Implications for Nursing Faculty: Barriers to Learning for ESL Baccalaureate Student Nurses

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Abstract

Statistics indicate that a large percentage of students enrolled in baccalaureate nursing programs are English second language learners with culturally diverse backgrounds. This diverse group may encounter different challenges to learning within the context of both the classroom, and the clinical environment. Meeting the learning needs of each individual ESL student may be a difficult task for nursing faculty. The purpose of this qualitative study was to examine the opinions and feelings of six ESL nursing students related to learning within the classroom environment. The results of this study helped to identify the barriers and negative consequences around learning for these students. Analysis of data revealed two main themes. Both cultural and language barriers were identified with negative consequences to learning outcomes. Additionally, recommendations and solutions for nursing faculty related to the teaching and learning needs of these students will be presented in this paper.

Keywords: barriers, cultural, faculty, language, student
In this research study, learning in the classroom was found to be impacted by both culture and language for nursing students who are ESL learners. Through observations, interviews and written questions, this qualitative study will present the findings based on the experiences of six English second language student nurses enrolled in a baccalaureate nursing program. Questions asked were in the context of the classroom environment exclusively. Outcomes of cultural and language barriers may lead to negative consequences for learning and may impede achievement of goals for ESL nursing students. Faculty behavior and recognition of student learning needs are crucial in the academic and social success for ESL student nurses.

In Yoder’s (1993) theoretical model, nurse educators’ responses to the needs of ESL nursing students form the framework of this theory. Responses by nurse educators to the needs of their students can vary and may include one of five patterns: the generic pattern, the culturally non-tolerant pattern, the mainstreaming pattern, the struggling pattern and the bridging pattern (Olsen, 2012). The generic pattern suggests that to the educator, ethnicity is not an important factor which should influence the educational process. In the non-tolerance pattern, educators did not or were unwilling to tolerate differences in cultures. In the mainstreaming pattern, educators attempted to use strategies toward re-patterning student behaviors, thus attempting to meet the expectations of the dominant culture. In the struggling pattern, the educator was aware of cultural differences around them, however struggled to adapt and to use strategies to respond to these cultural needs. Lastly, in the bridging pattern, “educators encouraged students to maintain their ethnic identity and modified their strategies to meet cultural needs of students” (Yoder, 2001, p. 320).

In this paper, several studies have been cited related to cultural differences from both the student perspective and the faculty perspective. Cultural differences may lead the ESL student
nurse to feel discriminated against by peers and faculty. Additionally the student may experience a fear of failure, social isolation or a decrease in self-esteem. Sanner, Wilson and Samson (2002) found that social isolation, resolved attitudes, and persistence despite obstacles were themes which emerged in their study related to international students and their experiences in a baccalaureate nursing program. Junious, Malecha, Tart and Young (2010) explored the essence of stress and perceived faculty support by foreign-born students enrolled in a baccalaureate nursing program. Results of this study revealed language issues, stereotyping, discrimination and lack of accommodation for these students.

Language barriers to learning for these students may include issues such as language development, language learning and time constraints. Through a case study approach, Malu and Figlear (1998) presented an analysis of problems that nurse educators and ESL nursing students had encountered. This qualitative study focused primarily on issues with language development, however three additional patterns were identified which included: differing expectations of nursing education, a fear of failure, and unfamiliarity with a particular learning model. Factors found to influence language learning for ESL students was related to the development of CALP or Cognitive Academic Language Proficiency. Additionally, this study suggested that “language learning may be influenced by sociocultural, affective and cognitive domains, as well as the time constraints needed to learn another language” (Malu & Figlear, 1998, p. 44). In a metasynthesis which used a systematic comparison of 10 qualitative studies related to the educational issues of nursing students with EAL, Starr (2009) identified two main educational points: challenges and reinforcements. Challenges for students included issues such as: language, academics, resources and culture. Reinforcements for students included resources, academics and culture. Language subtopics were related to other issues of academics, resources and culture. Academics as a broad
category included peers, college and teachers. The category of culture included prejudice, isolation and confidence, while resources referred to family, time, finances and work.

Method

Sample and Source of Data

The sample selected was of convenience and purposeful. The sample size used for this study was six students \((n=6)\). Students ranged in age from early 20’s to late 30’s in age. Students were all female. Students’ academic status was sophomore, junior, or senior based on the number of credits held prior to the spring 2012 semester. All six students carried a minimum course load of 12 credits and were considered full-time status. Current GPA of all six students was not known by the researcher prior to their entry into class. Five out of six of the students were taking this class for the first time. One student was repeating the course due to a failure and withdrawal from the class in the prior semester.

