University of Southern Queensland

Faculty of Health, Engineering and Sciences

School of Nursing and Midwifery

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS

A dissertation submitted by

Ruth Terwijn RN MNurs (Hons)

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DOCTOR OF PHILOSOPHY

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Abstract

This doctoral research project explored the experiences of nine (9) Bachelor of Nursing students who were born outside Australia, and for whom, English is an additional language (EAL). It draws on data from two phases. Phase 1 of this project involved a comprehensive systematic review of available literature related to the challenges faced by undergraduate nursing students choosing to study outside their homeland. The synthesised findings of the systematic review highlighted the challenges and barriers faced by these students, as well as the strength and determination evident in these students' responses. It served as a foundational point for Phase 2, a qualitative critical methodology using photovoice to highlight participants' experiences through photographs. These photographs, and the ensuing thematic analysis, provided a 'voice' for international nursing students consistent with the aim of the project. The major themes identified were difference; gratitude; motivation; hard work and seeking help. The overall findings of Phase 1 and 2 of this project are that international nursing students experience isolation and loneliness due to a perception of being different. They work hard and often require dedicated help as a pathway to success. These findings have implications for nurse academics, clinical facilitators and universities in recognising the unique issues that these students have and for developing appropriate support responses.

CERTIFICATE OF DISSERTATION

I certify that the ideas, work, results, analyses, results, interpretations and conclusions reported in this thesis are entirely my own effort, except where otherwise acknowledged.

I certify that this work has not previously been submitted for any other award, except where otherwise acknowledged.

_____ _____

Ruth Terwijn   Date

Signature of Candidate

ENDORSEMENT

_____ _____

Professor Cath Rogers   Date

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Associate Professor Cheryl Perrin   Date

Signature of Supervisors

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My goal to complete a PhD is now a reality; I feel grateful to those who have placed their faith in me, and I offer my sincere thanks.

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To Mum and Dad, thank you. To my family: I'm back!

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I also dedicate this study to the memory of Drs Roger and Jill Guard, who were violently taken from us in July 2014 in the Ukraine on Flight MH17. Their plane crashed into a field of sunflowers. It is an image I will never forget. So beautiful and so devastating.

Both Jill and Roger were friends and colleagues. They dedicated their lives to the public health service, Roger as Head of Pathology at Toowoomba Base Hospital and Jill as a women's health doctor at Family Planning Toowoomba. I worked with Jilly for 20 years.

When Jill retired from her position as a doctor at Family Planning Queensland she volunteered with Meals on Wheels, worked with the refugees who settled in our city and continued to cherish her family.

My life is richer for knowing them and the world is a sadder and poorer place without them. Rest in Peace.

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List of abbreviations

ABS	Australian Bureau of Statistics
AEI	Australian Education International
AIHW	Australian Institute of Health and Welfare
AUD	Australian Dollar
DFAT	Department of Foreign Affairs and Trade
EAL	English as an additional language
GFC	Global Financial Crisis
HSBC	Hong Kong and Shanghai Banking Corporation
HWA	Health Workforce Australia
IELTS	International English Language Testing System
NH &MRC	National Health and Medical Research Council
NMBA	Nursing and Midwifery Board of Australia
PHV	Permanent Humanitarian Visa
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
USQ	University of Southern Queensland
WHO	World Health Organisation

Publication relating to this dissertation

Refereed paper

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Chapter 1   Introduction

"One cannot expect positive results from an educational or political action program which fails to respect the particular view of the world held by the people. Such a program constitutes cultural invasion, good intentions notwithstanding." (Freire, 1970, p. 95)

1.0   Introduction

Australia has always needed to supplement its workforce and population by embracing people from other countries. This young country has depended on overseas labour to build it, shape it and make it a nation. The nursing workforce is no different. Current statistics reveal that one in seven nurses working in Australia received their qualification overseas (Australian Institute of Health and Welfare (AIHW), 2010). With an awareness of a forthcoming shortage of nurses in Australia, the need to recruit, retain and graduate international nursing students appears obvious (Health Workforce Australia (HWA), 2012; World Health Organisation (WHO), 2006).

This chapter introduces my research project. The research background provides the context for this project, which makes clear the need for nursing workforce supplementation that is culturally diverse and sensitive to the needs of the multicultural Australian population. I include the aims of the study and my motivation to research the experiences of international nursing students studying in Australia and for whom English is an additional language. To conclude I give a brief chapter summary.

1.1   Research background

Nurses remain at the heart of healthcare worldwide. The developed world meets some of its nursing workforce needs by attracting international students from developing nations, who study nursing at English-speaking, western universities and then go on to stay and work as registered nurses. Kingma (2001) found that international nursing students come to English-speaking countries on the basis of three major motivations - economic, social and political. Firstly, economic issues centre on quality of life, such as improved wages, working conditions and a higher standard of living, this then translates to being able to provide support for family and extended family within their homeland. Secondly, a move from country or rural living to city dwelling allowed greater opportunities, and nursing skills already learned could be practiced. Finally, political and social circumstances often compromised personal safety both within the health sector and in everyday living; hence, people are motivated to live in better circumstances and use nursing education as a strategy to meet that need.

Furthermore, there is a predicted global shortage of nurses and, locally, an ageing Australian nursing population that continues to feature significantly in recruitment strategies in Australia (AIHW, 2012). The global shortage of nurses is a multifaceted issue. In Australia, it is now seven (7) years after the Global Financial Crisis (GFC) and subsequent Eurozone crisis, which impacted the natural attrition rate of retirement-

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aged nurses. It is observed that the number of registered nurses in the workforce aged over 55 years has increased slightly from 36% to 38.6%. Interestingly, the number of registered nurses in the over 65 year's age group has tripled since 2003 (AIHW, 2012). This indicates that for some older nurses, retirement may be deferred to enable financial stability and an ongoing income. To add to the complexity of this issue, there is a current shortage of employment opportunities for graduate nurses in Australia (Stewart, 2014).

Contrasting this position is a predicted nursing workforce shortage of approximately 109,000 registered nurses by 2025 (HWA, 2012). As a strategic move toward self-sufficiency in the future Australian health workforce, HWA (2012) recommends the recruitment and education of international nurses and nursing students. In essence, this provides both an opportunity and a dichotomy; the evidence is compelling that there will be a significant shortage of nurses in the medium to long term, but the current situation sees an oversupply of nursing graduates.

Despite these issues, Australia continues to actively recruit international students to undergraduate nursing programs. Australia is a highly regarded destination for quality education (Hong Kong and Shanghai Banking Corporation (HSBC), 2014). It is Australia's third largest export, worth more than AUD $15 billion, (Department of Foreign Affairs and Trade (DFAT), 2013). This recruitment strategy has some significant benefits for Australia's health workforce.

The multicultural mix of the nation sees one in four, (approximately 26%) of Australians identifying as being born outside Australia and another 20% having at least one parent born overseas (Australian Bureau of Statistics (ABS), 2013a). Having a culturally competent health workforce to provide quality care appears necessary, equitable and essential in 21st century Australia. International nursing students who study an Australian Bachelor of Nursing, and then stay on to practice as registered nurses, increase the cultural diversity of the Australian nursing workforce, they reflect and service the healthcare needs of Australia's multicultural population.

A further benefit of international students studying nursing in a developed nation is that students from developing nations who are able to study outside their country have increased opportunities for career enhancement, and the potential for an increased income (Blythe, 2009). There is also the opportunity for international students to experience a lifestyle different from their own culture (Shields & Watson, 2008). These incentives may well impact on the decision of prospective nurses to consider nursing education outside their homeland.

Despite these compelling personal and workforce benefits associated with engaging in international study, international nursing students experience a number of well-documented barriers. These can be identified as language and exclusion (Gardner, 2005a; Khawaja & Stallman, 2011; Loftin, Newman, Dumas, Gilden, & Bond, 2012; Malecha, Tart, & Junious, 2012; Rogan, San Miguel, Brown, & Kilstoff, 2006; Shakya & Horsfall, 2000; Terwijn, Pearce, & Rogers-Clark, 2012) and personal and academic challenges (Bleich, MacWilliams, & Schmidt, 2014; Cowan & Norman, 2006; Crawford & Candlin, 2013b; Junious, Malecha, Tart, & Young, 2010; Malecha et al.,

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2012; Mulready-Shick, 2013; Pitkajarvi, Eriksson, Kekki, & Pitkala, 2012; Shakya & Horsfall, 2000). International nursing students are diverse individuals with unique needs, yet often their needs and issues are homogenously categorised (Zheng, Everett, Glew, & Salamonson, 2014).

While recognising the significant personal and workforce gains associated with international study, this dissertation explores what it is like for international nursing students as they undertake such a major life challenge. In particular, the study focuses on students' experiences of the identified social and academic challenges associated with their study, as well as their strategies for coping with these difficulties. This is important because, by identifying both the barriers and enablers for international nursing students, best practice strategies in relation to facilitating support, achieving success and providing a positive and inclusive experience can be identified.

1.2   Aim of the study

The aim of this study was to critically explore the experiences of English as an additional language (EAL) and international Bachelor of Nursing students. There were two phases within the study. Phase 1 was a systematic review of the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland, in accordance with the methods developed by the Joanna Briggs Institute for Evidence-Based Practice (JBI). Phase 2 of the project adopted a qualitative critical methodology, using Wang and Burris's (1994) photovoice method. The participants provided rich, compelling data about their experiences through their photographs and contextual analysis utilising the Freirian-based SHOWeD framework. The SHOWeD framework was developed and adapted by Wallerstein & Bernstein (1988) using Freire's empowerment education theory (1970). It aims to contexualise the story through the photograph by posing the following questions, 1) What did you See here? 2) What is really Happening here? 3) How does this relate to Our lives? 4) Why does this situation, concern, or strength exist? and 5) What can we Do about it?

As part of the participatory nature of photovoice, the participants also presented and discussed their strategies for dealing with the challenges they faced.

1.3   The Research Question

The research question for this study was:

How do social, cultural and economic factors impact the experiences of English as an additional language (EAL) and international nursing students?

1.4   Who are international students

This research study is in two phases. The first phase reflects the outcomes of the systematic review researching the question of the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland. Throughout this review, students in the studies were referred to as

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international students; however a range of other terms to describe these students were also used.

These terms included ESL (English as a second language) students (Chamberlain, 2007); ethnically diverse students (Amaro, 2006); non-English speaking nurses (Deegan & Simkin, 2010); culturally and linguistically diverse students (Jeong, Hickey, Levett-Jones, Pitt, Hoffman, Norton & Ohr, 2010); and students for whom English was a non-native language (Skinner, 2005). Clearly the terminology has evolved over time; indeed Webster and Lu (2012) found that terminology pertaining to people learning English must be continually revised and analysed to reflect current understanding of cultural diversity and hegemony. Currently, the term EAL (English as an additional language) is accepted because it demonstrates respect for the linguistic diversity and inclusivity of people who have language educational needs. Hence this term has been adopted for this study.

1.5 The Researcher

I have been nursing all of my working life. My mother was a nurse, as is my sister and when I left school I started nursing. I spent a good number of years in community nursing within my local area dealing with, listening to and helping people of all ages, mostly women in crisis. A person will tell you many things within the safety of four walls. I found that the art of listening was valued and priceless. I am now a nurse academic and it is in this position that I have taught nursing students, identifying as international, within a Bachelor of Nursing program at a regional university.

When recruiting participants, I was encouraged that many volunteered because I had taught them in class, and was seen as approachable. The United Nations Population Fund (UNFPA) (2014) stated that when the world's population reached seven billion in 2011, that each citizen had a story worth telling, 7 Billion Actions Campaign, '7 billion people - Counting on each other". I was interested in the stories of each international student, as each person has a unique story to tell of their experience, of their goals and of their motivation. Everybody matters.

Being in this position has provided me with a unique and privileged appreciation of the experiences of nursing students who identify as international. Prior to this, I had not thought of what it would be like to be in this country, speaking, living and studying in another language. I have witnessed exclusion, desperation, shyness, academic misconduct, academic brilliance, being homesick, racism, difference and indifference.

I acknowledge that my own experience of people from other nations is limited. While I have travelled overseas, it has always been as a privileged white woman. I expect that other people will speak English and understand me, apart from the 'yes', 'no', and 'thank you' I manage in several different languages. I have never had to leave my country for an extended period to be educated, or flee because of danger to my life or my family. I have never witnessed atrocities as they happened.

I am, however, a person who is aware of and takes interest in Australian politics, world events, political actions in all nations and the plight of people in other countries. I do

like to think I am a person of acceptance not tolerance. I embrace, celebrate and appreciate diversity and multiculturalism. I am challenged by my own country's stance on immigration and refugees.

I am not a neutral player and feel it my responsibility to interpret the results of this project as correctly as I can. I also realise that my interpretation will be part of the project's outcome. As I have been trusted with the stories and the photos by the participants, I too am located firmly within this project. I aim to create a space where this is acknowledged and accepted.

1.6 Overview of the dissertation

This dissertation is the result of a structured process to provide an authentic, reliable and credible document on the chosen topic. The two major components, Phase 1: the systematic review, and Phase 2: the photovoice method, have underpinned this research project. Through the data and analysis, new knowledge through visual and written media was created.

Chapter 2 –A Systematic Review: Phase 1
This chapter reports the processes and findings of a comprehensive systematic review of available literature connected to the research topic of the experiences of undergraduate nursing students choosing to study outside their homeland. This systematic review, developed by the Joanna Briggs Institute for Evidence-Based Practice (JBI), is an analysis of available literature using critical appraisal and synthesis through a standardised structure to produce a high quality evidence-based report (JBI, 2011). The four major areas identified in this review were in relation to the experiences of undergraduate nursing students studying outside their homeland at an English-speaking university. These areas included the need for support and encouragement, valuing and respecting difference, and the desire to succeed despite challenges and inclusion. An updated literature review of studies since 2011 concluded this chapter.

Chapter 3 – Methodology
Chapter 3 discusses a qualitative critical methodology using photovoice. Photovoice gives 'voice' through the collective language of photography and serves to provide an accessible platform for under-represented groups (Fultz, 2010). Its theoretical underpinnings are from a critical paradigm, Freire's empowerment education theory, feminist theory and documentary photography. A critical research approach is built on the assumption that social change is facilitated through empowerment and knowledge (Kincheloe, McLaren, & Steinberg, 2011). This is compatible with photovoice as a method and methodology in that the participants' expert knowledge through photographs is revealed and represented in critical aspects of their life and experience.

Chapter 4 – Method
Chapter 4, 'Photovoice: Method' contains two integral sections of this project. Firstly, details of the photovoice method are provided, including the recruitment and training of participants, data collection, and an explanation of the analysis tools, the SHOWeD

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framework and thematic analysis (Wallerstein & Bernstein, 1988; Wang & Burris, 1997). Secondly, how to ensure high quality in a qualitative research project is discussed using Tracy's (2010) framework. This section also describes the research ethics processes used within this project.

