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Abstract: With the growing number of foreign-born residents in the United States, nurse educators face the challenge of educating students who may have difficulty with the English language. There are an estimated 28.4 million foreign-born residents in the United States, which is the largest number in the history of this country (U.S. Census Bureau, 2001). The U.S. census report (2001) shows that the Hispanic/Latino population has increased by 57.9% since 1990 and now accounts for 12.5% of the total population. Another fast growing group is the Asian population that has increased by 48.3% since 1990 and now accounts for 3.6% of the total population. The Annual Report of the American Association of Colleges of Nursing (AACN, 2001) shows that the minority representation in baccalaureate programs has also increased with the Hispanic/ Latino students at 4.8% and the Asian/Pacific Islander/Hawaiian students at 4.7% of the undergraduate nursing student population. Several authors (Abriam-Yago, Yoder, & Kataoka-Yahiro, 1999; Lester, 1998; Davidhizar, Dowd, & Geiger, 1998; Dowell, 1996; Andrews, 1992) have discussed the importance of increasing the number of ethnic minority nurses to insure the quality of healthcare to an increasingly diverse population. As the nursing shortage deepens, recruiting minorities into nursing is essential to meet the increasing demand. This change presents unique challenges and opportunities in nursing education. Colleges and universities will need to develop innovative programs to attract these nontraditional students, and support programs to help them complete the nursing curriculum.

**Key Words:** English-as-a-Second Language, Nursing Students, Language Skills

# ENGLISH-AS-A-SECOND LANGUAGE (ESL) NURSING STUDENTS: STRATEGIES FOR BUILDING VERBAL AND WRITTEN LANGUAGE SKILLS

alu and Figlear (1998) report that there is an increasing number of English as a Second Language (ESL) students enrolling in nursing programs. They define ESL students as a student whose primary language at home is not standard English, and therefore, may not be fluent in standard English. Many of these students have difficulty with the coursework and/or clinical work. Memmer and Worth (1991) found that ESL students have a higher attrition rate than their non-ESL peers due to failure or becoming discouraged. In another study that compares the academic characteristics of ESL and non-ESL students, it shows

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that ESL students are especially at risk during their first semester (Femea, Brathwaite, & Abdur-Rahman, 1995). Many times the academic problems are directly related to a language problem. Nursing is dependent on written communication in terms of translating doctor's orders and recording patient data. But more importantly, it is highly dependent on accurate verbal communication, since much of the information and many orders are passed on verbally. In a comparison between ESL and non-ESL students, ESL students report more difficulty in the clinical courses than non-ESL students. It has been suggested that this is due to the high level of interactive communication skills that are needed (Jalili-Grenier & Chase, 1997). ESL students also have difficulty passing the NCLEX-RN exam. Johnston (2001) reports that students whose first language was English had a pass rate between

67.7% and 95%. Students for whom English was a second language had a passage rate between 33.3% and 47%. Johnston concluded that language skills are a key factor in passing the NCLEX-RN exam.

To understand how a person learns a second language, the Cummins Model (Cummins, 1991) is useful. Cummins explains that language acquisition is divided into two types. The first is basic interpersonal communication (BICS) that comprises everyday social interactions. The second is cognitive academic language proficiency (CALP) that enables students to analyze, evaluate, and interpret abstract concepts. Although students may be proficient at the social level (BICS), they may not be able to communicate either verbally or in writing at these higher levels.

Phillips and Hartley (1990) divide language skills into four categories: reading, listening, speaking, and writing. To succeed in the healthcare environment, the student must be proficient in each of these areas. It is even more difficult in the medical field, since the students not only must be proficient in general English, but they also must learn medical terminology, almost a second language in itself. This is frequently complicated by the fact that there is not a direct wordfor-word translation into another language (Kiang,

1992).

Several authors have suggested teaching strategies that have been effective with ESL students. Memmer and Worth (1991) recommend that students participate in a conversation laboratory where they can practice the language. Kurz (1993) suggests giving ESL students typed copies of a professor's lecture notes and allowing more time to copy transparencies. Another strategy is a study group led by a faculty member or a qualified English-speaking peer. Study groups with only ESL students are not as beneficial. The students may be confused by the language in the nursing content, and they do not have the necessary feedback about the language from a non-ESL peer to help themselves (Keane, 1993). Other authors suggest the use of non-graded dialogue journals that allow the students to have written interaction with the instructor about relevant topics in a non-threatening way (Holmes & Moulton, 1997). Journals also allow for the modeling of correct grammatical forms. Another strategy is to have students repeat verbal instructions of a doctor or team leader to increase their understanding. Practicing the verbal report prior to giving it to the team leader also increases students' confidence level and verbal skills (Kataoka-Yahiro & Abriam-Yago, 1997).

