

**Point de vue des étudiantes pour qui
l'anglais est une langue additionnelle (ALA)
sur les facteurs de motivation et de
démotivation relatifs à la réussite des études
en sciences infirmières**

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La croissance de la population immigrante au Canada s'est traduite par un accroissement, en sciences infirmières, du nombre d'étudiantes pour qui l'anglais est une « langue additionnelle (ALA) ». Même si la plupart réussissent leurs études, un petit nombre continue de connaître des difficultés en raison d'aptitudes limitées en anglais et de différences culturelles relatives aux connaissances et aux façons de faire. En dépit de ces obstacles, leur désir d'exercer la profession infirmière reste fort. Nous avons mené une étude qualitative dans le but de cerner les facteurs qui ont une incidence sur la réussite scolaire en tenant compte du point de vue de ce groupe d'étudiantes et de leurs professeurs. Quatorze étudiantes dont l'anglais est une LA ont été interrogées. L'analyse des données d'entrevue met en lumière quelques facteurs qui influent sur leur expérience au cours de leurs études en sciences infirmières. Les auteures font état des facteurs de motivation et de démotivation décrits par les étudiantes. Elles recommandent aussi des stratégies susceptibles de les aider à réussir leurs études dans ce domaine.

Mots clés : études en sciences infirmières, anglais langue additionnelle (ALA)

Challenges and Motivators Influencing the Academic Performance of English as an Additional Language (EAL) Nursing Students: The Perspectives of the Students

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Canada's rising immigrant population has led to an increasing number of nursing students for whom English is an "additional language" (EAL). Although many of these students are successful academically, there is a persistent small number who struggle due to their limited English-language skills and their different cultural knowledge and practices. Despite the difficulties they experience, the students' desire to enter the nursing profession remains strong. A qualitative study was undertaken to identify factors that influence these students' academic performance from the perspectives of the students themselves and their instructors. Fourteen EAL nursing students were interviewed. Analysis of the interview data revealed factors that influenced the students' experiences in their nursing programs. The authors describe the students' perspectives on the challenges and motivators they encountered in their nursing programs. They also recommend strategies that could help EAL students to achieve success in their nursing studies.

Keywords: nursing education, English as an additional language (EAL) nursing students, English as a second language (ESL) nursing students

Introduction

In 2006 immigrants made up 19.8% of Canada's total population (Statistics Canada, 2006). Virtually one in five Canadians is foreign-born. The rising immigrant population has led to an increasing number of nursing students for whom English is an "additional language" (EAL).¹ This can be perceived ultimately as a positive sign because a diverse body of nursing students will lead to a diverse body of registered nurses;

¹ At the university where this study was conducted, the term English as an additional language (EAL) has replaced English as a second language (ESL) due to the negative connotations, such as hierarchy and inferiority, of the word "second." Also, for some students English is their third or fourth language.

in turn, it is theorized that these nurses will be able to respond to the unique needs of the diverse client population seeking health care.

Although the majority of the EAL students in our faculty have progressed well in the nursing program, a small number have experienced difficulties because of language and cultural differences. For these students, limited English skills and lack of familiarity with local cultural practices appear to be connected to their poor academic performance.

In spite of their struggles, the students' desire to become registered nurses has prevailed. They have continued to display a strong work ethic, a determination to master English, and a desire to become familiar with Canadian education and health-care practices. However, they have identified the need for help and support in overcoming their difficulties. In response to their needs and to gain a deeper understanding of their experiences, we undertook a research project to explore: (a) the learning needs, concerns, and strengths of EAL students enrolled in a bachelor of nursing program; (b) the extent to which existing resources and support networks meet the learning needs of these students; and (c) possible teaching/learning strategies for facilitating the academic performance of EAL students. The students' perspectives relative to the challenges they encountered are reported in this article. The instructors' perspectives were also explored and are presented in a separate publication.

Literature Review

A literature review revealed that the academic performance of EAL nursing students is affected by many interrelated factors, including language; cultural values such as teacher-student relationships; and assertiveness, social support, and financial situation. Problems associated with limited language skills are manifested in a variety of ways, including inappropriate charting, difficulty writing examinations, difficulty understanding and following the directions of clinical instructors, and difficulty understanding and communicating clearly and effectively with clients and staff members (Bosher & Smalkoski, 2002; Cunningham, Stacciarini, & Towle, 2004; Guhde, 2003; Sanner, Wilson, & Samson, 2002; San Miguel, Rogan, Kilstoff, & Brown, 2006). Gay, Edgil, and Stullenbarger (1993) report that students educated in another culture can encounter problems with plagiarism because they may not understand the need to use primary references and may have difficulty paraphrasing the writings of others.