Chapter 5 – Findings

The findings chapter presents the participants' photographs and their stories, presented through an analysis of five (5) major themes. The themes that presented across the data are as follows: difference, gratitude, motivation, hard work and seeking help. These themes display a resilient nature in that they represent social action and raising of critical consciousness through highlighting the participants' voices, consistent with the aims of photovoice.

Chapter 6 – Discussion

The findings of the data are discussed in this chapter. The aim of this project is to contribute to improved knowledge of international nursing students' experiences of studying nursing in Australia. The themes and their significance in light of new and existing research studies of this phenomenon are discussed.

Chapter 7 – Conclusions and recommendations

In conclusion, Chapter 7 discusses the reality of the strengths and limitations of the research project. Further to this, the implications for nursing practice, the study of nursing and nurse education are discussed with recommendations. These recommendations are informed by the input of the participants, their experiences and their solutions. The participants work in collaboration with the researcher, as is the aim of photovoice.

1.7 Conclusion

In this chapter, the concept and aims of this thesis were outlined and introduced to provide an understanding of the incentive for the study. The researcher is located within the context of this research project and an overview of the project is offered.

The following chapter, Chapter 2 - A Systematic Review: Phase 1 presents a comprehensive systematic review of available literature connected to the research topic, including an update of recent literature following the publication of the systematic review in 2011.

Chapter 2   Systematic Review: Phase 1

'An education of answers does not at all help the curiosity that is indispensable in the cognitive process. On the contrary, [an education of answers] emphasizes the mechanical memorization of contents. Only an education [based on dialogic questioning] can trigger, motivate, and reinforce curiosity.' (Freire & Freire, 1998, p. 31)

2.0 Introduction

This chapter reports the processes and findings of Phase 1 of this project, which involved a comprehensive systematic review of available literature related to the challenges faced by undergraduate nursing students choosing to study outside their homeland. This review was undertaken in accordance with the methods developed by the Joanna Briggs Institute for Evidence-Based Practice (JBI). A systematic review is an analysis of available literature using critical appraisal and synthesis through a standardised structure to produce a high quality evidence-based report (JBI, 2011). This method is recognised for its capacity to achieve quality reviews, as it uses the same level of rigour that is expected for primary research.

A systematic review using JBI processes provides a structured pathway that begins with an in-depth literature search utilising major databases to identify publications of interest including unpublished papers (grey literature) where available. Following the comprehensive literature search, established JBI selection criteria were used to determine which papers were included or excluded. In this review, all selected publications reported on qualitative studies, so all qualitative data were extracted, and then synthesised using a narrative summary. The conclusions made were based on these results (The Cochrane Collaboration, 2013; JBI, 2011).

Although a literature review is a traditional component of a doctoral thesis, a comprehensive systematic review was chosen as Phase 1 of this project (in lieu of a traditional literature review) because of its methodological strength. A systematic review reduces bias, and is reliable and rigorous in its methodical organisation of selection, extraction and synthesis of key findings within the literature (The Cochrane Collaboration, 2013; JBI, 2011).

This systematic review, as follows, is "A systematic review of the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland' aimed to identify, critique and synthesise the available evidence in relation to the positives and challenges experienced by international undergraduate nursing students who combine their study and living away from their home. The findings from this systematic review serve as a foundational point for this research project.

This systematic review was submitted to the Joanna Briggs Institute (JBI) for its process of peer review and evaluation. This systematic review was accepted for

publication by the JBI on the 16 January 2012, and is published in the JBI Library of Systematic Reviews.

Section 2.2 of this chapter presents a short literature summary and review of literature published since the completion of the systematic review, and other research, which addressed concepts outside of the systematic review that emerged from Phase 2 of the study.

2.1   The systematic review

A systematic review of the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland.

Terwijn, R., Pearce, S., & Rogers-Clark, C. (2012). A comprehensive systematic review of the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland. *JBI Library of Systematic Review, 10*(2), 66-186.

Ruth Terwijn RN MNurs (Hons) [1]

Susanne Pearce RN, BN (with distinction), MN, PhD, JBICF[2]

Catherine Rogers-Clark RN, BA, MN, PhD[3]

1. Australian Centre for Rural and Remote Evidenced Based Practice, Phone +61(07) 4631 2367 Email: Ruth.Terwijn@usq.edu.au

2. Australian Centre for Rural and Remote Evidence Based Practice, Phone: +61(07) 4631 8312 Fax +61(07) 4699 8940 E-mail: susanne_pearce@health.qld.gov.au

3. Australian Centre for Rural and Remote Evidence Based Practice a JBI Collaborating Centre. Phone: +61(07) 46312005 Fax: +61(07) 4699 8940 Email: Cath.Rogers-Clark@usq.edu.au

Executive summary

Background:
Increasingly overseas students are attending university nursing programs in English-speaking countries to gain additional tertiary qualifications that may not be available in their homeland and to fill the international nursing shortfall. For these students, some common issues identified and affirmed in qualitative research papers include loneliness, discriminatory experiences, developing communication, and academic skills. This systematic review will help identify and synthesise current issues through exploring the existing literature, giving an insight into the lives of international nursing students. Given the large and increasing number of these students, it is important to acknowledge and improve learning and other outcomes for them.

Objectives:

The objective of this systematic review was to determine the best available evidence in relation to the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland.

Inclusion criteria:

This review sought high quality studies aimed at exploring the experience of undergraduate nursing students studying outside their homeland at an English speaking university. Both qualitative research studies and opinion-based text were considered for this review.

Search strategy:

An extensive search of the literature was conducted to identify research studies published between January 1990 and April 2011 in English and indexed in 37 major databases.

Methodological quality:

All included articles were assessed independently by two reviewers (RT and SP), using the appropriate critical appraisal tool from the Joanna Briggs Institute.

Data collection:

Data were extracted from included papers using appropriate standardised data extraction tools developed by the Joanna Briggs Institute.

Data synthesis:

Data from qualitative studies and textual and opinion papers were meta-synthesised separately using standardised instruments. Data synthesis of all included studies involved the pooling of findings and then grouping into categories on a basis of similarity of meaning. The categories were further aggregated into a set of statements representing synthesised findings as a coherent whole.

Results:

A total of 19 studies were identified as of high quality and meeting the inclusion criteria. From these studies, 254 findings were extracted which were grouped into 13 categories and further aggregated into four synthesised findings.

Conclusions:

The four major areas identified in this review in relation to the experiences of undergraduate nursing students studying outside their homeland at an English-speaking university include the need for support and encouragement, valuing and respecting difference, and the desire to succeed despite challenges and inclusion.

Implications for practice:

Recognising the unique needs of international nursing students, in the clinical, academic and social context, is critical to improve the experiences of this student cohort. Educational and support strategies and programs are needed to respond to these needs.

Implications for research:
The implications for research are substantial. Given the outcomes of this review, action and evaluative research is needed to explore, implement and evaluate support strategies for students from non-English speaking backgrounds studying nursing. Research in the areas of curriculum development, supporting students' clinical experiences, and university social and academic support programs is recommended.

Keywords: International nursing student, foreign, English as a second language, overseas, culturally diverse, systematic review, qualitative methodology, nursing student.

Background

Nurses are fundamental to health care delivery worldwide. There is well-documented evidence that the international nursing shortage is creating substantial momentum for nurses from primarily developing countries to consider education outside their homeland as a pathway to greater career opportunities in their own countries, or in western nations (Hawthorne, 2001). Adding to this, countries like Australia, the UK and the USA are actively recruiting nurses from other countries, which has also led to a growing demand for places in tertiary nursing education programs by international nursing students (Aiken, Buchan, Scholaski, Nichols, & Powell, 2004; Buchan & Aiken, 2008). The challenge, however, is that these programs may not be 'geared' to effectively respond to the needs of these cohorts of students (Choi, 2005).

The growing number of international nursing students requires providers of nursing education to better understand the students' particular needs, in relation to specific educational requirements, as well as health and welfare, whilst studying abroad. This review aims to closer explore this issue by conducting a systematic review of the literature on the experiences of international nursing students studying outside their homeland. The outcome will provide valuable evidence to assist universities to design programs that closer align with the needs and expectations of international students.

The increased flow of international nurses has meant that the nursing community is progressively more globalised, with large numbers of students with English as an additional language (EAL) and culturally and linguistically diverse (CALD) backgrounds entering nursing programs at universities of industrialised nations (Buchan & Aiken, 2008; Buchan, Parkin, & Sochalski, 2003). CALD and international nursing students are needed to complement the numbers of domestic nursing students, with the Australian Institute of Health and Welfare identifying nurses as the main occupational group within the healthcare system expecting substantial shortfalls in numbers versus demand over the next decade (AIHW, 2008).

Despite government initiatives and clear identification of the nursing shortage, the overall increase in registered nurses in Australia has only been eight (8) percent. A real concern is the age of the nursing workforce, with registered nurses over the age of 55 years accounting for 35% of the workforce. Naturally, the retirement of this group is calculated as a major factor in workforce sustainability, although the 2007 Global Financial Crisis (GFC) has delayed the plans for many intended retirees in the short term at least (AIHW, 2008; Thompson, Greville, & Param, 2008) . Paradoxically, in

2010 nursing graduates in a number of industrialised nations are in over-supply; however, future projects continue to identify a major shortage into the future (QNU, 2010).

It has been estimated by the Organisation for Economic Co-operation and Development (OECD) that currently a shortfall in the international nursing workforce in OECD countries will range between 1% and 6.9%. In the USA, UK and Australia this number is estimated at over 400,000 nurses (Simeons, 2005). In addition, the World Health Organisation (WHO) has called for 2.4 million nurses in India alone, to make up the existing shortfall (Saeed, 2010). According to (Parrone, Sredl, Donaubauer, Phillips, & Miller, 2008) educating nurses from culturally diverse backgrounds is   essential in a multicultural healthcare system and of benefit globally.

Current studies indicate that cultural diversity and awareness are the keys to successful recruitment and retention of student nurses from CALD and EAL backgrounds (Abriam-Yago, Yoder, & Kataoka-Yahiro, 1999; Cowan & Norman, 2006; Donahue, 2009). Yet it appears that international nursing students continue to experience a number of well-documented barriers. The main issues can be identified as communication (Amaro, Abriam-Yago, & Yoder, 2006; Gardner, 2005a), exclusion (Rosenthal, Russell, & Thomson, 2008), value and race judgments (Donahue, 2009), personal and academic challenges (Gardner, 2005a). On the positive side, students from developing nations who are able to study outside their country have increased opportunities for career enhancement, and the potential for an increased income that is disproportionate to their homeland (Blythe, 2009). There is also the opportunity for international students to experience a lifestyle different to their own culture (Shields & Watson, 2008).

These incentives may well impact on the decision of prospective nurses to consider nursing education outside their homeland. One nationwide study revealed that factors around living arrangements, studying at tertiary institutions, making friends and applying for permanent residency were highly valued by international students; however, positive experiences for this group of students in relation to these factors were not easily identified (Australian Education International (AEI), 2008) .

Sanner, Wilson, & Samson (2002) found that despite well-documented perceived barriers, international students display resilience by keeping their long-term goal as a focus with a willingness to adjust to meet outcomes. This requires a new range of skills that may range from developing English language competency, acquiring different learning styles and demonstrating academic competency. Transitioning to living outside the homeland is another important skill; however, there is a risk of social exclusion, feelings of isolation and loneliness, coupled with familial expectations (Choi, 2005; Shakya & Horsfall, 2000). University support, family and culturally similar friends and personal goals provide positive outcomes for international nursing students. Culturally competent education remains a key to inclusiveness of international students where educational leaders are required to promote an educationally conducive learning environment (Suttichujit, 2009).

While recognised nursing education programs in universities are well established in relation to meeting the educational and support needs of domestic students, there are substantial challenges in responding to meet the educational and other requirements of international pre-registration nursing students. Social challenges associated with studying away from home, in a different cultural context inevitably provide another dimension to the support required.

This systematic review focused on identifying the evidence for both the challenging and rewarding experiences of international undergraduate nursing students who combine university requirements and living in another country. It is envisaged that exploring the experiences of international undergraduate nursing students studying outside their homeland will identify important issues as reported by this group. Prior to the commencement of this systematic review, a search of the Cochrane Library and Joanna Briggs Institute (JBI) Library of Systematic Reviews identified no previous systematic reviews on this specific topic.

Review purpose
The purpose of this systematic review was to critically appraise, synthesise and provide best available evidence of the experience of undergraduate nursing students studying outside their homeland at an English speaking university.

Objective
The objective of this systematic review was to determine the best available evidence to identify the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland.

Criteria for considering studies in this review

Inclusion criteria

Types of studies
This review considered qualitative research studies as well as narrative opinion and text. In addition to the research papers, dissertations were considered.

Types of participants
This review focused on international undergraduate nursing students, who have English as an additional language and are studying at English-speaking universities outside their homeland. One research paper by Gardner, (2005a) highlighted barriers that influenced minority-nursing students, and as such, some participants were born in the USA but considered within the context of this study, to be suitable for inclusion. In another study by Green, Johansson, Rosser, Tengnah, & Segrott, (2008), English-speaking students from the United Kingdom (UK) who travelled to Sweden to work were not included in the review but the Swedish nursing students who travelled to the UK were included.

Phenomena of interest
The phenomena of interest was the experiences of international undergraduate nursing students studying at a university outside their homeland.

Search strategy

An extensive search of the literature was undertaken to retrieve published and unpublished materials in the English language including unpublished texts found within research theses. Research and non-research (text and expert opinion) papers published between January 1990 and April 2011 In English and indexed in major databases were searched in order to ensure a thorough search and currency of any recommendations found from the search.

1. The search was conducted via a number of steps that included: An initial search of CINAHL, Medline and EBSCOHost to identify relevant keywords contained in the title, abstract and subject descriptors, including MeSH terms. A second search using all identified keywords and indexed terms was undertaken in all included from all suitable databases. Lastly, reference lists from all suitable articles collected during the search process were scrutinised for any additional studies that matched the inclusion criteria. (Appendix I (a))

2. Terms identified and the synonyms used by respective databases were used in a second extensive search of the literature including the databases: (Appendix I (b))

3. Reference lists and bibliographies of the articles collected from those identified in stage two were scrutinised for additional studies that matched this inclusion criteria.

4. Any unpublished texts relevant to this review were searched using MedNar and ProQuest Dissertations and Theses.

5. Any grey literature relevant to this review was identified by searching Google Scholar in order to identify opinion papers and discussion papers.

6. Full copies of articles identified by the search, and considered to meet the inclusion criteria based on their title, abstract and subject descriptors, were obtained for data synthesis/analysis. Articles identified through reference lists and bibliographic searches were also considered for data collection based on their title. Two reviewers independently selected articles against the inclusion criteria. Discrepancies in reviewer selections were resolved at a meeting between reviewers prior to selected articles being retrieved.

