

## Support for culturally and linguistically diverse mental health and learning disability student nurses

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## **Support for CALD mental health and learning disability student nurses**

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## **Abstract**

This paper explores the challenges faced by international mental health and learning disability student nurses studying in the UK and provides guidelines to address some of the issues raised. The definition of an international student is broadened to include culturally and linguistically diverse (CALD) student nurses who encounter similar dynamics as traditional international students. The paper highlights challenges faced by CALD students in university and practice settings, such as language proficiency, cultural barriers, limited learning opportunities, and inadequate support. The paper proposes practical interventions and pedagogical innovations to support CALD students in their nursing studies, aiming to enhance their academic success and transition into the nursing workforce.

## **Keywords**

1. Culturally and linguistically diverse (CALD) student nurses
2. International
3. Mental health and learning disability student nurses
4. University
5. Clinical Practice
6. Pedagogical innovations

## **Key points**

You must supply 4–6 full sentences that adequately summarise the major themes of your article.

1. Due to the UK nursing shortage, educational and healthcare systems are recruiting oversea students and nurses to fill vacant positions.
2. This paper takes a broad understanding of what international students mean, preferring culturally and linguistically diverse (CALD) student nurses.
3. Whether University-theoretical related or practice, there are complex issues for CALD students that need to be addressed.
4. Whilst the focus of this paper is on mental health and learning disability nursing students, we recognise that the points raised, and the suggestions made are equally applicable to other fields too.

## **Introduction**

This paper examines the issues faced by international mental health and learning disability student nurses whilst doing courses in the UK and offers suggestions for addressing some of the problems raised. This paper has been written by a group of academics from the Mental Health Nurse Academics UK (MHNAUK) Policy and Practice group. The MHNAUK is a group of mental health nursing academics from across the UK who deliver mental health nurse education, and lead on or contribute to, several important research and scholarly developments in mental health nursing.

This paper takes a broad understanding of what international student mean, preferring culturally and linguistically diverse (CALD) student nurses (Kamau et al., 2023; Ropponen et al., 2023). Such a distinction allows for the recognition that whilst some can be both culturally and linguistically different some of them can be the same linguistically but different culturally.

## **Background**

The initial plan for this paper was to examine how clinical staff can best support CALD students. However, that plan ran into two problems that necessitated the paper becoming broader in its focus. Some students will have moved to another country before starting nursing, have gone through the legal immigration process and although legally considered a 'Home' student, faced many of the same difficult dynamics that the traditional 'international' students. There are complicated dynamics for both groups of people when doing an intense course regardless of when they immigrated. Additionally, on reflection, the issues CALD students face are not as binary as to be thought of as just problems faced while being on clinical placement. The education of student nurses is a joint responsibility and some of the issues faced by CALD students whilst on clinical placement cannot be addressed by placement teams alone. We are aware that CALD students face many hurdles that home students may not therefore there is a need for extra support and extra flexibility. Therefore, the question is, how can universities ensure that CALD students thrive in such a complicated environment?

Whilst the focus of this paper is on mental health and learning disability nursing students, we recognise that the points raised, and the suggestions made are equally applicable to other fields too. While the QAA does have useful guidance and does have some useful links (QAA, 2023), there is room for a mental health and learning disability

nursing focus to inform future developments in this area. Whilst there is literature, mostly outside of the UK, looking at the needs of CALD students we are not aware of any literature focussing on mental health or learning disability, remembering that in the UK, students are field specific not generically trained. Whilst there is talk and rumours of creating a generic UK nursing course, there is a groundswell of professional opinion that professional identities must be protected, and mental health and learning disability fields must endure (Warrender, Ramsey & Hurley, 2023). Due to the UK nursing shortage, educational and healthcare systems are recruiting overseas students and nurses to fill vacant positions (Adhikari et al., 2022).

