Nurse Education in Practice 15 (2015) e1–e9

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

Learning and teaching in clinical practice

Supervising culturally and linguistically diverse (CALD) nursing students: A challenge for clinical educators

Adela Abu-Arab [a, *], Arlene Parry [b, 1]

[a] Student Academic Support Unit, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia
[b] School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia

ARTICLE INFO

Article history:
Accepted 27 February 2015

Keywords:
Education, nursing
Student supervision
Cultural diversity
Communication
Education, continuing

ABSTRACT

This paper presents and discusses the challenges faced by a group of clinical educators in teaching and assessing nursing students from culturally and linguistically diverse (CALD) backgrounds in Australian English-speaking hospitals. A questionnaire was administered to eight university-appointed clinical educators external to the clinical venues in order to find out what issues they had experienced with CALD students and how they had responded to them. The educators' responses were contextualised with the perspectives of 19 CALD students who responded to a student questionnaire, and analysed using Yoder's (1996) framework of instructional responses to ethnically diverse students. It was found that the clinical educators encountered difficulties in responding to CALD students with an instructional response that was not patronising, assimilationist or demeaning for the students. The findings suggest that most educators would have benefitted from targeted support by the school of nursing to develop a pedagogically appropriate approach to interacting with CALD students. This study points to the need for continuing education in cross-cultural communication for nurses working in clinical education roles and provides ideas to this respect that build on CALD students' strengths and participants' suggestions.

Introduction

Clinical environments pose challenges to nursing students in a range of areas including their interaction with patients and families, clinical educators and staff (Bradbury-Jones et al., 2011; Chaney, 2009; Levett-Jones et al., 2009). Challenges are also faced by clinical educators as they struggle for time to provide students with one-on-one education and assessment across shifts as well as providing them with personal support when needed (McKenna and Wellard, 2009; Paton, 2007). Educators working with students from culturally and linguistically diverse (CALD) backgrounds may encounter additional challenges in ensuring that the students' use of language and communication strategies with patients and staff is culturally acceptable and effective (Boughton et al., 2010; Jeong et al., 2011).

This paper presents the perspectives of a group of clinical educators on their challenges and needs when working with CALD students. In order to enrich the discussion, the views of a group of CALD students in relation to educators' needs are also explored as are the strategies suggested by both groups in order to meet those needs. The research questions guiding this study were:

1. What are the self-reported difficulties encountered by clinical educators in their work with CALD students?
2. What strategies and supports do the clinical educators suggest in order to address their difficulties?
3. How do CALD students' views relate to those of the clinical educators?

Background

Educators hold a responsibility to maximise opportunities for students to have positive and valuable learning experiences. In nursing, this responsibility moves beyond the classroom and into the clinical setting, where students tend to feel overwhelmed, confronted, disorientated and even scared (Levett-Jones et al., 2009; Moscaritolo, 2009). These feelings can be compounded for CALD nursing students by their struggle to communicate effectively in a foreign language (Jeong et al., 2011). Indeed, poor English language competence has been reported to be a strong barrier to

* Corresponding author. Tel.: +61 3 9904 4601; fax: +61 3 9904 4655.
E-mail addresses: adela.abu-arab@monash.edu (A. Abu-Arab), arlene.parry@monash.edu (A. Parry).
[1] Tel.: +61 3 9904 4262; fax: +61 3 9904 4655.

http://dx.doi.org/10.1016/j.nepr.2015.02.006
1471-5953/

the optimal clinical performance of CALD students in English-speaking countries (Crawford and Candlin, 2013; Edgecombe et al., 2013; Jeong et al., 2011). Comprehension and production of spoken language, with the biggest struggle being the students' understanding of slang and health terminology, have been reported as the main issues (Boughton et al., 2010; Crawford and Candlin, 2013; Olson, 2012).

However, since Hussin's (1999) early work, it has been known that a CALD student's apparently deficient language skills can be but a manifestation of their cultural background. Many CALD nursing students come from cultures where their opinions and views are neither expected nor encouraged by educators and where respect and good manners are demonstrated by taking a passive, silent attitude (Donnelly et al., 2009a). Similar points have been made by Lindley et al. (2013) in relation to Malaysian medical students undertaking a placement in Australia, who were perceived by staff and educators as not being sufficiently assertive. Nevertheless, Edgecombe et al. (2013) maintain that the literature has been unduly focused on the language skills of CALD students, more particularly on language skills deficits, while their strengths and possible contributions to the clinical environment have been disregarded. Clearly, the educators are faced with the amplified responsibility of negotiating the language and cultural issues affecting students' participation and learning in order to bring forth their capabilities. Yet, clinical educators do not seem to be well prepared for this task and have reported lack of skill and awareness on how to interact with these students satisfactorily (Donnelly et al., 2009b).