The following key words and their corresponding terms were used as suitable descriptors for the search and were adapted to suit the requirements of each database: Cross-culture, cultural competency, cultural diversity, cultural transition, diversity, ESL students, EAL students, ethnically diverse, foreign*,foreign-born, international, mentoring, minorities, multicultural, NESB, nurse*, nursing migration, nursing practice, nursing program, nursing shortage, nursing workforce, racial, retention and, tertiary, tertiary education, and qualitative.

Method of the review

Assessment of methodological quality

Thirty-four papers met the inclusion criteria and were selected for retrieval and assessment by two independent reviewers for methodological validity prior to inclusion in the review using the standardised critical appraisal instruments from the Joanna Briggs Institute System for the Unified Management, Assessment and Review

of Information package (JBI-SUMARI). Six textual papers were assessed using JBI-Narrative, Opinion and Text Assessment and Review Instrument (NOTARI) (Appendix V). Twenty-eight qualitative studies were critically appraised using JBI-Qualitative Assessment and Review Instrument (QARI) (Appendix V). Disagreements between reviewers were resolved through discussion and therefore a third reviewer was not required. After the critical appraisal process, nineteen papers were included for further analysis while fifteen papers did not fully meet the inclusion criteria or quality standard. The details of included studies can be found in Appendix VII and excluded studies, with reasons for their exclusion can be found in Appendix VIII.

Data extraction

Data extraction tools developed by the Joanna Briggs Institute were used to extract all required and relevant information from the included papers. Data extraction was performed independently by two reviewers (RT and SP) using the JBI Data Extraction Tools (Appendix VI).

Qualitative data were extracted from papers using the standardised data extraction tool from JBI-QARI (Appendix VI). Textual and opinion data were extracted using the standardised data extraction tool from JBI-NOTARI (Appendix VI). The data extracted incorporates nine fields relating to the type of text, its author and participants and the contents of the paper in the form of conclusions.

Data Synthesis

Data from the qualitative studies and textual and opinion papers were meta-synthesised separately. Using the JBI-QARI software for the qualitative studies and the JBI-NOTARI software for expert opinion and text, meta-synthesis was successful. Data synthesis from both JBI software programs involved the pooling of findings and then grouping into categories on a basis of similarity of meaning. The categories were further aggregated into a set of statements representing synthesised findings, in both JBI-QARI and JBI-NOTARI.

After multiple readings of each of the 19 papers, each finding was given a level of credibility and the three levels of evidence are incorporated into the System for the Unified Management, Assessment and Review Information (SUMMARI) software.

The three levels are:

Unequivocal (U)- relates to evidence beyond reasonable doubt which may include findings that are matter of fact, directly reported/observed and not open to challenge

Credible (C) - relates to those findings that are, albeit interpretations, plausible in light of the data and theoretical framework. They can be logically inferred from the data. Because the findings are interpretive, they can be challenged.

Unsupported (NS) - is when the findings are not supported by the data.

All findings in this systematic review attracted a credible level.

Results

Results of the search

Results of the searches, see Table 2.1, were scrutinised by the reviewers for relevance on the basis of the title and abstract. The following flow chart summarises the search and filtering process and Appendix 1(a) details the results of the search by database and Appendix III details the titles retrieved for detailed examination
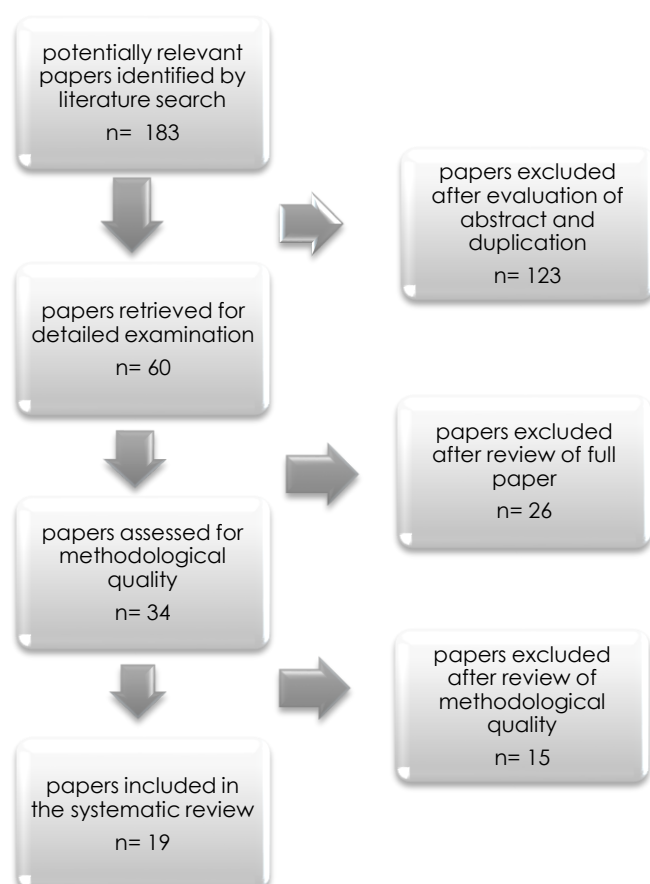
Table 2-1: Results of searches

Description of included studies

A total of 16 research studies and 3 non-research papers were selected for inclusion in the systematic review. Details of the qualitative research studies can be found in Table 2.2: QARI - qualitative research studies and the non-research texts in Table 2.8: NOTARI – important characteristics of included texts.

The results are presented in two sections: Qualitative research evidence and Non-research/text and opinion evidence.

Qualitative research evidence:

Table of included studies

Study	Methodology	Method	Method of analysis	Participants	Country of origin	Phenomena of interest
Amaro, D, Abriam-Yago, K & Yoder, M. (2006)	Grounded Theory	In-depth interviews	Thematic analysis	17 participants – 14 women and 3 men.	Asia Mexico Portugal Ethiopia	The experiences of ethnically diverse nursing students' perceived barriers and coping mechanisms to achieve completion of a Nursing Program
Chamberlain, B. (2007)	Munhall's method of phenomenology	Two in-depth interviews transcribed to diary entry	Reflective journal and thematic analysis	10 participants	Filipino Hispanic Russian Romanian Vietnam, Finland, Jamaica and Ghana.	The meaning of the lived experience of ESL nursing students.
DeLuca, E. (2004)	Phenomenology	Hermeneutic interviews	Thematic analysis	7 participants – journal with written reflections on the question.	Jordan	The experience of nursing students from an Arab culture (Jordanian) studying in an American graduate nursing program.
Deegan, J & Simkin, K. (2010)	Grounded theory (modified)	In-depth interviews, clinical practice observation and personal journals (Triangulation)	Thematic analysis	13 participants. Ages of nurses from NESB range from 25 to 40 years.	China, Philippines El Salvador Czechoslovakia India,	The experience of overseas qualified nurses undergoing formal competency based assessment for registration in Australia
Gardner, J. (2005a)	Qualitative descriptive study	Three (3) interviews with open-ended	Thematic analysis	3 East Indian nursing students who had lived in	East India	The factors influencing success in a nursing school for a cohort of East Indian Nursing students

Study	Methodology	Method	Method of analysis	Participants	Country of origin	Phenomena of interest
		questions and probing questions to gain in-depth responses.		the US for at least 5 years		
Gardner, J. (2005b)	Phenomenology	In-depth semi-structured interviews with open-ended questions followed by probe questions to elicit in-depth responses.	Thematic analysis	15 participants: 2 male and 13 female.	East India Mexico Hmong Nigeria Philippines Nepal Vietnam China	Barriers influencing the success of international students in nursing program
Green, B., Johanson, I., Rosser, M., Tengnah, C. & Segrott, J. (2008)	Case studies	Semi-structured individual interviews – 10 in the UK and 8 in Sweden.	Thematic analysis	3 group interviews with 8 participants by the UK school and 1 group interview with 6 participants by the Swedish school. 32 participants in total.	Sweden Norway, Denmark, Spain, Holland, USA, South Africa Hong Kong.	The experience of undergraduate nursing students studying abroad
Jeong, S Y-S., Hickey, N., Levett-Jones, T., Pitt, V., Hoffman, K., Norton, C. & Or, S. (2010)	Phenomenology	Focus Group interview	Thematic analysis	11 students	China South Korea Philippines Botswana	The learning experiences of CALD students in Australian bachelor of nursing programs

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS

Study	Methodology	Method	Method of analysis	Participants	Country of origin	Phenomena of interest
Junious, D., Melecha, A., Tart, K. & Young, A. (2010)	Interpretative phenomenology	Mixed method (Triangulation) – Focus group semi-structured interview followed by individual semi structured interviews	Thematic analysis	10 participants		The experience of being a foreign- born nursing student studying in the USA, highlighting the factors of stress and faculty support
McDermott-Levy, R. (2009)	Descriptive phenomenology	One to one in-depth personal interview	Thematic analysis	12 participants	Arab-Muslim nurses from Oman	The lived experience of the female Arab-Muslim studying In the United States
Rogan, F. & San Miguel, C. (2006)	Descriptive interpretive design	Focus group interviews and questionnaires	Thematic analysis	15 participants: first year undergraduate nursing students from non-English speaking background both local and international residents	Categorised as NESB	The effects of an intensive language support program for nurses students from a non-English speaking background to improve oral clinical communication
Sanner, S., Wilson, A. & Samson, L. (2002)	Constructivist paradigm	Guided interview	Thematic analysis	Participants: 8 female nursing students	Nigeria	The experience of international nursing students in a baccalaureate program
Shakya, A. & Horsfall, J. (2000)	Hermeneutic Phenomenology	Semi-structured Interviews	Thematic analysis	Participants: 9 female international nursing students	Vietnam Ethiopia Philippines South Africa Iran Nepal	The experience of ESL undergraduate nursing students in Australia

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS

Study	Methodology	Method	Method of analysis	Participants	Country of origin	Phenomena of interest
Skinner, M. (2005)	Phenomenology	In-depth tape recorded Interview	Thematic analysis	7 participants-1 male and 6 females	Sri Lanka Ethiopia Laos France, Viet Nam, Ukraine Czechoslovakia	An inquiry into reasons why college ENNL students persist in achievement of their academic goals
Sparks, W. (2009)	Interpretive phenomenology	In-depth Individual interview	Thematic analysis	10 participants - 8 female and 2 male.	United States, France, Mexico, Burundi, Vietnam, Philippines, Taiwan, Canada Cameroon	The experience of international nursing students in a nursing program in south Texas and their perceptions of the barriers faced.
Wang, C-W., Singh, C., Bird, B. & Ives, G. (2008)	Exploratory survey design	Semi-structured Interviews	Thematic analysis	21 participants	Taiwan	The experiences of Taiwanese nursing students studying in Australian universities

Table 2-2: QARI - qualitative research

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS

Methodological quality of included studies

QARI

The research papers identified and assessed were both rich in experience of the nursing student studying at university outside their homeland and of high academic quality Both reviewers agreed to only include studies which scored at least 7 out of 10 on the JBI QARI critical appraisal checklist. Of the 28 citations included in the program, 16 research papers were included (see Table 1) and 12 were excluded (see Appendix VIII). Both reviewers (RT & SP) agreed without needing a third reviewer in this process.

The research papers included in this systematic review, (see Appendix VII – Included studies) were of high academic quality providing well-researched evidence to this review. The reasons for exclusion for the research studies (see Appendix VIII – Excluded studies) focused on not meeting the specific objectives of the review. One research study, Dyson (2005), did not have evidence of ethics approval, participants' voices and philosophical perspective.

Findings

From the 19 papers included in this systematic review, 254 findings were extracted. From these papers, 235 findings were from the 16 qualitative papers. Qualitative studies (16) are discussed by study as studies 1 through 16, presenting a brief synopsis of the qualitative study and the findings. Each finding is illustrated through the thematic analysis of each paper, with the exception of Study 2, where a reflective journal entry is used. A summary of the findings of included studies are listed below in Table 2.3.

Meta-synthesis 1: International nursing students have more positive experiences and outcomes when they study at a University that values cultural diversity.

Declamatory Statement: Cultural recognition is fundamental to a positive learning experience for international nursing students.

- Cultural awareness within the nursing profession
- Dealing with conflict
- Discrimination

Meta-synthesis 2: International nursing students need support to achieve the academic standards required.

Declamatory Statement: Developing academic skills, clinical competence and therapeutic communication skills for nursing requires a dedicated program to respond to the needs of international students.

- Coping and resilience
- Developing academic skills
- Developing communication skills
- Studying and academic workload

Meta-synthesis 3: International nursing students' genuine desire to succeed should be acknowledged and supported by academic programs and staff.

Declamatory Statement: International nursing students need to be acknowledged for their strengths and determination.

- Connecting with others for encouragement and support
- Prepatation for living and studying in another country
- The value of the international nursing experience

Meta-synthesis 4: The international nursing student's capacity to succeed is influenced by a range of academic, socio-cultural and personal challenges.

Declamatory Statement: Social exclusion, discrimination, family and financial commitments impact greatly on the resources of international students.

- Academic resources
- Family and financial responsibilities
- Social isolation and loneliness

Table 2-3: Summary of findings of included studies

Study 1:
Amaro, D., Abriam-Yago, K., & Yoder, M. (2006). Perceived barriers for ethnically diverse students in nursing programs. *Journal Of Nursing Education*, *45*(7), 247-254. Retrieved from http://europepmc.org/abstract/MED/16863104

This study by Amaro et al. (2006) examined the factors that influenced the academic outcomes in a nursing program for ethnically diverse students as well as the factors that helped students cope. This study was based at a Community College in San Jose, California and included in the study were 17 participants from Asia, Mexico, Portugal & Ethiopia.
Finding 1: Balancing work and study commitments was often challenging for international students.

Illustration: '...school and work; work was difficult to try to finish school. I worked throughout the whole time that I was in college, but at the end, I was working more hours and working at night, so it made it more difficult to do, you know, concentrate more on school.' (p.250) [C]

Finding 2: The commitment to family and study appear to compromise a total focus on the international student's studies.

Illustration: 'Because, like during the day, we have to go to clinical all day....And then after school, after that, I have to go pick up my daughter and cooking and cleaning, and by the time I'm done it's 10 or 11, and then I need to do like [a] care plan. We have to do care plan, and it is hard to do, for me, it take a lot of time. It's like the whole family is going to school with you' (p.250) [C]

Finding 3: Family expectations play an integral part in the student's study life.

Illustration: 'Education is the top priority while, you know, while we were growing up...I learned that and so I made sure I got a good education to be able to advance...my aunts and my uncles have graduated from college and so did my parents, both my parents' (p. 250) [C]

Finding 4: The study's participants stated they were unprepared for the preparation and amount of study required in a nursing course.

Illustration: 'I wasn't prepared for the study, the amount of study that was necessary. I don't think I had the right study habits. It is harder, and it required a lot more study than, say, general education classes.' (p. 250) [C]

Finding 5: Many students voiced their concern over language, written and verbal communications and translating to and from their first language to help facilitate their understanding.

Illustration: ...it took me longer to study and get reading done. The writing, I struggled with that, and you know, lectures are fast, and some of the words couldn't come into my head' (p. 250). [C]

Finding 6: Communication difficulties lead to a feeling of alienation from peers, instructors, patients and clinical staff.

