Understanding and Enhancing the Learning Experiences of Culturally and Linguistically Diverse Nursing Students in a Bachelor of Nursing Program

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Abstract

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 study designed to explore these challenges and to develop strategies to overcome 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 challenges emerged: level of English language competence; feelings of isolation; limited opportunities for learning; and inadequate University support. The challenges we identified led to a meaningful discussion of the political, financial, social and intercultural context in which they are trapped. This paper provides educators, clinicians, policy makers and researchers with an insight about where and how they can begin to break the trap. It highlights the need for further research into the perspectives of Australian students who study and socialise with their international peers.

Key Words: English as a second language, International nursing students, Nursing Baccalaureate students, Nursing Baccalaureate Education

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 one of the ways that OQNs can gain registration and residency. OQNs from CALD backgrounds comprised approximately 18% of the 7,379 students who commenced nursing programs in 2007 (CDNM, 2009). The majority of the 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). It is therefore 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 the CALD students and those involved in their education (Jalili-Grenier & 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 of the studies were undertaken in Australia. Only one study (Gorman, 1999) investigated the experiences of non-English speaking background (NESB) nursing students and the academics who taught them. None explored the experiences of clinical educators. Given that nursing education not only takes place in university settings, but also in the clinical environment, 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 the clinical environment are considered.

Background

CALD students studying in Australian universities face a range of issues that negatively impact on their learning (Rogan et al., 2006). These include cultural differences, language problems, lack of cultural responsiveness from their university, a mismatch in expectations of teaching and learning, loneliness and social isolation (Li et al, 2002; Parker, 2006; Parker & McMillan, 2008; 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 & 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 & 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 Horsfall (2000) that explored the experiences of international nursing students for whom English was a second language, 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 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 & 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 & Kirkpatrick, 2000; Parker & McMillan, 2008). Further, most studies examining CALD students have examined academic issues and have not examined clinical placement experiences (Rogan et al, 2006).

Some strategies have been implemented to improve the clinical learning experience 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 encourage 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 & 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 oral 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 be advocated (Ryan et al, 1998; Mulligan & Kirkpatrick, 2000; Li et al, 2002).

Despite the strategies implemented to address the problems CALD students face, many Australian universities remain ethnocentric and CALD students’ complaints of poor quality education are increasing (Li et al, 2002; Parker, 2006; Parker & McMillan, 2008). 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 (Jaili-Grenier & Chase, 1997; Parker & McMillan, 2008). 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 challenges experienced by CALD students, clinical facilitators, and academic staff both in clinical and university settings. The paper provides strategies for addressing many of the challenges raised. It then discusses the political, social and economical issues underpinning the challenges 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**

Schneider et al (2007) recommend qualitative methods when an understanding of a phenomenon is limited. Qualitative approaches are used to explore, understand and explain a phenomenon inductively. A qualitative explorative approach was employed in this study as it allowed us to gain rich and in-depth data. Ethics approval was obtained from the University’s Human Research Ethics Committee (HREC). We ensured voluntary participation, informed consent, protection of privacy, and confidentiality for all participants.

**CONTEXT**

The study was conducted in a semi-metropolitan/regional area of Australia. Traditionally this was a unicultural working class community, although in recent years increasing diversity has slowly become apparent. In the University of Newcastle, Australia School of Nursing and Midwifery (SoNM) where this study was located, nine per cent of students are international students from CALD backgrounds. For most of these students English is not their first language. In the University as a whole the number of CALD students doubled between 2006 and 2008 and is now eight per cent of enrolments. This is compared to the national average of 4.9% of university enrolments (International Division, University of Newcastle, 2007).

**PARTICIPANTS**

One hundred and six CALD nursing students were enrolled in the nursing program at the time of the study. The countries represented included China (n=46), South Korea (n=38), and a range of other countries (n=22). Of the 106 CALD students, 96 students who held a temporary student visa were sent an e-mail inviting them to participate in the study. Students whose country of origin was not Australia but who held a permanent resident visa were excluded from this project as it was thought that most would have had a good understanding of the Australian culture, the Australian Health Care system and the Australian tertiary education system. Academic staff and clinical facilitators who had taught CALD students were also invited to participate in the study via a staff email. There was no potential risk to the student-teacher relationship as recruitment was conducted by an administrative staff member not involved in the study.