Cultural differences also pose academic challenges. Students may experience difficulty adjusting to an education system that is different from that in their home country (Harvey & Mac, 2006; Sanner et al.,

2002; Shakya & Horsfall, 2000). Being assertive in communication is also a challenge for EAL students (Bosher & Smalkoski, 2002; Sanner et al., 2002). EAL students sometimes have difficulty asking clients to repeat their questions or to provide further details. Bosher and Smalkoski (2002), Sanner et al. (2002), and Shakya and Horsfall (2000) report that EAL students feel uncomfortable asking questions in class because of difficulty speaking English, negative reactions of peers, or teacher-student hierarchy.

Many EAL students come from a collectivistic culture where the family, the work unit, and the community take priority over the individual. In an alien environment deprived of family and an established social network, they are likely to feel isolated (Choi, 2005; Sanner et al., 2002; Xu & Davidhizar, 2005).

Finally, financial concerns can be a source of adversity for EAL students. Financial instability, coupled with everyday academic challenges, intensifies the challenges they face (Choi, 2005; Sanner et al., 2002).

Some of the literature acknowledges the strengths of EAL students and describes them as ambitious, achievement-oriented, persistent learners (Pardue & Haas, 2003; Sanner et al., 2002). However, to help EAL students successfully complete their program, we need to first understand the experiences of EAL students in a Canadian nursing program and then implement appropriate interventions. We undertook to address the following four research questions from the perspective of both EAL students and their instructors: *What are the needs, concerns, and strengths of EAL students? How do EAL students cope with language barriers and cultural differences? What are the key factors that help them to succeed in the nursing program? What are the key factors that hinder their ability to succeed in the nursing program?*

The study was conducted in the nursing faculty of a western Canadian university. Ethical approval was obtained from the university. All participants' names used in this article are pseudonyms. Participants were informed that they could withdraw from the study at any time without repercussions.

Methods

We chose a descriptive, exploratory, qualitative research design using mini-ethnography as our methodology (Gillis & Jackson, 2002) and in-depth interviews. In-depth interviewing enables research participants to describe their experiences and the meaning they attribute to them in their own words. A maximum-variation purposive sampling procedure was used (Morse, 1994). Participants were recruited by posting notices

about the study throughout the nursing faculty, sending an informational e-mail about the study to all students in the undergraduate nursing program, and repeating the invitation to students who attended the faculty's EAL support group.² Individuals interested in participating contacted the principal investigators via e-mail or faculty mailboxes.

A total of 14 students who self-identified as having English as an additional language participated in the study. Their countries of origin were as follows: Mainland China (6), Korea (2), Romania (2), Ukraine (2), Hong Kong (1), Japan (1). Of the 14 students, 11 were female and 3 male. They ranged in age from 21 to 35 years (average: 29 years) and had been living in Canada from 2.5 to 10 years (average: 6 years). English was the second language for 9 students and the third for the remaining 5. Individual interviews were conducted in English, with each interview lasting from 90 minutes to 2 hours. Prior to the interview, the interviewer described the study, gave the participant an opportunity to ask questions, and obtained informed consent. All interviews were audio-taped and transcribed verbatim. Field notes were completed by the interviewers. An effort was made to help the participants feel comfortable speaking about their experiences.

The interviews were conducted by the first author and a research assistant, both of whom had foreign ethnocultural backgrounds. Data coding, analysis, and interpretation were conducted by the two principal investigators manually and by two trained research assistants using ATLAS TI qualitative data analysis software. Audit trails were established to ensure rigour of data analysis. Several members of the research team met regularly to review the processes used to conduct the interviews, their personal reflections, analytic descriptions, and interpretations.

The manual data analysis involved line-by-line reading and recording of comments in the transcript margins to identify, refine, augment, and categorize emerging ideas, concepts, and themes. Quotes and experiential examples were noted. To generate a higher level of data conceptualization and broader theoretical formulations, emerging themes and concepts were confirmed by comparing within and across the transcripts, across research participants, and across the data set generated using ATLAS TI. An outcome of the analysis was a set of interrelated concepts and themes describing the experiences of EAL students and their instructors, including the social processes and influencing factors and structures. Themes generated using manual analysis were found to be congruent with those generated using ATLAS TI.