Illustration: 'I can read English, but I cannot speak, because [the] language is not my first language...so, when I open my mouth, not very understanding [I am not very understandable]. At first, I have a hard time to make people understand what I said.' (p. 251). [C]

Finding 7: Some cultures' restrictions about voicing opinion or personal need disadvantage the learning process.

Illustration: 'Like sometimes if an ethnic student needed something, they'd be afraid to ask because in their culture it would be considered rude to ask or to be a little assertive and speak up for yourself....so I found a lot of ethnic students are too nice to ask for help or too nice to ask for what they needed.' (p.251). [C]

Finding 8: Entering the clinical workplace revealed the language of threat from individual nursing teachers who were impatient, threatening and verbally abusive in the presence of other students.

Illustration: 'I was told I would be kicked out of the program if there were any complaints at all against me, even if they weren't really valid, just anything at all. I would just be thrown out' (p. 251). [C]

Finding 9: Some educators were known for being particularly unsupportive of international students

Illustration: 'If you got through her, you knew you could make it. It was make it or break it. And when I graduated, there was only three (from ten students) Latinas left in the class' (p. 251). [C]

Finding 10: Prejudice from other students, patients and hospital staff was experienced by some international students

Illustration: 'They make a comment and it make me upset. I cry... it was hard to take...something like they complain about a non-American come here and be on welfare, and it's not fair for them to go to work and pay for the tax...It is not true, but not everyone like that' (p. 251). [C]

Finding 11: Many students demonstrated a commitment and self-motivation to success despite perceived barriers.

Illustration: 'If you spend time to study and, you know, you concentrate on that, you care about it, then you will be fine...I did everything, every single requirement. So [and] then, I got through. Yeah. That's how I did it.' (p.251). [C]

Finding 12: Some international students were entrenched in the duty to family and a determination to finish.

Illustration: 'So, I look at it like it's my duty. You know? It's just something I have to do, whether I like it or not.' (p 251) [C]

Finding 13: Despite some negative experiences from some educators, the teaching staff proved to be important in the international student's journey.

Illustration: 'I had [teacher] and [teacher] for pharm., and if I was struggling, they were the first ones I would come to. They were always there, always there. My first year teacher was my foundation...I see her; I tell her that she is my foundation' (p. 252) [C]

Finding 14: Teachers who were ethnically diverse were appreciated.

Illustration: 'She is more personable, she took time out to talk to you, and she had more patience, knowing that you need more time to communicate with the class. There is no ridicule if you say it wrong, or backwards, if you are nervous' (p. 252). [C]

Finding 15: Groups or associations for students who were ethnically diverse were found to be helpful by providing academic support, motivation and social support within a safe environment.

Illustration: 'That [Hispanic Nursing Student Association] was the most influencing thing I had in school because I was able to see people that were semesters ahead of

me, you know, and see what they had gone through and hear about experiences they went through and then be able to help people that were at levels underneath me, you know, to kind of guide them, so I was a mentor to students.' (p.252). [C]

Study 2:
Chamberlain, B. (2007). The meaning of the experience of baccalaureate
nursing students for whom English is a second language. UMI
Dissertation Services.

Chamberlain's (2007) dissertation aimed to capture the experience of the ESL nursing student. This American study involved 10 participants from 8 countries, (The Philippines, Mexico, Russia, Romania, Viet Nam, Finland, Jamaica and Ghana). Using Munhall's interpretive phenomenological approach and an in-depth interview and, the students' stories were presented as diary entries. Chamberlain sought to reflect the lived experience through a number of steps in this study. Firstly, with a purposeful sample of participants, interviews were held, audiotaped and transcribed. Themes of stories and common phrases were indexed. Each participant's story was used as a set of diary entries and common themes of similarities and differences were highlighted. The researcher and participants reflected on experiences and this meaning became the diary entry. Although Munhall's method proved difficult to purely interpret, a modified version allowed for rich data collection.

Finding 1: ESL students found the technical medical vocabulary difficult.

Illustration: 'Me as a second language student, I found it hard for me to actually do the work. Listening skills or reading – not understanding the meaning of the word – I had to have a dictionary right by me'. (p.111) [C]

Finding 2: Faculty interactions with ESL students helped them achieve and understand information during lectures.

Illustration: 'Um, they'll ask – they'll lecture and then they'll ask us – they'll say to you, "Tell me what you understand from what I just said" or " Explain to me what I said"...and the teachers are patient and the teachers are just on another level. They're just – they're just awesome.' (p. 112) [C]

Finding 3: Some students found not all faculty staff were willing to understand the problem faced by second language learners.

Illustration: 'I went to the teacher... [I said] I'm not the smartest kid in the class, you know. I don't have a learning disability, but you should really slow down. You should give us something to help us...She wouldn't budge.' (p114) [C]

Finding 4: ESL students often need to clarify the meaning of words with both positive and negative results.

Illustration: 'I've stopped raising my hand asking, "What does this mean?" or "What does this word mean?" and having everybody else laugh.' (p. 115) [C]

Finding 5: Clinical experience complemented the ESL ideal of being a nurse.

Illustration: 'Ah, there was this baby, um, I guess the mom left him or something or I just don't know what – just talking care of the baby – that baby was Hispanic too and the foster parents were Hispanic too. I saw that baby there all alone when the foster parents sometimes wouldn't even visit – and – so I was just there. It was me just there by myself taking care of the child and it gave me a good feeling that, you know, if I can help this child how many other kids can I help?' (p. 115) [C]

Finding 6: Finding staff members or teachers willing to help was a help to the ESL student.

Illustration: 'My clinical faulty member – they were pretty much just because – like if I had a question how to take care of a patient or how to do something of if they saw that I was nervous or it was my first time doing a dressing or something of that magnitude – um, they would always be there to show me first or be there and make sure I understood.' (p. 116) [C]

Finding 7: Having another language helped ESL students facilitate a high level of care for non-English speaking students.

Illustration: 'Well, last month I went into one of my clinical and the patient only speak Vietnamese so he could speak a little English but it was very hard for him to communicate with nurses. So I interpreted for him and he was able to get the care he needed.' (p. 117) [C]

Finding 8: Holistic and culturally sensitive care was an important element of care to ESL students.

Illustration: 'Well, if someone's takin' care of me, they're not just takin' care of my physical bein', they're concerned, you know, about my cultural habits, my beliefs, my language, you know, the things that make me feel comfortable.' (p. 118) [C]

Finding 9: Some ESL students found clinical faculty members highly critical and discouraging.

Illustration: 'Um, I guess it was my first time doing it (using a glucometer) and – or I had watched somebody do it... So I tried again and I guess I was holding it wrong. So my professor, she said, "Did you do it?" I was like I think it's broken or I don't know. She's very critical I guess. I guess she got upset that I didn't know how to do that or something. Maybe she thought I was really dumb or something. I don't know what she was thinking. She's like, "That's because you have it backwards." She says, "Don't you know anything?" She said it like that.' (p. 119) [C]

Finding 10: Many ESL students found managing study and work commitments left little or no time for rest or socialising.

Illustration: 'I get so tired when I go back to the dorm 'cause sometimes my job could be so busy and I'm running back and forth or the whole eight hours. So by the time I get back to my dorm room, I'm so beat that sometimes I try to open a book but sometimes I fall asleep with the book asleep in my lap...if I see I'm not getting

anywhere, I'll go to sleep but I'll wake up like three in the morning or two in the morning and just to study.' (p. 121) [C]

Finding 11: Often ESL students find examinations difficult because of their struggle with the English language.

Illustration: 'Every single exam there has been a question I don't understand and I've always had to raise my hand. Like, "Can you explain this word to me?" ... I feel like crying sometimes. How can I answer this question when I'm not even understanding what is being asked?' (p.123) [C]

Finding 12: Although cultural adaption exists, many international students remain disconnected from the country in which they study.

Illustration: 'I've lived here for four years and I've adapted to the culture but there's still a lot of me that's – I mean will always have my roots in Finland and it's difficult to explain exactly the different norms we have. They're different from the American culture but I feel that I am always going to be foreign.' (p. 126) [C]

Finding 13: Nursing education was culturally different for some ESL students.

Illustration: 'It's not as in-depth of disease process. There's no nursing science; there's no research [in Russia]... There's no education is what I want to say in nursing as there is here.' (p. 127) [C]

Finding 14: Repetition of lectures helped ESL students understand, however, it was very frustrating for them.

Illustration: 'I have to tape the lectures my teachers gives and usually I go back home and listen to it once or twice to really understand it. Since our class is 6-hour lecture I realise I couldn't concentrate.' (p. 129) [C]

Finding 15: Many ESL students learned from study groups but felt that they held back the group because of their extended need for help.

Illustration: 'Like when I have study groups. I just feel that I'm not up to par, not up to their level and I feel like I am a bit slower than what they are. Like I don't understand things as quickly as they do. Like we might be going over questions in our study group and everybody's pouring out the response. I mean, I'm like, "Wait a minute; I have to read the question first. Can you guys slow down a bit?" I feel like that, they feel that – like I'm keeping them behind because they can read the questions quickly, interpret it in their mind, and spit out the answers. Whereas I have to think about what is being asked, understand what's being asked and then think through the question and then answer the question.' (p. 130) [C]

Finding 16: ESL students found support in their religious beliefs, family and friends.

Illustration: 'I grew up in a traditional Catholic family and, um, in the Philippines, family is everything. Just having that support and friends and scripture in my religion

– it's what keeps you grounded. It helps me, um, get through a lot of rough times...and just having family knowing they are praying for you and – just helps me get through.'. (p. 131) [C]

Finding 17: ESL students fear that their language problems could prevent their understanding of critical nursing problems.

Illustration: 'I remember during postpartum rotation...I took the blood pressure. It was a little low and the pulse was a little high but I didn't make the connection...Then she got up and she got dizzy and, um, the next thing you know there was a puddle – a puddle of blood on the floor. The nurse starts scrambling in. "Why didn't you tell me?" ...But I remember thinking, "Oh, my God, did I kill her?"' (p. 133) [C]

Finding 18: Loneliness and isolation still remains a part of being an ESL student.

Illustration: 'I find myself kinda lonely at times. I feel like a loner...I don't feel like I'm part of them. I feel alienated sometimes. Like I am an alien among my classmates. Like I'm different from them. I mean sometimes they'll talk over me. You know, they'll go – if I try to carry on a conversation with them – like they won't listen to what I am saying – they'll just kinds talk over me. Sometimes I don't even continue with what I was saying, like I just kinda get shuffled to the back.' (p. 134-5) [C]

Study 3:
De Luca, E. l. K. (2005). Crossing cultures: The lived experience of Jordanian graduate students in nursing: A qualitative study. *International Journal of Nursing Studies, 42*(6), 657-663. doi:10-1016/j.ijnurstu.2004.09.017.
This qualitative study by DeLuca (2004) focused on seven (7) Jordanian nursing students' experiences of studying nursing in the United States of America. A phenomenological approach was used through two methods. Firstly, the researcher established a collaborative relationship with the Jordanian students by initiating a series of conversations. From these conversations, the participants were asked to keep a reflective journal about 'memorable experiences' of being a Jordanian graduate student in nursing. The second part of this study centred on the elaboration of the 'memorable experiences'. The narrative of the experience was thematically analysed and by using van Manen's phenomenological approach of the lived experience. The emergent themes were explored within the context of the Jordanian nursing student's experiences of 'crossing cultures'

Finding 1: The preparation for language in a formal sense is often overtaken by the use of informal language.

Illustration: 'I remember when we first arrived to the United States in New York City. When I talked with the airport guard, I noticed that Americans don't "speak" English. They speak something else I have never known. I used to study English, to read books and to write notes. But I have not practiced the language with Americans...When we first came here, we met the faculty. They were welcoming us. I understood less than twenty percent of their speech. I was happy only because no one asked me a direct question.' (p. 660). [C]

Finding 2: Students reported a feeling of alienation toward strangers including fellow countrymen.

Illustration: 'We were like in a big country, we knew nobody in this place, we trusted nobody...Even a group we [the Jordanians] weren't trusting each other because I hardly know these people... Maybe I didn't joke because I didn't know them.' (p.660). [C]

Study 4:

Deegan, J. & Simkin, K. (2010). Expert to novice: Experiences of professional adaption reported by non-English speaking nurses in Australia. *Australian Journal of Advanced Nursing.*, **27**(3), 31-37. Retrieved from **http://www.ajan.com.au/ajan_27.3.html**

Deegan and Simkin (2010) used a modified grounded theory to capture data to understand the experiences of overseas-qualified nurses studying at an Australian university to gain registration in the Australian health system. The number of participants was 13.

Finding 1: Some nursing students felt humiliated by other nurses when trying to communicate complex clinical information in a set amount of time.

Illustration: 'It's a big concern for me because some nursing staff is not friendly when you do a handover, some are laughing and some are doing Ar, Ar, Ar like this, and it make me feel so uncomfortable. This have a big impact on me because I am afraid to do that handover again, maybe I will refuse to do handover again. It make me so nervous because once the nurse laugh at me then.' (p. 33). [C]

Finding 2: The negative behaviour experienced by some international nursing students was confirmed by other professional staff.

Illustration: 'A lot of staff treat the students, (NESB nurses), as if they are completely stupid, anyone with an accent is automatically considered an idiot. They will speak really fast and not repeat themselves and then they just come and tell me that the student can't speak English.' (p. 34). [C]

Finding 3: The common use of slang in Australian-English presented a language and communication barrier for international nursing students.

Illustration: 'Very nervous about communication in the clinical environment, they try to make it short and it's hard for me to know exactly what they are talking about. Lots of abbreviations and I feel bad, I think maybe I'm not good enough.' (p. 34). [C]

Finding 4: The use of slang and numerous abbreviations in language and documentation poses both communication difficulties and legal issues.

Illustration: 'You know the abbreviations I find it's really difficult one, abbreviation can mean lots of things. At hospital, they have their own abbreviations. Sometimes the nurses use abbreviations. I don't know how they can use lots of abbreviations in their progress notes. In the law in Australia they said in real documentation couldn't use abbreviations [sic], nurse use abbreviations, very hard to read.' (p. 34). [C]

Finding 5: Previous nursing experience in other countries did not empower many of the international nursing students and lowered the confidence of professional identity.

Illustration: 'The big challenge, you have to overcome a few things like the beginner in the practice, and the attitudes of some staff, they are not very friendly it's not very nice. I'm still trying to find my own way because I'm still so much with the buddy nurse and the clinical educators as well. sometimes you think it's not right and you get the feeling as a nurse that you would do that different, but still haven't got your registration so ....' (p. 34). [C]

Finding 6: Perceived ethnically based discriminatory attitudes were displayed to some international students.

Illustration: 'Here I found the staff really rude, discriminating because I come from the Philippines; sometimes they are challenging you if you can do what they are doing. Sometimes if you are asking them to help they will say why don't you look for your clinical instructor.' (p. 34). [C]

Finding 7: Some international nursing students found unprofessional behaviour by registered nurses disclosed to them by patients.

