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Karri Kontiola
Elio Messina
Lin Taitto

Promoting Culturally Diverse Students in Clinical Settings

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Abstract.

With the increasing globalisation and flow of immigration to Western countries, the population is becoming culturally diverse. Also in Finland the immigrant population has increased in recent decades. It is widely acknowledged that culturally diverse nursing students encounter several barriers during their studies, particularly during clinical practice.

The purpose of this literature review was to research what models and strategies there are currently available for supporting culturally diverse students during their clinical practice. Our research question was: which strategies can be used to support culturally diverse students during the clinical practice?

We chose literature review as a methodology. Literature that is relevant for our subject was found mostly from articles retrieved through a database search by using CINAHL database.

The strategies respond to problem areas which are usually related to six main themes which are cultural differences, language, communication, social isolation, limited opportunities for learning and resources. We found that several strategies and models are available to support culturally diverse students, but there is only little empirical research.

The results of this study can be used to provide suggestions for clinical practice placements so that they can improve the learning experience for the culturally diverse students. Hopefully implementing the suggested support strategies will limit the negative experiences due to cultural differences and increase the learning opportunities. This can make a significant improvement in the learning experience of the culturally diverse students and even have a great positive effect on their future career and integration into the society.

Keywords	culturally diverse students, international students, ESL students, nursing, clinical practice, health care education staff, mentor

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Tiivistelmä.

Jatkuvan kansainvälistymisen ja maahanmuuttajavirtojen myötä länsimaissa väestö on monikulttuurisempaa. Maahanmuuttajien osuus on kasvanut myös Suomen väestössä viime vuosikymmeninä. On havaittu, että kulttuuritaustaltaan erilaiset sairaanhoitajaopiskelijat kohtaavat opintojensa aikana, etenkin työharjoitteluissa, monia haasteita.

Tämän kirjallisuuskatsauksen tarkoitus oli kartoittaa erilaisia menetelmiä, joita voidaan käyttää kulttuuritaustaltaan erilaisten sairaanhoitajaopiskelijoiden tukemisessa työharjoitteluiden aikana. Tutkimuskysymyksemme oli: minkälaisia menetelmiä voidaan käyttää kulttuuritaustaltaan erilaisten sairaanhoitajaopiskelijoiden tukemiseen työharjoitteluiden aikana?

Valitsimme kirjallisuuskatsauksen metodologiaksi. Aiheeseemme sopivaa kirjallisuutta haimme tietokantahaulla CINAHL-tietokannasta.

Löytämämme menetelmät liittyvät ongelma-alueisiin, jotka ovat jaoteltavissa kuuteen eri teemaan: kulttuuriset erot, kieli, kommunikaatio, sosiaalinen eristäytyminen, rajoitteet oppimiselle sekä resurssit. Havaitsimme, että eri strategioita ja malleja kulttuuritaustaltaan erilaisten opiskelijoiden tukemiseen on olemassa, mutta empiiristä tutkimusta on vain vähän.

Tämän opinnäytetyön tuloksia voidaan hyödyntää kun tarvitaan suosituksia kulttuuritaustaltaan erilaisten opiskelijoiden tukemiseen kliinisten harjoitteluiden aikana. Toivomme, että tässä työssä suositeltujen tukimenetelmien hyödyntäminen vähentää kulttuurisista eroavaisuuksista johtuvia huonoja kokemuksia ja antaa enemmän oppimismahdollisuuksia. Tällä voi olla merkittävä myönteinen vaikutus kulttuuritaustaltaan erilaisten opiskelijoiden oppimiskokemukseen ja jopa heidän tulevaan työuraansa sekä sopeutumiseen yhteiskuntaan.

Avainsanat	kulttuuritaustaltaan erilaiset opiskelijat, kansainväliset opiskelijat, englanti toisena kielenä -opiskelijat, terveydenhoitoalan koulutushenkilöstö, harjoittelun ohjaaja

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1   Introduction

With the increasing globalisation and flow of immigration in Western countries, the population is becoming culturally diverse. This presents challenges for the nursing profession, as nurses need to become aware of cultural differences to provide competent care for the whole population. Employing culturally diverse nurses may be one of the most effective strategies to respond to the needs of a culturally diverse population. (Shakya & Horsfall 2000:163; San Miguel & Rogan 2009:179; Abriam-Yago, Yoder, Kataoka-Yahiro 1999:143).

Also in Finland the immigrant population has increased in recent decades. Between 1990 and 2009, the number of foreign citizens who are permanently living in Finland, has increased from 26,300 to 155,700 (Population Information System 2010). There is an increasing need for nurses who are aware of cultural differences in order to provide culturally competent care for this changing population (Pitkäjärvi, Eriksson & Kekki 2010:553).

In addition, there is a shortage of workforce in the field of health care in several countries and a common strategy is to employ foreign nurses to meet this need (Allan 2010:604; Boughton, Halliday & Brown 2010:355). The role of the nursing education in this situation is to provide education which corresponds to the need of workforce in the professional field. Educating students studying nursing outside their native country is a substantial part of that role.

Culturally diverse nursing students face more challenges during their studies compared to native students. This is evident particularly during clinical practice placements where the students are interacting with a variety of people from the staff and the patients and they need to face complex situations where good communication skills are required. Therefore, nursing faculties and clinical placements offering practice need to develop strategies to support culturally diverse students throughout their academic studies, as well as their clinical practice experiences. (Boughton et al. 2010:355; San Miguel & Rogan 2009:179; Starr 2009:478).

Clinical practice, which is a period of internship within a healthcare setting, makes up a significant part of nursing studies. During clinical practice nursing students get to test and develop their professional skills in real life situations within a professional clinical setting. Compared to academic studies at school, a clinical practice placement poses additional challenges for the culturally diverse student (San Miguel & Rogan 2009:180-181), as the students face many complex clinical situations in an environment that is often highly technical (Shakya et al. 2000:169). Of these additional challenges language and communication problems are often identified as the most significant barriers to successful learning experience at the clinical placement (Amaro, Abriam-Yago & Yoder 2006; Bolderston, Palmer, Flanagan & McParland 2006; Davidhizar & Shearer 2005; Jeong, Noelene Hickey, Levett-Jones, Pitt, Hoffman, Norton & Ohr 2011; Starr 2009).

Culturally diverse nursing students also face problems due to their different cultural background. Some educators have adopted teaching patterns that do meet the needs of the students who come from outside of the dominant culture. The culturally diverse nursing students can also encounter discrimination, prejudice and racism in both the academic and clinical environment. (Yoder 2001:322.) Additional barriers were found to be related to personal life. These include: lack of finances, lack of time because of a job or responsibilities at home. Families were found to be both a support and a barrier to completion of studies. (Amaro et al. 2006:251; Starr 2009:484).

Many of the barriers can be interconnected. For example language and communication issues can hinder social integration which can cause social isolation and feelings of loneliness. These issues can affect the student's self-confidence and furthermore affect the learning and the performance at the clinical placement negatively. In our final project, we analysed what strategies are found to be effective to help and support culturally diverse students to overcome these barriers throughout their studies.

2   Key concepts: cultural diversity, culturally diverse student, barrier

2.1 Cultural diversity

Cultural diversity is defined by Leininger (1995:69) as "the variations and differences among and between cultural groups due to differences in lifeways, language, values, norms, and other cultural aspects".

2.2 Culturally diverse students

In our final project, we used the concept of culturally diverse students referring to students who are foreign born, speaking a foreign language as a first language, have a different cultural background, have a foreign citizenship, or non-native language speakers. Therefore, the concept includes international students, exchange students, and students whose cultural background is different.

Due to such cultural differences, culturally diverse students are facing several challenges during their studies academically as well as during clinical practice. It is important to develop interventions and strategies to support culturally diverse students throughout their studies according to their needs (Boughton et al. 2010:356).

2.3 Barrier

The concept of barrier refers in our final project to the factors that are negatively influencing the successful completion of the studies. Support strategies consist of all those interventions which are meant to support the successful completion of the nursing education. (Amaro, Abriam-Yago & Yoder 2004:248.)

3 Purpose and research question

The purpose of this literature review was to research what kind of strategies there are currently available for supporting culturally diverse students during their clinical practice. The results of this study can be used to provide suggestions for clinical practice placements so that they can improve the clinical practice for the culturally diverse students. Hopefully implementing the suggested support strategies will limit the negative

experiences due to cultural differences and increase the learning opportunities. This could make a significant improvement in the learning experience of the culturally diverse students and even have a great positive effect on their future career and integration into the society.

Our research question was: which strategies can be used to support culturally diverse students during the clinical practice?

4 Methodology

4.1 Literature review

In our final project, we chose literature review as a methodology. A literature review is a written presentation of what has been published on a topic by scholars (Burns & Grove 2005:93-94). A literature review aims to provide the reader with the current theoretical and scientific knowledge, and to synthesise what is known and what is not known about the topic under discussion (Burns & Grove 2011:189). Other aims are to point out the strengths and weaknesses of studies and to promote evidence-based practices (LoBiondo-Wood & Haber 2006:80). In the context of nursing, literature review forms a background for evidence based practice and interventions. Furthermore, literature review helps in finding new practice interventions and supporting evidence for current interventions as well as developing new practice protocols, policies and projects, (LoBiondo-Wood & Haber 2006:80).

4.2 Data collection

Literature that is relevant for our subject was found mostly from articles found through a database search by using CINAHL database. Search words used were: international students AND clinical practice, international students AND practice, culturally diverse students AND clinical practice, ESL AND practice, international students AND clinical practice AND framework, international placement. We found 189 hits from the CINAHL database. 162 articles were rejected because the title was not relevant and after reading the abstract. In addition, 5 studies were identified through reference search and 29

studies were obtained by expert source (22 from our teacher supervisor and 7 from the school librarian). After removing duplicates, 52 articles were left. Of these articles we chose 22 that were more relevant to our final project.

