

Barriers to success for culturally and linguistically diverse (CALD) pre-registration nursing students in the UK

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Abstract

In 2019, the UK hosted approximately 460,000 culturally and linguistically diverse (CALD) students, with health professional courses ranking in the top ten fields of application. This review highlights the usual challenges faced by CALD students on pre-registration nursing programmes. Attrition rates are high and there is a clear and concerning awarding gap. The importance of attracting and retaining CALD student nurses is critical to improve care for increasing numbers of CALD patients accessing healthcare in the UK. Challenges due to cultural differences reflected in the literature suggested cultural and linguistically diverse determining factors of both academic and personal success in nursing careers. These challenges spanned language, academic experience, personal, and social factors and placed significant additional stress on students studying on programmes recognised for their physical and emotional demands and intensity. Institutional improvement strategies to support the growing number of CALD pre-registration nursing students is needed to address barriers to success, reduce attrition, support anti-racism guidance, and increase successful course completion.

Keywords: Transnational nursing education; culturally and linguistically diverse (CALD) students; student support; attrition; anti-racism; awarding gap

Background

In anglophone countries such as the UK, the increase in student participation in HE programs has resulted in growing concern about the readiness of students for such studies, especially if they are from educationally disparate and linguistically and culturally diverse backgrounds (Glew et al. 2019). In 2019, the UK hosted approximately 460,000 international students, with health professional courses, such as nursing, traditionally ranking in the top ten fields that attracted international students (Yu et al. 2022). Nursing courses attracted and designated students with cultural and linguistic diversities (CALD) and abilities. CALD has been referred to as an individual who may be distinguished from the mainstream or dominant culture by country of birth, ethnicity, social class, and/or language or when their first language and culture language are not those of the country where they study (Pham et al. 2021; Tranter et al. 2018). Consequently based on this definition, this review uses the terms CALD, Black,

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Asian, and Minority Ethnic (BAME) ethnically diverse, ethnic minority, English as a second language (ESL) and English language learners (ELL) interchangeably, as much of evidence highlights that, although there are unique aspects for each group, they face well documented and similar challenges (Lewis & Bell, 2020; Sailsman, 2021). Attrition rates for these students are high and they are significantly less likely (when compared to white counterparts) to be awarded a first- or upper-second class degrees (Everett, 2022; Universities UK, 2019).

Similarly, the nursing profession faces the challenge of increased numbers of CALD patients who speak little or no English. There are approximately 24.5 million bilingual adults in the UK, which equates to over a third (36%) of the population. It is reported that 161,000 (0.3%) cannot speak English at all and 880,000 cannot speak it 'well' (UK Government, 2023). Consequently, increasing the number of CALD nursing students who successfully qualify and enter the workforce is crucial, to reflect these changing demographics and to ensure improved patient outcomes through addressing language barriers and improving culturally appropriate care (Osakwe et al. 2022; Sailsman, 2021). Reducing health disparities, and improving effective therapeutic relationships between CALD health professionals and minority groups (Jung et al. 2020; Scherer et al. 2019). Anti-racism guidance in the UK extends to NHS environments for care provision, learning and career progression (NHS Providers, 2024). It is therefore crucial that HE providers effectively support, retain and graduate CALD students (Eden et al. 2021).

This integrative, descriptive review is timely and aims to summarise what is known of the barriers of CALD nursing student experiences to identify factors impactful to their study and to inform the development of tailored support strategies to enhance retention and reduce disparities in student attainment. In addition, with an emerging focus post COVID, of the student voice, values, and sense of belonging, identifying ways of increasing student satisfaction and ensuring an equitable learning experience for CALD students are vital for UK universities (Foley et al. 2019).