The CALD students who met the sample criteria were provided with the information statement and consent form via email and those who consented to be interviewed returned the consent form to a secure mail box or by return email. The same process was used for the clinical facilitators and academic staff. The total number of participants recruited included 11 CALD students, three clinical facilitators, and four academic staff. The demographic details of each participant group are depicted in Tables 1, 2 and 3.
Table 1. Demographics - CALD Students

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Country of birth</th>
<th>Year enrolled in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>30</td>
<td>China</td>
<td>3rd year</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>China</td>
<td>2nd year</td>
</tr>
<tr>
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<td>China</td>
<td>3rd year</td>
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<tr>
<td>Female</td>
<td>22</td>
<td>Philippine</td>
<td>3rd year</td>
</tr>
<tr>
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<td>25</td>
<td>China</td>
<td>2nd year</td>
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<tr>
<td>Female</td>
<td>29</td>
<td>China</td>
<td>3rd year</td>
</tr>
<tr>
<td>Female</td>
<td>51</td>
<td>Botswana</td>
<td>2nd year</td>
</tr>
<tr>
<td>Male</td>
<td>32</td>
<td>China</td>
<td>3rd year</td>
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<tr>
<td>Female</td>
<td>30</td>
<td>China</td>
<td>3rd year</td>
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<tr>
<td>Female</td>
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<tr>
<td>Female</td>
<td>30</td>
<td>China</td>
<td>3rd year</td>
</tr>
</tbody>
</table>

Table 2. Demographics - Clinical Staff

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Country of birth</th>
<th>Years of experience in teaching CALD students</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Female</td>
<td>42</td>
<td>Scotland</td>
<td>7 years</td>
</tr>
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<td>48</td>
<td>Australia</td>
<td>8 years</td>
</tr>
</tbody>
</table>

Table 3. Demographics - Academic Staff

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Country of birth</th>
<th>Years of experience in teaching CALD students</th>
</tr>
</thead>
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<tr>
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<td>Australia</td>
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<td>51</td>
<td>Australia</td>
<td>23 years</td>
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<tr>
<td>Female</td>
<td>36</td>
<td>Australia</td>
<td>2 years</td>
</tr>
<tr>
<td>Female</td>
<td>58</td>
<td>Australia</td>
<td>20 years</td>
</tr>
</tbody>
</table>

DATA COLLECTION

Data were collected between August and October 2008 through four focus group interviews. There were two focus group interviews with CALD students, one with clinical facilitators, and one with academic staff. The audio taped focus group interviews took approximately one and a half hours and were conducted in private, at a date, time and place of mutual convenience to all the participants. As English was not the first language for CALD students, they were given time to reflect before they answered questions. The experienced focus group interviewer avoided slang, used appropriate prompts and allowed them to use a dictionary to increase understanding between the interviewer and the participants.

DATA ANALYSIS

The data from the focus groups were transcribed then analysed using thematic analysis. This method involves reading, browsing, reflection, coding, validation of codes and searching for emerging patterns in the data (Morse & Field, 1995; Polit & Hungler, 1995; Streubert & Carpenter, 1999; Talbot, 1995; Van Mannen, 1990; Wills, 2007). This process generated categories relevant to the research questions. The codes and themes that emerged were reviewed, challenged and reworded by four team members in order to allow different interpretations and to seek the most accurate representation of the responses.

FINDINGS

The data suggest that there are common concerns that all participant groups reported and sought strategies to overcome. The following section presents four challenges and the strategies that emerged for managing each of them:

(a) English language competence;
(b) feelings of isolation;
(c) limited opportunities for learning; and
(d) inadequate university support.