4.3 Inclusion and exclusion criteria

Our inclusion criteria were abstract available, full text available, English language, studies published from 2000 to 2012. We made an exception by including two studies published in 1999, because they both contain information relevant to our final project. All the articles reviewed are from peer reviewed journals.

We were specifically looking for studies about how to support culturally diverse nursing students during clinical practice, but we also included studies about other health care professions that have clinical placements as a part of the education. Very few articles are written specifically about the support strategies for culturally diverse nursing students' clinical practice, so we also included studies about culturally diverse students' experiences during their education and about the experiences of teachers and mentors of culturally diverse students.

4.4 Data analysis

We utilised content analysis as a method. Content analysis as defined by Polit and Hungler (1999:698) is 'the process of organizing and integrating narrative, qualitative information according to emerging themes and concepts'. As Polit and Hungler suggest (1999:210), we analysed the material by using a table and classified the information according to whether the themes were present or absent in the studies considered.

All writers of this final project read all the articles and wrote notes. After reading the articles, we organized all the data in a table (Appendix 2) where we gathered the main findings. We analysed the content of the articles and organised the information by similarity of concepts by using the method of inductive content analysis. Six recurring themes were identified and used for organising the findings. The themes were: cultural differences, language, communication, limited opportunities for learning, social isolation, and resources.

From database search with CINAHL
n = 189

Rejected at title and after abstract reading
n = 162
Articles left
n = 27

Studies identified through reference search
n = 5

Studies retrieved by expert source
n = 29

Total number of articles retrieved
n = 61

Number of articles left after removing duplicates
n = 52

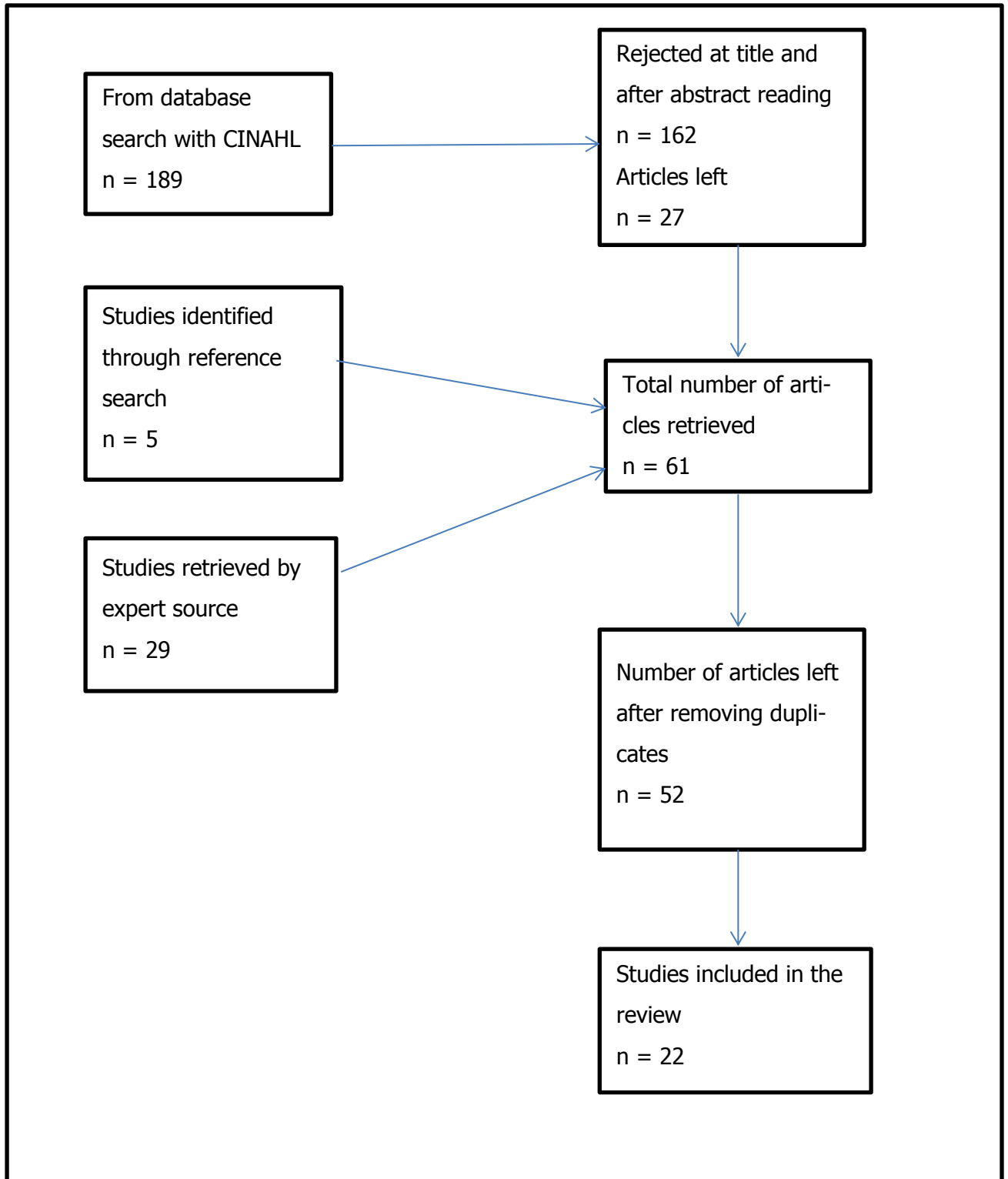Studies included in the review
n = 22

Figure 1

Data Collection Strategy

5 Findings

After analysing the articles, we identified six recurring themes which are: cultural differences, language, communication, limited opportunities for learning, social isolation, and resources. Most culturally diverse students experienced barriers related to these themes, and strategies were developed to help students overcome such barriers. Barriers related to different themes are often interconnected and in certain cases this makes it difficult to separate them into clearly defined areas. The findings of our final project are presented in the Figure 2.

It has to be said that a welcoming, friendly and tolerant attitude from the hospital staff is an important factor in creating a positive learning environment for the culturally diverse students and an important factor that contributes to a successful clinical practice period (Bolderston et al. 2006:220; Pitkäjärvi et al. 2011:556). Students see culturally aware and supportive instructors as a vital resource in all their studies, including the clinical practice. Supporting acts such as "using kind words, offering encouragement, tutoring, speaking slowly, explaining material, treating students as unique individuals with unique needs, mentoring, role modeling, and being committed to diversity" are highly appreciated by students (Starr 2009: 485). It is important for nursing students to feel valued in the clinical and academic settings and be respected and cared for (Shakya et al. 2000:169). In addition, continuous assistance and post-placement reflection sessions are good tools to allow culturally diverse students to share their experiences, to receive moral support and to formulate new coping strategies concerning their issues on the clinical placement (Boughton et al. 2010:358; Hussin 1999:4).

SUPPORT

CULTURAL DIFFERENCES

LANGUAGE

COMMUNICATION

LIMITED OPPORTUNITIES FOR LEARNING

SOCIAL ISOLATION

RESOURCES

-Including families in the orientation programmes

-Improving language skills

-Ethnic nursing associations

-Improving student support systems

-Financial support

-Encouraging good peer relationships and friendships

-Utilising group-work

-Cultural awareness

-Support from the mentors

-Welcoming attitude at the clinical placement

-Improving the language skills

-Education for the clinical staff

-Including students in planning and decision-making

-Positive feedback from the mentors

-Orientation period before the practice

-"Clinically speaking" language programme specifically for clinical communication (San Miguel & Rogan)

-Model for Enhancing Interpersonal Communication (Xu et al.)

-Specific clinical communication programme (Hussin)

-Allowing more time

-Mentorship

-Keeping communication simple

-Increasing cultural awareness

-Role playing

-Post placement reflection sessions

-Cummins model

-Guhde's template

-Language support in the university

-Intensive orientation period before the studies

-Giger-Davidhizar model of transcultural assessment

-Triandis' model (individualism versus collectivism)

-Hall's model (high versus low context cultures)