² An initiative aimed at ensuring that students, faculty, mentors, and education sector decision-makers are prepared to provide the best possible learning environment for EAL nursing students.

Findings

Data analysis revealed three broad categories: challenges, motivators, and students' recommendations. Themes that emerged within the category of challenges included limited language skills, cultural differences, perceived inferiority and discrimination, and lack of support systems. Motivators included existing resources such as family, supportive peers, and instructors.

Challenges

Limited language skills. The participants identified limited language skills as a major barrier to good academic performance, especially during the first half of the nursing program. Several students explained that their lack of English skills interfered with virtually every learning process. They identified difficulty understanding textbooks, lectures, teachers' expectations, and the wording of written examinations and difficulty with writing papers in the APA style and expressing thoughts and opinions in grammatically correct sentences. Sometimes these challenges were confounded by the use of jargon and colloquialisms in professional and everyday contexts. One participant pointed out that students had to achieve a minimum TOEFL score but that passing the TOEFL did not guarantee English proficiency for academic purposes:

I don't know some of the common words that Canadians talk with each other . . . when I talk to the RN, there are lots of words I don't understand. More often a jargon that nurses talk, I don't hear every day.

The students said that effective communication skills are essential for learning and providing competent nursing care but that language barriers prevented them from communicating clearly, effectively, and assertively. The majority of the participants reported difficulty speaking up in clinical group discussions and engaging assertively with peers, instructors, and clients. Several participants said that they possessed the knowledge but needed time to process, extract, and translate the received information and then put their thoughts into proper English before speaking:

There is some translation in my mind when I talk to people. Internally, I have to translate it. I don't really aware of it . . . I have to really paying attention to what they say . . . Some slangs or some way of expression is not quite the same that I learned. . . . So you want to say something but you may not be able to express.

In some clinical situations, difficulty communicating challenged the students' ability to provide safe, competent nursing care. One participant

said that EAL students with limited language skills may doubt their ability to assess clients with mental illness:

In the mental health [unit], you really don't know if [the patients] are confabulating or is it delirium. You don't understand the words [they speak]; you feel it's not logical. [I] don't know [if] it's part of my fault because I cannot understand proper English, or it's a symptom.

Another challenge was writing scholarly papers that are grammatically correct and adhere to APA style. The students described lack of familiarity with both citing references and the need to do so. Many had come from countries where creativity and subjective thought are more valued than referencing someone else's work. Some were frustrated when writing papers because what was considered good writing in their homeland is not considered good writing in Canada:

I was trying to write the way we were taught back home, what was considered very good writing. It's supposed to be creative, not supposed to be stuffed with citations . . . Or something I said, "There is current shortage of nurses." And, like, "Where is the citation?" And that was very frustrating . . . it would sometimes take me half the time to write the paper, to do all this APA stuff, and that seem to me like very unnecessary, waste of energy and time. It was my first paper. The big problem was not really English grammar. It was about how to refer. They say that I did plagiarize, because I didn't know how to properly refer in APA format. I receive this feedback . . . and I feel like I was accused of cheating, but I didn't know.

Cultural differences. Success in the nursing program is highly dependent on *cultural knowing*. Students are expected to acquire nursing knowledge and practise nursing within the Canadian context. Even though Canadian society is demographically multicultural, it has a strong Anglo-European base that may seem foreign to some EAL students. Theome said:

They talk about hockey. I don't know hockey but I could talk about soccer. They talk about drinking and driving but I don't know that lifestyle.

When instructors constructed scenarios as a means of teaching nursing (e.g., an adolescent patient with an eye injury caused by a hockey puck, or a health promotion project addressing drinking and driving), students such as Theome had difficulty situating the issue in context.

The students also pointed out that one cannot understand a language without understanding the culture, because language and its symbolic meanings are embedded in the culture. They said that if an object or its name was unfamiliar to them, then they had trouble understanding

patients' needs, even around something as simple as what type of food to offer:

What do they normally eat . . . or the type of food they eat. They would ask, "I would like to have this." And you have to go ask RN what it is. Normally people know, most of my colleagues, they know what it is. . . . Again, what does the patient want, the common thing that you have to deal with, that's the hard part.