The names used in this paper are pseudonyms.

English Language Competence

The issue of English language competence was raised by all participants in the study. For the CALD students, for whom English is a second language, the issue of English competence was raised in relation to feelings of frustration, panic and embarrassment because of their inability to understand the language used in tutorials, lectures and in the clinical environment. However, they also felt that it was a reciprocal issue:

I have a feeling [is] that maybe our English is difficult for them to understand, but the way you speak your English, it is difficult for us. (Ruby – CALD student)

Students also expressed feelings of rejection because of their lack of English competence:

Somebody will say you are not communicating well with your English...you (I) will try and communicate...but [the clinical facilitator thinks]… I can't communicate! You know it is very frustrating...it is like she (clinical facilitator) doesn't want to listen because I wouldn't speak really well. (Tia - CALD student)

Despite the reported negative feelings and emotions, the students were resilient and discussed their effort to take responsibility and move forward:

You know skills in English… [I found it], very hard to understand my mentor and the tutor but after more practice I am getting better. (Jane - CALD student)

Academic and clinical staff also reported difficulties in communication with CALD students. They noted a lack of verbal and written English proficiency among CALD students both in academic learning environments and clinical settings. They discussed their concerns and also queried how these students were allowed to commence the nursing program when their English Language skills seemed to put them at risk of failing their courses:

The key issue is that students start the program with insufficient English. They start with insufficient ability to speak [English], to comprehend and to write [English]. (Kate – Academic staff)

… because again it comes down to the language issue, when I say language I mean the written and verbal. It comes down to the language issue and language difficulties. (Gerrad – Clinical staff)

They come in with the English language barrier or disadvantage and I guess that’s not fair. They (university) are setting them up to fail. (Les - Clinical staff)

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To enter the nursing program CALD students need an English proficiency level of 6.5 according to the International English Language Testing System (IELTS). However, as identified by CALD students, clinical facilitators and academic staff, this remains as a critical issue in both university and clinical settings. Although the strategy of raising the IELTS entry level to 7.0 was proposed by academics, this requires careful consideration.

CALD students suggested that an effective strategy for improving language skills was communicating with patients during clinical placements:

> What I have found is that patient is talking bad (sic) slang [so I] just pretend and to “Oh sorry could you teach me again what that is” and they are very happy with teaching you know, especially with the elderly people they are very, feel confident or feel respected when you ask for the teaching...they like to talk about their own experience...yes I think it is a good way to improve the English.  (Nora - CALD Student)

**Feelings of Isolation**

Isolation was a common theme and experienced by all CALD students who participated. It included the issues of social isolation, rejection and discrimination. This was an area of concern to academics. Social isolation of CALD students who resided at the University was identified by the academics from conversations they had with them. CALD students described an insulated university experience which indicated difficulties in developing relationships with the surrounding communities:

> Some of the [international] students you talk to say 'I live on university campus and I go to my room, I come to my class, I go to the library, I go to my room', and how can they [international students] emotionally survive that... (Linda – Academic staff)

Social isolation of CALD students was exacerbated by the rejection and discrimination they experienced from domestic students. This was reported as an ongoing issue that academics frequently had to deal with. Academics felt frustrated by the lack of integration between domestic and CALD students in class. They felt that domestic students could develop a broad knowledge of global health care issues if they interacted better with their CALD student colleagues.

Discrimination was evident particularly in relation to group work activities and assessment items. Academics noted that domestic students sometimes requested not to work with CALD students on group work projects. Rachel reported a comment made by one of Australian students:

> They said, I don't want to work with an international student because I can't talk to them and they can't talk to me and that's going to reduce my marks so I don't want to be put in that situation.  (Rebecca – Academic staff)

Clinical facilitators also noted the rejection and discrimination directed towards CALD within the clinical setting:

> Basically bullying...by other students, especially in debriefing session...in [clinical] placement where one of the international students has not been able to communicate what they want effectively and other students have [said] 'spit it out, spit it out' and it has been quite rude and inappropriate. (Sue - Clinical staff)