-Bridging approach for teaching

-Awareness of different perceptions of ethics between cultures

-Allowing students to maintain their cultural identity
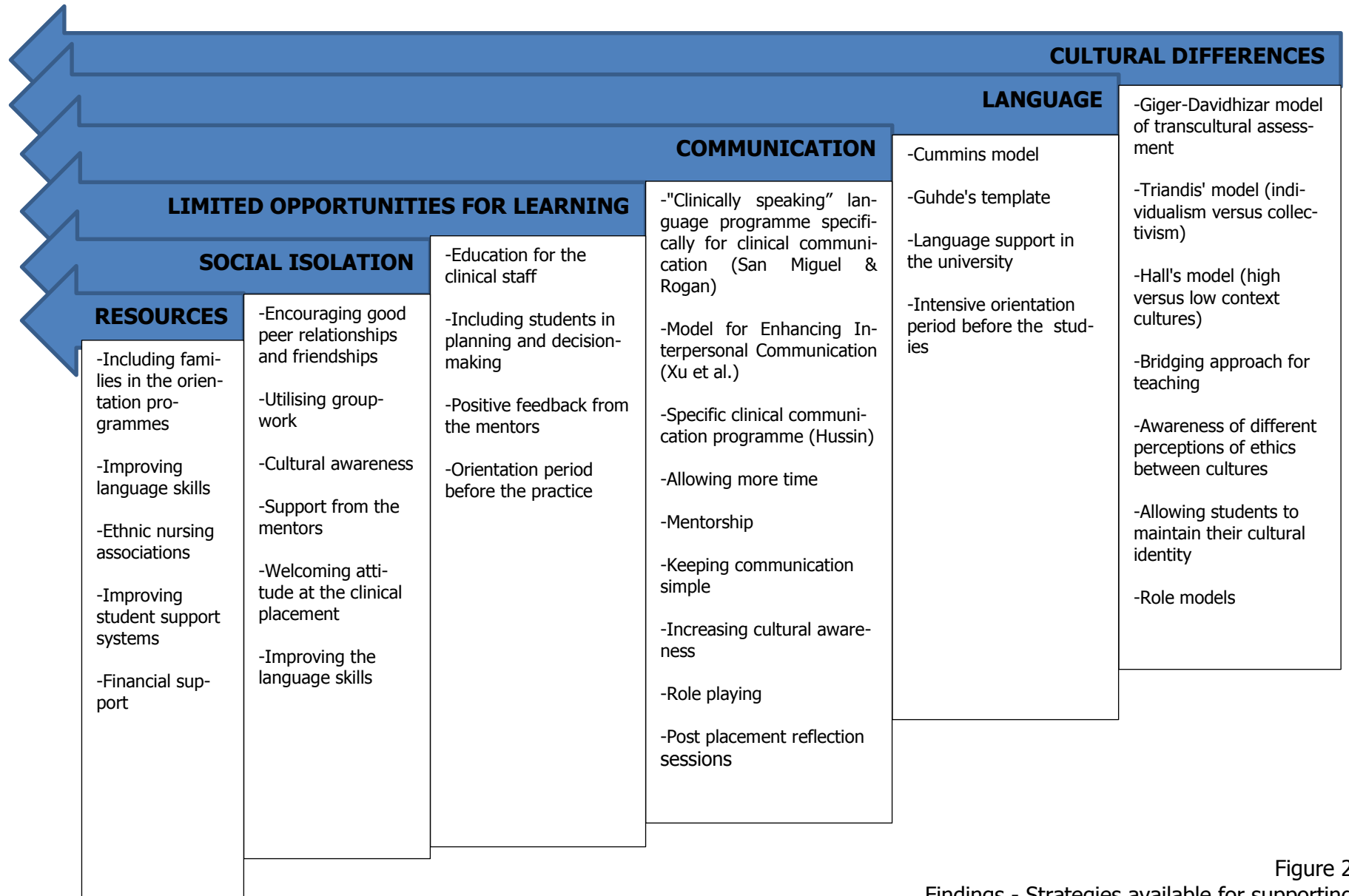
-Role models

Figure 2

Findings - Strategies available for supporting culturally diverse students in clinical settings

5.1   Cultural differences

Many of the culturally diverse nursing students end up studying in surroundings that culturally differ greatly from their own background. There are many African and Asian students studying in western countries where they face not only language barriers but also other cultural barriers. These can include, for instance, problems or misunderstandings related to differences in the body language, need of personal space, differences in equality between genders or differences in ethical values and beliefs. Cultural differences pose challenges not only for the culturally diverse students but also for the educators and the clinical staff, who need to adapt to their students' unique needs to be able to offer successful education (Davidhizar & Shearer 2005). Different cultures can also differ in ideas regarding perception of health, teacher-student relationships and suitable learning methods (Yoder 2001:321).

Characteristics of cultural differences can be explained by using theoretical models. Some theoretical models try to explain certain cultural phenomena, and can be used as a base on which develop effective strategies of students support during the clinical practice. Two relevant models found on the literature included in this final project were a model by Hall (1959) (cited in Scheele, Pruitt, Johnson & Xu 2011:245) which introduced the concept of high- and low-context cultures and a model by Triandis (1995) (cited in Scheele et al. 2011:245) which divides cultures in two categories: individualism and collectivism.

Triandis' (1995) (cited in Scheele et al. 2011:245) conceptual framework divides the cultures into individualistic and collectivistic. In individualistic cultures such as the United States, Australia, and most Northern European countries people act individually and give priority to their own goals and needs, rather than the goals and needs of others. In collectivistic cultures such as African, Arab, Asian, Latin, and Southern European countries individuals consider themselves as a part of a group, and they act according to the goals of the community (Scheele et al. 2011:245).

Triandis' conceptual framework may explain some behaviours of certain cultures, e.g. Asian students' respect for authority, and tendency to avoid conflicts in order to preserve the harmony (Scheele et al. 2011:245). Yoder (2001:322) presents an example

of a conflict between individualistic and collectivistic cultural behavior in an example where some culturally diverse students expect the teacher to walk them through difficult concepts whereas teachers from the dominant culture advocate a more independent style of learning and this resulted in the students believing that the teachers did not want to guide them. Cultural differences in respect for authority and tendency to avoid conflicts may be source of misunderstandings during clinical practice, for example Asian students may be perceived as passive.

Hall's model (1959) (cited in Scheele et al. 2011:245; Abriam-Yago 1999:144) divides the cultures into low-context cultures and high-context cultures. In low-context cultures communication is explicit and direct, and all the information is contained within the message. In high context cultures communication is indirect, implicit, and the message needs to be interpreted based on the context. Therefore misunderstandings can easily arise e.g. between Asian students and American faculties. "In addition, people from high-context cultures (e.g., Asian ESL nursing students) have higher expectations — they expect that their needs could be perceived before they are made known. Such expectation is unrealistic in most situations in the low-context US culture because it requires knowledge of "cultural programming," an automatic mechanism formulated through one's primary socialisation in a given culture." (Scheele et al. 2011:245.)

Assessing cultural needs is essential in order to overcome cultural barriers between culturally diverse students and clinical staff. For assessing the specific needs of culturally diverse students, transcultural assessment tools can be used. The Giger-Davidhizar model of transcultural assessment (Davidhizar, Doud & Giger 1998)(cited in Davidhizar & Shearer 2005) is one appropriate model for this purpose. It is based on six phenomena: communication, time, space, social organisation, environmental control and biologic variations, which make up a framework for collecting the data (Davidhizar & Shearer 2005:358). In the model, communication refers to all means by which people connect including verbal and nonverbal communication. Time refers to the relationship one's culture has to time. For instance practices like timely attendance have cultural variation. Space refers to the appropriate amount of personal space when relating to others. The term social organisation refers to social groups with their own values and beliefs such as a family or a church. Environmental control means how much control a person has on matters affecting him or her and biologic factors refer to physiological

variations related to different ethnic groups. The model can be utilised by making interviews or questionnaires but also by observation. (Davidhizar & Shearer 2005:358-360.) Davidhizar and Shearer (2005:361) also suggest basing interventions according to Giger-Davidhizar model so that the interventions are congruent with the assessment model.

Educators use different approaches when teaching culturally diverse students. Being aware of the different teaching approaches may also help the clinical instructors who provide education to culturally diverse students during their clinical practice. Yoder (1996, 1997)(cited in Yoder 2001:320) has researched the approaches different educators have adopted in teaching culturally diverse nursing students. These approaches were identified as the generic pattern, the culturally nontolerant pattern, the mainstreaming pattern, the struggling pattern, and the bridging pattern.

The generic pattern, as identified by Yoder (2001:320), refers to teaching style where cultural factors are not considered as significant regarding the outcome of the education. The culturally nontolerant pattern refers to a teaching style where cultural differences were not tolerated, and the mainstreaming pattern refers to actions that try to modify the culturally diverse students' behaviour to match the behaviour of the dominant culture. The struggling pattern refers to teaching where there is an effort made in using culturally competent strategies but there is not enough knowledge or skills to succeed. (Yoder 2001.) The bridging pattern refers to a pattern where the educator acknowledges that there are differences among cultures, and encourages the students to maintain their own cultural identity while modifying the teaching strategies to suit the individual needs of the students i.e. bridging the gap between the cultures. (Yoder 2001:320.)

Yoder (2001:320) states that the generic, the mainstreaming and the culturally nontolerant teaching patterns have negative outcomes for the student while the bridging pattern has a positive outcome. According to Yoder (2001:320), the mainstreaming pattern is the predominant model in nursing literature. In the study the educators who were found utilising the bridging approach were all from ethnic minorities, while the majority of the educators utilising other approaches were of European American origin. The bridging educators' experience as part of ethnic minority seemed to influence their

teaching strategies, as it was easier for them to identify with the students' experiences and they had more awareness and appreciation for cultural diversity. (Yoder 2001:321.)

Bridging educators were using four major, culturally adaptive strategies that were found to be effective: "incorporating the student's cultural knowledge, preserving cultural or ethnic identity, facilitating negotiation of barriers and advocating for system change" (Yoder 2001:322). Incorporating the student's cultural knowledge refers to using the cultural knowledge and the background of the student as a resource, as opposed to the mainstreaming pattern of teaching where ideas of the dominant culture are imposed on the student, and the cultural traits of the student are seen as a disadvantage. Preserving cultural or ethnic identity refers to strategies such as encouraging students to function biculturally, providing successful role models and enhancing the student's ethnic self-concept. Facilitating negotiation of barriers refers to strategies aimed to help the students face discrimination, prejudice and racism, which were seen as a phenomenon the students will face in one form or another during their studies and professional life. (Yoder 2001:323.) The students were allowed to express the problems they had regarding prejudice and discrimination and collective problem solving was used to process the problem. For example role-playing can be used to develop strategies for handling racial or ethnic conflict situations. Advocating for system change refers to actions such as assisting students in forming student unions which advocate for structural and policy change. (Yoder 2001:322-324.)

Different perception of ethics in different culture may be an issue during clinical practice. Caldwell, Lu and Harding (2010) examined the topic of ethics related to nursing studies of Chinese nursing students. Caldwell et al. (2010) noted that in some cases the culturally diverse nursing students can face ethical dilemmas when there is a contradiction between western nursing ethics and the ethical views from their own culture. The students may be confused when they do not know which ethical principles to follow.

The authors provide an example of a case that occurred during a clinical practice, where confidentiality is compromised because a nursing student accepts a photograph of a relative from a patient and later includes this photograph in her school assign-

ments (Caldwell et al 2010:192). Caldwell et al. (2010) state that Asian ethical values and beliefs have been ignored in western nursing education which has ethnocentricity as an inherent feature (Caldwell et al. 2010; Shakya & Horsfall 2000:167). The globalisation of nursing profession makes these issues a challenge for the nursing educators (Caldwell et al. 2010:197).