Participants noted that different cultural groups have different ways of expressing emotion and interacting with others. Christy said that sometimes she did not know what people were really thinking or doing because of the different style of social interaction. This confusion prevented EAL students from engaging with their classmates and caused a sense of "otherness" and social isolation, ultimately reducing the number of opportunities for them to understand Canadian culture and integrate into Canadian society. Christy said:

Making friends is harder for us . . . Sometimes you say something or do something — maybe it's a cultural taboo here — you're not supposed to, or maybe people say something not offensive but then you take it as offensive. I find it's harder to make good friends here compared to when I was in [home country]. . . . So a lot of times I'm on my own. I think that [is] a challenge.

Some students said that even though social interaction in Canada appears to be relatively informal and friendly, they sensed distance and hierarchical positioning. The feeling of being different was an emotional challenge for EAL students. Many of them reported feeling isolated and culturally segregated:

Feeling like a stranger in a strange world, not really accepted . . . I was in the lab . . . no one want to pair with us, so we remain . . . We feel lonely here. We don't have many friends. We don't have family . . . If I feel something bad in school, I have no one I can talk to.

Some of the students struggled to communicate and interact with instructors in an assertive manner. Many came from cultures where their opinions were not sought by their instructors, where they had been taught to show respect by not speaking until spoken to, and now found themselves in an environment where their instructors expected them to question and to offer alternative perspectives. They were ill prepared to participate in interactive learning and uncomfortable doing so. They worried that if they asked questions their instructors would interpret it as "not knowing what they should know." Their different cultural orientation, coupled with their limited language skills, served to intensify their

learning challenges, preventing them from speaking up in class and asking questions:

After each lecture some students would ask professor question on a one-to-one base. I was always scared to ask questions despite the fact that I always have something in my mind. I was scared the professor would not understand me. I was kind of shy to do it.

Previous experience with nursing greatly influenced the students' learning experiences. Several participants explained that nursing in Canada is very different from nursing in their homeland. For them, holistic nursing care was a new concept and one that was difficult to reflect in their assignments:

I took nursing back home, so I can compare both systems. I can tell you that they are extremely different . . . It wasn't easy for me to manage those difficulties . . . I didn't understand what my professor really required from me, holistic approach towards caring for my patients. . . . In my country, ability to understand the physiology and provide medication is priority. . . so it was a surprise that nurses here are close to social work, psychology. . . . This part of nursing was surprising for me and hard to understand.

Perceived inferiority and discrimination. Participants spoke of being discriminated against in their struggle to learn nursing. Several of them identified discrimination on the part of both peers and instructors:

I was feeling excluded . . . A group, four or five people, one of the girls ask me, "You can come and join our group," and another person said, "We are so many — that girl, she barely understand English." Right in front of me. I was surprised. . . . Some of my classmates, when they didn't realize that I'm an ESL student, they asked, "Why so many ESL students were admitted in this program?" . . . I felt that I'm somehow inferior, or my language is defective, and that would always make me tense. . . . That could be a constraining factor to express, to stand up and make a comment, or even make a contact, approach peers.

Participants expressed a wish to become more involved in classroom activities and in extracurricular activities with peers. However, they remained silent and unengaged in order to avoid feeling alienated and uncomfortable as a result of their accent and poor articulation in English. Students also spoke of feeling nervous, fearful, uncertain, incompetent, and frustrated when they perceived they were being discriminated against by the instructors:

Instructors vary. Some are very nice, very supportive, very knowledgeable, caring, understanding. Others [are] unfair, hard to deal with, hard to get

along with. [They] don't focus on positive things, pick on you when you make a mistake, and make you feel nervous by watching. . . . The instructors have bias, and they judge you because you cannot speak well.

From the perspective of the students, the instructors practised discrimination through avoidance, negative tone of voice, impatience, distancing, failure to make contact, reluctance to communicate, negative comments, and walking away or spending little time with them:

Because the language, because the culture, sometimes you find yourself in a very hard situation. You want to be treated fairly. . . . I see those instructors, they won't keep eye contact on you. They pay more attention, or they have very good relationships with other students . . . and she is reluctant to talk to you or turn towards you. . . . From her behaviour, facial expression, [and] eye contact, she is more interested in other students . . . they give you all these [negative] comments . . . that kind of things make me thinking this instructor is not supportive, kind of discriminate against our colour.

Lack of support systems. The students had expected that academic supports would be readily available in the nursing faculty. However, this was not the case. All of the participants spoke at length about their difficulty with writing papers. Sue said it was the end of the second year before she knew what was expected of her and writing became easier for her. Other students related similar experiences. They learned to write mainly through trial and error, receiving little help from the academy. When asked what academic resources they were accessing, most of the participants identified the Effective Writing Centre³ as offering help with academic writing; however, this help was insufficient due to lack of human resources, severe time constraints, and lack of proofreading services.