Methods

This review followed the five stages proposed by Whittemore and Knafl (2005): namely (1) problem identification, (2) literature search, (3) data evaluation, (4) data analysis, and (5) presentation. An integrative review is a specific review method that allows for the inclusion of a range of methodologies and combines empirical or theoretical literature to provide a comprehensive understanding of a particular phenomenon of concern. This review aimed to be as comprehensive as possible and involved a search of academic databases including CINAHL, Medline, Psych Info and Google Scholar using keywords and synonyms (both independently and combined) CALD, BAME, diversity, nursing student, ethnicity, minority, nursing education, English-as-a-Second Language (ESL), English Language Learners (ELL), academic achievement, support, and retention. Parameters of the search strategy included a date restriction to the last 10 years, and research written in English. Included published papers reviewed for applicability from academic journals. Reference lists provided further sources of information through cited articles and books authored prior to 2012. These included only if the title focused on challenges that CALD students face or added benefit or clarity to the review.



Analysis

Challenges due to cultural differences reflected widely in the literature stated determining barriers to academic and personal success of CALD health professional students (Yu et al. 2022). Culture was a theme that weaved through all the variables outlined. Cultural differences in prior educational experiences, interactions with academics and non-CALD peers, family obligations/ expectations and inherent family pressures were all noted as problematic (Johannessen et al. 2022). A lack of CALD role models or mentors also created barriers for student success (Sailsman, 2021). Finding balance between their native culture and the 'new' westernised culture to create cultural 'fusion' was a necessary process undertaken by international students (Randon et al. 2020).

Conflicts between a CALD student's culture and the health care environment when on placements in clinical environments can prove challenging, particularly if an international student. These students frequently faced new and unfamiliar clinical environments, learning expectations (for example, communication with patients or supervisors), and care practices involving contact with a patient's body (Randon et al. 2020). Professional interactions noted as problematic, included medical terminology and jargon (Yu et al. 2022), particularly during handover of patients at the change of shift (Crawford & Candlin, 2013). This could be stressful for students and compounded by the demands of communicating in clinical settings with patients, peers and supervisors who have discriminatory and racist attitudes (Johannessen et al. 2022). For overseas qualified nurses working in clinical environments, racial and ethnic sentiments experienced are based on food preferences, skin colour, linguistic competence, and patient mistrust (Kamau et al. 2023). This experience can be detrimental to the students' morale and performance. If clinical educators and supervisors perceived CALD students as 'needful' in relation to support required, this led to experiences of unmet expectations and needs (Yu et al. 2022). CALD students appreciated supervisors who were patient, offered help and support and this in turn directly led to an increased skill development and confidence, sense of acceptance and acknowledgement (Eden et al. 2021; Johannessen et al. 2022). If CALD students did struggle while on placement, they were less likely to openly share this as they feared misunderstandings resulting in negative evaluations by their supervisors (Randon et al. 2020).

Language

Given that effective nursing care requires the ability to interact with academics, peer students, healthcare professionals, patients and the public, nursing students must learn to communicate skilfully in diverse academic and clinical environments; however, some CALD nursing students may find it challenging to demonstrate this ability when faced with unfamiliar cultural, academic, and clinical environments. Language proficiency is a significant predictor of academic performance (Daniels & Mthimunye, 2019). CALD nursing students have reported difficulty in comprehension and communication, including grammar, syntax, and written documents, especially nursing care plans (Sailsman, 2021), in the classroom and the clinical environment, which hindered academic success and optimal clinical care (Mitchell et al. 2017). Different dialects, colloquialisms and abbreviations, ambiguous vocabulary, slogans, and uncommon synonyms, in addition to the pace of conversation (Denham et al. 2018; Gilligan & Outram, 2012) were challenging and could lead to misunderstandings because of small nuances in language pronunciation (Eden et al. 2021; Johannessen et al. 2022). Students

also reported difficulty with reading speed, comprehension and writing academic text (Johannessen et al. 2022), particularly while trying to translate between English and their native language (Olson, 2012). Studies have also highlighted communicating with patients as a challenge (Sailsman, 2021), including introductions, making small talk, and understanding patient requests. When interacting with patients, clinical instructors observed a lack of eye contact, low volume speech, and inappropriate voice intonation (Mikkonen et al. 2016; Olson, 2012; Randon et al. 2020). As verbal communication accounts for a substantial proportion of information exchange between healthcare professionals, inadequate oral language is particularly problematic in the clinical setting, increasing the risk for miscommunication- a major contributor to patient safety (Salamonson et al. 2019). Students reported also finding it difficult to learn medical or scientific terms or professional terminology which could not be based on a translation process given that the terms were unfamiliar, even in their native language (Everett, 2022; Randon et al. 2020).