CALD students felt that this isolation was detrimental to their learning experiences and was exacerbated by their late enrolment into the program. Following late enrolment the student often found that they had to negotiate with other students in order to commence their group work activities, as the domestic students had often already allocated work between themselves, not understanding that another group member had yet to arrive:

> I need to work with that group... which group am I? I didn't know where I was. I keep on asking – like I was late... they [other students] didn't know that I was in the group... until when I came later – ‘I am in your group’ but you have not been preparing with us, how do you expect… ‘ but I didn't know what they expected of me because I didn't know which group I was in. I felt so bad and I was like, I start begging them you know I am so late, can you allow me in and they did allow me because they realised I was behind because it wasn’t as if I didn't want to, it was because I didn't know what to do.  (Ling – CALD student)

CALD students felt that social isolation was a major issue and believed that if future students could engage with others then the stress associated with this isolation may lessen:

> I think sometimes when you get friends your stress will gradually disappear.  (Tang - CALD student)

> You have to develop a good relationship with locals otherwise you might (as well) stay in China... you are bringing your mind from China here.  (Boga - CALD student)

CALD students acknowledged the challenges that they encountered during the orientation/enrolment period could have been lessened by a more structured and supportive approach, especially from someone who had experienced the same challenges:

> I think in orientation week we can get some information of what the tutorial like and what the student is expected to do to prepare (for the) tutorial. I think that would be better.  (Kevin - CALD student)

**Limited Opportunities for Learning**

A fundamental issue that had a negative impact on CALD students’ learning was their perception of limited learning opportunities. This derived from the additional time that it took to facilitate the learning of CALD students and the allocation of inconsistent and inexperienced mentors. Time was acknowledged by CALD students, clinicians and academics as a major constraint in adequately supporting CALD students in both the academic and clinical settings. Within the clinical setting CALD students felt that clinical facilitators did not take enough time to assist them, for example:

> In the morning when I ask (my clinical teacher) “Oh can I help you to do the medications or can you supervise me with the medications please? I’ll be quick”. They say “No, I am in a hurry sorry”.  (Mei - CALD student)

> We don’t mind toileting the patients or shower the patient, but it is not the only thing that we want to learn. … because I am going to get my assessment there I was almost begging like ‘could you allow me to do the tablets today?’ Well she told me just ‘It is just boring tablets, I will do it.’  (Feng – CALD student)

Clinical facilitators also expressed the time pressure they were under when they had CALD students in their group.

> So even just those practicalities of (administering medications), explaining it in a group before you get down to doing what you
are supposed to do before that, can take up a lot of time. So just the communication of how things are done here in Australia can actually take a lot of time and it’s, I find it really important that you have to do that. (Sue – clinical staff)

Another contributing factor that affected students’ learning experience was allocation of inconsistent and inexperienced clinical mentors to CALD students. Often their mentors did not have the time or the skills to offer, or were new graduate nurses themselves:

Everyday I had been allocated to different mentors. You know I had been there for eight days and I have six or seven mentors, some of them new grads, and yet you know most international nursing student are all experienced in other countries. I am not saying the mentor is not qualified but she just, it seems like she just doesn’t know what she is supposed to do to me, she just, I mean she was nervous, I was nervous, so we… I mean I need to learn from her and she needs to tell me, to teach me something. It is just too hard you know. You can’t be a mentor unless you are experienced, you know how to teach. New grads never allowed to be a mentor in China but here it is so common. (Mayo – CALD student)

Time was also perceived by academics as a fundamental issue. Academics felt that they did not have the time to provide CALD students with the individualised support they needed:

It is time and when you are working twelve hour days as it is, just keeping up with everything we are trying to do, [I] have not got the time to provide any more (academic support to international students). (Linda – Academic staff)