Illustration: 'We saw (patients' words reported by the NESB nurse) the nurses in the nurses' station and they were making faces behind your back which is not really professional.' (p. 34). [C]

Finding 8: The international nursing students experienced not only professional exclusion but social exclusion as well.

Illustration: 'It's limiting communication with the student (NESB nurse). Well absence of any social communication. Sometimes, it's limiting professional communication...it's the tone, it's the eye contact. You know two nurses will be having a social conversation and one of the students will come up because I've asked them to report an abnormal BSL (blood sugar level) and they'll leave the student waiting there, not talking to them until they are ready to address them and that is very, very demeaning to a thirty or forty year old woman and the grad might be twenty one or twenty two.' (p. 35). [C]

Finding 9: Some international nurses experienced non-collegial behaviour and rejection within the working environment.

Illustration: 'Worked until ten last night, started at seven this morning. Missed meal break last night too busy. My buddy has gone to morning tea she doesn't tell me when she is going, doesn't ask me when I want to have a break. I can't assess my patients this morning. I have three, all require full assistance with hygiene then, I have to assist my buddy with her patients.' (p. 35). [C]

Study 5:

Gardner, J. (2005b). Understanding factors influencing foreign-born students'
success in nursing school: a case study of East Indian nursing students
and recommendations. *Journal of Cultural Diversity, 12*(1), 12-17.
Retrieved from tuckerpub.com/jcd.htm

This study by Gardner (2005b) explored the influences that have facilitated or hindered progress in the retention and graduation of three (3) East Indian nursing students. The study conducted at a Californian state university used a series of questions of the factors that influenced success of Indian students during their time of studying nursing. From the interview and subsequent data analysis, evolving themes were identified. The researcher used two theoretical frameworks to view the case studies. The first was Ibarra's (2001) theory of multicontextuality, in which he found that minority students' difficulties centre on dealing with cultural differences and expectations, and Tinto's (1993) theory of student retention that explored the integration and acceptance of minority students was a predictor of their success.

Finding 1: Traditional and cultural expectations are challenged by women wanting a further education and a career.

Illustration: 'He told me that women who go to school and then work don't care about their family and children. I told him that he is totally wrong.' (p.14). [C]

Finding 2: Fear of the unknown by relatives of international nursing students, created negative opinion toward studying.

Illustration: 'They worried me would learn bad values, culture and religion.' (p.14). [C]

Finding 3: Shyness or non-assertiveness is a cultural conflict for many international nursing students.

Illustration: 'When there is a class discussion and the teacher asks a question, sometimes I have many things to tell but I cannot dare to talk in front of everyone.' (p. 15). [C]

Finding 4: Eye contact is a sign of respect in the Western culture and disrespect in other cultures.

Illustration: 'Sometimes it is like a war inside of me with these things.' (p. 15). [C]

Finding 5: Social exclusion and isolation of international nursing students was often in direct contradiction to their cultural ethos of 'reaching out to help others'.

Illustration: 'They would want to spend time with their friends and each other, standing around talking with each other. I stood by myself.' (p.15). [C]

Finding 6: Feelings of loneliness and alienation were strong for the international nursing student.

Illustration: 'Here when people get together, it's with one or two people. But in India, if you invite one person you have to invite the whole family. That makes for more relationships and more socializing.' (p. 15). [C]

Finding 7: Friendships made seldom extended beyond other international students, rarely Caucasian.

Illustration: 'They get really mad at me if I'm late or don't make it to class. They ask me why I left them alone.' (p.15). [C]

Finding 8: With assistance from friends and teachers, the international nursing student gains confidence, assertiveness and communication skills that assist in her family and social relationships.

Illustration: 'Now we talk about what I want and what he wants, and how we can make it happen.' (p.15). [C]

Study 6:
Gardner, J. (2005a). Barriers influencing the success of racial and ethnic minority students in nursing programs. *Journal of Transcultural Nursing, 16*(2), 155-162. doi: 10.1177/1043659604273546

This study by Gardner (2005a) described the experience of being a minority student in a predominantly White nursing program. This study was conducted at three (3) different Californian public university campuses. The 15 participants in this study were all considered ethnic minorities nursing students, despite six (6) of the participants being born in the United States of America (USA). Using a phenomenological method, semi- structured interviews were conducted and the data was thematically analysed. The participants, both born overseas or in the USA, had common experiences. Barriers highlighted help minority students' voices to be heard.

Finding 1: International students experienced social isolation and xenophobic behaviour.

Illustration: 'I felt like an outcast. I wish I could be closer to a lot of them, but I'm not because they choose not to be close to somebody that is not their own race.' (p. 157). [C]

Finding 2: Some students voiced frustration at the isolation and exclusion felt.

Illustration: 'Minority students should be expecting to work alone. I feel lonely and isolated because students do not want to talk to me. When people feel alone, they are more likely to want to drop out of the nursing program.' (p. 157). [C]

Finding 3: The experience of being lonely is over whelming.

Illustration: 'I make me want to cry it feel so lonely. I think that other minorities feel the same way. Sometimes I wish I had somebody to talk to about this. I don't have anyone to talk to. It really hurts.' (p.157). [C]

Finding 4: The act of total exclusion for some students revealed feelings isolation and depression.

Illustration: 'Being shined on (ignored) by the rest of the class is the most disturbing. They don't interact with me; they don't talk to me. If I have to study, I study alone.' (p. 157) [C]

Finding 5: The minority students saw themselves as culturally different and unable to be assertive as their White peers.

Illustration: 'I don't want any kind of argument. In the Western world, they don't mind if there is any kind of argument, they are talkative still. They will stand up for their point, even if they are wrong. I would rather take the blame if there were any conflict. I don't want someone to be mad at me. This is how we were brought up in our culture. It's not because we are dumb. It's not because we don't have the knowledge. It's not that we don't have the brains. But we are a product of our society.' (p. 157). [C]

Finding 6: The experience of being different was far reaching in that social, family and study issues were recognised as opposites.

Illustration: 'I see myself as different in lots of ways. I see most of them as having a lot more advantages than I do. Most of them don't work; they have families that are supporting them. Or they already know someone who has been through the nursing program, like their mom is already a nurse. They have someone to talk to. They have a support system. I don't have anything like that. They have advantages of learning. They went to school here and they understand the whole process. I don't understand any of this stuff. They don't have to work. I have to work every day to go to school. It is really hard. In addition, sometimes I find it hard to relate to some of them too. They think that because of the way I act or my beliefs that they can't talk to me.' (p. 157). [C]

Finding 7: International nursing students' wish for acceptance.

Illustration: 'Being a minority student means being different from the others. I always wish that I could speak English fluently and be more a part of the American culture so that I can be similar to everybody and fit in.' (p. 157). [C]

Finding 8: Personal encouragement from teachers helps the international nursing student feel accepted.

Illustration: 'They speak to me in a way that they encourage me to be more interactive with them. They ask more about my background.' (p. 157). [C]

Finding 9: Many international nursing students expressed the need to be recognised as an individual.

Illustration: 'Minority students desire a teacher that understands that they have unique needs. I would like to be treated like an individual. That is so important for me. I don't expect anything exceptional. But when you have a chance to talk, you will be listened to, not just cut short. And patience, a lot of patience.' (p. 157). [C]

Finding 10: When teachers made an effort to understand and acknowledge the differences and difficulty that some international student experienced, it helped the student gain confidence of their voices being heard.

Illustration: 'There should be some level of understanding (from teachers) that this is very hard, and they should give them (minority students) a little hug, a little bit of light at the end of the tunnel.' (p157-8). [C]

Finding 11: Minority students wanted teachers to accept the fact that they were the minority and they need support.

Illustration: 'If they (minorities) had some type of support group, or if they had someone to show them the resources that are available to them, or instructors that were understanding about how it feels to be the only person in a room that is different. The teachers need to acknowledge that and help them find coping skills in that program and help them with it. Maybe then, they (minority students) might stay more. But if they are just treated like they are everybody else, they may drop out.' (p.158). [C]

Finding 12: International students were unable to contribute their own knowledge to discussions because they felt white students did not value their opinion.

Illustration: 'In one group project, I was with three other students and they would not listen to me. I just felt like, over and over again, they were being rude to me' (p.158). [C]

Finding 13: General discussion among domestic nursing students highlights discriminatory beliefs about their colleagues.

Illustration: 'He said, "They wondered how these people (minorities) had gotten so far in the nursing program...They were saying, 'We don't even understand what they are saying'" He continued, "I was just sitting there. So when they see us, I guess they do see us as minorities, not really as just another nursing student." (p.158). [C]

Finding 14: Insensitive and racist acts were often displayed by other nursing students.

Illustration: 'One classmate, when I first met her, she kept putting on accents purposely when she spoke, of different races and minorities. To her, I guess it's a joke, but to me it wasn't. I don't think she understands that when you are a minority, when you make simple little things like that, or a little joke, it actually does affect the people around you.' (p.158). [C]

Finding 15: The lack of exposure to world culture can be sometimes presented as insensitivity and lack of understanding.

Illustration: 'I heard some comments of other students saying, 'what is a minority?' They didn't know what a minority was! I guess they didn't really grow up with students that were a different race from them.' (p.158). [C]

Finding 16: Domestic students often ignore minority students as a source of information.

Illustration: '...because it makes them feels more comfortable. With a smile that erupts into laughter, "And that person ends up pointing them right back to me! I go through that a lot. It happens all the time.' (p.158). [C]

Finding 17: International nursing students employ coping mechanisms to deal with a range of negative behaviours from others

Illustration: 'I've learned from past experience that if you have to set aside all those types of feelings and strive for what you want, because if you hold on to all that baggage, you would be pulling yourself down.' (p.159). [C]

Finding 18: International nursing students will choose which battles they want to fight, as a means of dealing with insensitivity.

Illustration: 'I don't want to go there. You have to choose your battles wisely or you would be exhausted, just totally exhausted and drained. It's a draining experience.' (p.159). [C]

Finding 19: International nursing students understand that the other student's lack of exposure to other people and cultures allows for unopposed insensitive remarks toward them.

Illustration: 'The amazing thing is, when you say something like that, that person will remember you forever for saying that comment. It doesn't matter how much good stuff you've done or said, people are not going to remember all that. People will remember that one negative thing that you said. So I think it is really important to remember that other people are really sensitive.' (p. 159). [C]

Finding 20: Sometimes international nursing students adopt another persona to be accepted and to cope with discrimination and insensitive remarks.

Illustration: 'They (minorities) should expect to try to act like one of the (majority) people and think less about where they came from. Because if you did act like where you came from here, you might get a setback. It's hard to be in that position. I don't feel comfortable because I am trying to be something other than what I am, but at the same time, I have to get through this process (nursing school). That's why I try not to think too much about it and try not to take it too personally.' (p.159). [C]

Finding 21: The desire to succeed in the nursing profession sees many international nursing students return to their homeland with increased skills to help their own community and country.

Illustration: 'I will eventually go back. I want to get my degree. It is going to be hard. I am already used to getting hot water in the tap, smoother roads to drive around on, and I am getting used to a lot of things that I am taking for granted. I am not going to be able to have all those things. But once I get back there, I will have a cause to live for.' (p.158). [C]

Finding 22: Having a degree in nursing opens employment opportunities and a chance to improve the international student's family's life.

Illustration: 'I will try to give what I learn to my parents who never attended school, no school at all. My Dad cannot write his name' (p.159). [C]

Finding 23: Active discouragement and exclusion by this student's husband and in-laws was experienced.

Illustration: Bani says she wants a better future for herself despite being excluded from family events and stating 'I have spent 10 years just doing nothing, and I just can't do it. I just want to go now my way.' (p.159) [C]

Finding 24: Family and household obligations continue as well as study and college requirements, often resulting in stress for the international student.

Illustration: 'Every single month I travel to my house, pick up all their bills and I send them out. I make sure that things are paid on time. I make sure that stuff gets done. Everything! I make sure their cars are running. I make sure that they have car insurance. I make sure that the house is paid. My Mom doesn't know how much her house payment is. She doesn't know how much anything is. She just calls me and it gets frustrating. No wonder I have a headache all the time!' (p.160). [C]

Finding 25: Families of the international nursing student gave little or no support but still expected household and child caring responsibilities to remain unchanged despite study requirements.

Illustration: 'My husband and in-laws said, "The day you go to school and can't take care of your other responsibilities, that's the day you quit." When we (East Indian students) go home, we have a pile of dishes to do and tons of work to do. Our husbands can sit on the sofa and say, "Okay, how come dinner is late? How come this is cold? How come this is hot?" Sometimes I am so tired that I can't pay attention to what the teacher says and that's bad. I try to really pay attention in class and then I don't have to study as much at home.' (p.160). [C]

Finding 26: Some international nursing students are community leaders because they may be the first person to ever have attended school or tertiary schooling, so their obligations extend beyond the home.

Illustration: 'When I go home, I have lots to do before I can study. My family and my parents and my wife's parents need lots of help. They have letters, they cannot read so I read and finish what needs to be done. It is a little busy for me. My five children all need help, so I have a lot of responsibilities. In addition, other Hmong families ask me for help, to translate, or to look at medicine, is it right or wrong. My relatives all need a lot of help. Sometimes it makes me crazy. I cannot make a decision on which one should be done first. I know that I am going into a medical field so I feel a responsibility to help them. I am in this program, and it should not just be for me but also for someone else. Therefore, I try to help them as much as I can. I think it is a little bit different to the other students. '(p.160). [C]

Finding 27: As English is often a barrier for international students, writing tasks are equally difficult, as well as reading and understanding, especially with multiple choice testing.

Illustration: 'I have a hard time with long multiple-choice test because when I read, I really concentrate. When there are like 100 questions or something, I feel very exhausted and overwhelmed.' (p.160). [C]

Finding 28: International nursing students were expressed deep emotion when detailing their experience of isolation.

Illustration: 'When I was in the first semester of the nursing program, I felt like I had to stick to my colour and other cultures that I could relate to. They (the white peers) separated themselves from us. (p.157) [C]

Study 7:
Green, B. F., Johansson, I., Rosser, M., Tengnah, C., & Segrott, J. (2008). Studying abroad: A multiple case study of nursing students' international experiences. *Nurse Education Today, 28*(8), 981-992. doi: 10.1016/j.nedt.2008.06.003

This study by Green et al. (2008) examined the experiences of 14 Swedish nursing students on clinical placement in the United Kingdom, through a case study methodology. Both individual (8 participants) and one (1) group interview of six (6) participants were conducted as part of the data collection. The findings were thematically analysed. The nursing roles within the healthcare system and the support from the universities were highlighted.

Finding 1: An international nursing experience was seen as a positive career move and the opportunity was valued.

Illustration: 'I will probably be better paid. It had a positive influence on my career.' (p. 986). [C]

Finding 2: Travel and being exposed to different health systems and cultures are enlightening and enriching.