Historically, there have always had people who migrate to the UK to work in the NHS and mental health services (Brathwaite, 2018; Eaton, 2020, West et al., 2017). In the post-COVID environment, we are in a position of having a shortage of both placements and staff (Nwaamaka Bardi, 2022; Mitchell 2023). At present, there are real problems with staff shortages in the UK, with 40,000 whole-time equivalent nursing vacancies (National Audit Office, 2020). and a key tenet of the government strategy is to recruit more students by a variety of different routes. Higher Education Institutions (HEIs) are also focusing on the international recruitment of students. But how prepared are HEIs for them? It is important to highlight these issues and point to possible solutions.

CALD nursing students in HEIs, that have a different culture to theirs, face both social and educational challenges. The term 'culture' itself is broad, encompassing language, food, beliefs, values, and attitude (Biddlestone et al., 2020). The issue of culture is multi-faceted, and understanding British culture so that they can feel integrated into the UK community is one of the challenges. Understanding British culture causes a divide between home and CALD students. The issue of 'them and us' is often visible in universities where international students would remain outsiders leading to loneliness and at times depression. However, this lack of socialisation is rooted in historical imperialist ideologies leading to unconscious bias and stereotyping (Gani and Marshall, 2022). These students can be viewed as uninterested or lacking in motivation deterring their colleagues and educators from fully engaging with them. Navigating the learning culture is another challenge faced by CALD nursing students. For CALD students, where their learning background is one of being told what to do and taking instructions, whereas, in the UK, the learning culture is more open discussion which encourages the expression of personal opinions (Wu et al., 2015). These conflicting cultures can lead to

misunderstandings and assumptions between educators and CALD students. The conflicting cultures are more visible when students attend clinical practice; where they can be expected to understand how health and illness are viewed in British culture which has an impact on how care is delivered, whilst trying to interpret the strong link between health, ill health, and culture. For example, for African men, it is taboo to express pain as this can be viewed as a sign of weakness. In clinical practice, these students can be labelled as lacking compassion and initiative. Furthermore, acceptance of mental health and learning disabilities as an illness varies from country to country (Simpson, Mizen & Cooper, 2020).

### **Current literature**

To date, there is limited literature on the subject; while the research into international/ CALD students does include representation from the health sciences, nursing and midwifery programs are underrepresented. Furthermore, no papers were found examining the learning disability or mental health context. Few studies have been undertaken in the UK so the majority are written from an overseas context meaning their transferability may be negated.

A broad search of the literature was done to understand the issues facing international students, overlapping with CALD nursing students, both at University and in Practice. The literature explores the problems faced by CALD students and what can help them thrive. An Australian paper by Jeong et al, (2011) discussed how the exponential growth in CALD nursing students presents challenges for academics and staff on placement, and of course the students themselves. CALD students have a wide variety of previous learning experiences including learning styles, preparation and academic literacy experience that can be adapted as well as contribute to their learning and patient care (Shaw, 2015).

Kirstoff and Baker (2006), Jeong et al (2011), and Wang et al (2015) reported on the level of English language proficiency, feelings of isolation, limited opportunities for learning, and inadequate university support. All of these compound issues are raised by cultural barriers, social problems, different learning styles, academic demands, perceived racism, homesickness, lack of assertiveness and financial problems. CALD nursing students struggle not only with their English language skills but these contribute to academic problems, also clinical in applying nursing practices and Western perspectives of health.

Another Australian paper (Zheng et al., 2014) examined the high attrition and academic underperformance among CALD students, and a lack of language skills was often cited as a key explanatory factor. Their study suggests that language acculturation, indicated by English-language usage and the length of stay in the host country, was not sufficient to ensure a successful transition into the academic environment for CALD nursing students.

Kaca and Ates (2022) focused on nursing students' lifestyles and satisfaction, stating that the literature reports loneliness, difficulty in adaptation, timidity, difficulty adapting to the home country's culture, and psychological problems. Related are concerns about the student's health and lifestyle; in Australia, McKitterick et al (2021) found continued anxiety, lack of preparation and uncertainty about the role as they transitioned to the nursing workforce as a student or registered professional. McKitterick et al (2022) and Kol et al (2021) both found that when assessing clinical preparedness of found CALD students there was unease and shortage of confidence in dealing with end-of-life care, the delegation of tasks to healthcare workers, and interprofessional communication with colleagues in the practice area. Barriers to transition to the Australian healthcare system included financial challenges, length of placements, and inability to comprehend local colloquialisms. A Turkish study by Kol et al (2021) echoed perceived difficulties, inadequate academic preparation (echoed by Jeong et al), financial difficulty, alienation, ethnic isolation, and frequent perceived discrimination from patients, nurses, and peers.