Cultural differences have a significant impact on the culturally diverse students' learning outcomes, especially when it comes to the clinical practice. Although there is increasing awareness of such cultural differences, there still remains a lot to be done in order to increase the cultural competence of both the students and the educators at the placement and at the school. In the following chapters we will present some strategies that have been used to address the cultural issues affecting different areas of learning at the clinical placement.

5.2 Language and communication

In most of the studies that we included in our final project, language and communication are identified as the biggest barriers for international students. The authors suggest some strategies and models that can be applied in order to improve the learning experience of international students both during the clinical practice and in the academic studies. In the following chapter we will present the main findings of the articles concerning these two topics.

In the literature, we found strategies aimed to enhance both language and communication, some programmes focusing more on solving language issues (Abriam-Yago et al. 1999; Guhde 2003; Shakya and Horsfall 2002), some other programmes focusing more on communication related issues (Hussin 1999; San Miguel & Rogan 2009).

Mentorship is considered by many authors as a key factor during the clinical practice, that can assist students with communication (Bolderston et al. 2007:220; Jeong et al. 2011:242; Koskinen & Tossavainen 2003:284). A mentor is a qualified nurse who has the role to guide and support students during a clinical practice, in their learning the skills necessary for the profession (Saarikoski, Marrow, Abreu, Riklikiene & Özbicakc 2007:408). Mentoring allows the student to learn by observing role models. Successful

mentoring depends on a good relationship between mentor and mentee. (Allan 2010:604.)

According to Koskinen an Tossavainen (2003:284), mentors have an important role in assisting culturally diverse students, but such a role is also challenging and it requires a great amount of effort from the mentor. In addition, mentors do not receive enough support from the other staff members and from the school (Koskinen & Tossavainen 2003:281-282). Pitkäjärvi et al. (2011:556) suggest two strategies in order to motivate nurses to teach students with poor domestic language skills: to reward their work, and to provide them with further education courses on clinical supervision of students with poor language skills. Several authors suggest that the mentor should be the same during a whole clinical practice (Hussin 1999:10; Jeong et al. 2011:242).

Koskinen and Tossavainen (2003:281) identified language as a significant barrier that affects the mentoring of international students. This was particularly difficult in those units where the rest of the staff was not participating in the mentoring. (Koskinen & Tossavainen 2003:281.) Language barrier affected student learning by "limiting the students' participation in the nursing routines, minimising direct client encounters, inhibiting contacts with the staff and increasing isolation and homesickness" (Koskinen & Tossavainen 2003:283). The mentors played a key role in supporting the students by acting as "intercultural mediators between the students and the rest of the unit'", for instance by "translating health care protocols, interpreting the course of clinical activities and encouraging participation." (Koskinen & Tossavainen 2003:281-282).

5.2.1 Language

Language is one of the most significant barriers to success in nursing studies for culturally diverse students (Amaro, Abriam-Yago & Yoder 2006; Bolderston et al. 2006; Davidhizar & Shearer 2005; Guhde 2003; Jeong et al. 2011; Mackay, Harding, Jurlina, Scobie & Khan 2011; Shakya & Horsfall 2000; Starr 2009). Lack of proficiency in domestic language causes problems both in academic and clinical surroundings and is often an underlying cause of other barriers such as problems with communication, social isolation and poor academic performance (Starr 2009:283). In a clinical practice

setting, language and communication-related issues can be a source of stress both for the student and for the clinical staff.

According to Mattila, Pitkäjärvi and Eriksson (2010:155) language-related problems affected international students learning opportunities in the Finnish health care settings. They found that the hospital staff did not encourage the students to use the Finnish language skills they had and they were asked to use English instead, other students were not allowed to use English at all. Problems with language prevented them from taking part in nursing activities involving more responsibility, such as having patients of their own, giving oral reports or administering medications. (Mattila et al. 2010:155.) The students also tended to micro-focus on the learning instead of seeing the big picture. Thus lack of language skills prevented international students from experiencing a more holistic approach to the nursing care (Bolderston et al. 2006:222; Mattila et al. 2010:155). Mattila et al. (2010:156) found flexible use of both English and Finnish useful with students who have poor Finnish language skills. In addition, lack of proficiency in the domestic language can also be a barrier to finding a clinical placement as many placements refuse to take students who do not have adequate language skills (Pitkäjärvi, Eriksson & Kekki 2011:556).

The Cummins model

The Cummins model is one of the most common frameworks used to understand and to address the students' language issues. The Cummins model of language acquisition is a framework for educators, which emphasises the importance of context as conceptualised by Edward T. Hall (1976)(cited in Abriam-Yago et al. 1999:144), and helps address student language problems which may arise from the different communication styles in high-context and low-context cultures.

Particularly, Abriam-Yago et al. (1999) discuss how the Cummins model can be used in teaching ESL nursing students. The model explains how a new language is learned, with two different types of language proficiency the students have to acquire: basic interpersonal communication skills (BICS) and cognitive academic language proficiency (CALP). In the context of a clinical placement, the BICS are used for social purposes

such as having small talk with the patients and getting acquainted with the staff. CALP is needed for processing information that deals with the medical terminology and utilising theoretical knowledge.

CALP is acquired by years of exposure to academic terminology by reading and attending lectures and discussions. Academic lectures are usually cognitively demanding and context-reduced, which can cause problems for the ESL student (Abriam-Yago et al. 1999:145). The concept context-reduced means that the material is explicit and lacks elements such as gestures, facial expressions or feedback from the listener. The Cummins model introduces the concept of context-embedding, which aims to add these lacking elements to context-reduced situations and thus makes the language more accessible for people who are used to high-context communication. Some strategies for transitioning from context-reduced to a context embedded situation include group work and study material with charts and other more visual forms of information (Abriam-Yago et al. 1999:145). Elaborating a concept and ideas in one's own language, by for example explaining first a concept to family or friends who have the same mother tongue, helps also to increase the comprehension and facilitates the transition to the foreign language (Scheele et al. 2011:248).

Based on the Cummins model, Abriam-Yago et al. (1999:145-148) have formulated eleven teaching strategies to offer contextual and linguistic support for ESL nursing students during their clinical practice. These strategies are (a) investigating previous learning experience, (b) identifying prerequisite knowledge, (c) preparing individual learning objectives related to communication, (d) leveling the playing field, (e) permitting expression of identity and sharing their world, (f) preparing for casual conversation, (g) providing bilingual and bicultural opportunities, (h) managing group work, (i) modeling the use of texts and resources, (j) assessing continuously and (k) evaluating a clinical log. The objective of these strategies is to facilitate learning cognitively demanding material by moving the material to a more context-embedded situation.

Guhde's template for building verbal and written language skills

Guhde created a language programme which is aimed to improve language skills, focusing particularly on technical aspects of language, and it can be useful in preparing the students to the transition from the university to the clinical settings. Language skills include four aspects: reading, listening speaking and writing (Phillips & Hartley 1990)(cited in Guhde 2003) and the nursing students must have good skills in all these areas to be able to communicate effectively in the healthcare environment. In addition, nursing students need to be able to understand and use medical terminology (Guhde 2003: 114). Guhde (2003:114) also identified some strategies previously applied by other authors to improve the language proficiency such as conversation laboratories, giving the students the professor's lectures notes, study groups led by an English-speaking peer or faculty member, journals, and practicing verbal reports (Guhde 2003:114).

Guhde's programme (2003:14) is focused on exercising writing, verbal, reading and listening language skills, as well as on familiarising with the medical terminology (Guhde 2003: 114). Guhde's programme is based on one-hour individual or group tutoring sessions on course material in Medical/Surgical and Health Assessment courses. Each tutoring session is divided into four sections to cover the four aspect of learning a language, allowing the students to learn the new terminology, to practice the pronunciation, to write nursing notes, and to receive feedback from the teacher about phraseology, grammar and correct spelling, and to practice listening. The programme was tested on a Chinese student, who evaluated it positively. Besides improvements in language proficiency, the programme also had a positive effect on the socialisation of the culturally diverse student with her native speaker peers (Guhde 2003:115).

This programme seems promising, but it needs further testing on a larger sample, in order to get evidence on its effectiveness. In addition, the suitability of the programme for different kinds of students needs to be assessed, as it was tested only on one student. The positive outcomes of it could depend on students' personal characteristics. Other authors also stressed the importance of proficiency in the four aspects of language, and they are all essential in the clinical environment, as the clinical practice involves activities such as giving and receiving oral and written reports.

Similarly to Guhde, Shakya et al. (2000:165) also identified culturally diverse students

difficulties concerning the four aspects of language. Particularly learning a new vocabulary, grammar and academic writing, as well as difficulties in speaking and understanding English presented problems for the students (Shakya et al. 2000:165). "Learning a new vocabulary, grammar and academic writing along with having to explore and understand concepts from nursing, the bio-sciences and social sciences is difficult. Such experiences may directly impede the academic achievement of students in this situation." (Shakya et al. 2000: 165.) During clinical practice students are required to apply the theoretical concepts into practice, while learning new practical skills. In addition, students usually have to make written assignments. Spoken English also is a significant challenge for English as a second language students, particularly because of accent and speaking style, which make it difficult for the students to be understood (Shakya et al. 2000:165), thus clinical practice also is affected by language related issues. Based on these observations, Shakya et al. (2000:168-169) suggest a support strategy within the university which provides the students with support in all the language areas.

Pitkäjärvi et al. (2011:556) also recognise language related difficulties as one of the main issues for culturally diverse students. They suggest an intensive orientation period before the beginning of the studies as a way to solve cultural and language related issues of culturally diverse students. They also suggest providing the clinical staff and instructor with a special training on how to promote culturally diverse students or students with weak domestic language skills. (Pitkäjärvi et al. 2011:556.)

