonthreatening options. Faculty might consider awarding points for the submission of thoughtful questions about nursing content as well as cultural practices.

TEST TAKING Effective study strategies are critical for ESL student success. Because students may find abstract thinking and conceptualization in English difficult, providing concept maps or

other visuals when presenting new information can help the learning process (Malu & Figlear, 2001; Sanner & Wilson, 2008; Williams & Calvillo, 2002). Students can learn to create their own concept maps for many nursing topics, such as developing nursing diagnoses, creating care plans, or learning about disease processes (Malu & Figlear).

Faculty may want to encourage students to form study groups that meet regularly to review course material. Such groups can provide valuable support for ESL students (Amaro et al., 2006; Brown, 2008; Malu & Figlear, 2001), mitigate feelings of isolation (Gardner, 2005), and offer opportunities for speaking English outside the classroom. Boshier (2009) emphasized that a mix of fluent English speakers and ESL students is important to provide needed language support. Members of the study group should divide the material to be studied so that each participant provides both an oral and written summary.

Individual tutoring based on trust and safety is critical (Amaro et al., 2006; Cunningham et al., 2004). Guhde (2003) described successful, structured tutoring sessions that required ESL students to practice listening, writing, reading, and speaking. Students listened to a taped patient report based on content learned in class, prepared a written summary of the information, and then read their summaries aloud; as they read, they were given assistance with pronunciation. Listening and taking notes were difficult, but students improved these important skills with consistent practice and encouraging feedback; the writing was evaluated for proper grammar and spelling. Because topics were based on course material, learning took place in context; and learning was reinforced through corrective feedback. Coordination between faculty and the tutoring center was essential to make the program effective.

ESL students require extended testing time for reading and processing test items (Caputi et al., 2006; Lujan, 2008; Malu & Figlear, 1998). Abel (2009) also recommended an alternative testing setting for ESL students as a way to reduce anxiety; students struggling to decipher questions will not be surrounded by classmates who are already completing their tests. Use of a bilingual dictionary during tests should be permitted as students build their language capabilities (Malu & Figlear).

Cunningham et al. (2004) stated, "The importance of practicing many NCLEX-RN type multiple-choice questions throughout a student's academic career cannot be stressed enough" (p. 18). Lujan (2008) provided three specific suggestions for teaching students how to take multiple-choice tests and dissect and analyze test items.

- Teach students to identify the five components of multiple-choice test items: stem, qualifiers, verbs, correct answer, and distractors.
- Provide a list of common mistakes and rationales.
- Offer guided practice in questions that evaluate critical thinking in the areas of judgment, prediction, and problem solving.

Students need opportunities to practice test taking without the

fear of negatively affecting grades. Practice questions from the question banks provided by nursing textbooks or NCLEX review books can be assigned weekly. Frequent practice, and review of the rationales provided, will help improve English comprehension, particularly for prioritization and psychosocial questions (Cunningham et al., 2004). Working with a tutor on psychosocial questions may also be helpful as much content is culturally based. Cunningham et al. recommended having both the student and the tutor share their cultural perspectives while reviewing questions and rationales.

Faculty may also need information about ways to avoid both structural and cultural bias in test questions. Lujan (2008) recommended simplifying the vocabulary and sentence structure of nursing test questions. Boshier and Bowles (2008, p. 170) found that the following strategies reduce linguistic complexity of test questions while more accurately assessing nursing knowledge:

- Use shorter, simpler sentences.
- State information directly; do not hide it in the sentence.
- Use question rather than completion format.
- Highlight key words, such as *most*, *least*, and *best*.
- Use common words.

An important follow-up strategy is to have faculty-student conferences to review test results. This can reveal whether items were missed due to problems with language or a misunderstanding of nursing content.

Faculty Support Although there is ample evidence that faculty commitment and support are significant factors in minority student success (Bond, Gray, Baxley, Cason, & Denke, 2008; Brown, 2008; Taxis, 2006), some faculty do not provide the support needed by students. Sealey, Burnett, and Johnson (2006) found a low level of cultural competence among the nurse faculty they studied. ESL students interviewed by Sanner and Wilson (2008) attributed more difficulty to faculty discrimination and stereotyping than to academics.