Illustration: 'before and after...Before I just used one eye, and then you lose a lot, but if you open both eyes you'll see a lot more. I learnt to see with both eyes' (p.986-7). [C]

Finding 3: The role of the nurse is variable in different countries and observing these roles highlighted positives and deficits in each system.

Illustration: 'they work differently from what we are used to - only one category of nurses on the ward and they gave more attention to the patient.' (p.987). [C]

Finding 4: Studying abroad was made easier by a mandate of flexibility of the program with regard to study and clinical practicum.

Illustration: 'The more flexible the programme is the easier it is to arrange the exchange period abroad. The home university has to be very open-minded in what the student is able to take part in and learn from.' (p. 989). [C]

Finding 5: As an international nursing student 'being different' enables personal insight into the language and cultural difficulties faced by their patients.

Illustration: 'It is useful to be there in a different culture...I can understand immigrants better, especially the women... I have experienced this myself and I can understand their situation...' (p.990). [C]

Study 8:
Jeong, S. Y.-S., Hickey, N., Levett-Jones, T., Pitt, V., Hoffman, K., Norton, C. A., & Ohr, S. O. (2011). Understanding and enhancing the learning experiences of culturally and linguistically diverse nursing students in an Australian Bachelor of Nursing program. *Nurse Education Today, 31*(3), **238-244. doi: 10.1016/j.nedt.2010.10.016**

Jeong et al. (2010) studied the experience of 11 culturally and linguistically diverse nursing students during their nursing course at an Australian university. Using a qualitative explorative method, the researcher aimed to gain detailed information within the context of the experience, enabling an intimate glimpse and a wealth of data from the phenomenon studied. The researchers discuss the multi-faceted issues that impede or enhance the learning experience.

Finding 1: International nursing students felt that domestic students should adopt a broader outlook on the global health situation by interacting with them.

Illustration: 'They said, I don't want to work with an international student because I can't talk to them and they can't talk to me and that's going to reduce my marks so I don't want to be put in that situation.' (p.4). [C]

Finding 2: International nursing students have difficulty understanding English used in tutorials, lectures and clinical settings, however, they understand this is a reciprocal issue.

Illustration: 'I have a feeling [is] that maybe our English is difficult for them to understand, but the way you speak your English, it is difficult for us.' (p.3). [C]

Finding 3: Feelings of rejection were voiced, as proficiency of the English language skills were used as a measure of clinical competency.

Illustration: 'Somebody will say you are not communicating well with your English...you (I) will try and communicate...but [the clinical facilitator thinks]. I can't communicate! You know it is very frustrating...it is like she (clinical facilitator) doesn't want to listen because I didn't speak really well.' (p.3). [C]

Finding 4: Some students found that practice and determination was needed to increase their language skills.

Illustration: 'You know skills in English... [I found it] very hard to understand my mentor and the tutor but after more practice I am getting better.' (p.4). [C]

Finding 5: Academic staff identified social isolation of the international student as a barrier that had a profound effect on emotional well-being.

Illustration: 'Some of the [international] students you talk to say "I live on university campus and I go to my room, I come to class, I go to the library, I go to my room' and how can they [international students] emotionally survive that...' (p.4). [C]

Finding 6: Developing conversational English was found to be effective when communicating with patients during clinical placements.

Illustration: 'What I have found is that the patient is talking bad (sic) slang [so I] just pretend and to "Oh sorry could you teach me again what that is" and they are very happy with teaching you know, especially with the elderly people they are very, feel confident or feel respected when you ask for the teaching.. they like to talk about their own experience; yes I think it is a good way to improve the English.' (p.4). [C]

Finding 7: Often on clinical placement, international nursing students experienced rejection and discrimination.

Illustration: 'Basically bullying...by other students, especially in debriefing session in [clinical] placement where one of the international students has not been able to mmunicate what they want effectively and the other students have [said] 'spit it out, spit it out' and it has been quite rude and inappropriate.' (p.4). [C]

Finding 8: International students may have a late enrolment into the nursing program leaving them disadvantaged and feeling excluded, in finding a place in a group for course work and assessments.

Illustration: 'I need to work in that group...which group am I? I didn't know where I was, I kept on asking - like I was late...they [other students] didn't know I was in the group...until when I come later - 'I am in your group' 'but you have not been preparing with us, how do you expect...' but I didn't know what they expected of me because I didn't know which group I was in, I felt so bad and I was like, I start begging them you know 'I am so late, can you allow me in' and they didn't allow me because they realised I was behind because it wasn't as if I didn't want to, it was because I didn't know what to do.' (p.4). [C]

Finding 9: International students realised the importance of a friendship base or social network.

Illustration: 'I think sometimes when you get friends the stress will gradually disappear.' (p.4) [C]

Finding 10: Engaging with domestic students can provide relief from isolation.

Illustration: 'You have to develop a good relationship with locals otherwise, you might (as well) stay in China...you are bringing your mind from China here.' (p.4). [C]

Finding 11: International nursing students felt that a structured preparation would have lessened the early challenges experienced.

Illustration: 'I think the orientation week we can get some information of what the tutorial like and what the student is expected to do to prepare (for the) tutorial. I think that would be better.' (p.4). [C]

Finding 12: Limiting clinical experience was as a barrier to learning.

Illustration: 'In the morning when I ask (my clinical teacher) "Oh can I help you to do the medications or can you supervise me with the medications please? I'll be quick". They say, "No, I am in a hurry sorry."' (p.5). [C]

Finding 13: Time constraints and perceived disinterest from clinical facilitators could mean allocation of repetitive tasks for international nursing students.

Illustration: 'We don't mind toileting the patients or showering the patient, but it is not the only thing that we want to learn...because I am going to get my assessment there, I was almost begging like 'could you allow me to do the tablets today?' Well she told me just "It is just boring tablets. I will do it.' (p.5). [C]

Finding 14: Learning outcomes could be affected by inconsistent and inexperience clinical staff allocated to international nursing students.

Illustration: 'Every day I have been allocated to different mentors. You know I had been there for eight days and I have six or seven mentors, some of them new grads, and yet you know most international nursing student are all experienced in other countries. I am not saying the mentor is not qualified but she just, it seems like she just doesn't know what she is supposed to do to me, she just, I mean she was nervous, I was nervous, so we...I mean I need to learn from her and she needs to tell me, to teach me something. It is just too hard you know. You can't be a mentor unless you are experienced, you know how to teach. New grads are never allowed to be a mentor in China but here it is so common.' (p.5). [C]

Finding 15: Dedicated clinical mentors for international nursing students help facilitate a positive clinical experience.

Illustration: 'They (clinical mentors) should have time for us. We know that they are managing their time to meet their patients (need) but...there have been times when they do things so fast, quick. We are there to learn of course, we need to have somebody who will have patience with us, special mentor for the (international) students.' (p.5). [C]

Study 9:
Junious, D. L., Malecha, A., Tart, K., & Young, A. (2010). Stress and perceived faculty support among foreign-born baccalaureate nursing students. *Journal of Nursing Education, 49*(5), 261-270. doi: 10.3928/01484834-20100217-02

This study by Junious et al. (2010) aimed to explore the stress and support received by ten (10) international nursing students in a baccalaureate-nursing program. Only litative data was used in this review. The researcher conducted this study at the Texas Women's University, College of Nursing in the United States of America (USA). The instruments of the triangulated method consisted of a demographic survey, a semi-structured interview schedule for focus group and individual interview. Quantitative data were collected by the use of the Student Nurse Stress Index (SNSI) and the Perceived Facility Support Scales (PFS). The purpose of these scales related to the measuring of four factors, academic load, clinical concerns, personal problems and interface worries. Whereas the results and analysis was not used in this systematic review, the findings and correlation of the themes that emerged from the qualitative data was significant and validated the findings.

Finding 1: Study commitments can interfere with family responsibilities.

Illustration: 'I always have problems with my mother when she would call and tell me what's wrong with me. I haven't called in ...2 weeks and honestly...sometimes I just forget that I haven't spoken to her.' (p.265). [C]

Finding 2: Financial strain and stressors facilitated the necessity of balancing and recognising work, family, family commitment to the educational expenses and study.

Illustration: 'The dollar (at home) is not the same as [it is in] America. You spend a thousand dollars on tuition; we spend two, three times more. Our tuition [per] semester is sometimes a yearly salary for our parents.' (p. 265). [C]

Finding 3: The heavy preparation, study, clinical and assessment schedule left no time free for international nursing students.

Illustration: 'There is no time for anything else. Just come to school, read, and read, and read. Don't even sleep.' (p.265). [C]

Finding 4: English language expression for international nursing students remained a barrier.

Illustration: 'They use words that are not internationally recognised, words that are just American. I mean, I'm a foreign student, I'm British colonised, and you use words that only somebody...that grew up in America would understand' (p. 266). [C]

Finding 5: Using non-verbal communication, i.e. looking into another person's eyes, can be a mark of disrespect in other cultures and confronting for international nursing students.

Illustration: 'In my culture, when you talk to someone...that has authority above you, like an [older adult], we try to show respect...I will just look down. I'm listening, but I don't necessarily have to look into [his or her] eyes, but when the teacher does this - literally do this (participant demonstrated how the instructor pulled her chin up) - looks at me and gets so close. I'm so uncomfortable.' (p. 266). [C]

Finding 6: The international students sometimes felt the need to adapt to fit in.

Illustration: 'You don't have to accept it, or believe it, but act that way.' (p.267). [C]

Finding 7: Cultural ignorance was not only displayed by other students but also some of the nursing faculty.

Illustration: 'We were talking about women seeing their period. I said, "Seeing their period", because that is the way we say. If you're on your period, you see it, so the instructor was like, "What?" And she wasn't joking.' (p. 267). [C]

Finding 8: The experience of being different to others in a foreign land had many issues.

Illustration: 'People don't realise that being international is not just having (a) name that (others) can't pronounce...It's a trail of stress.' (p. 267). [C]

Study 10:
McDermott-Levy, R. (2010). *The lived experience of female Arab-Muslim nurses studying in the United States.* **(71), ProQuest Information & Learning, US. (UMI No: 3391122)**

McDermott-Levy's (2009) dissertation explored the lived experience of a cohort of nursing students from Oman living and studying in the US. . In a post September 11 America, the public acceptance of Muslim nurses was explored. This study also highlighted 12 Omani women being independent for the first time in the lives. Guided by a Husserlian phenomenology, a descriptive phenomenological inquiry was used in this study. The main aim of using this method was to find how the person reacts to the world and others as a result of the experience, not by perception. The researcher chose to use the Colaizzi (1978) seven-step method of data collection and analysis, as the most congruent to this particular cohort and its needs.

Finding 1: Often being the first in your family to leave your country and seek higher education drew criticism.

Illustration: 'Suddenly you are just everyday going to the hospital and never going outside [of your region] and at once you are going to US. And people start, they like asking, "When you are going?" "How are you scared?" "How you feel like?" I was proud coming here.' (p.123) [C]

Finding 2: Omani nurses found the cost of living stressful.

Illustration: 'Well, actually living here in the United States is very expensive compared to our back home (compared to Oman. Really, we find everything here, money money. So, it is difficult, but ah, if you have the money you will live here like freely and without stress, but if you don't have you will always be under stresses and the life here is rushing.' (p.125) [C]

Finding 3: Omani nursing students appreciated that many Americans did not pay attention to what other people were doing.

Illustration: 'I like the way people live here. I feel the people here, everybody has his own life, and nobody is concerned about what you are doing. There [in Oman], because it is a small community, people just and they are not, woman not working, she have huge free time, they are like, "Oh, see what the neighbour doing?" Like talking about everything. Here nobody's bother you, can see people as long as..., for example you are going in the train. Each people, each body in his own way, nobody moves, as if you know what I mean? In the US each person allows everyone to have privacy.' (p.125) [C]

Finding 4: Travelling alone without dissent was a new experience of freedom.

Illustration: 'It' nice, I like it because you know wherever you go anywhere you will not be blamed that you goes alone. For us in our country if you are walking alone, taking transportation alone, it's... [People look at you suspiciously]. Yeah, but here it's okay. You stay in the library for the night, 'til nine o'clock, that's okay, no one will say anything.' (p.126) [C]

Finding 5: Omani nursing students gained independence and took personal responsibility.

Illustration: 'Because I've learned a lot, I'm responsible. I was responsible but I've become more responsible I've learned many new things... I've learned many new things. I'm paying my things online. I couldn't do it in Oman. I didn't do it, I didn't try even husband is doing somewhere, I didn't know it. Here, I learned it myself, paying bills online. I used the Visa card for the first time, just using debit, I don't have Visa card. Because I don't need it, we are paying cash. Therefore, we use the Visa card here. It was good. Ah, I did mistakes and I learned from that. Because first time dealing with checks. It is the first time ever, dealing with checks, because I didn't get the chance in Oman dealing with checks because no need for these...checks is something amazing. (p.130)' [C]

Finding 6: Learning and understanding English remains a significant learning issue.

Illustration: 'The difficulty came in this first time when we could not understand the accent, the American accent,, and you know everybody speaking with a different accent and a couple of months you feel like you are...but after that it was okay.' (p.131) [C]

Finding 7: Gaining confidence with speaking English came gradually as the nurses overcame their discomfort.

Illustration: 'I noticed some of my [Omani] friends, they used to tell me, "I want to talk but I am afraid, the word, I cannot find the word." In addition, three months back we discussed these things. Because you know, I notice [Americans] they're not concentrating on your grammar.' (p.132) [C]

Finding 8: Accent, pronunciation and understanding the American idiom remained a challenge for the Omani nurses.

Illustration: 'English course helped a lot and a lot. Why? Because we study idioms, which is not present [in English class in Oman]. We don't know; even we are backing home, we don't know. It helps; you make you, ah increase our level of understanding. At least we know what surround us [what is going on around us]. Maybe sometimes we don't know how to say it pronunciation. But still we know what they mean. Yeah, and we are following them [understanding]. We can make out what is going on and this. Because here, in America, it is not like Britain. Britain I like, they are more with the grammatical and vocab, all this'. (p.133) [C]

Finding 9: Prior to coming to the US, many Omani women were afraid of the treatment they would receive because they were Muslim.

Illustration: 'First, let me go back to the beginning when I came here. I was thinking I would be unhappy to go out. I was worried about to be alone, to be travelling alone.' (p.115) [C]

Finding 10: Going alone in the Western world and safety was a worry for the Omani nurses.

Illustration: 'We were just participating with our colleagues, Omani only, especially first semester, and then we were not going out of our home because we didn't know who the right person was.' (p. 116) [C]

Finding 11: Practical issues often present barriers for international students.

Illustration: 'Yeah it was a difficult experience. First of all, [being a] woman, first of all knowing the place, we made mistakes while we are going by train express to Philadelphia where we don't want that. In addition, the bus, it is like cruel, which we don't know about it. The driver won't speak, won't ask, won't... yeah, you just have to drop the coins, the tokens, or whatever, and you just have to stop yourself. You have to know the area, it was, it is difficult, until now the bus is very difficult for us. Because you didn't use it. But we did it; we did it, on the bus.' (p.116) [C]

Finding 12: Adapting to independence in a Western was foreign for women who were used to a paternal culture.