History of Problem

The University of Akron received a federal grant from DHHS, HRSA, Bureau of Health Professions whose purpose was to support and retain academically disadvantaged students enrolled in the nursing program. A major component of this program is the use of nurse tutors who lead study groups and who provide one-to-one tutoring for students having difficulty with their coursework. The faculty are also encouraged to make referrals to the nurse tutors for those students who are not achieving in either the classroom or clinical setting. Faculty often refer ESL students because of their difficulty in communicating in the English language, which negatively affects their clinical performance. Many of these students are already attending the group study sessions, but many of them do not actively participate during these groups. To help these ESL students succeed in their nursing program, individual tutoring sessions with the nurse tutor have been initiated. The primary focus of the sessions is to increase the mastery of the English language.

Template Development

For tutoring to be effective, exercises requiring communication in English, as well as, medical terminology must be incorporated. It also requires practice in reading, listening, speaking, and writing; the skills needed for language mastery. To incorporate all of these skills, a teaching strategy utilizing a series of four exercises was developed. This same tem-

plate is followed in each tutoring session.

Individual or group tutoring sessions are developed around the course material in the Medical/Surgical and Health Assessment courses. Each session is one hour long and centers on a particular system of the body. Prior to the session, the student listens to a taped report of one patient who exhibits a problem in the area to be discussed. For example, if the respiratory system is to be discussed, the patient report might be on a patient with pneumonia. The taped report is similar to a verbal report a nurse might hear in a hospital. Since the student has already studied this material in the courses, he is expected to review the material and to compose an appropriate nursing note. This allows the student to review material prior to the next session. The student is also given a medical-terminology tape that consists of a speaker pronouncing a list of medical terms relating to the area that will be discussed during the next session. The student also receives a written list of the same words so that he can read the words while listening to the

Each tutoring session is divided into four exercises to cover the four areas of language. In the first exercise, the student's verbal skills are assessed. The student is asked to read aloud the nursing note he has written. This enables the tutor to listen for the correct pronunciation of each word. It also allows the student to ask for clarifications of pronunciation. Frequently, the student must repeat a word several times in order to be able to pronounce it correctly. After the student can pronounce all the words correctly, he re-

reads the complete nursing note.

In the second exercise, the student's written skills are evaluated. The tutor helps the student correct the written nursing note. This helps him to learn the correct phraseology, grammar, and spelling for the nursing notes. The tutor enhances this part of the session by discussing other possible examples or descriptive terminology. For example, the tutor reviews all of the appropriate terminology for describing different types of drainage on a dressing.

The third exercise helps the student with his reading and verbal skills. The student is asked to read from the list of words that he has listened to on the tape. This exercise assists him with pronunciation and allows time for him to ask questions about the course material. This activity enhances both the comprehen-

sion and pronunciation of the words.

The fourth exercise of the session deals with the listening skills of the student. In a hospital setting, an oral report is usually given about each patient. Frequently, this is a taped report that does not allow the listener any time to ask for clarification. To help develop this skill, a taped report of two patients is played. The first report presents a patient with a diagnosis that was discussed during the study session. The second patient introduces the system of the body that will be covered the following week. Several people tape these reports, allowing a student to practice listening to different voices and speech patterns. The student is asked to take the report on a standardized form. This form has been created to use in an actual clinical setting. It allows the student the opportunity to listen to reports on several patients and to organize the data into a working format. After the tape is finished, the tutor looks at how much information the student is able to transcribe following the initial playing of the tape. It is then replayed as many times as necessary, until the student is able to comprehend the complete tape. The tutor also works with the student on differentiating "important" versus "unimportant" information.

At the end of each session, the homework for the next study group is assigned. The disease or body system that will be covered is discussed. In the previous exercise, the student has listened to a taped report on one patient that represents the new material to be covered. The student is expected to write a nursing note on this patient for the next session. The student is also given the medical terminology tape and list of words covering the new material. The student is expected to listen to and practice the pronunciation of those words that will be covered in the next

session.

Case Study

This template was tested with one ESL nursing student from China for a period covering ten weeks. The student especially liked having the tapes to listen to at home. She was able to listen to the pronun-

ciations of the words multiple times and was able to practice them. During the tutorial session, she was given the list of words to read. At this time, the tutor was able to correct any pronunciation errors. The tutor was also able to answer questions about the definitions of the words.