Family circumstances, jobs, and financial situations were also described as examples of adjustment difficulties. Many of the participants had taken on multiple roles and responsibilities such as maintaining a home, looking after children, working, and supporting a family. Most were either married or living alone. Due to limited academic and familial support systems, they found it challenging to study, complete assignments on time, and build relationships with peers:

³ An academic resource that offers free individual tutorial assistance to students wishing to improve their writing skills. Although the instructors at the Effective Writing Centre respond to students' general questions about assignments in progress, they do not engage in a detailed review or editing of drafts without the permission of students' course instructors.

I'm on my own, so all the things I have to take care of myself. Take care of the house, cooking . . . It's just a very busy situation, so I can rarely socialize with classmates a lot and go out with them. We are economically tight so we didn't really want to go out.

Motivators

Despite the challenges they encountered, the students had made significant progress in their nursing program. They attributed their success to supportive partners in learning; other support systems such as family, church, and ethnic community; and their personal strengths and management skills.

Partners in learning within the university. Participants gave a variety of accounts of instructors and peers as partners in their learning. In the clinical setting, instructors who were patient, approachable, and aware of students' strengths and needs were described as very helpful. Helpfulness took the form of giving students time to express themselves, listening to and addressing their questions and concerns, providing feedback consistently, acknowledging improvement, and basing grades on final performance rather than deducting for an early weakness that had been corrected. A partnership based on trust was important to the students:

It's the most amazing thing that I found is professors willing to help, to participate at any activities that student is involved, and it makes our life much, much easier. . . . Professors were very helpful. . . . Some of them have lots of life experience. They may say, "You should do this little bit differently, it can be helpful . . . if you have difficulty, you should go to this person and this person will be able to answer all your questions."

They spoke of supportive classmates as partners in their learning. Peer support took the form of answering questions, proofreading papers, correcting pronunciation, sharing concerns, and "debriefing" stress and negative emotions:

I carpool with someone. We communicate all the time, every single day, so even though I had a really bad day, I share it and . . . she will correct me if I have a wrong belief. If I think that's my fault, and she says that's not my fault, kind of someone who can . . . clarify the situation.

Many participants commented that the EAL support group connected them with supportive faculty members willing to provide academic assistance. They said the support group provided them with opportunities to gain insight into their own challenges and those of their EAL peers, a non-threatening environment in which to converse in English, and opportunities to debrief difficult emotions. Some students said that

the interview for the present study was therapeutic in that it helped them to reflect on and analyze their experiences:

In the group, students communicate with each other about how to study, what courses to take, what difficulties, what kind of barriers you going to encounter, and what you can do. It's including everything; it's better . . . Just give them a chance that they can meet each other.

Other support systems. Participants spoke of the support they received from parents, a spouse, or a sibling. One student said:

My support networks is not as strong because I don't have extended family here — just me, my husband, and my little one. But I do have family in [home country]. They support us spiritually and financially, because my father, he is a doctor. And I get support from my sister because she spent 6 or 7 years in Germany to study. Whenever I have a difficult situation, she can always find a way to comfort me, like it's not the end of the world.

For some, church and their ethnic community were significant resources. The support could be financial, psychological, social, spiritual, but rarely academic. One participant spoke of another source of support. She had met a nurse from her home country who had practised in Canada for 5 years and was “doing fine.” The participant felt encouraged, believing that if she tried hard and gained more experience then success would follow.

Personal strengths and strategies. *Finding a way.* Watching television and reading English books were among the strategies that students used to upgrade their English. These activities were found to be helpful but did not facilitate speaking, which was identified as the bigger problem. The students needed to move out of their comfort zone, to increase their activities and social contacts. Theome cited the importance of making friends with those who have “a passion for other cultures,” offer help with proofreading, and deepen understanding by discussing and explaining. He said that such interactions helped him to express himself, and “if you're not expressing yourself, then the culture isn't accepting you; you're being isolated.”