Students reported retreating verbally and being hesitant to speak in class due to discomfort and self-consciousness about their accents. This elicited frustration and shame (Eden et al. 2021) and led to feelings of intimidation, discrimination and for some, isolation (Sailsman, 2021). Speed of speech in lectures and clinical environments were problematic as academics and clinical staff talked ‘quickly’ making students reticent to ask questions for clarification due to embarrassment and perception of negative views for asking questions (Gilligan & Outram, 2012). Some (few) academics refused to slow down the pace of the lecture even though CALD students struggled to listen and write notes simultaneously (Sailsman, 2021). In addition, their comfort level in speaking in front of groups inhibited their ability to perform well during oral presentations (Everett, 2022).

Language difficulties were also a barrier to integration (Kausser et al. 2021). CALD nursing students reported experiencing little involvement, less access to learning opportunities, and isolation (Mikkonen et al., 2016; Olson, 2012; Randon et al. 2020). Students can feel unwelcomed, viewed as being “outsiders” or “stupid” by academics, and disrespected by classmates based on their struggles with language and time to process added information (Everett, 2022).

Academic

Many CALD students find the academic requirements for health professional programs particularly challenging and require significant levels of support to meet theoretical expectations (Eden et al. 2021). Students reported that, prior to starting their studies, they had little clear understanding of academic skills for programme requirements (Loftin et al. 2012; Osakwe et al. 2022). They perceived they had to apply more effort and work twice as hard to achieve the expected academic outcomes (Randon et al. 2020). In addition, access to a computer, the ability to type and technological capability in required software packages was problematic (Kausser et al. 2021). Lacking proficiency in academic skills and English was a significant barrier to success and affected assessment and test taking skills, reading, written (and oral) communication, listening and notetaking, and critical thinking. It took students who lacked proficiency in English significantly more time to complete assignments, due to increased time to read course materials (often requiring the use of a dictionary) and understand concepts, plus having to translate thoughts into English from their native language and use correct spelling and grammar (Everett, 2022). Engaging in higher level thinking, for example



critical analysis, integration of information, and applying knowledge to problem solve was also challenging as often this has not been part of prior educational experiences (Everett, 2022). Adding to the complexity, CALD students may have been academically successful until entering a nursing programme, where they had to learn the skills and culture of the clinical environment, as well as the English language skills needed for academic components of their course (Salamonson et al., 2019). This sometimes had devastating effects on their self-efficacy and confidence (Kauser et al. 2021).

A distinct cultural factor shown to influence overseas/ international CALD student academic success is the unfamiliarity of UK HE teaching practices and Western-style pedagogies (Yu et al. 2022). For students who originated from principally didactic learning cultures extra time was required for adjustment to a teaching environment that is less based on instructional methods, more assertive and interactive, and that uses a problem-based learning approach relying on student active participation (Eden et al. 2021; Gilligan & Outram, 2012; Lim et al. 2016). Additionally, differences in academic writing style and assessment practices (Kauser et al. 2021) complicated this further. Multiple-choice tests (MCTs) were frequently reported as extremely problematic for CALD nursing students (Olson, 2012; Sailsman, 2021) and required extra time to complete successfully (Mikkonen et al. 2016; Randon et al. 2020). Designed to assess critical thinking and decision making in nursing education, MCTs also required translation and test reading ability for CALD students. Student strategies when completing MCTs included translating the test questions into their native language, formulating a response, and then translating back into English. Words typically used as qualifiers (e.g. best, most, least) were incorrectly translated as antonyms making comprehension even more difficult (Denham et al. 2018; Olson, 2012). Similarly, group assessment methods caused significant distress and anxiety and was viewed as unfair due to the additional challenges faced by CALD students (Kauser et al. 2021).