Yoder (1996) identified five types of nurse faculty responses to ethnically diverse students based on student perceptions and faculty interviews. a) The "generic response" assumes that "ethnic students do not have needs that differ from the general population of students" (p. 319); these faculty make no changes or adjustments to their teaching. b) With "mainstreaming," faculty identify the needs of students but expect them to "adopt behaviors that conform to the rules of the dominant culture" (p. 319). c) "Culturally non-tolerant" faculty create barriers for ethnic students. d) Faculty struggle to adapt their teaching to respond to the cultural needs of their students. e) With "bridging," educators "value diversity, respect cultural differences among students," and adapt as students do. Yoder (2001) noted that many faculty who practice bridging have had formal coursework or training in transcultural concepts, can identify with the experiences of their ESL students, reach out to help meet their needs, and advocate needed support

Figure. Action Plan to Meet Needs of ESL Nursing Students

Language

- Initial Commitment Completed _____
Invite ESL and tutoring representatives to class.
- Developing Commitment Completed _____
Provide a course topic outline to ESL services and tutors.
- Sustained Commitment Completed _____
Collaborate with ESL services and tutors to develop structured tutoring sessions based on course content.

Clinicals

- Initial Commitment Completed _____
Make clinical groups as small as possible with supportive clinical instructor who incorporates cultural content in postclinical conferences.
- Developing Commitment Completed _____
Use clinical communication checklist to track student progress in verbal, written communication and responding to verbal communication.
- Significant Commitment Completed _____
Develop clinical role-play scenarios for students to practice; provide supportive feedback.

Active Learning

- Initial Commitment Completed _____
Have students locate specific information in their textbooks.
- Developing Commitment Completed _____
Invite students to submit questions at end of class and answer them by email or at beginning of next class.
- Significant Commitment Completed _____
Develop "buddy system" to pair ESL students with peer mentor who can help with cultural differences/socialization. Meet with pairs periodically for feedback.

Test Taking

- Initial Commitment Completed _____
Teach the parts of a multiple-choice question/how to analyze question types.
- Developing Commitment Completed _____
Provide self-checking practice tests with no grading penalties.
- Significant Commitment Completed _____
Review test questions for bias and simplify language complexity.

Culture and Supportive Faculty Behaviors

- Initial Commitment Completed _____
Smile at ESL students; learn and use their names.
- Developing Commitment Completed _____
Ask students about their educational and cultural backgrounds.
- Sustained Commitment Completed _____
Incorporate cultural information from students into each course.

services within their institutions. Pacquiao (2007) called on institutions to foster a sustained commitment to cultural competence education by providing faculty release time to work with ESL students, cultural competence training for faculty, and coordinated ESL student support services such as orientation, language training, and tutoring.

It is essential to emphasize that cultural adaptation does not mean holding students to different requirements since safe nursing practices must be learned and demonstrated by all students. Faculty need to respect their students and strive to learn as much as possible about them, particularly their cultural and academic backgrounds (Brown, 2008; Gardner, 2005; Malu & Figlear, 2001; Starr, 2009; Yoder, 2001). At the most basic level, faculty should learn the names of their ESL students and how to pronounce them correctly (Choi, 2005; Kossman, 2009; Taxis, 2006). At a deeper level,

faculty can incorporate the knowledge and cultural experiences of students into class discussions about appropriate care for patients from different cultural backgrounds (Brown; Rivera-Goba & Campinha-Bacote, 2008; Williams & Calvillo, 2002; Yoder, 2001).

Nursing faculty, educating students to care for a diverse population, have an obligation to respond to the needs of students from different cultural backgrounds. Indeed, faculty awareness and support for the needs of ESL students comprise a significant factor in the success of these students. The question remains, how can busy nurse educators be persuaded to embrace this role and implement strategies to assist their ESL nursing students?

Struggling students are often required to develop "action plans" that enumerate the specific steps they will take to improve performance. The time has come for faculty to develop individual action plans to identify how they will better meet the needs of their ESL nursing students. Many proven strategies are simple to implement while others require a more significant time commitment. (See Figure for a sample action plan.)

Gardner (2005) identified faculty traits that promote success among ethnic minority students. Faculty get to know their students on a personal level, treat them as individuals, and make them feel comfortable. They are encouraging, approachable, patient, caring and compassionate, available, and organized. For ESL students an authentic, caring, and welcoming climate that requires an intentional openness on the part of each educator is essential for success (Kossman 2009; Rivera-Goba & Campinha-Bacote, 2008; Taxis, 2006). Taxis noted that "nursing classrooms are ideal environments to teach, model, and facilitate respectful cross-cultural relationships" (p. 11).

The 2010 Census is calling renewed attention to the rapid growth of minorities and the English-as-a-second-language population. It should serve as an urgent call to action for nurse educators to welcome, support, and learn from their ESL students. **NLN**

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