These findings are further evidence that a language programme designed specifically for clinical settings would be beneficial, and would support the culturally diverse students. Language skills are essential, but there are also other issues concerning clinical communication that need to be addressed so that the students can have successful clinical practice. In the following chapter, we will present strategies addressing issues more specifically related to communication.

5.2.2   Communication

Together with language, communication is identified by several researchers as one of the biggest barriers for culturally diverse students (Amaro et al. 2006; Bolderston et al.

2006; Davidhizar et al. 2005; Jeong et al. 2011; Mackay et al. 2011; San Miguel & Rogan 2009; Scheele et al. 2011; Starr 2009). Davidhizar et al. (2005:358) state: "Communication encompasses all the means by which people connect. Communication often creates the most insurmountable problems for nursing students and faculty when cultural diversity is present in the interaction. Language, use of words, accents, and use of "medical" or "faculty" lingo can all effect clear understanding." (Davidhizar & Shearer 2005:358.)

Mackay et al. (2011:20) observe how cultural differences in communication are related both to verbal and nonverbal communication. For example when South Indian students are laterally nodding the head during a conversation, it may be a sign of friendship, or it could mean agreement or understanding (Mackay et al. 2011:20). Educators as well as clinical staff should be aware of such differences in order to improve culturally diverse students learning outcomes (Mackay et al. 2011:18; Scheele et al. 2011:249).

Another factor that can affect communication is ethnocentricity which refers to making comparisons between cultures and considering one's own culture superior to the other culture. Such a view may lead the students or the teachers misunderstanding situations or behaviours and to unintended discrimination. Ethnocentric behaviour was encountered among students, lecturers, mentors, and even patients. (Shakya et al. 2000:167.)

Communication is influenced by culture and different models are available that try and explain how cultural differences influence communication (Mackay et al. 2011:19; Scheele et al. 2011:245). In their literature review Scheele et al. (2011:245) identify four important models that can be used to explain communication differences of different cultures. These models include Triandis' conceptual framework of individualism and collectivism (1995), Hall's (1959) (cited in Scheele et al 2011:245) low-context vs. high-context communication, the Cummins Model of Second language Acquisition and also Xu, Lippold, Gilligan, Posey-Goodwin and Broome's (2004:32) Model for Enhancing Interpersonal Communication. We have described the first three models in the previous chapters.

The Model for Enhancing Intercultural Communication (Xu et al. 2004:32) is used for

explaining and improving the communication between individuals from different cultural background and for solving possible misunderstandings arising from cultural differences. This model was based on a real-world experience, and it consists of a framework of cultural variability, which allows to analyse the situation on a cultural perspective. It assumes that different people perceive the same situation or event in a different way. This may lead to misunderstandings and problems in communication. A third party is therefore needed to mediate the communication. (Xu et al. 2004:32.)

In order to cross the communication barrier and ensure an effective communication researchers suggest different strategies. Some of these strategies deal with language-related communication issues, some with cultural-related communications problems, some are students' own coping strategies. The language-related communication issues refer to dealing with the technical aspects of language and their effect on communication while culture-related communication issues are rooted in conflicts that arise from differences in culture or ethnicity.

Strategies for dealing with language-related communication issues

A language and communication programme is a core strategy of several studies, and it was found to have positive outcomes on enhancing the students' communication skills (Abriam-Yago et al. 1999; Bolderston et al. 2006; Boughton et al. 2011; Mackay et al. 2011; San Miguel & Rogan 2009; Scheele et al. 2011). A good example is San Miguel and Rogan's (2009) programme. They argue that "whilst clinical practice can be stressful for all students, it is perhaps even more stressful for students who may still be developing the linguistic skills required to interact with patients, families and hospital staff. Paying explicit attention to what to do and what to say on clinical can help alleviate this stress." (San Miguel et al. 2009: 187.)

San Miguel and Rogan (2009) present a programme called "Clinically Speaking", which is aimed to teach culturally diverse students language skills as well as communication skills needed to communicate with patients and the rest of the staff in the clinical settings. Within the programme students were taught how to introduce oneself to patients, make small talk and explain health-care procedures such as taking vital signs.

Students were also taught how to interact with the rest of the staff, for example how to find the appropriate time and right way to ask questions. (San Miguel & Rogan 2009:180.) The program had a positive impact on the students' clinical practice experience (San Miguel & Rogan 2009:186).

Hussin (1999) also created and implemented a programme aimed to support culturally diverse nursing students at the School of Nursing at the University of South Australia. Like San Miguel and Rogan's "Clinically speaking", Hussin's programme also focuses on clinical communication, and it provides strategies concerning five domains: professional development of faculty staff, workshops for students prior to and following their placements, individual consultations with students, on-site supervision of 'at risk' students within their placements and provision of web-based learning support materials (Hussin 1999:2).

The workshops for students prior to their placements train the students on how to communicate with patients and with the staff. It includes information on how to give information to patients, how to explain them procedures, how to seek cooperation from patients, how to offer encouragement and reassurance to patients, and how to give feedback to patients. (Hussin 1999:3-4.) Students were given tips on how to have a social conversation with the patients, how to respond to a patient's complaint, and telephone conversation practices. The second part of the programme consists of a post-placement workshop where the experiences from the clinical placement are discussed (Hussin 1999:3-4).

Many other strategies which are aimed to improve culturally diverse students' communication skills were suggested in the studies (Abriam-Yago et al. 1999; Boughton et al. 2010; Bolderston et al. 2006; Hussin 1999; Mackay et al. 2011). These strategies are aimed to improve the students' language skills in a variety of different situations, starting from language testing before the admission to school, language support during the whole duration of the academic studies (e.g. language tutoring sessions), suggestions concerning language that clinical facilitators and staff can use during the clinical practice, and post clinical placement reflection sessions.

According to some authors the first step to take is to assess the individual language

knowledge and communication needs by testing the students. Testing can be done individually during the academic year (Bolderston et al. 2006:220) or even before the admission (Scheele et al. 2011:247). Assessing language competence is a way to plan specific support interventions for individual students. During the academic studies, class and individual tutoring sessions can be offered to provide vocabulary coaching in medical and non-medical English (Bolderston et al. 2006:220), and to provide information about the use of colloquialism, common terms and expressions for body parts, and other phrases encountered in the healthcare environment (Boughton et al. 2010:357; Hussin 1999:2; Mackay et al. 2011:20). In addition, some students' own coping strategies are drawing diagrams, reading more and speaking with other native speakers (Shakya et al. 2000:169).

However, on the clinical placement staff should keep the communication simple and to try avoid jargon, colloquial language, and culture based idioms (Bolderston et al. 2006:223; Hussin 1999:10). Particularly Hussin (1999:10) suggests simplifying the structure of the sentences and making the communication more clear by using short sentences with pauses, using positive form rather than negative, avoiding forms of informal interaction that may be misunderstood such as jokes and satire, avoiding unnecessary colloquialisms, idioms and shortening of words (Hussin 1999:10-11).

Bolderston et al. (2006:221) found that non native speakers need more time to process the information in the foreign language. Thus, they suggest reading and preparation ahead of time as a good way to allow them extra time for certain tasks (e.g. talking with the patients). "Preparing ahead of time by listing steps to be taken for a given situation on paper, thus giving them a template for action" is seen as a useful strategy by the students during their clinical practice. (Bolderston et al. 2006:221.) Bolderston et al. (2006:220-221) also identified some additional coping strategies that students were using during the clinical practice. These include: asking questions and asking for help from staff in order to ensure that the communication was effective, and that there were no misunderstandings. Discussing with the rest of the staff about patients' issues and listening to the staff's conversations about work related issues was also found to be important. Journaling and writing notes were also an effective strategy used as a support by the students during clinical practice as well as writing a list unfamiliar terms and writing down questions. (Bolderston et al. 2006:220-221.)

Mentorship is considered an important factor in ensuring a positive learning experience on the clinical placement (Bolderston et al. 2006:220; Jeong et al. 2011:242; Scheele et al. 2011:248). The mentor acts as a mediator between culturally diverse students and the clinical environment by translating and interpreting, and continuously assessing the student understanding (Pitkäjärvi et al. 2011:555; Koskinen & Tossavainen 2003:281-282). Continuing assistance also from the teachers was also found beneficial, as well as post-placement reflection sessions where students could share their experiences, receive moral support and make up new coping strategies (Boughton et al. 2011:358).

Strategies for dealing with cultural-related communications problems

Among the strategies aimed to address cultural issues in communication one of the most important is to develop the educators' and clinical instructors' own intercultural competence. This is achieved by offering workshops and seminars (Scheele et al. 2011:248) and by educating the clinical staff on how to enhance the learning of culturally diverse students (Pitkäjärvi et al. 2011:556). Similarly, Mackay et al. (2011:21) consider it important to develop educators' cultural awareness, so that they can adapt their teaching strategies to culturally diverse students. For example, communication style is often an issue when teaching asian students. If educators are not culturally aware, for example, Asian students' need to 'save face', indirect communication style and willingness to avoid conflict may cause communication problems (Mackay et al. 2011:15). Part of Hussin's (1999:2) programme also focuses on training the staff about the needs of culturally diverse students, for example by teaching culturally-based teaching styles, different attitudes toward authority, respect, and the student's role on in the clinical practice (Hussin 1999:2).

The students also need to become more aware of the cultural differences to be able to provide culturally competent care in the context of the dominant culture. Thus, it is important to include multicultural information in the nursing programmes (Amaro et al. 2006:253). Mackay et al. (2011:20) suggest assessing and exploring the differences in verbal and non-verbal communication styles with the students as a strategy to increase

students' transcultural awareness. This can be done through the discussion of clinical scenarios and how to handle the same situation in students' own culture and what it is expected in the host culture (Mackay et al. 2011:20.) Similarly Boughton et al. (2010:357) suggest to discuss clinical scenarios in which misunderstanding in communication occurs between the patient and the healthcare provider. They also suggest inviting previous students with a culturally diverse background to share their experiences about communication issues, and their strategies of coping, and then discussing about possible solutions (Boughton et al. 2010:357.)