CALD students originating from Asian societies with strong rules and expectations regarding cultural conformity and the expression of emotions allied to linguistic challenges that could restrict their capacity to meet educators' expectations and course requirements (Yu et al. 2022). These foreign teaching and learning practices, educational cultural norms, and behaviours perceived as inflexible, leaving little room for multicultural dialogue, could be disengaging for CALD students, leading to reduced attendance (Kauser et al. 2021). In Eden et al's (2021) research, self-directed learning, and critical thinking seen as unfamiliar and particularly challenging concepts, with essay writing, reading comprehension and oral presentations emerging as the most demanding tasks for international nursing students. Further, from a CALD student's perspective, asking questions and approaching academic staff for help outside their own cultural norms might be viewed as a sign of disrespect. From the academics' perspective, not asking for help might suggest a lack of effort or engagement (Everett, 2022). These challenges and perceptions can lead to a lack of contribution to group discussions and activities and a lack of willingness to speak out, ask questions of hierarchical superiors (e.g. academics) and challenge within the classroom or lecture environment. This was related to discomfort with interrupting or talking over others, being 'rude' or the general cultural requirements of this style of participation (Yu et al. 2022). It has been reported that some students have been surprised by this more casual approach to education, perceiving a 'lack of manners' especially for those who were used to addressing teaching staff more formally as sir or madam, raising a hand when they wished to speak and who traditionally

experienced a less interactive style of learning (Gilligan & Outram, 2012). This experience clearly contrasted to domestic UK students who are educated in a culture where the voicing of opinions is frequently encouraged in the UK education system.

The above factors stressed the need for ongoing academic support (Crawford & Candlin, 2013). Nonetheless, many reported experiencing inadequate university support (Johannessen et al. 2022; Loftin et al. 2012) including insufficient academic advising, program mentoring (Osakwe et al. 2022) or technical support (Loftin et al. 2012). Lack of academic and emotional support was also a common perception reported in the literature with academic staff reported to show little interest in the student's life or fail to treat each student as unique with individual wants, needs, and desires (Sailsman, 2021). When help seeking, many were unhappy with unapproachable, derogatory, generic, and nontolerant patterns of response they received, or reported experiencing or perceiving the stereotype from academics that they were uneducated, lazy, and low achievers (Kausser et al. 2021; Sailsman, 2021). Further, a lack of academic and support staff from CALD communities to function as mentors and role models was identified as an additional challenge that led to discomfort for CALD students, in addition to a perceived lack of motivation of staff to engage in relationships with CALD students (Loftin et al. 2012).

Personal/ social

There are numerous personal and social factors that could influence a CALD student's journey and success including culture, relationships, work or family-related commitments, and religious responsibilities. Socio-emotional competencies (e.g. emotional intelligence), and social competency, impacts on CALD student integration and success. Emotional and social intelligence include capabilities such as empathy, integrity and professionalism that assist in establishing respectful, therapeutic relationships between patient and health professional. However, socio-emotional competencies can vary across cultures. For example, in Asian culture, social order, conformity to group cultural norms, hierarchy and emotional suppression is emphasised, in contrast to Western culture, which emphasises egalitarianism, emotional expression, direct communication, and promotes individualism. This could influence how students manage personal and professional relationships (Yu et al. 2022). This might provide partial explanation of why CALD student's reports of interactions with academic staff and non-CALD students were often characterised by negative emotions, feelings of uncertainty, awkwardness, or embarrassment (Lalor, Yu, Brown & Thyer, 2019). CALD students' self-esteem, confidence levels and social interactions are impacted by perceptions that domestic students represented an 'ideal' due to their proficiency in English and ability to fully express themselves (Yu et al. 2022). This often led to feelings of experiencing prejudice and discrimination (Johannessen et al. 2022). Other reported barriers to success included a reduced sense of belonging, being an outsider, fear and stress when interacting with non-CALD students and perceived marginalisation (Johannessen et al. 2022; Osakwe et al. 2022). Compounded by isolation and segregation, particularly for overseas CALD students who can grieve the loss of community due to living away from their families and loved ones (Eden et al. 2021; Everett, 2022; Olson, 2012). Relationships with other students could help to mitigate this, but some CALD students found non-CALD students lacked understanding of the issues they faced and found it difficult to form supportive relationships with them, partly attributed to their own hesitation and lack of confidence (Johannessen et al. 2022; Mitchell et al., 2017). Likewise, relationships with academics could be challenging, but when based on individual support, led to decreased stress and sense of