I can do it. I am okay. The students all spoke about gaining confidence, but confidence alone was not the hallmark of feeling *I am okay*. For some students, feeling okay seemed to be equated with accepting that their grades could be no higher or that their clinical evaluations could be no better in spite of their many hours of hard work. Sue said that she did the best she could with her theory courses and was prepared to accept whatever came; this was a way of dealing with stress. Theome said, “I can do it; maybe I could do it better, but I'm okay.” Many participants were

aware of their strengths and limitations and demonstrated realistic learning goals, self-trust, and optimism. Christy said:

You have to realize how much progression you have made . . . looking at a positive side instead of the negative side and sometimes just have to lower the bar a little bit to make yourself comfortable . . . just a way to remind me why I'm here . . . I mean, you passed even though you didn't get a good mark . . . considering where I came from . . . I'm still making a lot of progress. Just looking back and see how you have coming through, give you a lot of strengths and confidence. . . . I do feel so proud of myself. I would not let myself fail for sure.

The students acknowledged their strengths, such as a determination to learn and succeed in their new country. Determination with regard to education and career was a source of power to them. They consistently dealt with stressful situations and learned to remain strong and positive about the various challenges they faced in their lives. For one student, persevering, refusing to give up, and remaining hopeful were vital to the pursuit of her academic and career goals:

I'm pretty determined . . . you must relate back to your previous experiences that were successful . . . so believe in yourself, don't give up. I don't give up . . . I'm going to survive it. I know I'll handle it somehow, just keep on trying.

Converting weaknesses into strengths was a strategy identified by the students. The participants spoke of language and cultural barriers but at the same time were sensitive to the issues confronting immigrants and ethnic groups. They saw their ability to speak different languages as a means to provide culturally appropriate and meaningful care. They viewed the difficulties and challenges confronting them as crucial steps in the achievement of their goals. Most of the participants considered their overall learning experience meaningful in terms of personal growth and the acquisition of knowledge and communication skills:

I still decide to go on with nursing, because I believe I have ability to be a nurse. And I think it's just that I need to go through some difficult time to learn, and make myself better. So, it is stressful, but it's more of how you handle life.

Recommendations

The students knew, in retrospect, what they should have done and what supports they would have needed in order to do it. They would have needed instructors and peers who were patient, open, and sensitive to their needs. The supports were there for some but not at all times; they

were especially lacking in the first and second years. It appears that once the students achieved clarity about expectations and once they became knowledgeable about sources of help and became comfortable accessing them, they began to achieve more success. However, getting to that point was slow and stressful.

The experiences of the students led to valuable recommendations with respect to strategies for enhancing the academic performance of EAL students. These recommendations can be placed in three categories: those for peer EAL students, those for instructors, and those for the nursing faculty.

Recommendations for peer EAL students. The students all spoke about actively learning, seeking help, and being confident. They said they would advise their peer EAL students to be prepared for each lecture, to look up anything they do not know, to build knowledge, and to know their own strengths and limitations prior to entering clinical practice and share these honestly and openly with the instructors in order to set realistic expectations and learning goals:

Be honest, let your instructor know what you think is your problems and let them know what you are trying to do to improve. That seems really help. Be open to each other. Like, if you can tell me what kind of difficulty you have before I notice that, I probably will be more understanding of your situation and willing to give you more help in that specific area.

Many students emphasized the need to be courageous and not afraid to seek help. Mai said:

If you are not willing to talk about the problems, you are not going to receive any help. . . . So seek help everywhere. Be patient. Don't feel wrong about asking all the questions.

Lack of support and resources was a major issue for all the participants. The students cited the need to build stronger networks as a strategy for obtaining help. They spoke about spending time with classmates, being open to communicating and expressing needs, participating confidently in group activities, and immersing oneself in Canadian culture:

Get involved. Spend time with other students . . . you feel more accepted and you could learn things from their culture . . . The attitude will be very important. If I feel that my culture cannot be blend in with others, then that will be a big barrier. Have to open up, be fair to others, not just stand and do nothing. . . . Open up so they know where you are and who you are so that the friendship will come. Once the friendship clicks, they'll treat you differently.

Finally, students spoke about the importance of moving on instead of dwelling on bad memories. One student said that remaining positive and concentrating on hopes and possibilities help to neutralize disappointments and difficulties and serve as motivators to push forward:

Don't lose self-esteem because you don't speak well. Be brave, be more positive . . . you have to believe in yourself. If I think about those days when I overcome those mistakes, then maybe there's a chance to do better next time. Do not hold onto the bad memories.

Recommendations for instructors. *Minimize weaknesses and maximize strengths.* From the students' perspectives, instructors who acknowledged the barriers and challenges facing EAL students were a great support. The participants cited the need for instructors to realize that the language skills of EAL students cannot equal those of Canadian-born students and to convey that understanding to the EAL students. The students hoped that, instead of pointing out errors and lack of English skills, their instructors would focus on their strengths such as ability to speak different languages, willingness to work hard, and commitment to becoming excellent nurses. Students commented that when instructors focused on weaknesses, their challenges were magnified and their self-esteem and confidence level diminished.