When participants were asked how learning could be improved all participants agreed that a designated and specialised mentor for the CALD students could assist CALD students with communication during the often stressful placement experiences. Academics and clinicians believed that students may have a better experience by educating selected mentors on the needs of CALD students in the clinical setting and using these mentors specifically with CALD students either for the length of the placement or in the initial days of placement. Students also identified the importance that mentors played in their clinical experience:

They (clinical mentors) should have time for us. We know that they are managing their time to meet the patients’ (need) but … there have been times when they do things so fast, quick. We are there to learn of course, we need to have somebody who will have patience with us, special mentor for the (international) students. (Chang – CALD student)

A fixed mentor when you are in a placement that would be really good (Fei - CALD student)

If the mentor is good we will feel wonderful throughout the whole placement. (Chang - CALD student)

Inadequate University Support

Participants felt that the university support for CALD students was inadequate. In addition academics felt that they did not have adequate knowledge of the support services that were available to CALD students. Both academics and clinicians felt that from a teaching and learning perspective, they would like to be provided with more knowledge and support concerning the best strategies for interacting with CALD students. Clinicians specifically wanted information on the cultural issues associated with CALD students that would help them to improve their engagement with students:

It would be helpful for staff to have more knowledge on the cultures of who were coming to our universities. (Rebecca - Academic staff)

I don’t know if staff on the ward in the hospital have been given information in relation to international students. They are all quite confused. What (they) don’t realise (is) many of them are registered nurses in the country they have come from, some of them have quite vast experience. So maybe it would be worthwhile to consider going around to various staff sites and giving the staff an overview of what is involved in an international student. (Sue – Clinical staff)

Despite the problems encountered and the challenges identified academics and clinical facilitators all recognised the value of engaging with CALD students, including the sharing of global experience with domestic students, and the job satisfaction that comes from assisting the determined and focused CALD students. The provision of support for CALD students is a significant issue which can directly impact on the students’ learning experience. The importance of supporting both students and staff was recognised by academics. A key strategy identified by this study was the appointment of a designated person who is given time to support CALD students, who can act as an advocate for CALD students, and who is able to educate academics and clinical facilitators on the most effective and appropriate teaching and learning strategies for CALD students.

DISCUSSION

As a result of this project a number of initiatives have been introduced at the authors’ university to better support CALD students. A list of support services provided by the university to CALD students has been developed, is regularly updated and sent to all staff involved with teaching CALD students. The SoNM has established a student mentor program, which encourages third year students (international or domestic) to act as mentors to assist commencing CALD students. An academic from a CALD background has been appointed as the School’s International Student Liaison Officer. This staff member acts as an advocate for CALD students and supports teaching staff to enhance their understanding of the educational and cultural needs of CALD students. Nevertheless, there are other issues that require more in-depth discussion and consideration.

VARIATION IN ENGLISH COMPETENCY REQUIREMENTS

CALD students must demonstrate an IELTS of 6.5 on enrolment into the nursing program. However, to register as a nurse they must have an IELTS of 7.0 (NMB, 2009). Academics and clinical facilitators felt that this discrepancy in English requirement sends a mixed message to CALD students. For some the gap in English competence is difficult to breach, and it sometimes appears to set students up to fail. The concern expressed regarding the University’s policy of a reduced English language competency is reflected across Australia and is an obvious issue confronting other tertiary institutions (Dragon, 2009).

POLITICAL AND FINANCIAL ENTRAPMENT

Academics perceived that the University failed the students with respect to English language preparation prior to enrolment into the BN program. Eighty-five per cent of CALD students in the BN program where the study was conducted were accepted for enrolment on completion of the English language program at the University’s Language Centre. This is a common type of entry pathway for CALD students in Australia. However, this
approach is not guaranteed to prepare students with adequate English language skills. As higher education is the third biggest export earning for the Australian economy, after tourism and transportation, and earned $9 billion in 2007-2008 (ABS, 2008), some questions remain as to whether there are pressures for the staff from language programs to pass students in English language competence, in order to maximise the number of enrolments in universities.