isolation, made students feel welcomed, and encouraged and motivated students to push through challenges (Johannessen et al. 2022; Mitchell et al. 2017; Tranter et al. 2018).

Social Integration

Social relationships and friendships with peers facilitated increased engagement, class participation, help seeking and confidence and helped to reduce feelings of isolation and loneliness (Kauser et al. 2021; Loftin et al. 2012). Although CALD students strongly desired to build relationships with non-CALD students, they had difficulty in finding genuine interactions (Gilligan & Outram, 2012). The importance of encouraging and facilitating opportunities for integration, networking and relationship building is vital when considering the overall CALD student experience (Vossensteyn et al. 2015). Loneliness and isolation, inside and outside of the classroom, were particularly emphasised for International CALD students who reported being unable to find peers to form study groups and being chosen last as a study 'partner' (Loftin et al. 2012). Cultural differences such as language barriers and unfamiliar ways of living (Johannessen et al. 2022), lack of shared interests including topics of conversation (football and other sports, drinking alcohol on the weekend, politics) (Gilligan & Outram, 2012) led to feeling different, being perceived as 'reserved' and unwilling to socialise, impeded the development of an effective social support network (Kauser et al. 2021; Sailsman, 2021). It is important to acknowledge that many of the person factors noted are outside the university's control, although the provision of opportunities, information, and support are vital to help students cope with challenging personal situations to increase the chances of successful programme completion for CALD nursing students.

Finances

Financial barriers posed significant challenges to CALD student success whether due to lack of financial support or inadequate financial resources. This was exacerbated for international CALD students who often relied on their families to fund tuition fees and accommodation costs. This factor alone led to additional stress and impacted emotional wellbeing (Yu et al. 2022). Due to cultural attitudes, caring responsibilities and finances, domestic CALD students were more likely to live at home with their families while studying (Ferrell DeCrane et al. 2016; Kauser et al. 2021). In addition, it was not unusual for CALD students to have responsibility for maintaining or contributing to household income (Loftin et al. 2012; Osakwe et al. 2022; Tranter et al. 2018). Male CALD students reported feeling responsible for being the breadwinner for their families, contributing to household bills and groceries (Kauser et al. 2021). Consequently, several male CALD students were likely to work fulltime while studying. This increased stress related to academic workload and reduced time for revision or assessment preparation (Johannessen et al. 2022). It also limited participation in extra-curricular activities which would have been beneficial for integration and developing a sense of belonging (Kauser et al. 2021; Olson, 2012). Working as little as 1-12 hours per week has a significant impact on academic performance and if working 16+ hours per week, this impacts on the likelihood of successful course completion (Daniels & Mthuminye, 2019). CALD students' financial concerns were complicated by the paucity of information around financial support, such as scholarships or grants and by academic recommendations that they reduce the hours they worked (Loftin et al. 2012). For international CALD students who wished to work, immigration concerns and work permits posed further challenges, anxiety, and stress (Everett, 2022).