Illustration: 'Back home, my father takes care of things for me. Here, I have to pay the bills, I have to budget because it is me. How to manage money. How to become strong. Because coming here is so challenging. Going alone. At home, someone is with me.' (p.117) [C]

Finding 13: Without family, some Omani women felt vulnerable.

Illustration: 'I always thought that everyone was good. Just somebody when he talks to you properly. I know he is a good heart. He has a good heart. Then I discovered, no. Some people like this, some people. (Laugh) [Are not good] Yeah, maybe because I didn't notice there [in Oman] because I am always with my family.' (p.118) [C]

Finding 14: Omani nurses stated that sometimes they were homesick.

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Illustration: 'I can tell you in the beginning it was hard, very, very, hard. Almost all the first semester you will find me sometimes crying. Especially when I talk to my family on weekends, how...and then now it is okay.' (p. 118) [C]

Finding 15: Some Omani nurses experienced anti-Muslim sentiments.

Illustration: 'I have instances where like, I and my friends we are going to [a local town]. My friend she was wearing abayah, am I am wearing like this (scarf on head, jeans and sweater) not wearing abayah, and one woman, she going like this, we are going like this (demonstrated walking together 2 by 2)and she's telling "These Muslims, I want to kill these Muslims". Like that, "I want to kill these Muslims" then we were afraid like anything, then we kept quiet, like... '(p.120) [C]

Finding 16: In the US, the Omani nursing students respected the family and its influence over their lives.

Illustration: 'I went to Orlando and I asked him [her father], I told him I want to go there. And he asked, "it is okay, unless you are with [as long as you are with] a group and there is no harm there. It is okay, enjoy.' (p. 121) [C]

Finding 17: Personal sacrifices were made for the opportunity of studying in the US.

Illustration: 'English course helped a lot and a lot. Why? Because we study idioms, which is not present [in English class in Oman]. We don't know; even we are backing home, we don't know. It helps; you make you, ah increase our level of understanding. At least we know what surround us [what is going on around us]. Maybe sometimes we don't know how to say it pronunciation. But still we know what they mean. Yeah, and we are following them [understanding]. We can make out what is going on and this. Because here, in America, it is not like Britain. Britain I like, they are more with the grammatical and vocab, all this'. (p.133) [C]

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Illustration: 'We were just participating with our colleagues, Omani only, especially first semester, and then we were not going out of our home because we didn't know who the right person was.' (p. 116) [C]

Illustration: 'Yeah it was a difficult experience. First of all, [being a] woman, first of all knowing the place, we made mistakes while we are going by train express to Philadelphia where we don't want that. In addition, the bus, it is like cruel, which we don't know about it. The driver won't speak, won't ask, won't... yeah, you just have to drop the coins, the tokens, or whatever, and you just have to stop yourself. You have to know the area, it was, it is difficult, until now the bus is very difficult for us. Because you didn't use it. But we did it; we did it, on the bus.' (p.116) [C]

Illustration: 'Back home, my father takes care of things for me. Here, I have to pay the bills, I have to budget because it is me. How to manage money. How to become strong. Because coming here is so challenging. Going alone. At home, someone is with me.' (p.117) [C]

Illustration: 'I always thought that everyone was good. Just somebody when he talks to you properly. I know he is a good heart. He has a good heart. Then I discovered, no. Some people like this, some people. (Laugh) [Are not good] Yeah, maybe because I didn't notice there [in Oman] because I am always with my family.' (p.118) [C]

Illustration: 'I can tell you in the beginning it was hard, very, very, hard. Almost all the first semester you will find me sometimes crying. Especially when I talk to my family on weekends, how...and then now it is okay.' (p. 118) [C]

Illustration: 'I have instances where like, I and my friends we are going to [a local town]. My friend she was wearing abayah, am I am wearing like this (scarf on head, jeans and sweater) not wearing abayah, and one woman, she going like this, we are going like this (demonstrated walking together 2 by 2)and she's telling "These Muslims, I want to kill these Muslims". Like that, "I want to kill these Muslims" then we were afraid like anything, then we kept quiet, like... '(p.120) [C]

Illustration: 'I went to Orlando and I asked him [her father], I told him I want to go there. And he asked, "it is okay, unless you are with [as long as you are with] a group and there is no harm there. It is okay, enjoy.' (p. 121) [C]

Illustration: 'Like missing the, like we were a big family there [in Oman], so yeah, we are a big family, like weekend we will meet in your house, or there you are remembering that you want to cry because only studying and only people your same age and e in my house, or my dad (father's) house. So you will see the kids if you want. It's kind of missing. We are missing the kids. You are missing the feeling, because if you are not with them. If you are remembering that, you want to cry because only studying and only people you same age and something like that. In addition, when I went back, the kids, they didn't recognize us. Those who were seven months, six months, because they forgot us, even for one year.' (p. 122) [C]

Finding 18: Making friends with Caucasian –Americans proved difficult for Omani nursing students.

Illustration: 'If you're going to America, yeah, but I don't think you will make friends with like pure Americans, like Caucasian-Americans. You will make friends with someone who is diverse also. That is exactly what happened. I mean even though, I started going to [the international student office] and I met many students were like, Pakistani-American, Indian-American, Spanish-American. I thought that they were more concerned, taking, they would take your email, and we can go out, how about meeting for dinner or lunch? More than the Caucasians. It is a disappointment.' (p. 122) [C]

Finding 19: The Omani nurses felt socially isolated.

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Illustration: 'Like...like not interaction between us and the students. I mean we felt okay. Still there's not interaction. However, when I came first I thought there would be interaction. Like what we had in the diploma [nursing school in Oman], we are from different regions from in Oman, and from different tribes, from different...ah Sunni, Ibadi [Muslim sects] and all of that stuff. In addition, we are making friends, a good friend. However, here we didn't do, so, I thought maybe I find a good friend, but till now I am fine. [I have not made a good American friend up to this point.] I don't know.' (p. 135) [C]

Finding 20: Loneliness remained a difficult consequence of studying in the US, for Omani nurses.

Illustration: 'I miss my husband. For me, my mother and my husband are my two closest persons to me. So, I miss them, and I'd like to... You feel something, you feel like when you are home everybody's attention is on you. You get all the attention, all the life, if you are sick everybody will notice that and they will try to correct it. Here, even if you are upset nobody notices that, sometimes it make a person like "I'm not important in this world."' (p. 137) [C]

Finding 21: Omani nurses observed the US racial issue and differences.

Illustration: 'I mean, about the, African-American I don't feel comfortable dealing with them. Maybe because it is a lot of movies that I am seeing...Like all the time they are using drugs, HIV... yeah, and also here I can see there is a very huge different between the White-American and the Black-American. It is different. Here you see most of the White people they are rich. Yeah. In addition, in a good socioeconomic status. But, the Black it is, you can even you are from outside you can differentiate between both. If you are going for example to 52nd Street [an African-American neighbourhood and shopping area in West Philadelphia]. You see, wow, it is completely different. South Street, it is completely different. This area affluent White neighbourhood it is nice very quiet. People here most of them, you will rarely see an African-American here, yeah and you see this plain area, safe area. I was once there [at a shopping area in an urban lower socioeconomic section] and I will never go back there. Because they will come and they will come and they will speak something and you don't know, they ah, how they way they are looking to you. It is scary. It is so different.' (p. 138) [C]

Finding 22: The Omani nurses encountered a non-Muslim way of life and realised that the Islamic teachings influenced their perspectives.

Illustration: 'Because they don't think about religion here. We will think, even though we don't realise it, it is in our subconscious. Religion is there because we were raised that way. Because here religion is separate, completely separate. Coming here, I tell some like ethics [in ethics class]; I tried to understand, like see some of the things in your perspective, like the American perspective, point of view. Which I find interesting, because like in class with [the professor], I saw how people are thinking differently than us. Because we Omanis maybe we have different opinions, personalities, but in the end, we are based on religion.' (p.140) [C]

Finding 23: As religion plays a pivotal part of the Omani nurses being, maintaining religious commitments, for example, Ramadan was difficult in the Western culture.

Illustration: 'It was different. But we have fasting time. Ramadan was a big challenge for us. Everybody eats in front of us and we just (inhales deeply and says AHHH). According to our religion you are supposed to, that not much constraint over eating part [have constraint over eating during Ramadan]. However, it's easy if not everyone is eating. That was challenging. Prayer time is challenging. The difference between light time and all. When I came in clinical, it was fall. I came in the fall. It was in fall. Then we have something called Fajar, early morning prayer for us. The first prayer and I have to pray in the train, because train comes before the prayer time. You have to go out for that. In Ramadan, we have to get up, like late in the night and have food for starting. Ramadan is also a challenge because you have to get up earlier to eat. 4:00 are we have to get up to prepare ourselves to go, so we have to eat by 9:00 or 10:00 at night. And we are sort of hungry. The whole day hungry, this is the biggest challenge.' (p. 142-3.) [C]

Finding 24: The cultural misunderstanding by Americans was understood by the Omani nurses.

Illustration: 'You know one day in clinical, [a patient] she ask me, you are not covering your face, how come you are Muslim? Therefore, they think maybe you are very like the terrorist and we are not like this. Well, I don't blame them because of the media. The day on the Oprah Show, I don't know what day; they show us [Arabs] in Saudi Arabia. It was completely different. They showed desert. And Saudi Arabia at least they are having buildings, it's nice (laughing). So, I don't blame them (the Americans for not having an accurate understanding of Arabs).' (p.145) [C]

Finding 25: The negative portrait of the US was a challenge for Omani nurses to come to study in the country.

Illustration: 'It is not the way the news is covering the things. The media [in Oman] they make another picture of the USA, the truth is not that one [the media does not give an accurate picture of the US]. They should know the true that is not how the people here are [these people in the US are not portrayed accurately. If I didn't take the first step toward [the university in the US] I would have never known it [what it is really like in the US].' (p.145) [C]

Finding 26: The difficulty in being a minority was felt by the Omani nurses especially when the perception was that the nurses were terrorists.

Illustration: 'It is difficult to be a minor people [a minority] and also the problem is I thought because (talking slowly) they don't read much about us. Maybe this is the reason why and the people and our self we are seeing that one fish will spoil...one fish spoiled will spoil all the fish. Therefore, when they hear that we are terrorists maybe they are applying among all of us. Every Muslim is a terrorist. It think this is the problem...but it is difficult to be away from your country, culturally it is different.' (p.147) [C]

Finding 27: The Omani nurses were challenged with the overtly sexual nature of the American culture as compares to their Muslim sensibilities.

Illustration: 'And also we see many things that we don't like to see. (Laughs) Like we are seeing kisses something like... Yeah many things, they are sleeping in the ground [male and female students], also they can, lying in the ground, but they are doing thinks bad, that we think that they are bad. (laughs)... They sleep on each other, that are... the need to respect the university at least...Yeah, and we see them kissing each other in a horrible way. I mean they are not kissing like and kiss and go [a quick kiss] as if they are...I don't know...Yeah, we because we don't used to [be not used to seeing physical contact in public]. We are not used to see that. We are see in that [American TV], but you know in our TV [in Oman] there's a limit for that. They cut that. We are changing the channel immediately [in the US]. Yeah, we change the channel immediately if we see such a things like this...Yeah, and we will see, for us as a Muslim if you will see for the first time we are not blamed, but you have to remove your eyes from that. Yeah, so we are not concentrating on them. If we see an incident, we turn our eyes from that side.' (pp. 149-50) [C]

Finding 28: The challenge to start over was difficult for the Omani nurses as they came to the US with prior nursing knowledge and experience.

Illustration: 'It is difficult when you are coming to the clinical area. Especially when you are working with techniques, with the sterile techniques, how you are using gloves, because I am coming from the OR, and seeing somebody doing techniques that are wrong. And he is doing. And you can try to say it, but no one will like it. Nobody will use the sterilised care and the instruments and touching and everything. And I couldn't tolerate it, and I have to stop. It is difficult because you feel you have to say something, but at the same thing [at the same time], you are a student. It is difficult because nobody will take it from you and you are feeling that you have to say something wrong has happened, it is the way we should be as a staff nurse, but I can't say it to the staff nurse.' (p. 152) [C]

Finding 29: Studying in the US required an academic standard that concerned the Omani nurses.

Illustration: 'Before I came here, I was so worried about the academic, I never thought about the culture or the food, or anything else. I always thought that I would have problems with the studies. Coming here and the teaching the educational system here in the US, some completely different from Oman, especially the style I studied. So there is, I didn't used to the lots of the paper writing [I'm not used to writing lots of papers]. I mean we took nursing, but I can count the paper assignments that we had, not as much as here. I think the first semester was tough, but then it got easier, and as you got familiar with the system, what to do, how to study, reading the paper and things like that.' (p. 153) [C]

Finding 30: With nursing experience from Oman, some nurses found that new skills around patient interaction were important lessons to learn.

Illustration: 'In clinical, I don't know, yes we are graduate students; we did our diploma and all over there. But when I saw the American student in the clinic, they are more active, they get more involved, I thought maybe because this is their own country and they are more involved with that are of the environment they are trying to get with it. However, I felt they are even younger than we are. But they are more interested to learn and find out and solve the problem. And in the clinical area it thinks even though I am graduated, like everyone knows their strength and their weaknesses, and I evaluate myself, but I am worse kind of in front of them.' (p.157) [C]

Finding 31: The Omani nurses witnessed disciplinary issues and perceived lack of respect towards lecturers in the classroom.

Illustration: 'I don't want to learn this from America. I don't want to learn this habit. I don't want to go back with this habit, and I don't want to teach my children in the future like this. I know there is freedom but in like, for example, legs on the chairs while the teacher is ah, during lecture Eating food, some people will bring smelling food, it disturbs others, yeah, chips and water and juice or something. But some people bring in heavy meals all the class smells, that's kind of, ah annoying to us. And ah, to all the professors will ask to be, like the students to stop talking. Something free, its rare I mean, some of them just talk and some of them, but in my country, you get kicked out. If your voice came up [if you speak loudly]. Even if you're voice didn't come up by the even if you are talking to another person not loud, I mean the silent voice [whisper]. We have the feeling that it is not respect. I know this is freedom of the school and the culture here...Yeah, because there is no rules. Some of the Omani who came from there and found there was no rules, they like, I don't know how to say it, but they exceed what America is doing [Some Omani students followed American classroom behaviour].' (p. 160-1) [C]

Finding 32: Omani nurses found academic expectations overwhelming.

Illustration: 'Even in the studying area, I mean, so many things to be done at the same times. Therefore, it is like, because there we...there is not so much work to do [in Oman], but here, I think too much. Besides, so many paperwork. From clinical papers to do, exams, so many things, so it will keep me like under stressful situation.' (p.163) [C]

Finding 33: Omani nurses felt self directed learning was not 'teaching' them, they had to find their own information.