This student also found the review of the course material, during the correction of the written note, to be valuable. The tutor was able to correct the phrase-ology and spelling in the notes. This also led to many discussions with the student to help differentiate between similar words or ideas. Culturally bound words or words that have several different meanings were especially difficult for her. The student was also working as a nursing assistant during this time, so she asked several questions about things that had happened at work. This practical application of

theory enhanced the tutorial sessions. Listening and taking notes from the taped reports was the most difficult task for this student. A preand post-test was given to measure the student's progress in this area. The student listened to a taped report of five patients and used the clinical report form to record important information. At the beginning of the sessions, the student was able to record accurately only 25% of the important data. At the end of 10 weeks, the student had improved her ability to 40% of the material. This activity was made simple, because only the pertinent information was taped. As a student becomes more proficient, extraneous material can be added. This will help the student to learn to identify the important information in verbal reports.

### Evaluation

Overall, the template worked well. The student stated, "These sessions have been very helpful in learning the English language." This student has also increased her participation in general study groups with the non-ESL students. Before, she had been very reluctant to speak in the groups; but after the individual tutoring, she was participating much more in these sessions. As other students have noticed how knowledgeable she is in certain subject areas, they have sought assistance from her. This increased socialization with American students has helped her with her communication skills, as well as, made her feel a member of the peer group.

The template is easy to use and can easily be adapted to different levels in nursing education. At the beginning nursing level, the tutoring sessions can be structured around the Health Assessment and Nursing Foundation courses. As the student progresses, the sessions can be structured around the content area of the major nursing courses. For example, if the student is in a Medical/Surgical rotation, the sessions can be structured around systems of the body or specific diseases. The template can also

be adapted to meet the individual needs of each student. Since the template covers all areas of communication, it can be used to identify those areas in which a student is having the most difficulty, allowing the

tutor to focus on these areas.

This same tutoring format can also be employed in small groups of students, from either the same or various cultures, who have English as a second language. In the study by Kiang (1992), a student pointed out, "If everyone in the group has an accent, you don't feel self-conscious." Encouraging these students to speak in a group where everyone is having difficulty allows them to practice speaking in a non-graded, and thus less stressful, environment. The presence of the tutor allows for appropriate feedback on the grammar and pronunciation, as well as clarification of the course content.

Adaptation for the Classroom and Clinical Setting

Although the template works well with one-onone tutoring and can be used in small study groups, most schools are under such financial constraints that funding for this type of program may not be feasible. Several aspects of the template, however, can be modified for use by a classroom or clinical instructor. The classroom instructor can encourage the ESL students to tape the lectures and to listen to them multiple times. After the students have completed their notes, the instructor can review these for clarification. The instructor can also have pre-recorded taped reports of patients covering the content under discussion. Simulating an actual verbal report would help students improve their listening skills. Providing the students with a standardized form for taking a verbal report allows students to identify and to organize important information. Since this is a taped report, the students can listen to it multiple times, and seek clarification from the instructor about items that are unclear. To enhance verbal skills, the instructor can also encourage participation of these students during classroom discussions by asking them ques-

The clinical instructor could also assist the ESL students by having them listen to the whole shift report and take notes on the standardized form. The instructor can then evaluate how much of the report the students were actually able to internalize. Since reports often have unimportant information in them, the instructor can help students think analytically and synthetically about what material is actually important. By allowing students to practice giving the verbal report to the instructor prior to reporting off to the team leader, the instructor can correct pronunciation. The instructor can also encourage the students to speak in the pre- and post-clinical conferences. Participation in conferences increases both the verbal and the social skills of the students. The clinical instructor also has many opportunities to evaluate

the written work of the students. Although many facilities use computerized charting, having the students write a complete nursing note on their patients helps the students to learn the correct phraseology and the proper grammar. Writing journals also reinforces these skills. Although journals are usually read for content not grammar, ESL students may welcome a separate activity where they meet with the instruc-

tor to correct the grammar.

Underlying all these approaches is the need for faculty to be aware and understand the ESL students' behavior patterns and unique perspectives that arise from their culture (Yoder, 1997). The classroom or clinical instructor should ask each student what kind of assistance he or she requires. Some ESL students may be uncomfortable asking the instructor for specific help with their language skills. Approaching the student, discussing the need, and suggesting some activities that may be beneficial at the start of a course establishes a positive learning environment. For example, some students may welcome having their pronunciation corrected but may be reluctant to ask for this help. Others may benefit from practicing their verbal reports prior to giving it to the team leader. As in any form of teaching, the techniques utilized should be customized to meet the individual needs of each student. The willingness of the instructor to extend this help may set the groundwork for helping students improve their language skills and increasing their success in the nursing program.