Research Design and Procedures

This study was performed using the data and analysis techniques of Corbin and Strauss. Coding and analysis was utilized. Corbin and Strauss (2008) found “as analysis progresses, new data leads to increased insight, therefore evolving into memos of more depth and complexity” (p. 122). The researcher as nursing faculty remained unbiased as collection and analysis of data were conducted. The course taken by the subjects was a two hundred level nursing course which encompassed classroom, lab, and clinical content over a twelve week period. This research study was inclusive to the classroom environment. Consent was obtained from each subject prior to the submission of questions. Open-ended questions were clarified and administered to the students. Answers were provided by the students in written format. Answers to questions were reviewed
and clarified with each student on an individual basis. Confidentially was maintained throughout the study. Data were analyzed, coded, reduced to themes and further reduced to outcomes. Two major themes emerged from the data which included: cultural and language barriers to learning for ESL nursing students. [Insert Table 1. about here]

**Discussion**

Both cultural and language barriers were found to impact learning for the ESL nursing student. As a result, consequences of cultural barriers as experienced by the ESL nursing student included teacher/peer bias, social interaction and isolation, and self-esteem/self-confidence. Consequently, language barriers had a negative influence on comprehension, translation and pronunciation for students as well as for time needed specifically as it related to testing, learning, reading and interaction. Results from this study may be used to close the gaps which may exist between nursing faculty and ESL nursing students. Additionally, results may impact planning of curricula and the implementation of teaching strategies used to enhance learning.

**Bias-teacher/peer**

In a study related to stress and perceived faculty support among foreign born baccalaureate nursing students, students felt “devalued and discriminated against because their culture, accents or dialogues were difficult for Americans to understand” (Jounious, Malecha, Tart & Young, 2010, p. 263). When asked if students thought that peers and teachers treated one language differently, several responded:

“People probably have preferences and that their thoughts may be biased sometimes”

(Nigerian student).
“More preference is given to the language which is spoken by the majority of the class”

(Indian student).

In a study done by Donnelly, McKiel and Hwang (2009) related to instructors perspectives of EAL nursing students, instructors found that “miscommunication and cultural confusion between the student and the instructor play a significant role in the students’ academic failure” (p. 209). Student experiences related to teachers indicated what their perceptions of teacher expectations were related to their language barrier.

“Teachers can be helpful but the expectations are that you are to do the same thing as the whole class. In a class of 40/60 students if there are usually one or two people in the class that had language barrier professor can’t change their test for just two people” (Pakistani student).

Sanner et al. (2002) found that international students did not feel the need to change the attitudes of their American peers. It was reported that “it was easier to accept and endure antagonistic situations experienced than to confront their American peers or try to change them” (p. 210). Additionally, this study found that “non-acceptance from both the Caucasian and African-American students led participants to conclude that they were victims of racism” (Sanner, Wilson & Samson, 2002, p. 210).

“English is the common language and is known by majority of the people and moreover, there is not much possibility that everyone in the class can speak and know all the other languages” (Indian student).

“Living here in the US everyone expects you to speak English fluently” (Afghani student).
Students’ suggestions for educators included helping in every possible way they can, and encouraging other students to ask questions and clarify their doubts. Educators should not only dedicate themselves in the class, but dedicate themselves toward those students whenever they need help. Additionally, one student suggested that teachers can be “calm, attentive, and cooperative, and show positive attitudes towards those students.” (Indian student)

**Social Interaction/Social Isolation**

Sanner et al. (2002) found that most participants in their study reported that “not becoming part of study groups and organizations could be detrimental to their nursing education by limiting the scope of knowledge that can only be attained from networking” (p. 210). When asked about how teachers could help students of a certain culture to learn a second language, students suggested that teachers could encourage other students to interact with the ESL student to help him/her learn the new language.

> “Interact—we need a common ground where language is the vehicle and also try to see the other person’s view in regards to certain issues” (Nigerian student).

> “I believe it’s easier to learn a language when you constantly interact with other people speaking it around you” (Afghani student).

**Self-Esteem/Self-Confidence**

Sanner et al. (2002) found that related to the experiences of international nursing students in a baccalaureate nursing program, “verbal retreats were often an intentional defense mechanism used by participants because they perceived threatening interactive situations with their American peers and- by remaining silent, participants avoided feeling alienated and uncomfortable as a direct result of their heavy accents” (p. 210). Starr (2009) found that although
many students have been successful academically in their native countries, language and culture transitions cause less than acceptable grades, stress and emotional turmoil” (p. 480).

Additionally, these issues lead to “low self-image and shame, resulting in an inability to engage cognitively with course content and examinations” (p. 480). Sanner et al. (2010) found that social isolation resulted from the feelings of non-acceptance inside and outside of the classroom. When students were asked if they felt that their culture and language affected their English language learning they responded negatively.

“With regards to learning English language you feel like a handicapped if you don’t learn it” (Indian student).

“I felt inferior due to my accent. Learning the English language was difficult understanding classmates and the educator and I felt embarrassed. Coping later I realized that I was not the only one who was the English language learner” (Russian student).

**Comprehension/Translation/Pronunciation**

Starr (2009) found that “reading, writing, comprehension and communication was a common thread through all of the studies which related to nursing education and its challenges students with English as an additional language” (p. 479). When asked what the biggest challenge in nursing school thus far, students responded:

“I have difficulty understanding some people (who speak fast) because of the accent” (Russian student).

