



Understanding and enhancing the learning experiences of culturally and linguistically diverse nursing students in an Australian bachelor of nursing program

Sarah Yeun-Sim Jeong^{a,*}, Noelene Hickey^{a,1}, Tracy Levett-Jones^{b,2}, Victoria Pitt^{b,3}, Kerry Hoffman^{a,4}, Carol Anne Norton^{a,5}, Se Ok Ohr^{c,6}

^a School of Nursing and Midwifery, The University of Newcastle, PO Box 127 Ourimbah, NSW 2258, Australia

^b School of Nursing and Midwifery, The University of Newcastle, Callaghan, NSW 2308, Australia

^c Multicultural Health Service, Hunter New England Area Health Service, P.O Box 119 Wallsend, NSW 2287, Australia

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SUMMARY

The growth in numbers of culturally and linguistically diverse students entering nursing programs in Australia presents challenges for academic and clinical staff, and most importantly the students themselves. In this paper we present the findings from a pilot study designed to explore these issues and to develop strategies to address them. This study used a qualitative explorative approach to gain rich in-depth data. Eleven culturally and linguistically diverse students, three clinical facilitators, and four academic staff participated in focus group interviews. Four major themes emerged: level of English language competence, feelings of isolation, limited opportunities for learning, and inadequate university support. The issues we identified led to a meaningful discussion of the political, financial, social and intercultural context that they are entrapped in. This paper provides educators, clinicians, policy makers and researchers with an insight where and how they commence to break the trap and highlights, the need for further research into the perspectives of Australian students' who study and socialise with their international peers.

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Introduction

Overseas qualified nurses (OQNs) from culturally and linguistically diverse (CALD) backgrounds decide to study in Australian universities for many reasons. Completion of a Bachelor of Nursing (BN) degree at an Australian university is considered to be one way for OQNs to gain registration and residency. Others return to their country of origin with heightened career prospects and the capacity to share their knowledge and skills. OQNs from CALD backgrounds comprised approximately 18% of the 7379 students who commenced nursing programs in 2007 (CDNM, 2009). The majority of CALD students in pre-registration nursing courses remain in Australia after the completion of their studies and make a significant contribution to the nursing workforce (Preston, 2009). Research suggests that OQNs

from CALD backgrounds are able to provide culturally appropriate care to all Australians, especially those from different cultural backgrounds (Ohr et al., 2010). Hence, it is imperative that the educational experiences of CALD students provide the foundation for competent nursing practice.

Whilst universities are actively involved in recruiting and educating CALD nursing students to meet the present and future needs of the Australian health care system, there are challenges for both CALD students and those involved in their education (Jalili-Grenier and Chase, 1997; Omeri et al., 2003). Omeri et al. (2003) reviewed 34 research studies relating to the challenges of cultural diversity faced by students and academics. Of these, 19 studies were undertaken in Australia. Only one study (Gorman, 1999) investigated the experiences of CALD nursing students' and the academics who taught them. None explored the experiences of clinical educators. Given that nursing education takes place not only in university settings, but also in clinical environments, it is vital that the experiences of CALD students are understood from a broader perspective, and that the experiences of the nurses who teach and support them in practice are considered.

Background

CALD students studying in Australian universities experience a range of issues that negatively impact their learning (Rogan et al., 2006). These include cultural differences, language problems, lack of cultural responsiveness from their university, a mismatch in

* Corresponding author. Tel.: +61 2 4349 4535; fax: +61 2 4349 4538.

E-mail addresses: Sarah.Jeong@newcastle.edu.au (S.Y.-S. Jeong), Noelene.Hickey@newcastle.edu.au (N. Hickey), Tracy.Levett-jones@newcastle.edu.au (T. Levett-Jones), Victoria.Pitt@newcastle.edu.au (V. Pitt), Kerry.Hoffman@newcastle.edu.au (K. Hoffman), Carol.Norton@newcastle.edu.au (C.A. Norton), seok.ohr@hnehealth.nsw.gov.au (S.O. Ohr).

¹ Tel.: +61 2 4348 4078; fax: +61 2 4349 4538.

² Tel.: +61 2 4921 6559; fax: +61 2 4921 6301.

³ Tel.: +61 2 4921 6645; fax: +61 2 4921 6301.

⁴ Tel.: +61 2 4349 4533; fax: +61 2 4349 4538.

⁵ Tel.: +61 2 4348 4017; fax: +61 2 4349 4538.

⁶ Tel.: +61 2 4016 4747; fax: +61 2 4924 6287.

expectations of teaching and learning, loneliness and social isolation (Li et al., 2002; Omeri et al., 2003; Omeri, 2006; Rogan et al., 2006). These issues can have a significant impact on the social, academic and clinical experiences of CALD students.