Student supervision can take many forms; however, for the purpose of this study, the clinical educator model draws on the traditional model of supervision wherein the educator is employed by the teaching institution to facilitate learning and supervise a group of 6–8 students in the clinical setting (Udlis, 2008). Focussing on teaching practices, Yoder (1996) conducted a grounded theory study that explored clinical educators' (as well as other clinical facilitators) approaches to teaching and supervising ethnically diverse students. Yoder also investigated the possible consequences that the educators' actions could have on these students. By ethnically diverse, Yoder meant students from diverse "national, racial, ethnic and cultural" (p.316) backgrounds and did not include students with issues related to "class, gender, religion and exceptionality" (p.316). The present paper refers to Yoder's ethnically diverse students as having a CALD background. Yoder also cited Schaefer (1990) to highlight that CALD students usually represent a minority and hold subordinated positions of power.

Yoder's (1996) study found that the facilitators' (including clinical educators') approaches to teaching CALD students could be classified into five groups: generic, mainstreaming, culturally non-tolerant, struggling, and bridging. The *generic* term refers to facilitators who undertake that all students have the same opportunity to learn simply because they have physical access to the same facilities and explanations. Therefore, these educators cannot see that CALD students may have different needs to others by virtue of having experienced different learning cultures or speaking a different mother tongue. On assuming that there are no differences, these facilitators approach all students in the same way and are not aware of any specific issues that may be troublesome for CALD individuals.

The *mainstreaming* approach, according to Yoder (p.319), is but a "gentler version of the generic approach" where the facilitators have a high level of awareness of CALD students' specific needs, but rationalise them as deficiencies. In this view, CALD students are seen as "lacking" something, as "needy", and therefore, requiring remediation in order to be brought to the level of their mainstream counterparts. On the other hand, the *culturally non-tolerant* pattern endorses rejection – not just denial – of difference, thereby resulting in frustration and hostility from both parties. Interestingly, Yoder's research identified this approach from interviewing students rather than facilitators.

These three views promote a concern with the individual and a focus on the individual's needs rather than their strengths. If there is an acknowledgement of CALD students' specific learning needs, as in the two latter approaches, they are portrayed as *greater* needs than those of others, a position which sees difference as deficit. As a result, they give rise to assimilationist practices which aim to enculturate the minorities to the ways and customs of the dominant majority (Gale and Densmore, 2002). Not surprisingly, these practices often alienate the students that they purport to assist (Starr, 2009).

The three above approaches, either implicit or explicitly, take a view of power as something possessed by the dominant groups to which the subordinate minorities have to respond to. In contrast, Yoder's (1996) two remaining approaches look at power as something that can be shared. The *struggling pattern*, for example, represents facilitators who, having developed a growing awareness of CALD students' hardships, have realised that they too have needs. They acknowledge that their abilities may be inadequate to meet CALD students' leaning needs and to work with them effectively. This recognition of own deficiencies underlies an understanding that there is no group more powerful than another. Finally, in the *bridging approach*, Yoder (1996, 2001) gathers those clinical facilitators who feel comfortable with and grow professionally in diversity. They regard diversity as a benefit and not as a liability or deficiency; they embrace it and actively incorporate it into their teaching–learning interactions with all students.

Participatory approaches like the two latter are those which can lead to meaningful learning encounters for CALD students and are considered pedagogically appropriate (Olson, 2012; Starr, 2009; Yoder, 2001).Students are given credit for their background, knowledge and skills, and encouraged to build on them for further development of selves and peers. Yoder's (1996) framework, therefore, provides a tool to identify problematic approaches that may be negatively affecting clinical educators' work with CALD students as well as CALD students' learning experiences. Recognising and understanding these approaches can inform the development of targeted support programs for the educators in order to reduce the magnitude of challenges they face and improve teaching practices and outcomes for students.

Methods

Once the study had received approval by the university's ethics committee and senior management of the school, two groups of participants were invited to take part in this study. Group 1 comprised clinical educators employed by the school of nursing who had at least two years of experience in the role and had supervised CALD students. Group 2 included CALD students who were studying the Bachelor of Nursing (BN) at the same school and had completed at least one clinical placement. The contact details of potential participants were not disclosed to the researchers. Instead, an administrative officer not involved in the research sent invitations to all clinical educators and all current undergraduate nursing students, consisting of a group-specific explanatory electronic message and a link to an online survey. Participants then self-selected to the study and completed the survey anonymously. Submitting the survey electronically was considered proof of their willingness and agreement to participate in the study.

The survey questionnaire for clinical educators (see Table 1) included qualifying questions and a first part about their background and their work as well as their general opinion on the