Role playing was also identified as a helpful tool in enhancing communication by several authors (Bolderston et al. 2006:224; Hussin 1999:4). For example they suggest simulating clinical situations and practicing communication strategies through role playing (Bolderston et al.2006:224; Hussin 1999:4). Students considered the role playing as the most helpful tool in the programme (Hussin 1999:4).

5.3 Limited opportunities for learning

Reading, writing papers, and completing assignments are challenging tasks for international students, who are often struggling with their language skills. The clinical practice, as a compulsory part of the nursing studies, presents a significant challenge as well. Because of difficulty in accessing the written information on the clinical ward and difficulties in communication, international students often experience limited opportunities for learning, compared to the domestic students (Amaro et al. 2006:250; Shakya et al. 2000:168; Starr 2009:484).

Mattila et al. (2010:155) found that international students with poor domestic language skills did not know how to participate in the activities of the clinical placement, and they were even excluded from the rest of the staff, because the other nurses were not sharing information with them, students were not given own patients, and they were not allowed to give oral reports. In addition, some students felt ignored from the staff, they were not trusted, and they ended up learning by just observing (Mattila et al. 2010:155). Similarly Jeong et al. (2011:241) found that it takes extra time to instruct international students and they are often left doing less demanding tasks involving less responsibility, such as washing or toileting patients because the mentors do not have

the time to instruct them with more complicated or demanding tasks. (Jeong et al. 2011:241.)

Pitkäjärvi et al. (2011) studied the experiences of teachers of culturally diverse students in Finnish polytechnics, and they found some issues concerning the organisation of the clinical placements. They found that many clinical placements were reluctant to take students who did not speak the domestic language. They also found that centralised reservation systems were not optimal for English-language-taught degree program students in Finland. (Pitkäjärvi et al. 2011:556.) Pitkäjärvi et al. (2011:556) suggest the staff in clinical placements would need education on how to support the learning of culturally diverse students who might lack proficiency in the domestic language. They also suggest offering a reward for staff members who are mentoring culturally diverse students (Pitkäjärvi et al. 2011:556).

In another study, Mattila et al. (2010:156) examine the experiences of culturally diverse students in Finnish health care settings. They underline the importance of "accepting students as team members as well as allowing for independence in patient care and expose to challenges" to enhance their professional growth. Allowing the students to be included in planning and decision making, staff members willingness to help and teach, enhancing independent working (to encourage critical thinking and reflection, giving own patient), continuous feedback from the clinical instructor, were seen by the students as positive experiences and made them feel a sense of belonging. (Mattila et al. 2010: 155.) Koskinen and Toissavainen (2003:283) found that mentors used positive assessment as a way of supporting the students in the clinical placement.

There are some strategies used shortly before the start of the clinical practice, which are found to be useful in preparing the students for the upcoming learning experience. An orientation period before the practice is one strategy that was suggested in the literature (Mattila et al. 2010:156; Shakya et al. 2000:170). Clarifying expectations and being clear and open is also important in order to deal with culturally related communication issues (Bolderston et al. 2006:221; Hussin 1999:9). Hussin (1999:9) also suggests to visit the clinical practice placement in advance and to make sure about what tasks students are required to perform and what are the evaluation criteria. This allows the students to feel more relaxed when starting the new placement. (Hussin 1999:9.)

Preparing for the clinical placement is a process that starts already during the theoretical studies at the university. Boughton et al. (2010) devised a programme that includes strategies to improve students' academic performance and provides them with important tools for the clinical placement. One of the aims of the programme was "to prepare and equip the students for clinical placements by minimizing the stress associated with clinical placement and enhancing the clinical safety and competence" (Boughton et al. 2010:356.) The programme is based on the participatory learning approach, which is aimed to promote students' academic skills by enhancing their participation in the classes. This approach included strategies aimed to enhance the students experience on the clinical placement, such as "interactive delivery, activities in small groups, video clips with role play, reflective feedback sessions, and open discussions". Tutorial sessions also were offered that focused on the use of the library and student web pages, critical reading skills, referencing conventions and avoiding plagiarism, examination and revision preparation, communication skills for clinical placement, the use of colloquial language, common terms and expressions for body parts, and other phrases encountered in the healthcare environment. (Boughton et al. 2010:356.)

Culturally diverse students' learning on the clinical placement can be enhanced considerably. This requires an effort from the university to develop and implement strategies and it requires the students to be more motivated and active. By applying some changes to their education, the students will be better equipped and the learning on the clinical placement will be maximized.

5.4   Social isolation

In the literature it was noted that many culturally diverse students expressed feelings of rejection or social isolation (Amaro et al. 2006:251; Bolderston et al. 2006:219; Boughton et al. 2010:359; Davidhizar & Shearer 2005:357; Jeong et al. 2011:241). Difficulty establishing peer relationships, experiencing loneliness and feelings of isolation are considered barriers to successful nursing studies (Boughton et al. 2010:356). Such feelings of isolation are really common on the clinical practice placement and may affect the students learning experience.

Mentor-student relationship plays a significant role in integrating the student with the health care environment. Koskinen and Tossavainen (2003:278) mention in their study that international students often suffer from loneliness, isolation and homesickness. International students were sometimes mentally tired due to homesickness and language barriers, and had only few encounters with the patients. (Koskinen & Tossavainen 2003:278.) Koskinen et al. (2003) found that mentors used different strategies in order to support the students. For example, by "welcoming the students to their own homes and by being available even outside their office hours" (Koskinen et al. 2003:281).

Some sessions of the support program for culturally diverse students by Boughton et al. (2011:356) were also focused on promoting social support, friendship and peer relationship. Group work was found to be one effective strategy for promoting social integration and for developing interpersonal relationships. Group work offers "the potential for natural forming social supporting networks" (Boughton et al. 2011:356.) The students evaluated extremely positively the impact that the program had on their social life. The program facilitated the development of friendships, alleviated the students feelings of isolation by providing them with an important support and enhanced their confidence. (Boughton et al. 2011:358). In addition, Shakya and Horsfall (2000:169) found that international students felt comfortable working with other international students in a group where they could ask each other questions and share their experiences. They believed they could identify with each other's learning challenges. The students found support and strength in such relationships which helped them to feel less isolated. (Shakya & Horsfall 2000:169.)

In her research about mentoring overseas nurses, Allan (2010:606) found that many mentors lack awareness of cultural differences in learning. Allan points out that mentors need to prepare properly for mentoring overseas nurses and they need to think about their learning needs in the new culture, as well as the contribution foreign nurses can bring to the clinical environment (Allan 2010:610). Allan (2010:604) talks about the concept of belongingness which refers to having a sense of belonging to a group or a situation. A lack of belongingness can be experienced as social isolation. In a clinical practice setting belongingness refers to the student feeling like he or she is welcomed

and accepted as a part of the team. Allan (2010:605) states that belongingness is an important factor in the studies as it facilitates learning and teamwork.

Ethnocentricity together with prejudice, racism and discrimination are identified as issues that culturally diverse students are likely to face in one form or another during their studies (Amaro et al. 2006:248; Allan 2010:604-605). Amaro et al. (2006:251) found that few students reported discrimination from the teachers but discrimination by staff and clients in a clinical practice setting was more common. However, Shakya and Horsfall (2000:167) found some evidence that black students in the USA are treated differently from their white peers even in the academic setting. Shakya and Horsfall (2000:170) propose providing intensive language classes, and to increase teachers' and students' cultural awareness by offering seminars about culture and customs of different cultures.

5.5   Resources

Resources is a theme discussed in the literature, which refers to factors that affect studies such as finances, time, family and work (Starr 2009). Resources or lack of resources can act as a support or barrier to the studies. For example issues such as lack of financial aid or support and the cost of education have been identified in the literature as a common nursing education challenge (Amaro et al. 2006:253; Starr 2009:482). Family has often been identified as a support that offers comfort and security by culturally diverse students (Starr 2009:485-486). However, family can also act as a barrier to successful studies, because there can also be responsibilities such as staying home to take care of the children or the family might not be supportive regarding the studies. (Shakya et al. 2000:169; Starr 2009:485).

The students' financial situation is an important factor affecting the studies. Some students have to work full-time to be able to support their families or to be able to pay for the tuition fees of the university he or she is studying in (Starr 2009:485-486). While the student is doing his or her clinical practice, the situation can be particularly stressing if the student also has a full-time job as is often the case if the student is a single parent or is supporting other members of the family. In this kind of situation, the student also has a limited amount of time, as the job and caring for the family take up

time that he would need for resting or studying at home. (Starr 2009:485-486.) Language also plays a part in the resources because having good language skills can help the student acquire resources needed in succeeding at the studies. For example, employment is easier when language is not an obstacle (Starr 2009:484). In fact, language can be also considered as a resource if the language of the dominant culture is mastered (Starr 2009:483).

Strategies that help the students with issues related to resources could be: including families in the orientation programs (Stewart 2005)(cited in Starr 2009: 486), ethnic nursing associations (Amaro et al. 2006:253), improving student support systems (Shakya et al. 2000:170), and financial support (Taxis 2006) (cited in Starr 2009:481). Some students also consider religion as an important resource throughout the difficulties encountered during the studies (Shakya et al. 2000:169). However, all situations are different and each student being unique, finds his or her own strengths and resources. For example, Amaro et al. (2006:254) underline students' self-motivation as an important factor to a successful outcome in nursing studies.

6   Discussion

6.1   Discussion of the results

The purpose of this final project was to find out what kind of strategies exists for supporting culturally diverse nursing students in their clinical practice. Our research question was: which strategies can be used to support culturally diverse students during the clinical practice?