Many authors (Kim, 2005; Konno, 2008; Omeri and Atkins, 2002; Xu et al., 2008) identify communication difficulties as one of the main issues for CALD students. Local accents, shortened rapid speech, the use of colloquialisms and complex technical language can cause difficulties for students for whom English is not their first language, and because of this they often describe feeling like an 'outsider' (Levett-Jones and Bourgeois, 2007). In a study by Levett-Jones et al. (2009) a statistically significant difference was found between the sense of belonging of Australian students and CALD students. In particular, participants for whom English was not their first language often felt discriminated against by the staff in clinical environments and this discrimination had a negative impact on their learning. Similarly, in a study undertaken by Shakya and Horsdall (2000) that explored the experiences of CALD students, the strongest finding was that most of the participants experienced difficulties with various aspects of language. Specifically, the participants reported problems with speaking and listening in clinical contexts. They reported negative reactions from both staff and patients, and described how this reduced their confidence and feelings of self-esteem and made them feel alienated and isolated. Difficulties with language can result in CALD students preferring to observe rather than participate and feeling anxious about communicating with patients and other staff due to lack of self confidence (Rogan et al., 2006).

Language fluency also impacts CALD students' on-campus learning. Difficulties with English language can make learning difficult and lead to a dislike of group work, a common method of learning in Australian universities (Li et al., 2002). Further, it can result in a reluctance to ask questions and engage in class discussions (Jalili-Grenier and Chase, 1997). Mulligan and Kirkpatrick (2000) found that one in ten CALD students did not understand the language and terminology used in lectures and did not comprehend most of the lecture material in their courses. For these reasons Mulligan and Kirkpatrick suggest, in contrast to Li et al. (2002), that many CALD students, particularly those from Asia, prefer and learn better in small group situations.

Many academic and clinical teaching staff are challenged by the need to help CALD students reach their potential and there is often a distinct gap between what lecturers believe CALD students learn and what they actually learn (Clark et al., 2007). In Australian universities many lecturers fail to accommodate the cultural and linguistic diversity of their students (Mulligan and Kirkpatrick, 2000). Further, most studies examining CALD students' experiences have focused on academic issues and have not explored clinical placement experiences (Rogan et al., 2006).

In literature, some strategies have been implemented to improve the clinical learning experiences of CALD students. In a project in the United States Taiwanese students' first clinical placement experience was in a local Chinese community (Ryan et al., 1998); and a 'buddy' system was introduced with volunteer nurses teaching the Taiwanese students about their own culture (Ryan et al., 1998). Other approaches have included educational programs that target the clinical communication skills of CALD students (Rogan et al., 2006), and encouraging students to keep vocabulary notebooks (Omeri et al., 2003). Undoubtedly the key factor influencing the clinical experiences of CALD students is the degree of support and acceptance extended by the registered nurses that they work with on placements. CALD students report feeling as if they belong when on clinical placements if staff are welcoming, positive, friendly, understanding and willing to share their knowledge and skills (Rogan et al., 2006).

Strategies to help CALD students learn on-campus are also noted. These include "buddy" systems, extra support and special classes, counselling and social support, and exchange of cultural practices

such as food and festivals (Omeri and Atkins, 2002; Rogan et al., 2006; McClure, 2007). A program implemented in the United States to develop the language skills of Chinese students allowed them to attend segregated classes for their first semester and concentrate mainly on verbal language skills. Integration into mainstream classes occurred in the students' second semester where the focus on writing skills began (Ryan et al., 1998). Providing printed handouts for lectures to reduce the reliance on spoken language; use of English Second Language (ESL) teachers to complement faculty teachers; avoiding humour which may be misunderstood; encouraging questioning, and careful attention to ensuring that concepts are fully understood, have all been advocated (Ryan et al., 1998; Mulligan and Kirkpatrick, 2000; Li et al., 2002).

Despite the strategies implemented to address the concerns of CALD students, many Australian universities remain ethnocentric and CALD students' complaints of poor quality education are increasing (Li et al., 2002). It is also noted that academic and clinical staff are rarely offered additional instruction in teaching CALD nursing students. In a Canadian study, university teachers rated their need for support in working with CALD students as high and indicated a need for regular workshops and additional staff support (Jalili-Grenier and Chase, 1997). While universities are taking various measures to ensure the best possible support for CALD students, the need to support academic and clinical staff remains a crucial issue.

In this paper, we report the findings from a pilot study that investigated the experiences of CALD students and the clinical and academic staff that support them both in clinical and university settings. The paper provides strategies for addressing many of the issues raised. We then discuss the political, social and economical issues underpinning the issues that CALD students, clinical facilitators, and academic staff experience.

Study aims

The aims of the project were to:

- explore the factors that impede or enhance the learning experiences of CALD students at university and in clinical settings
- explore the factors that impede or enhance the teaching experiences of academic and clinical staff with CALD students at university and in clinical settings
- identify support structures/systems for CALD students and staff.

Study design

Qualitative exploratory research begins with some phenomenon of interest. Schneider et al. (2007) recommend qualitative methods when an understanding of a phenomenon is limited. Although there have been attempts noted in literature to improve CALD students' learning experiences, research into the experiences of academic and clinical staff who support and teach CALD students is limited. Rather than simply observing and recording the incidence of the phenomenon, exploratory research enables the researcher to explore the dimensions of the phenomenon, the manner in which it is manifested, and the other factors with which it is related (Polit and Hungler, 1995; Talbot, 1995). Qualitative exploratory methods typically produce a wealth of detailed information about a smaller number of people and cases. It allows the researcher to make explicit knowledge and meanings that are known implicitly within the context (Morse and Field, 1995; Talbot, 1995). Prior to the commencement of the study ethics approval was obtained from the university Human Research Ethics Committee (HREC). We ensured voluntary participation, informed consent, and protection of privacy and confidentiality for all participants.

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