

## **"In my country nurses don't..." Australian undergraduate nurse education and the international culturally and linguistically different student.**

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### **Abstract**

*International students enrolling in undergraduate nursing courses in Australian universities are an increasing presence. The literature in regard to enhancing international student success has concentrated on theoretical, or class room learning. For nursing, and other practice based disciplines, success is also required in the practical learning experience. Clinical practice experience is recognised within the profession world wide as an essential element of nurse education for the development of competent and skilled registered nurses For those international culturally and linguistically different students entering Australian programmes, this requirement is often difficult and challenging This paper will discuss Australian nurse education which is grounded in western values and beliefs regarding health and illness and the role of the nurse, and highlight the student anecdotes that have lead to the development of a doctoral research proposal asking the question: What is the nature of learning to nurse in Australia for international culturally and linguistically different students?*

## **Keywords**

Nursing, cultural preconceptions, values and beliefs, clinical learning.

## **Introduction**

The face of the Australian nursing student has changed. Two underlying imperatives are driving this change, one from within the profession itself and the other from the tertiary education sector responsible for pre-registration nurse education. Firstly, prominent nurse leaders have called for the members of the profession to be more representative of the cultural diversity of the Australian population, a position supported by the National Review of Nursing Education (Commonwealth of Australia, 2001). Secondly, tertiary education institutions are responding to the need for increased financial accountability and profit generation by increasing recruitment of international full fee paying students. As Devos (2003) notes '...internationalisation is the means to supplement reduced public expenditure on higher education' (p.161). Further to this, Kilstoff and Baker (2006) suggest that international students may remain in Australia after completing their studies and become a welcome addition to the aging and depleted nursing workforce.

International culturally and linguistically different (ICALD) students enrolling in domestic undergraduate nursing programs are an increasing presence. Australia-wide data on international nursing student enrolment for the years 2005 and 2006 shows strong growth at 42.3% and 35.4% respectively over the previous year's figures (Australian Education International [AEI], 2007). In 2006, at one large Sydney university, approximately 12% of the first year student nurse cohort was comprised of international students. These students came from twenty two different countries where English was not the official language, and their birth culture not predominantly western (Office of the Academic Registrar 2006). The net result is student cohorts that are increasingly culturally and linguistically different from the traditional white female, mainstream domestic student (Dunn, 2000; Gerrish, 1997; Yoder, 1997).

Whilst the literature identifies that the clinical learning experience can be stressful and anxiety provoking for any student, anecdotal evidence that led to the development of a doctoral study proposal, suggests that this situation is significantly more complex for ICALD students. International undergraduate nursing students typically arrive to begin their studies at the commencement of semester one with little time to acculturate to the Australian culture. These students then lack exposure to the Australian healthcare system and especially, the Australian concept of nursing. Therefore, learning and consequently proficiency in the clinical environment may be significantly impeded by disparity between the ICALD students' own beliefs and values about nursing, and reality in the Australian context. Spradley (1994 as cited in Spradley & McCurdy, 1994) defines culture as '...the acquired knowledge that people use to generate behaviour and interpret experience' (p. 14). If this is so, then those international students enrolling in the undergraduate program from cultural backgrounds other than the dominant Australian culture may have different expectations of what nursing is.

## **Nursing education in Australia**

Nursing in education and practice in Australia is framed by the values, beliefs and expectations of a dominant western culture, inclusive of theoretical and practice underpinnings from other first world English speaking countries. Australian undergraduate education is pedagogically designed to meet the needs of Australian main stream students (Dunn 2000; Fuller 1997) and, in addition, clinical practice experience prepares them to function in the Australian health care system. As these culturally derived values and beliefs are the framework within which clinical practice is undertaken, successful completion of the clinical practice experience for ICALD students with minimal understanding of both the tertiary education system and the Australian health care system is difficult. The clinical practice experience is an important compulsory educational requirement for pre-registration nursing students and is graded as satisfactory, unsatisfactory or above average at the university where the research will take place. Students must pass the clinical practice component each semester in order to progress through their degree.