Amongst staff in practice, an Australian study by Newton et al (2018) found communication issues, strongly associated with language and culture, defining support and supervision, and supervisors' understanding and perception of their responsibility all impact CALD students learning. Mikkonen et al (2011) stated the learning environments in practice are key to CALD students' professional development. However, as with other studies, Mikkonen and colleagues found the challenges faced by students on placement and it was the supervisors' attitudes that facilitated student development, or otherwise.

Recognition and valuing CALD nursing students' attributes in academic and clinical contexts are needed to facilitate effective strategies to support their clinical practice (Edgecombe et al., 2013). Indeed Tyson (2015), reported although CALD nursing students face challenges, there is a strong desire to become academically successful and to utilize a variety of adaptive tools for learning critical thinking from a Western perspective. Tallon et al (2021) stated that targeted learning and teaching strategies are needed, with programmes to improve communication, that can help CALD nursing students' experiences in terms of confidence, perceived competence, and levels of satisfaction as students. Educational interventions in language education can positively impact students' success in the clinical environment. Klistoff and Baker (2006) reported on CALD students needed help with academic work and assessments, orientation to the clinical setting and preparation of culturally competent clinical facilitators who can support students' English language skill development. Both academic and clinical staff need to develop structured support programs to smooth the progress of CALD nursing students' learning and minimise aspects of 'cultural shock'.

Newton et al (2015) suggested improved communication between healthcare and educational organisations and increased support for supervising Registered Nurses, specifically training regarding different linguistic and cultural issues. McKitterick et al (2021) had participants asking for more information about professional role expectations, guidance, and support to transition. A dedicated university transition process could provide important support to address the workforce transition challenges faced. McKitterick et al (2022) also reported clinical simulation activities were helpful in clinical preparation, being comfortable in taking actions to solve problems and being confident in identifying actual or potential safety risks for patients. The main facilitators were clinical simulation experiences, the ability to speak languages other than English and interactions with people from diverse cultures. Added to this practical suggestions include opportunities for increased intercultural interactions in and out of the classroom would help, and workshops to increase academic staff cultural awareness (Palmet et al., 2019). The 2015 work by O'Reilly & Milner looked at healthcare students, not nursing students, per se, but their findings suggest that teaching and learning strategies should be student-centred, aiming to promote awareness of difference and its impacts and then develop appropriate responses by both students and staff. Universities and clinical partners need to provide an inclusive learning environment for CALD students.

Scaffolded group work activity has been suggested allowing CALD students to mix with domestic students, in turn, practice their English language skills with fast-talking native speakers and learn about contemporary issues across the home country. Added to this domestic students can be enriched by listening to nursing views and experiences not encountered when working with domestic students alone (Shaw et al., 2015). Randall et al (2020) suggested Team-Based Learning to promote language proficiency and intercultural connections. An unintended but significant outcome was by working together decreased racism toward international students from domestic students.

### **Suggested strategies**

The issues and suggested solutions from reviewing the literature although reporting on CALD adult or generic student nurse contexts, do have transferability. Whether University-theoretical related or practice, there are complex issues that need to be addressed. One aspect is the complex interactions, for example, end of life care, the nuances involved of communicating with someone who is behaviourally disturbed, has memory problems or has suicidal thoughts or intentions will be demanding for CALD students, coming from different health contexts and differing cultural beliefs and understanding of mental health. CALD student Learning Disability and Mental Health Nurse experiences are an area that needs research to fit both the mental health and UK field-focused context.