“My problems are vocabulary word understanding and pronunciation of words due to American accent” (Indian student).
“I have problems with medical terminology, word comprehension and pronunciation of words, and writing papers” (Pakistani student).

Starr (2009) found that examinations were a major source of concern for most students and that many felt that they needed extra time to study for and take exams as well as for exam review. Cunningham, Stacciarini, & Towle (2004) found that ESL students “periodically have difficulty understanding medical and nonmedical terminology in multiple-choice test questions, yet neither they nor the faculty may realize that this difficulty could stem from problems with English” (p. 15). Students’ biggest language challenges in nursing school so far revealed:

“Certain students can learn for example by using demonstration or simple grammar used on exams” (Pakistani student).

“Teachers can find means by which certain student learns e.g. demonstration, simpler grammars during exams” (Nigerian student).

“For me it is learning medical terminology. Understanding the concept of new material and reading test questions are my problems” (Russian student).

“Teachers should give extra time during tests” (Pilipino student).

In a study enhancing the language development of immigrant ESL nursing students, Malu and Figlear (1998) found that “ground rules regarding dictionaries, time for examinations, and language need to change as students’ progress through the curriculum and become more proficient with English and the academic content of nursing courses” (p. 48).

“Students should use a dictionary while they are taking their test cause I might understand easy sentence but there are lots of words I don’t know the meaning of. I think
I could be wrong but if a person looks at word in dictionary they will are getting exposed to it and they will then remember the meaning” (Pakistani student).

**Time**

Brisk and Harrington (2000) state that “contextual and personal variables affect the process of literacy development and the level of achievement of bilingual students, therefore teachers need to know and understand each student individually and be aware of their literacy level in each language” (p. 9). Additionally, Guhde (as cited in Starr, 2009) found that students using only interpersonal communication spend more time memorizing facts than understanding concepts and abstractions and that “students who have to think and process in their primary language, then translate into English require more time for all academic work as well as clinicals” (p. 479). Students in this study also felt that faculty could help students of different cultures to learn a second language, by giving more time.

“People process things differently and for some it might take longer than usual” (Nigerian student).

“The more exposure to the language the more you learn and that it comes with the passage of time” (Pakistani student).

“I can’t write a paper cause if I have information I can’t change into my own word since brain is not exposed to English that much so my brain does not have big resources of words. I know some common words to change it and say it again in my own English word. Just like a 4 year old child will know what you are saying but answer you back in a few words that the child knows” (Pakistani student).
Limitations

The small sample size of $n=6$ yielded little statistical power. A mixed-methods approach to research would have been beneficial to the results of this study. A yes/no scale could have been implemented in addition to the open-ended questions provided to the students. Additionally, all of the students in this study were female, if replicated this study could focus on male nursing students responses. The six students were of different cultural origins such as Indian, Pakistan, Afghanistan, Russian, Nigerian and Pilipino. Students of the same cultural origin could have been used in the study for generalization purposes. Open-ended questions used in this study were not tested for reliability or validity.

Conclusion

Barriers to learning for ESL nursing students may result in an increased attrition rate, failure of the NCLEX-RN state exams, and/or failure to effectively transition into practice. This study revealed cultural and language barriers to learning, as well as the negative consequences that may result from these barriers. Using the theoretical framework of Yoder, the bridging pattern may be the solution to the aforementioned issues for students. This pattern encourages faculty to increase cultural awareness and cultural competence in their contact or interaction with culturally diverse students. Strategies for implementation which may apply to the needs of these students include: creating mutual understanding between faculty and students, promoting the use of study groups, use of reading and clinical setting journals, conducting pre-and post-conferences, creating concept maps, and the integration of technology to develop language and academic knowledge. (Malu & Figlear, 2001) Recognition of responses by faculty to the needs of their ESL nursing students is imperative to create a successful learning environment. By educating faculty to the barriers and negative
consequences to learning, in addition to integrating teaching strategies to enhance learning, ESL nursing students may show significant progress both socially and academically throughout their nursing education.
References


Table 1.

**Questions Related to Culture and Learning**

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<td><strong>1.</strong></td>
<td>What is your native language?</td>
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<td><strong>2.</strong></td>
<td>How old were you when you learned English?</td>
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<td><strong>3.</strong></td>
<td>How did you learn English (home, class, other)</td>
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<td><strong>4.</strong></td>
<td>What is your definition of culture?</td>
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<td><strong>5.</strong></td>
<td>How does your culture affect your English language learning?</td>
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<td><strong>6.</strong></td>
<td>How do you feel (e.g. proud, nothing particular, ashamed) about your own, and foreign culture/language? Why?</td>
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<td><strong>7.</strong></td>
<td>Do teachers/peers treat one language differently (e.g. interaction, attention, expectation) from the others? How and why?</td>
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<td><strong>8.</strong></td>
<td>What can teachers do help students of a certain culture to learn a second language to their best?</td>
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<td><strong>9.</strong></td>
<td>What has been your biggest language challenge in nursing school so far?</td>
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*Note. The open-ended questions above were designed to elicit a response from ESL nursing students related to their culture and experiences of learning.*