# CONCLUSION

With the growing cultural diversity in this country, nurse educators have the challenge of educating students who may have difficulty with the English language. Since these students are from a different background, they may not approach their instructors in the same manner as the non-ESL students. 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. Utilizing simple strategies in either the classroom, clinical setting, or during study groups will help ESL students adapt socially to the nursing profession, as well as, improve their communication skills. Graduating a larger number of ESL students from nursing programs will help ensure having nurses from a wide variety of backgrounds. Hopefully, as these nurses enter the workforce, they will share their knowledge of the different cultures with their peers. This increased knowledge of different cultures, coupled with an increased number of ethnic minority nurses may help better serve the healthcare needs of the diverse population of the United States.

## REFERENCES

Abriam-Yago, K., & Yoder, M., & Kataoka-Yahiro, M. (1999). The Cummins model: A framework for teaching nursing students for whom English is a second language. *Journal of Transcultural Nursing*, 10(2), 143-149.

American Association of Colleges of Nursing (2001). 2001 Annual Report. Retrieved January 11, 2003, from http:/

/www.aacn.nche.edu/Publications/index.html

Andrews, M. (1992). Cultural perspectives on nursing in the 21st century. *Journal of Professional Nursing*, 8(1), 7-15.

Cummins, J. (1991). Interdependence of first-and second-language proficiency in bilingual children. In E. Bialystok (Ed.), Language processing in bilingual children (pp. 70-89). Cambridge: Cambridge University Press.

Davidhizar, R., Dowd, S. B., & Giger, J. N. (1998). Educating the culturally diverse healthcare student. *Nurse Edu-*

cator, 23(2), 38-42.

Dowell, M. A. (1996). Issues in recruitment and retention of minority nursing students. *Journal of Nursing Edu-*

cation, 35(7), 293-297.

Femea, P., Gaines, C., Brathwaite, D., & Abdur-Rahman, V. (1995). Sociodemographic and academic characteristics of linguistically diverse nursing students in a baccalaureate degree nursing program. *Journal of Multicultural Nursing & Health*, 1(3), 24-28.

Holmes, V., & Moultom, M. (1997). Dialogue journals as an ESL strategy. *Journal of adolescent and adult literacy*, 40(8), 616-621. Retrieved January 11, 2003 from http://

www.reading.org/publications/jaal

Jalili-Grenier, F., & Chase, M. (1997). Retention of nursing students with English as a second language. *Journal of* 

Advanced Nursing, 25: 199-203.

Johnston, J.G. (2001). Influence of English language on ability to pass the NCLEX-RN. In E. Waltz & L. Jenkins (Ed.), Measurement of nursing outcomes (2<sup>nd</sup> ed) (pp.204-207). New York: Springer Publishing.

Kataoka-Yahiro, M. R., & Abriam-Yago, K. (1997). Culturally competent teaching strategies for Asian nursing students for whom English is a second language. *Journal of* 

Cultural Diversity, 4(3), 83-87.

Kiang, P. N. (1992). Issues of curriculum and community for first-generation Asian Americans. New Directions

for Community Colleges, 80(winter), 97-112.

Keane, M. (1993). Preferred learning styles and study strategies in a linguistically diverse baccalaureate nursing student population. *Journal of Nursing Education*, 32(5), 214-221.

Kurz, J. M. (1993). The adult baccalaureate student. *Journal of Nursing Education*, 32(5),227-229.

Lester, N. (1998). Cultural competence: A nursing dia-

logue. American Journal of Nursing, 98(8), 26-33.

Malu, K. F, & Figlear, M. R. (1998). Enhancing the language development of immigrant ESL nursing students: A case study with recommendations for action. *Nurse Educator*, 23(2), 43-46.

Memmer, M. K., & Worth, C. C. (1991). Retention of English-as-a-second-language (ESL) students: Approaches used by 21 generic baccalaureate nursing programs. *Journal of Nursing Education*, 30(9), 389-396.

Phillips, S., & Hartley, J. T. (1990). Teaching students for whom English is a second language. *Nurse Educator*,

15(5), 29-32.

U.S. Census Bureau (2001). Mapping census 2000: The geography of U.S. diversity. Retrieved January 9,2003, from U.S. Census Bureau Web Site Access:http://www.census.gov/main/www/srchtool.html

U.S. Census Bureau (2001). Census brief: Coming to America: A profile of the nation's foreign born (Update 2000). Retrieved, January 9, 2003 from U.S. Census Bureau Web Site Access:www.census.gov/main/www/srchtool.html

Yoder, M. K. (1997). The consequences of a generic approach to teaching nursing in a multicultural world. *Journal of Cultural Diversity*, 4(3), 77-82.

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