Supportive strategies. The need for academic and emotional support was paramount in the minds of the participants. They recommended that instructors be patient, allow more time, offer help and encouragement, and provide immediate, specific, and frank advice:

The teachers' attitudes have impact on me. If the instructor is very patient [and] is willing to listen to me, that encourages me a lot.

Many participants spoke of difficulty asking instructors for help. They had hoped that their instructors would approach them first and ask, "Do you need any help?" One student remarked that encouraging words such as "good job," "super," or "I trust you" made a difference in her clinical and academic performance by allaying her fear of asking questions and increasing her sense of security and her comfort level. As for a strategy to facilitate active involvement in the group process, students requested that instructors acknowledge the need for and allow students time to express themselves:

If the instructors ask me, I will do really well. The instructor gives each person a chance to present the patient, so it was really a good thing. I did the best among the group . . . But if I don't get the chance, other people take all the chances to speak . . . And it also takes time to think when the person asks a question. I need more time to think.

Finally, participants recommended that instructors treat EAL students fairly. From their perspective, it is unfair for instructors not to devote extra time to EAL students because it takes time away from other students. They believed it is only fair that their unique challenges and needs be acknowledged and addressed:

Treat us fairly. If we have language barrier, try to help us. We need support from the instructors. . . . Understand your students better, what they're going through.

Recommendations for the nursing faculty. *Promote support within the faculty.* Many of the participants recommended mentorship activities among EAL and non-EAL students. They said that a support group as well as professional and social events would promote unity and benefit both groups of students:

They can help each other. Canadian students shouldn't be afraid of interact with the EAL students and try to help them, [and] the EAL students shouldn't be afraid of the Canadian students and afraid of offending them . . . openness to each other and communication about culture and background is really important. Let them see the long-term benefits of both . . . For Canadian students, it's eye-opening to see other students have a lot to bring to the faculty.

Provide academic support. Participants reported that the greatest need for help occurs during the first half of the nursing program, when unclear expectations and the lack of guidance cause anxiety. They recommended investment in workshops and orientation programs regarding concepts, such as APA style, that are new to EAL students, in order to clarify expectations about academic writing and to provide survival or study tips.

Participants suggested that faculty administrators should not assume that every student is familiar with APA style or knows how to locate and access learning resources. Some participants said they did not know about the EAL support group until their second year and recommended that learning resources be promoted through e-mails and class announcements. Some hoped that the EAL support group would provide opportunities for students to learn clinical communication skills and Canadian colloquialisms. Many participants also favoured the availability of informal support people or faculty counsellors who are knowledgeable about the unique challenges facing EAL students and are prepared to answer questions, offer help, or make referrals:

The faculty has to admit that there is a need. ESL students are not the same . . . because language, background, culture, age — they are different.

We ask for understanding from the faculty members to see the difference and help them to get through this program.

Other recommendations. Some participants spoke of the need for a course on cultural diversity. They suggested that cultural education would promote understanding and collaboration among EAL and non-EAL students and prevent cultural segregation. They wished both to learn about Western culture and for others to have a better understanding of cultural diversity and associated issues. Finally, participants cited the need for a more rigorous admission screening process, one that includes comprehensive assessment of language proficiency to ensure that students are able to progress through the program without undue difficulty. They expressed the view that it is the responsibility of the nursing faculty to nurture language competency throughout the program.

Discussion

The findings from this study are consistent with those published by Boshier and Smalkoski (2002), Cunningham et al. (2004), Guhde (2003), Harvey and Mac (2006), Sanner et al. (2002), Shakya and Horsfall (2000), and Templeton, Estes, and Stullenbarger (1993). The difficulties with language skills and cultural differences reported by nursing students are stressors that threaten to impede their progress. Lazarus (1993) suggests that how individuals manage stressors depends on how they evaluate them, because evaluation is influenced by cultural and social background, type of stress, and perceived outcomes of the stressors. According to Aldwin (1994), an individual's personal coping resources, his/her appraisal of cultural and social factors — including the resources provided by the culture — and the reactions of others determine the choice of coping strategies and mechanisms for handling stress. In the context of the present study, therefore, how EAL nursing students deal with problems arising from their limited language skills and cultural differences would depend on (a) how they appraise the problems and the consequences for their academic progress and their nursing career; (b) their individual social and material resources; (c) the resources provided by the nursing faculty and by the university; and (d) how teachers, clients, nursing staff, and other students react to their problems. The intervention strategies recommended by the participants address all of the above factors and provide clear direction for action.