The International Council of Nurses (n.d) defines nursing as encompassing

Autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of the ill, disabled and dying people. Advocacy,

promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

Inherent in this definition is the proposition that all practitioners of nursing worldwide share the same understanding of fundamental key points, such as the meaning of care or what constitutes a family. It is the remit of nurse education programmes then to ensure that these shared understandings are global in nature. The challenge for Australian nurse educators arises when international culturally and linguistically different nursing students enter the study program and begin to question these fundamental key points, or point out to the nurse educators that in their country nurses do not carry out basic roles and responsibilities as they are expected to perform here in Australia.

The profession of nursing acknowledges, through theory development that guides practice, the importance of avoiding ethnocentrism in providing care (Campinha-Bacote 2002; Leininger 2002; Ramsden 2002; Purnell 2005). When applied to nurse education, theory assists the individual nurse in realizing that the self is a cultural bearer who has been influenced by historical, political and social interactions. What remains unknown is how nurses themselves come to accept and perform culturally appropriate care.

### **The importance of the clinical practice learning experience**

Clinical practice experience at the undergraduate level is essential for the development of competent Registered Nurses. Exposure to the reality of professional practice and its integration of explicit and tacit knowledge is invaluable in producing skilled clinicians. By participating in clinical practice experiences, nursing students have the opportunity to translate theory into practice. Although the duration of clinical experience placements vary between universities conducting undergraduate nursing programs, the main focus remains the development of a supportive clinical learning environment for *all* students (Clare, Edwards, Brown & White 2003).

Clinical knowledge is about application of information or skill from the classrooms to real life practice, interactions and situations. In order to achieve this complex task, students need to develop their knowledge by utilizing the skills of problem solving, critical thinking and decision-making (Gaberson & Oermann 1999). Real life clinical practice experience allows for this to occur. Multiple goals for the clinical practice experience can be identified from the literature and include; technical skill acquisition, development of interpersonal skills, socialisation to the informal and formal norms of the profession, familiarization with protocol and expectation of professional practice, and exposure to the socio-political health care arena (Chan 1999; Conway & McMillan 2000; Jackson & Mannix 2001). Furthermore, it enables the students to become proficient in the knowledge, skills, and attributes implicit in the Australian Nursing and Midwifery Council (ANMC) competencies (Naphthine 1996; Williams, Wellard & Bethune 2001).

Whilst on clinical placement, nursing students are expected to demonstrate the humanistic and ethical values of nursing that are contextually and culturally bound within the Australian health care system. The dynamic clinical environment, the changing face of health care, and current trends in staffing challenge the way in which these goals are attained for our undergraduate students, especially those who are culturally and linguistically different.

### **What the literature reveals about the CALD student experience**

International university students, who have English as an acquired language, have been the focus of research in nursing and other disciplines mainly because of their theoretical learning needs and adaptation to student life in a different campus culture. Currently many documents identified in the literature do not distinguish between domestic and international CALD students. Therefore the assumption is made that CALD is an inclusive term in which international students remain hidden.

Whilst the emphasis on achievement of integrating theoretical knowledge with clinical skill remains undeniable for all student nurses, those who are not from the dominant culture have been identified as having difficulty with some aspects of the clinical learning experience. CALD student groups have been identified in the literature as having the most difficulty with language and communication (Abriam-Yago, Yoder & Kataoka-Yahiro 1999; Amaro, Abriab-Yago & Yoder 2006; Choi 2005; Dunn 2000; Shakya & Horsfall 2000). Language, the primary human communication medium, is a learned cultural behavior that is used to generate and interpret speech (Bonvillain 2006; Keesing 1964; Spradley & McCurdy 1994). It entails not only the

spoken word but also written and nonverbal communication. Communication in nursing and the health care professions is complicated by the use of medical language, terminology and taxonomy, in which professionals must be conversant. This issue has important implications for success at all levels of the tertiary learning experience. For example CALD students on clinical practicum in Australia were noted as having difficulty with spending enough time communicating with patients, understanding instructions, using medical terminology, giving handover, and engaging with other team members (Hussin 1999). Adverse effects of being unable to communicate effectively are reflected in poorer academic success and clinical performance than mainstream students and in more difficult social interactions with other students. Not only is verbal and nonverbal communication important in relating to patients, it is also fundamental to teaching and learning, assessment, and professional relationships (Burnard 2005).