The issue of having English as a lingua franca in UK universities is another concern for most international and CALD students (Baker, 2016). Language can also widen the social and academic divide for CALD students. The way CALD students communicate, verbally, and non-verbally is diverse and entrenched in their respective cultures. Socially, a lack of understanding of British language idiosyncrasies can deter international students from socialising or expressing themselves in class (Wu et al, 2015). Therefore, the orientation of CALD students to UK HEIs should include identifying words which have multiple meanings and reconsidering spoken language. Most universities put international students through a test of their proficiency in comprehension of the English language as a way of dealing with language issues (Curtis, 2019). Whilst some of the students may prove proficient in the written part, verbal communication might remain a challenge. Interactions must be encouraged, and students should be seen beyond their accents. Moreover, treating these students as individuals, and embracing their differences would encourage cultural interactions.

These interventions will help CALD students and HEIs to work with diversity, and internationalisation, and create a transcultural university experience.

HEIs need to develop strategies that value CALD students and the contribution they can make to practice and university life. Some of the barriers that CALD students experience are:

Table 1

<b>Barriers experienced by CALD students</b>
<ul style="list-style-type: none"> <li>• No NHS Bursary.</li> <li>• Excluded from many possible sources of finance that home students have access to.</li> <li>• Have to pay to travel to placements.</li> <li>• May not know the area and the university halls may be more expensive to live in than other accommodations.</li> <li>• May not be aware of local policies or understand the NHS and therefore frowned upon when they ask questions or seek clarity about situations.</li> <li>• May not have experience with education systems in the UK so things that may have been the norm back home may not be accepted in the UK – copying from textbooks for example, then becomes plagiarism and an academic offence.</li> <li>• Sometimes queried and asked about their nationality and country of origin e.g. Irish students who may have been born in Nigeria are often asked time and time again about their citizenship.</li> <li>• Names being shortened or changed because their name is considered difficult to pronounce,</li> <li>• The experience of racism, homophobia, xenophobia, sexism.</li> </ul>

Strategies to address these issues include (Table 2)

<b>Possible solutions</b>
<ul style="list-style-type: none"> <li>• Good communication between HEIs and practice partners, HEE, and other partners,</li> <li>• Identify work opportunities through local NHS Trusts (Bank) and other employers, by sending adverts directly to their email, for example.</li> <li>• Four times a year, sending information about sources of funding, bursaries, financial assistance etc</li> <li>• Increased funds available through the University for hardship grants and funding.</li> <li>• Encouraging students to complete placement evaluations which are then discussed at the Practice Education Committee and other committees,</li> <li>• Undertake an evaluation of policies that address racial discrimination experienced by students in practice placement settings,</li> <li>• Encourage students to speak up and out about any issues that impact negatively on them,</li> </ul>

- Address issues of racism or other issues that may negatively impact students,
- Acknowledge that there are issues faced by CALD students that home students may not face e.g. loneliness – potentially set up a student loneliness group.

## Transcultural nursing

Transcultural nursing remains misunderstood, it is believed by many organisations that offering a cultural menu to our patients is enough. Cultural menus are proven to be far from enough, therefore, HEIs are in danger of making the same mistakes with transcultural environments. It is important to note that teaching a session about 'culture' does not necessarily prepare or tackle cultural issues for CALD students rather, it can feel like tokenism. Instead, there needs to be a platform for cultural conversations between local students, educators, and international students. Such platforms can alleviate misconceptions and ensure that interventions introduced by universities meet the needs of this student group. Additionally, platforms for cultural conversations can also promote a strong understanding of internationalisation and offer broad perspectives on practices. Cultural differences play a major role here, and HEIs need to ask themselves where they are in terms of 'Transcultural nursing'. In terms of providing the best possible experience for CALD students a systemic response underpinning the values of transcultural nursing is needed; some questions which both HEIs & clinical practice need to ask are

- Given the links between food and their cultural identity, where can international students get their food?
- CALD students may well have families overseas, are they sending money home? They may need to travel home unexpectedly (e.g. funeral) do policies reflect this? Is flexible annual leave available?
- Whilst CALD students will have passed language competencies to get on the course that does not necessarily mean that they are familiar with the use of language.
- How familiar are CALD with the locality?
- Are CALD students victims of microaggressions that HEIs are not aware of?

## Conclusion

This paper aimed to demonstrate that there are several unique challenges that CALD mental health and learning disability student nurses face as they complete courses in the UK. In response to these challenges, we have suggested strategies that universities and practice partners alike could adapt.

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