We acknowledge that the unique learning needs of EAL students are best served through deliberative interventions. Support systems need to be improved to enhance the classroom and clinical learning experiences of EAL students. Our participants identified language limitations, cultural differences, and lack of support and resources as the main barriers to their

successful completion of the nursing program. Considering that language and cultural barriers are not easily lifted, it is essential that supportive learning environments for EAL students be established. Research has shown that it is important to have a good orientation program in the first year and nursing faculty mentors who can discuss academic and clinical difficulties (Shakya & Horsfall, 2000). There is a dire need for institutional supports that promote both resource development and cultural awareness. It has been found that learning among EAL nursing students would be greatly facilitated through the development of English classes centred on conversation skills, nursing and medical terms, and colloquialisms as well as workshops and seminars on cultural diversity, student support groups and buddy systems, and increased cultural awareness within the faculty (Bosher & Smalkoski, 2002; Cunningham et al., 2004; Guhde, 2003; San Miguel et al., 2006; Soroff, Rich, Rubin, Strickland, & Plotnick, 2002). Malu and Figlear (2001) conclude that a peer support system will benefit EAL students and provide non-EAL students with valuable cross-cultural experience and expose them to the challenges faced by their EAL classmates and by culturally diverse patients.

Another recommendation is that a cultural awareness course for all students and instructors be developed, to promote understanding of diverse cultures. Such a course could help one to reflect on one's own cultural perspectives and expose the impact of any assumptions and biases on the learning process of EAL students. Ultimately, it could serve to reduce ethnocentrism, racism, stereotyping, and prejudice.

Time and resources may well prohibit the development of a new course. Robinson (2000) found that guest lectures by minority nurses and class discussions on issues of cultural diversity in the health-care system greatly increased her students' sensitivity to prejudice, racism, and cultural diversity. She reports that such opportunities to learn about cultural issues heightened awareness of blatant racism and led her students to reflect on their values, beliefs, and biases. Abriam-Yago, Yoder, and Kataoka-Yahiro (1999) suggest that academic failure on the part of EAL students may be related to the inability of faculty to identify and address their learning needs. In the present study, instructors who took the time to learn about students' cultural and academic backgrounds, expertise, expectations and goals, interests, extracurricular activities, and family responsibilities were better able to structure appropriate learning activities, leading to more favourable outcomes. Many of the teaching strategies implemented by instructors were viewed by the students as very helpful. For example, encouraging students to ask questions and allowing them sufficient time to formulate their answers served to reduce the students' anxiety and resulted in improved academic performance. The participants also favoured the initiation of more rigorous admission

screening to identify EAL students and expansion of the EAL support group. Such interventions would facilitate earlier identification of students in need and subsequent referral.

Finally, the results of this study challenge nurse educators to adopt perspectives and philosophies that build upon strengths, promote diversity, and reduce ethnocentrism, racism, stereotyping, and prejudice. It is crucial that EAL nursing students be empowered to share their cultural diversity, value their own strengths and resources, and bring their strengths and their wisdom to the Canadian health-care system. Their determination, perseverance, and work ethic speak of their ability to practise nursing in a way that is ethical, competent, and holistic.

Conclusion

*We are not special but we are different than other nursing students.
We need more information, more practice, more time.*

The growing demands and preferences of health-care consumers for culturally and ethnically congruent care are documented in the literature. The increasing number of immigrants in the Canadian population has created a need for the recruitment of nurses who are culturally and linguistically competent. Therefore, it is imperative that we foster diversity in the nursing profession and recruit nurses who are culturally knowledgeable and sensitive. However, many EAL students lack the support systems and academic resources necessary for them to succeed academically. It is essential that nurse educators, education sectors, and practice arenas address the growing demand for intercultural nursing care, acknowledge issues unique to EAL nursing students, and trust the ability of EAL nursing students to become competent professionals. Nurse educators and education sectors can promote the success of EAL students by developing education infrastructures that support and encourage learning environments that respond to their personal and professional learning needs.

Although the findings from this qualitative study cannot be generalized to EAL nursing students in other universities, the insights and recommendations generated by the study could be examined for their applicability in similar contexts. In future research, implementation of the recommendations with formative and summative evaluations of the outcomes will be examined.

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