The main issue pursued in the literature is that CALD students are not adequately prepared to successfully engage in personal and professional communication. Because of this, many programs and strategies exist dealing with communication issues, yet no single program has been identified or adopted as best practice. Theoretical and clinical learning experiences are identified as difficult for CALD students from other health care professions besides nursing. Major healthcare professions have recognised the extent to which culture affects student's ability to reflect on learning, meet national competency standards and advocate for themselves (Matters, Winter, & Nowson 2004). Of high importance is the impact of the clinical milieu on all undergraduate nursing students' performance, particularly for those students coming to terms with learning how to nurse in a different culture. Whilst communication and language remain undeniably important for competent professional practice, there remains the aspect of *how* these students reconcile their cultural values and beliefs related to nursing in the Australian context in order that they have an equal opportunity to succeed in the clinical component of their degree.

#### **Preparation for the clinical experience**

In the current nursing curriculum, the first clinical placement takes place late in the second semester of the first year of the program. During the preceding semester, students have had both theoretical and practical instruction (in simulated hospital environments) regarding the nursing care they will be expected to perform. Typically these include; taking and recording of patients vital signs ( temperature, blood pressure, and pulse), attending to patients full hygiene needs, applying and demonstrating the principles of aseptic technique in performing a simple dressing on a wound, performing a urinalysis ( testing urine), and toileting patients. Reality shock of the first clinical placement is a recognized phenomenon in the literature for nursing students generally (Astin, Newton, McKenna, & Moore-Coulson 2005; Mitchell 2002). Concerns have arisen from both personal experience and anecdotal accounts that often it is not until the international student has entered the clinical environment that difficulties become apparent that places them at risk of clinical failure.

#### **Student anecdotes raising concern.**

The following anecdotes were collected from personal experience by the author and from discussions with other colleagues, academic and clinical. Statements such as these are usually first voiced in the clinical laboratories where encounters with clients are simulated during the students first year of their degree. The students then carry these ideas into the clinical environment where the reality of having to perform these tasks becomes all too apparent.

In my country..... nurses don't wash people!!

Performing personal body care (PBC) is a fundamental aspect of western nursing practice (Grant, Giddings & Beale 2005).Assisting patients where necessary, with the activities of daily living (ADL) which includes personal cleansing (Holland 2004) would normally be considered part of daily nursing care in Australia. When nurses render assistance to patients in relation to hygiene needs, a situation occurs that has been identified as a therapeutic nursing ritual (Wolf 1993). This type of care-giving enables the nurse to positively influence the patient through touch, massage and in just 'being there' or presenting ( Lomborg, Bjorn, Dahl & Kirkevold 2005; Wilkin & Slevin 2004), and can thus be defined as therapeutic. Wolf (1993) proposes that performing PBC conveys the humanistic values of nursing. When international students refuse to perform PBC for their patients on clinical placement, they are in effect interpreted by Australian registered nurses as challenging these values.

It is true that all students of nursing must negotiate their own sociocultural values and beliefs about touch and intimacy (Grant et al 2005; Lawler 1991) and do go on to perform PBC as part of their care giving. The question

that needs to be asked is do international students who make these types of statements do so from their cultural group orientation? And how do they negotiate this cultural difference?

In my country.... nurses don't need to think, they just do what the doctor tells them.

This type of comment is frequently heard when dealing with non-western students whose prior experience or understanding of nurses and nursing is informed by the medical dominance perspective. Nurses who have not been encouraged to critically examine practice or engage with decision-making processes are typically stereotyped as subordinate to doctors and treated as handmaidens (Mannien 1998). These nurses are seen as not having a separate nursing knowledge base or autonomy in making nursing care decisions (Darbyshire & Gordon 2005). For example, Nehring (2003) describes nursing practice in Qatar as being characterized by handmaiden to physician and servant to hospital with care policies written to minimize nurses' decision making. Western nursing students are encouraged to challenge the status quo and develop their critical thinking and reflective skills in order to progress knowledge development within the profession and provide high quality care (Parker & Clare 2004).

In my country nurses just give medications or attend the machines.