**CHALLENGES IN THE INTERCULTURAL CONTEXT**

To date, the emphasis has been on CALD students’ language deficiencies. However, recently more attention has been given to the intercultural context in education (UKCOSA, 2004). CALD students sometimes find it difficult to engage in Australian nursing programs because of their limited understanding of both the tertiary education system and the Australian Health Care system (Dickson et al, 2007). The lack of cultural responsiveness by host country universities adversely affects CALD students’ outcomes and along with language problems and cultural differences can lead to CALD students feeling isolated, marginalised, anxious and lonely (McClure, 2007; Parker & McMillan, 2007; Parker & McMillan, 2008; Omeri et al, 2003). CALD students often report a lack of interaction with local students and this impacts their ability to learn both language and culture (Li et al, 2002). While CALD students want to belong and want to learn how to communicate and act according to the cultural norms they often find it difficult (Rogan et al, 2006).

Teachers and students bring expectations to the teaching-learning encounter based on their previous educational experiences, cultural values and personal beliefs (Li et al, 2002). CALD students and Australian lecturers often experience a mismatch between their expectations of teaching and learning approaches. In a study by Li et al (2002) Asian students were found to be more familiar with and more likely to value a didactic teaching approach and preferred transmission of knowledge through lectures, textbooks and notes. They looked for the right answer rather than the right response, and tended to hold teachers responsible for student outcomes. For these students problem based learning (PBL), case studies, group work and participative learning were not highly valued.

Many CALD students prefer to observe rather than participate. Given the cultural differences such as respect for elders and not wanting to lose face, they do not like questioning lecturers or making appointments to see lecturers (Mulligan & Kirkpatrick, 2002; Omeri et al, 2003; Rogan et al, 2006). While some studies indicate that international students prefer rote learning or surface learning (Mulligan & Kirkpatrick, 2002), others (Li et al, 2002) refute this assertion and claim that Asian students, for example, bring many strengths to the teaching and learning situation including attentiveness, and affective techniques of deep understanding in their approach to learning. A Canadian study identified a dichotomy between the perceptions of English as a second Language (ESL) interventions (Jaili-Grenier & Chase, 1997), with teachers who rated attendance at ESL classes as more important than did the students, who considered university classes, conversations and reading English books as more valuable to their learning.

**CONCLUSION**

Australia is a popular place for students from diverse cultures to study nursing and midwifery. While universities are actively involved in recruiting and educating CALD nursing students to meet present and future health care needs, this paper has identified some of the challenges that CALD students, academic and clinical staff encounter both on and off campus. The challenges experienced include English language competence, feelings of isolation, limited opportunities for learning, and inadequate university support. In order to effectively support CALD students these challenges need to be understood and addressed within the political, financial, social and intercultural context in which they are trapped. A highlight of this research was the recognition that, despite the challenges CALD students experienced, they were resilient, determined and committed to being successful in their endeavours. This paper provides nurse educators, clinicians, policy makers and researchers with an insight into where and how they can begin to change this situation.

**LIMITATIONS OF THE STUDY**

To keep the findings from this qualitative study in perspective, it is important to note that the sample was relatively small, with only 18 participants. This is in keeping with qualitative methods where the purpose is to add new insights that stimulate debate and discussion around the issues and to enhance transferability by providing faithful and detailed descriptions of the phenomenon. It is acknowledged that the focus group interviews elicited the participants’ personal perceptions on the issues and as such may not always be a complete reflection of the situations described. However, in many respects the views expressed by the three groups of participants were congruent and they shared similar perspectives and described similar experiences.

Subjectivity in researchers’ own interpretation was minimised by codes and themes being reviewed, challenged and reworded by experienced researchers in order to allow different interpretations of the findings and to seek the most adequate representation of all elements. The recurring nature of the themes depicted in the transcripts enhanced the credibility of the study.

Future studies with larger samples and in different contexts will verify or add to the knowledge from this study. In addition, the views of Australian students in relation to the learning and socialisation experiences of their international peers would be informative and add an important dimension to this body of knowledge. A project is in progress to uncover Australian students’ stories.

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