The findings show that culturally diverse students face many challenges during their education concerning different areas of learning and this has been acknowledged widely. In the literature there are several strategies available to support culturally diverse students, but the majority of these are suggestions and still there is little empirical research on the effectiveness of different strategies. The strategies are usually based on theoretical models that try to explain certain cultural phenomena. It must be noted that support is needed in several areas, and each area is interdependent with the others,

for example poor language skills may lead to problems related to social isolation. For support strategies to be effective, this interdependence must be taken into consideration in the assessment and planning of the support interventions.

Also, all students are different. Everyone has their own strengths and coping strategies, and some need more support than others. Every student is an unique person, and the best way to assess problems during studies is maintaining an open communication among the student, teachers and tutors. Teacher-student relationship is very important in the learning process and each student needs to feel appreciated and supported by the teachers.

Most of the research comes from countries that have a long history of immigration such as Australia, New Zealand, the USA or the UK and most of the strategies and models may be best applicable to students in those countries. Furthermore, majority of the literature we used, discussed English as a second language students, who were studying in an English language environment. The language used during the studies was the domestic language of the country. There is a need for more research from study programmes where the language of the studies is different from the domestic language.

From this point of view Finnish environment presents additional challenges compared to English speaking countries, because most international students who do not speak Finnish, have the studies in English, but have to use Finnish during their clinical practice and in their everyday life and the working environment. In Finland, clinical placements often refuse to accept culturally diverse students for the clinical practice due to poor language skills. Thus, culturally diverse students studying in English-language nursing programmes in Finland have to deal with multiple languages. In Finland research on culturally diverse nursing students is only at the beginning, although due to the recent changes in population there is an increased interest in this topic.

The findings in the included research articles were similar, and we did not encounter conflicting information. This is perhaps due to the fact that strategies for improving the clinical practice for culturally diverse students have not been researched thoroughly yet. Nevertheless, due to our inexperience in academic writing, it is possible we have not noticed some information relevant for this final project.

6.2   Implications

The findings of our final project suggest that the support interventions that were put into practice had generally a positive outcome on the students learning experience. It seems that almost any kind of attempt to support culturally diverse students has a positive effect on the studies. An extremely important premise to a successful learning outcome is that the students are encouraged and allowed to maintain their cultural identity.

Mentors have a key role in the culturally diverse students' learning and in introducing them to the profession. They also act as mediators between the students culture and the domestic culture, and feedback from the mentors is valuable for the students. However, the role of a mentor for a culturally diverse nursing student during the clinical practice is challenging and demanding, and offering specialised training and perhaps a reward for their work would motivate them to accept culturally diverse students as mentee and increase the quality of mentoring. Also the whole clinical staff should help the mentor in teaching the culturally diverse student, so the mentor's workload will be decreased and the mentoring less stressing. The attitude of the staff has a great impact on the students learning: accepting students as team members, allowing them independence in patient care, and including them in planning and decision making are very important factors that contribute to students' professional growth.

The culturally diverse students' biggest challenge during clinical practice is related to the language and communication. A language and communication programme provided by the university was found to be useful in enhancing the students ability to communicate effectively with patients and staff. As the language and the communication skills improve, also students' functioning in social situations is improving, as well as the student's integration to the host culture. A useful tool used is group work as it facilitates the development of friendship among the students and offers a more interactive way to study often challenging academic subjects. Using different senses for the learning has been found to be effective. The material used in education should include visual elements as well as speech, written material and clinical laboratory work.

Some of the interventions found in several studies include transcultural education such as courses and seminars for the staff as well as for the students to enhance their cul-

tural understanding, and to make them aware of possible issues or conflicts due to cultural differences. Culturally diverse nursing students need to be seen as a resource rather than as a burden. They can contribute to the nursing profession by bringing in new perspectives and enhancing the transcultural proficiency of their professional environment.

6.3   Trustworthiness/validity

Trustworthiness refers to evaluating qualitative data following the criteria of credibility, transferability, dependability and confirmability (Polit & Hungler 1999:717). Credibility, which refers to confidence on the truth of the data (Polit & Hungler 1999:427) was achieved by using only articles from peer-reviewed journals that were read by all three of the authors and agreeing on the findings. Transferability refers to generalizability of the data (Polit & Hungler 1999:430). In our final project, the studies included were conducted in several different countries and the findings were similar. This suggests that the results of these studies are transferable to different cultural contexts. Dependability refers to the stability of the data over time and conditions (Polit & Hungler 1999:430). In our final project we used data from the discussion sections in the articles as there was very little empirical research available on the subject. This decreases the dependability of our work as many of the strategies are not evidence based. Confirmability refers to the objectivity and neutrality of the data (Polit & Hungler 1999:430). In our final project we presented in a clear manner all the research and writing process, as well as we referenced all the sources that we used, so that another person would be able to review and to audit our final project, and would be able to come to the same conclusions. Due to our inexperience in academic writing, some important information may be missing, or the data may not be analyzed correctly.

6.4   Ethical considerations

Since this work is a literature review, there were no subjects directly involved in the conduction of this study. Thus, the conduction our final project did not have any cost or benefit as described by Polit and Hungler (1999:136) to people not involved in the writing. In addition, we only used studies, which followed the ethical guide-

lines of the National Advisory Board on Research Ethics (2009) such as autonomy of the research subjects, avoiding harm, privacy and data protection (2009:13). Particularly privacy and data protection were ensured in our final project, as none of the articles used disclose private information that makes it possible to identify individual persons

There is a risk of subjectivity when using content analysis as the method for data analysis (Polit & Hungler 1999:210) still we have made an effort in presenting the information in an objective manner although we wrote about nursing students while being nursing students ourselves. All the three authors of the final project read all the studies, took notes, and came to conclusions that were compared.

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Appendix 1: Database search table (7.2.2012)

Database	Search words	Limitations	Number of hits	Number of articles chosen
CINAHL	International students + Clinical practice	2000-2012 abstract available	9	4
CINAHL	International students + Practice	2000-2012 abstract available	59	10
CINAHL	Culturally diverse students + Clinical practice	2000-2012 abstract available	2	0
CINAHL	Culturally diverse students	2000-2012 abstract available	65	6
CINAHL	ESL (English as a Second Language) + Clinical practice	2000-2012 abstract available	0	0
CINAHL	ESL (English as a Second Language) + practice	2000-2012 abstract available	8	2
CINAHL	ESL + education + framework	2000-2012	5	1
CINAHL	ESL + student + support	2000-2012	8	0
CINAHL	International students + Clinical practice + Framework	2000-2012	3	1
CINAHL	International place-ment	2000-2012	30	3

Appendix 2: Table for Analysing Research Data

Author(s), year, country where the study was conducted	Purpose	Participants (sample size)	Data collection and analysis	Main results
Abriam-Yago, K., Yoder, M. and Kataoka-Yahiro, M. (1999) The Cummins Model: A Framework for Teaching Nursing Students for Whom English is a Second Language.	The purpose of this study is to discuss the importance for changing teaching strategies for ESL students and to present the Cummins Model, which provides a framework for nursing faculty to develop these teaching strategies to meet the learning needs of ESL nursing students.	-	-	The Cummins Model provides a framework for nursing faculty to develop educational support that meets the learning needs of ESL students.
Allan, H. (2010) Mentoring overseas nurses: Barriers to effective and non-discriminatory mentoring practices.	The purpose of this study is to discuss barriers to effective and non-discriminatory mentoring in clinical placements for overseas nurses in the National Health Service (NHS) and the home care sector in the UK. It also presents some recommendations to stop discrimination and improve overseas nurses' experiences of mentoring.	93 overseas nurses and 24 national and 13 local managers and mentors from six research sites involving UK health care employers in the NHS and independent sectors in different regions of the UK.	Interviews	The findings show that overseas nurses are subject to unfair treatment during periods of supervised practice because of a lack of preparation in providing mentoring that recognises that overseas nurses have been trained in a different system and have different learning styles.

Amaro, D. J., Abriam-Yago, K., Yoder, M. (2006) Perceived Barriers for Ethnically Diverse Students in Nursing Programs.	The purpose of this study is to examine the perceived barriers and factors that hindered or facilitated ethnically diverse students' completing their nursing education.	Seventeen recently graduated ethnic minority RNs in Central Coastal California. These nurses represented Latino, Portuguese, Asian, and African-American population groups.	Interviews using an open-ended questionnaire. Grounded theory methodology was used for data analysis.	The findings identified the needs and barriers that ethnically diverse nursing students may encounter while completing their nursing education. In addition, data revealed supportive factors that helped these students cope with the barriers.
Bolderston, A., Palmer, C., Flanagan, W., McParland, N. (2008) The experiences of English as second language radiation therapy students in the undergraduate clinical program: Perceptions of staff and students.	The purpose of this study is to explore the experiences of undergraduate radiation therapy students who have English as a second language (ESL) in the clinical environment, as well as the experiences of staff members who teach these students. Specific study aims were to increase understanding of the issues faced by this subset of students, including identifying potential barriers to clinical learning.	Two focus groups were conducted; Group 1 consisted of ESL graduates/students and Group 2 (n Z 5) consisted of radiation therapy staff members and clinical coordinators who are actively involved in the education of ESL students.	A qualitative methodology was utilised with focus groups as the data collection tool. Comparative data analysis of the transcribed discussions was carried out using content analysis and categorised according to the emergent themes.	Three main themes were identified for both groups, "Communication", "Differences" and "Dealing with it." The primary barrier for ESL students was seen as proficiency in English, which manifested in a number of ways. This resulted in a lack of confidence and a subsequent sense of alienation. External challenges identified were unfamiliarity with Canadian systems and cultural differences. Support strategies identified included the use of mentorship, professional development and external support for teaching staff and journaling, among others.