In relation to this account, a student was observed sitting at the nurses' station for extended periods of time, not participating in any of the expected nursing duties for the morning. When approached by the clinical facilitator and asked for an explanation, the student explained that in his country of origin nurses did not perform any duties other than dispensing medications or attending to the associated technology, that all other duties were allocated to lesser qualified personnel. To focus upon the task of administering medications or attending to monitors attached to patients, only serves to undermine the humanistic values of nursing. It is interesting to note that throughout the western literature, research conducted on patients' understanding of caring demonstrated the importance of nurses: being more interested in listening to the patient than completing tasks, responding and showing concern was comforting and reduced anxiety, and being near when the patient needed them (La Monica, Oberst, Madea & Wolf 1986; Riemen 1986; Houstutler, Taft, & Snyder 1999).

### **Meaning for nurse academics**

#### **Clinical performance**

Currently in the undergraduate curriculum offered at the University of Western Sydney, assessment in the clinical area is carried out by clinicians who are responsible for both the facilitation of learning and student assessment; they are not nurse academics. These clinicians are employed on a seasonal basis by the university through industry partners who provide placements for students. They are typically called clinical facilitators. Usually, clinical facilitators are allocated to students on an 1:8 ratio. Individual students are then 'buddied' with a member of staff with whom they work in providing care to patients. Clinical facilitators are accountable to four main stake-holders: the university, the student, industry, and ultimately the recipient of care (Harding & Greig 1994). Clinical facilitators are required to: be current in practice; have the ability to identify appropriate learning opportunities in the clinical environment and possess the ability to objectively assess student performance. Inclusive in their role is the identification of students at risk of failing and the resultant interventions. Skill and competency assessment is based on the western notions of nursing articulated in the Australian Nursing and Midwifery Council competencies. Currently, clinical facilitators are not offered any additional instruction in dealing with ICALD students.

#### **Student preparation**

International students, who enrol in the undergraduate nursing program at this university, are not offered additional cultural instruction prior to attending clinical placement within the health care system.

#### **Overall expectations of ICALD students**

From the personal observations made by the researcher, the ICALD students are expected to assimilate and accept care giving in the Australian western way like other mainstream domestic students. Whilst the literature has focused on classroom learning and the difficulties these students have in that context, little is known regarding the transference of preconceived ideas about nursing roles and responsibilities, and the meaning of nursing for ICALD students into the clinical environment.

#### **Implications**

For nurse academics, these issues have serious implications. Firstly, nurse academics who are unit coordinators in the BN in conjunction with the Director of Clinical Education are accountable to the School of Nursing for

developing competent Registered Nurses. Secondly, the School of Nursing is held accountable for clinical performance to the NSW Nurses and Midwives Board (the professional body responsible for granting registration as a nurse in NSW) for a period of five years once the student has graduated and registered. Thirdly, nurse academics are ethically and morally bound to provide quality undergraduate education and clinical experience that produces safe and competent Registered Nurses to the community at large. Consequently, nurse academics and clinical facilitators need to realise that ICALD students have different needs to mainstream domestic students to ensure success in the clinical environment. ICALD students need to be adequately prepared to enter the Australian clinical environment, and clinical facilitators should be adequately skilled in relation to specific needs of ICALD students. Therefore, it is imperative that research which brings these issues to light is conducted.

### **The proposed Doctoral research project**

The overall aim of this study is to come to an understanding of how ICALD students learn to nurse in the Australian clinical context. This understanding will be facilitated by meeting the following research objectives:

- Describe the preconceptions ICALD students have about nursing roles and responsibilities
- Explore the meaning of 'nursing' from the perspective of ICALD students
- Suggest how these preconceptions and meanings affect learning and student performance in the clinical environment.

These objectives will be met by answering the research question: What is the nature of learning to nurse through clinical practice experience for international culturally and linguistically different nursing students in Sydney, Australia?

This study is significant for pre-registration undergraduate nursing education on three important levels. Firstly, the Australian nursing student cohort has changed and the methods generally used for teaching and assessing clinical competence have not. Secondly, as socialisation into the profession occurs primarily in the clinical environment, clinicians are not adequately prepared for students with different cultural backgrounds. Finally, nursing theory that underpins clinical practice and knowledge development is dominated by western nurse academics from nations such as Australia, the United Kingdom and the United States of America, and as such fails to recognise the values and beliefs of novice nurses from other cultures.

The preparation of these students, the provision of clinical education and methods of assessment will be examined in light of the findings of the proposed project. Results from the study will be used to improve clinical practice experience and enhance opportunities for learning for other ICALD students who are becoming an increasingly bigger group of students within one Australian university.

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