Family

In addition to work commitments reducing the time available to study, family responsibilities and obligations presented major challenges (Osakwe et al. 2022; Randon et al. 2020). However, family played a dual role- an important source of encouragement and support but also a source of pressure and guilt (Sailsman, 2021). Family support was an important aspect of student success but when overinvolved, this could exert pressure to meet ambitious standards and achieve good marks. Further, CALD students often originated from working or lower middle- class backgrounds (Kausar et al. 2021), had not had parental input into degree or university choice, and when considering withdrawing, did not have access to informed parental or institutional guidance and support (Stelnicki et al. 2015). There was also a cultural impact on the value family placed on having a degree and related prospects. Setting a standard that was essential to follow led to an internalised pressure for the student. Others reported pressure due to family-related financial difficulties (Kausar et al. 2021). Home responsibilities and family attitudes could be a significant barrier for female CALD students, with reported conflicts between academic work, childcare and household responsibilities, and burdens placed on them by family (Sailsman, 2021). Women attending university could be viewed as a threat to males in some cultures and this led to an unwillingness for them to step outside traditional gender roles, placing even more pressure and stress on female CALD nursing students (Everett, 2022; Johannessen et al. 2022).

Desire to Succeed

CALD students faced a multitude of additional barriers to success and a positive student experience when embarking on pre-registration nursing programmes. Nonetheless, noted in the literature is the goal or 'dream' to be a nurse (Everett, 2022) that provided the motivation and drive to succeed despite the challenging work, and barriers to progression (Johannessen et al. 2022; Randon et al. 2019). This persistence and unwavering focus on what being a nurse meant for their future and their families influenced decisions to remain on programmes. This 'resolve to succeed' (Loftin et al. 2012) stood even though CALD students were consciously aware of their perceived place in society, and the discrimination and racism they encountered (Kausar et al. 2021).

Conclusion

The purpose of this review was to better understand the broad and unique challenges CALD students described that hinder their success on pre-registration nursing programmes. It is important to recognise that the broad definition used for CALD students in this review may mean that not all CALD students may experience the same challenges or share the same concerns. Nonetheless, it is suggested by Jeffreys (2015), that being aware of student profile characteristics, or the qualities and attributes of students prior to commencing their study programmes, can assist academics in developing initiative-taking and ongoing support strategies to capitalize on intrinsic student strengths and improve weaknesses. Profile characteristics include language proficiency levels and prior pedagogical experiences involving different learning styles and different expectations about content delivery, class participation and assessment (Yu et al. 2022). These differences can lead to 'cultural dissonance' and difficulties in adjusting, can impact on confidence levels and result in a lack of engagement and withdrawal. Providing a clear expectation of academic achievement and comprehensive course information is a strategy suggested to address this (Kausar et al. 2021). To improve



mutual understanding, and the important recognition that language and culture connected and expressed not only in verbal language but in thinking, acting, and understanding ourselves and others (Johannessen et al. 2022). This calls for more education focused on cultural awareness. Supportive acts, patience, caring and compassion from academics improved motivation and engagement (Sailsman, 2021) and were encouraged in staff working with students from CALD communities.

As educators, we have a responsibility to create learning environments that facilitate and support interculturality, cultural awareness and intercultural competence. Strategies and initiatives to enable this ensure CALD students' support (Denham et al. 2018). Further, professional integration and socialisation, described by Jeffreys (2015) includes necessary strategies such as peer mentoring, enrichment programmes, one-to-one personalised support, and helpfulness to enhance student interaction with the social system of the university in the context of professional socialisation and career development.

CALD students also often enter academia with existing personal commitments and responsibilities that add an extra dimension of pressure. Although this is outside the control of the institution, it is important that the acknowledgement of external influences include support strategies to maximise CALD student's retention and academic success. It is challenging to manage this level of diversity which inevitably impacts upon the CALD student experience; however, the recruitment and retention of CALD nursing students is necessary and desirable to ensure culturally congruent care (Tranter et al. 2018). Initiatives and processes developed should aim to increase sense of belonging, life satisfaction, motivation and engagement while reducing anxiety (Yu et al. 2022). Greater awareness of the unique and diverse needs of CALD students in addition to effective strategies and initiatives, can better ensure student concerns are addressed early in their journey. This may require academics to develop new ways of interacting with CALD students, addressing relationships inside and outside of the classroom (Denham et al. 2018), the provision of enhanced personal tuition (Egan et al. 2020), and increased language support and the promotion of student mentoring (Eden et al. 2021).

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