Boughton, M., Halliday, L., Brown, L. (2010) A tailored program of support for culturally and linguistically diverse (CALD) nursing students in a graduate entry Masters of Nursing course: a qualitative evaluation of outcomes.	The purpose of this study is to firstly explain why a support program is necessary and describe briefly the support program for culturally and linguistically diverse (CALD) nursing students enrolled in a two year accelerated Master of Nursing program at the Faculty of Nursing and Midwifery, the University of Sydney. Secondly, to address the underpinning pedagogical approach to delivery of the program and finally to report the findings of a qualitative evaluation of the program.	17 students: 3 males and 14 females. 3 students were from Korea, 2 students were from the Philippines, 2 from Tanzania, 2 from the USA, and one each from Singapore, China, India, Laos, Romania, Nigeria, Kenya and Zimbabwe.	13 semi-structured interviews	The evaluation findings highlight the benefits of implementing a program such as this for CALD students in accelerated nursing courses, with the program appearing to be successful in several areas; firstly, it provided students with the necessary academic resources and support to maximise their chances of success. Secondly, it enabled the students to make cultural adjustments, develop additional knowledge and necessary skills that set them in good stead for their first experiences within a clinical nursing environment. Finally, the program provided much needed support from peers, and avenues for friendship and social support alleviating feelings of isolation and some students claimed it contributed significantly to their decision to remain in the course.
Caldwell, E. S., Hongyan, L., Harding, T. (2010) Encompassing multiple moral paradigms: A challenge for nursing educators	The purpose of this study is to reflect on ethical dilemmas caused by cultural differences between Chinese and western traditions.	1 case study involving a Chinese student	-	There are differences between certain ethical principles in certain Asian cultures and western culture. Both the nursing student and the educator need to be aware of this.

Davidhizar, R., Shearer, R. (2005) When Your Nursing Student Is Culturally Diverse	The purpose of this study is to suggest strategies for responding to the culturally diverse student, including assessing the student, personalising approaches, planning interventions, and evaluating the effect of strategies to meet the needs of the culturally diverse student.	-	-	Using the Giger-Davidhizar assessment model can assist the faculty in assessing for cultural differences and thus can provide a base on which to plan effective interventions.
Grant, E., McKenna, L. (2003) International clinical placements for undergraduate students	The purpose of this study is to gain insight into the experiences of third year nursing students who participated in a 4-week clinical placement in an international setting.	22 Australian nursing students.	A combination of transcribed journal entries and interviews with the students allowed identification and description of experiences by thematic content analysis.	The study highlights the importance of adequate preparation and support for students on international clinical placements, with emphasis on attention to clinical detail.
Guhde, J. A. (2003) English-As-A-Second language (ESL) Nursing Stu-	The purpose of this study is to present that there is an increasing number of English as a second language (ESL) students enrolling in nursing programs.	Individual or group tutoring sessions.	Each tutoring session is divided into four exercises to cover the four areas of language.	Being sensitive to these cultural differences in students, and making the effort to bridge the gap will help the ESL students be successful in their nursing program.

dents: Strategies for Building Verbal and written Language Skills	Many of these students have difficulty with the coursework and clinical work.			Utilising simple strategies in either the class-room, clinical setting or during study groups will help ESL students adapt socially to the nursing profession, as well as, improve their communication skills.
Hussin, V. (1999) From classroom to clinic: towards a model of learning support for NESB nursing students in clinical place-ments.	The purpose of this paper is to present support programme developed by the School of Nursing at the University of South Australia aimed to enhance the NESB (non-English speaking back-ground) students' learning outcomes.	-	-	This paper reports on five levels of this sup-port initiative: professional development of faculty staff; workshops for students prior to and following their placements; individual consultations with students; on-site supervi-sion of 'at risk' students within their place-ments and provision of web-based learning support materials. The paper suggests recommendations includ-ing areas of cross-cultural communication that require research in order to further improve placement outcomes for NESB students.
Jeong, S. Y.-S., Noelene Hickey, N., Levett-Jones, T., Pitt, V., Hoffman, K., Norton, C.A., Ohr, S.O. (2011) Understanding and enhancing the learning experiences of culturally and linguistically	The purpose of this study is -to explore the factors that impede or enhance the learning experiences of CALD students at university and in clinical settings -to explore the factors that impede or	Eleven culturally and linguis-tically diverse students, three clinical facilitators, and four academic staff.	Focus group interviews. The data from the focus groups was transcribed then analysed using thematic analysis.	The data suggested that there are some con-cerns that common to all participants. Four key issues and the strategies that emerged for addressing each of them are presented: (a) English language competence, (b) feelings of isolation, (c) limited opportunities for learning, and (d) inadequate university support.

diverse nursing students in an Australian bachelor of nursing program.	enhance the teaching experiences of academic and clinical staff with CALD students at university and in clinical settings -to identify support structures/systems for CALD students and staff.			
Koskinen, L. and Tossavainen, K. (2003) Charactersistics of intercultural mentoring – a mentor perspective	The purpose of this study was to explore the characteristics of intercultural mentorship and the strategies used by the mentors to improve the students' intercultural competence.	23 mentors and five students participated in this study.	Mentoring session observations, group interviews and research diary notes.	The mentors used a variety of strategies to improve the students' intercultural competence. Mentorship was both a rewarding and a frustrating experience.
Mackay, B., Harding, T., Jurlina, L., Scobie, N., Khan, R. (2011) Utilising the Hand Model to promote a culturally safe environment for international nursing students.	The purpose of this study is to explore the potential of this model in providing a framework for creating a culturally safe environment for international students.	Literature review.	The literature for this paper was generated from a variety of electronic databases including CINAHL and EBSCO and an internet search using Google Scholar.	The Hand Model offers the potential to support international students in a culturally safe manner across all aspects of acculturation including those aspects of cultural safety unique to New Zealand.
Mattila, L.R., Pitkäjärvi, M., Eriksson, E. (2009) International student nurses' experiences of clinical practice	The purpose of this study was to describe international student nurses' experiences of their clinical practice in the Finnish health care system.	Fourteen international student nurses of African and Asian origin were interviewed.	The data were collected by semi-structured interviews and the data were then analysed by qualitative content analysis.	The results indicated that appreciative orientation, sense of belonging to the team, enhancing independent working, growing towards professionalism and working as a member of the team were descriptions of positive experi-

in the Finnish health care system				ences. Descriptions of negative experiences were related to restricted learning and compromised human dignity, which lead to negative feelings of being an outsider, decreased self-esteem, sense of giving up and anticipation of difficulties. Despite the small sample size, the results indicate a need to develop clinical practice arrangements when the language of the learning environment is other than that of the student nurse.
Pitkäjärvi, M., Eriksson, E., Kekki, P. (2011) Teachers' experiences of English-language-taught degree programs within health care sector of Finnish polytechnics.	The purpose of this study is to research teachers' experiences of the English-Language-Taught Degree Programs in the health care sector of Finnish polytechnics. More specifically, the focus was on teachers' experiences of teaching methods and clinical practice.	Eighteen teachers in six polytechnics through focus group interviews.	Focus group interviews. Content analysis was used to analyse the data.	The results suggested that despite the positive interaction between students and teachers, choosing appropriate teaching methods provided a challenge for teachers, due to cultural diversity of students as well as to the use of a foreign language in tuition. Due to students' language-related difficulties, clinical practice was found to be the biggest challenge in the educational process. Staffs' attitudes were perceived to be significant for students' clinical experience.
San Miguel, C., Rogan, F. (2009) A good beginning: The long-	The purpose of this study is to present the long-term effects of a language programme that aimed to improve students' spoken communication on	10 students	Semi-structured interviews	The results suggest that early intervention language programs may contribute to greater confidence and success for students.

term effects of a clinical communication programme	clinical placements			
Scheele, T. H., Pruitt, R., Johnson, A., Xu, Y. (2011)

WHAT DO WE KNOW About Educating Asian ESL Nursing Students? | The purpose of this study is to synthesise the literature on Asian ESL nursing students published between 1980 and 2010. | Literature review. | - | There are many cultural factors that affect Asian students' studies.

Language, communication, supportive environment, infrastructure and instructional strategies are discussed in the article. |
| Shakya, A., Horsfall, J. M. (2000)

ESL undergraduate nursing students in Australia: some experiences. | The purpose of this study is to explore the experiences of nine English as a second language (ESL)/international nursing students during one year of their studies at a large Australian university. | Nine ESL/international nursing students: three from Vietnam, two from Ethiopia and one each from Iran, Nepal, the Philippines and South-Africa. | Van Manen's (1990) hermeneutic phenomenological framework | First, the challenges encompassed the themes of: language. Second, the supports included: University-related support; support from friends and family; and the students' own personal strengths and strategies.

Suggestions arising from this research include improving student support systems and increasing awareness of cultural differences among the nursing faculty and registered nurses. |
| Starr, K. (2009)

Nursing Education Challenges: Students with English as an Additional Language. | The purpose of this study is to synthesise the current qualitative literature on challenges faced in nursing education for students with English as an additional language. | - | The study was conducted using the ethnographic metasynthesis model of Noblit and Hare. | Two major reciprocal translations of educational issues emerged: challenges and reinforcements. Challenges included language, academics, resources, and culture. Reinforcements included resources, academics, and culture.
The results may be used by nurse educators for developing interventions to help culturally diverse students succeed. |

				Interventions are directed toward issues surrounding language and culture.
Yoder, M. K. (2001) The Bridging Approach: Effective Strategies for Teaching Ethnically Diverse Nursing Students.	The purpose of this study is to describe the bridging pattern of teaching. Findings regarding the bridging pattern are discussed. In the bridging pattern, educators encourage students to maintain their ethnic identity, and teaching-learning strategies are modified to meet the cultural needs of students. The conditions, actions and consequences involved in the bridging approach to teaching are described and examples that emerged from the data are presented as illustrations.	26 nurse educators and 17 nurses representing three population groups: Asian Americans, African Americans, and Mexican Americans.	Data were obtained through in-depth interviews.	Examination of the actions of the bridging faculty may assist educators to analyze their own approach to teaching ethnically diverse students.