Illustration: 'The teaching is different in our country. The teacher will teach you everything you learn. You will be given all the information. Here it is like, nothing like that. You have to search about the information. I learn more back home. They give us more information. They will teach us honestly...everything. Here, I don't know...self study. (p. 163-4) [C]

Finding 34: Regardless of the quality of participation, all nurses were awarded marks for attendance and participation, which seemed unfair to the Omani nurses.

Illustration: 'I can tell also, which I notice like, ah, there if you are good, they will give you attended them will give you for attendance [the credit for attendance toward the grade]. Here, unfortunately, I noticed for attendancy and participation they just give the marks like that. Because they don't know our names. So, how come they give the marks?' (p.165) [C]

Finding 35: Multiple choice testing proved stressful for the Omani nurses

Illustration: 'Yes, it's difficult really...the teaching methods, and the language. Language barriers, some of the words, even though we elaborate from that question, until we read a question like, and take a long time on that question, to analysis. Then start to choose it [testing – in multiple choice]. It's difficult.' (p. 166) [C]

Finding 36: Adapting to life without family, in a foreign country was stressful.

Illustration: 'I mange my stress, I came here, so I thought it is a part of the country so I have to adjust to this, so for studying will plan I will do something. For example, I will write my paper, then I will study, not the whole day, I will do the paper, so I will divide my time. This is how I relieve my stress. Going out, talking with colleagues, joking, watching TV, talking with to family, so this will help me relieve my stress.' (p. 169) [C]

Finding 37: Personal growth and independence was challenging but rewarding.

Illustration: 'First time in my life: travelling by train, airplane, seeing snow…etcetera. This experience teach me independency, and being strong [a] girl.' (p. 171) [C]

Finding 38: Professional growth and an overseas experience encouraged Omani nurses to want to be more than average .

Illustration: 'Whenever I open the internet, you know to browse, I always find that, especially in America there are many specialties. Therefore, I want to be in that, I always thought to be in some sort of specialisation. However, not any specialization [there is no opportunity of specialisation in Oman]. I want to be something special.' (p.175) [C]

Study 11:
Rogan, F., San Miguel, C., Brown, D., & Kilstoff, K. (2006). 'You find yourself.' Perceptions of nursing students from non-English speaking backgrounds of the effect of an intensive language support program on their oral clinical communication skills. *Contemporary Nurse, 23*(1), 72-86. doi: 10.5172/conu.2006.23.1.72

This study by Rogan and San Miguel (2006) described the experiences of 15 international nursing students that undertake a therapeutical communication skills course. The participants' experiences as students in the Australian university system reflects many of the issues faced by international students. A descriptive interpretive design was utilised to capture the experience of the participants and the effect of the development program used to increase the students communication skills. Qualitative data were gathered using focus groups and student's clinical document review. This

was collected pre and post the implementation of the communication skill program. Thematic analysis was then undertaken.

Finding 1: Some international nursing student felt accepted by other nurses with only a small amount of kindness shown.

Illustration: 'Sometimes they would show us something. It felt like they were treating us as a nurse.' (p.76). [C]

Finding 2: Frequently, international nursing students would feel excluded because of the language barrier of not understanding what was said, the intention or the relationship.

Illustration: "I couldn't understand what they are talking about, they speak very quickly" The use of slang and irony also created great confusion. A student felt shocked when a nurse said, "Oh these two old buggars haven't died yet, despite one patient responding", Oh don't worry she always says that." (p.76). [C]

Finding 3: Gaining clinical experience remained a challenge for international nurses, often leaving them with feelings of isolation and uncertainty.

Illustration: 'Sometimes they ask you to help but sometimes they just leave you alone. I just stand in the corridor and watch, I feel so lonely.' (p.77). [C]

Finding 4: International nursing students found it difficult to advocate for themselves and be assertive.

Illustration: 'We are all from Chinese background. We have to consider people's feeling, we can't say no (to) who is the big boss.' (p.77) [C]

Finding 5: International nursing students felt frustration at the perceived lack of understanding because of their communication abilities.

Illustration: 'The reason she fails me is language problems even (though) I can communicate with RNs and patients, even (though) I do everything correct, she says I can't understand what I am doing.' (p.77). [C]

Finding 6: Patient's reaction also contributed to a sense of belonging; however, negative feedback was felt deeply.

Illustration: "'Why they treat me like this way?" Several students found they could not understand some patients and were unable to respond appropriately. "I couldn't understand (so) I just stand there and read his chart."' (p.77). [C]

Finding 7: Social exclusion and isolation, even discrimination lead to feelings of loneliness.

Illustration: "'I don't know when to join, how to join. They are talking with each other, they seem very happy and like friends, not the same when they speaking to you". Consequently, some students felt isolated. "They don't sit with us, they just move away, like a kind of discrimination.' (p.77). [C]

Finding 8: International nursing students find the common use of slang and translating it into an understandable meaning is challenging.

Illustration: 'We've got different backgrounds, so sometimes it's quite different, in the teaching ways, where thinking is different. For us it's maybe more difficult. I don't know how to say special sentences such as 'I will pop in later'. The sentence I will not speak in my normal life. Maybe Australians will say this all the time but normally we would not think this way. It's so different.' (p.78). [C]

Finding 9: International nursing students wanted to learn effective therapeutic communications.

Illustration: '...not sure if I should ask the patient when I first meet them, "How are you this morning?" because they must be very painful, so is it possible for me to ask, "How are you today?"' (p.78). [C]

Finding 10: Speaking with relatives was seen as an important function of the nurse.

Illustration: 'Is there any chance we learn how to speak with the patient relative 'because normally student obviously got more time to speak with them?' (p.78). [C]

Finding 11: International students wanted to improve communication skills so not to feel compromised when asked to work outside their scope of practice.

Illustration: 'Sometimes if you don't do it, the RN they think they teach us but not willing to learn. They don't understand that we haven't studied that.' (p.78). [C]

Finding 12: International nursing students felt they had to be aware of their facilitator's role and opinion of the international students as it may affect their assessment.

Illustration: 'Our facilitator, they are our boss during the clinical practice. We really need to know what their opinion for our practice is. I mean what is their expectation to overseas students and what will influence our result?' (p.79). [C]

Finding 13: Dedicated support programs to help prepare the international nursing student for clinical placement relieved many of the stressors.

Illustration: 'For student, like you come and join in to the class the first time, the teacher telling you are going to stop clinical and join the workshop. Suddenly you feel like everything is gone, you can't speak. The most important clinical we can't do and from the beginning, you feel like not fair. But once you join, you find it's really useful and it's really relaxed and you really find out what you need in a clinical. You find yourself.' (p.79). [C]

Finding 14: Facilitator support in clinical placements builds confidence for the international student.

Illustration: 'Teaches me a lot of knowledge for the nursing skills and basic terms; see us frequently and explained the questions I asked; gave me a lot of feedback; helped me a lot in preparation in doing as a professional nurse, now I feel very confident and independent.' (p.80). [C]

Finding 15: A dedicated support program for international nursing students helped remove the language barrier with developing general conversational skills and appropriate responses in therapeutic communications.

Illustration: 'Before you saw the patient, then you think what am I going to say? You immediately say, "Good morning sir whatever, who it is and where I come from and the patient just look at you and that's it. You are stuck because you don't know what to say anymore, but I can (now) say, "What's the weather?" "How are you feeling?" "Is it painful?" or maybe patient got flower and I say, "It's wonderful, It's lovely, where you got it?" and they start talking.' (p.80). [C]

Finding 16: Some students now have confidence because of their increased communication skills, that they no longer fear asking questions.

Illustration: 'Before I am very scared of RN because I think I didn't know anything and I had no confidence but now if I have some problem or some questions I can ask a nurse straight away.' (p.80). [C]

Finding 17: A growth in confidence in some international nursing students allowed for considered decision-making processes.

Illustration: 'Yeah I felt more confident because before, I feel I was so weak because the RN she knows everything and got the power. Sometimes I do something (so) we should get a very good relationship but this time I feel that's fine. I just refuse (to give a medication) and then she just give it to the patient herself and I think she quite understand me. Yes, I think I did a good thing.' (p.80). [C]

Study 12:
Sanner, S., Wilson, A. H., & Samson, L. F. (2002). The experiences of international nursing students in a baccalaureate nursing program. *Journal of Professional Nursing, 18*(4), 206-213. doi:10.1053/jpnu.2002.127943

The research study conducted by Sanner et al. (2002) dealt with the experiences of a group of eight (8) Nigerian nurses during their nursing course in the United States of America (USA). Underpinned by Lincoln and Guba's (1985) constructivist paradigm, the study's aim was to identify and recreate the participant's awareness. This was conducted through guided interview, allowing for detection of the existence of cultural meaning. The collected data were analysed using multi-functional software program entitled Non Numerical Unstructured Data Indexing Searching and Theory-building (Nud*IST). Themes and sub-themes were identified and validated by transcribed interviews. Many themes were identified that either facilitated or obstructed their progression.

Finding 1: International nursing students can opt for verbal retreats rather than confront a person or a problem.

Illustration: 'Sometimes it makes me feel bad. People don't want to listen to accents. They block their minds and act as if they don't want to be bothered. Sometimes I want to say something but I decide to be quiet.' (p.210). [C]

Finding 2: Being included and making friends remains difficult for some international nursing students.

Illustration: 'I like to talk and meet people. It's really hard because you relate to them by the look they have on their faces and by what they say. I have adjusted by not being too friendly' (p.210). [C]

Finding 3: Smaller clinical groups could lead to a feeling of acceptance by nursing colleagues but social isolation still prevailed.

Illustration: 'It's different when we are in clinical. We have to work together in a team. We have to help each other to accomplish our goals. However, outside the clinical, they go their separate ways and don't talk or relate to one another. But you really want to continue talking to them and maintaining that bond, but people are not interested.' (p.210). [C]

Finding 4: Some international nursing students were determined to succeed despite the persistent study, work, clinical and family commitment.

Illustration: 'It's not easy keeping up with the class and the clinical, plus I have to work 20-25 hours per week and I go to school full time. I am not getting any type of aid or grant from anybody. I pay my school fees and apart from paying the school fees, I have to pay my bills. Trying to do this is really stressful.' (p.211). [C]

Study 13:
Shakya, A., & Horsfall, J. M. (2000). ESL undergraduate nursing students in Australia: Some experiences. *Nursing & Health Sciences, 2*(3), 163-171. doi: 10.1046/j.1442-2018.2000.00050.x
Shakya and Horsfall (2000) explored the challenges and supports of ESL nursing students studying at a large Australian university. The number of participants in this study was nine (9).

Finding 1: Both domestic and international nursing students find language a challenge.

Illustration: 'Before [verbal] presentation, I prepare myself at home and everything...And when I come and go there and stand in front of the students, I say ah, what am I going to say and forget about what I am talking and I'm just thinking about my language and my accent. And I think the students understand what I am talking ah...it's different when you are speaking, your accent is different from the students who speak English as first language.' (p.166). [C]

Finding 2: Failure of collegial response or acknowledgement to verbal presentation leaves international nursing students wondering if they were understood or just ignored.

Illustration: '...sometimes the rest of the class go ah...as if they didn't understand me what I am talking about so I just felt never mind... they don't ask questions anyway so I pretend that they understand what I am saying.' (p.166). [C]

Finding 3: Having a different culture and being viewed as different is seen as unavoidable.

Illustration: '...somehow, it has still got something inside like that culture inside you know. Therefore, I think that is one thing that affects my study as well, don't blame the culture but it's already inside me....' (p.166). [C]

Finding 4: Working in groups for an assessment in tutorials proved a stressful situation when international nursing students were rejected as group members.

Illustration: 'When I got to class, they already had grouping for the presentation. I was out of group. I still try to participate and join the group. I understand my circumstances and situation. I asked too many of them and I inside myself wanted to do all by myself but that was a group presentation not the individual...I asked all of them even they neglected me. I still tried. It's really really hard for me because they neglected me but I still tried to ask them if I can join their group and work with them. ND at the end, they said all full...' (p.166). [C]

Finding 5: Negative experiences such as group exclusion only serve to create more barriers that may lead to academic failure.

Illustration: 'If you don't have a group you can't do some questions, for example, tutorial questions, and sometimes essay of lab report, As for example, lab report, we did an experiment and other group they interacted with each other and discussed why it is coming wrong in the solution. They interacted each other and talked about that and they got the solution but I didn't get some of the answers. I did by myself and I failed. It was the hardest thing for me.' (p.167). [C]

Finding 6: Negative responses to accented or difficult to understand English creates verbal retreat and feelings of isolation in international students.

Illustration: 'Because of my English again I feel isolated because if I say something, they go ahrr...what did she say? But it is alright because it's my first time. Sometimes I feel they are annoyed so sometimes I don't like to communicate with them.' (p.167). [C]

Finding 7: Unwillingness by domestic students to be inclusive, often leads the international student to work alone.

Illustration: 'Maybe we have some students, they get together maybe because they from the beginning together and another thing are young people don't mix with the old people here...and they study together and when I ask them a question, they say, 'we

don't know, we don't know'. But at the end, they get the top mark? Honestly, I have been a lot of time I faced it...I don't think anything will change for them if they explain. Maybe their age is different.' (p.167). [C]

Finding 8: The international nursing student experienced non-acceptance from both patients and RNs in the clinical setting.

Illustration: 'I am not sure whether there is a rejection or they don't feel very comfortable if you are around. I remember one day, a certain man [male patient] said to me, 'why don't you call somebody to come and help me'. Then I said, 'I am here to help you.   I am not going to call anybody because I am allocated to you and I am going to do my work'. Then I could see that he was not very happy because he wanted somebody else. I don't know. I don't know. Whether he wanted him [male nurse] because he was a male or he wanted him because of colour differences. I don't know. Then anyway we continued.' (p.168). [C]

Finding 9: Barriers may be practical such as how to use the public transport to go to clinical placements and where the clinical placements were located.

Illustration: 'During my first clinical [placement], my problem was transport. I don't have a car and I didn't know where the station was. Yeah, I know where the [train] station is but I didn't know the route to go to the hospital. That's the main problem I get' (p.168). [C]

Finding 10: Support from the nursing lecturers was available and appreciated by the international student.

Illustration: 'They helped me in every way. If you don't understand the question, they will explain. If you don't understand the criteria, what you are expected to write in that essay or presentation, they will say exactly what they want you to do . . . Yeah they are good . . . If I didn't understand what the criteria really meant, I went to the lecturer. They were very good and helpful . . .' (p.168). [C]

Finding 11: Personal interest and support by the nursing lecturer helped the international nursing student gain confidence.

Illustration: 'Sometimes but not very often though, I ask the lecturer who that I know is really kind of friendly to students. For example, now I have *** [lecturer's name] lecturer right, he is quite good and he knows that I am a really shy person. So he came and asked me if I need anything and he asked me in the class so that I can participate in the class. So now, I am kind of improving my confidence around the class. But I don't really go and ask for help much with the lecturer and staff but my friends yeah.' (p.168). [C]

Finding 12: Being able to speak with someone (nursing lecturer) enabled the international nursing student to cope and help oneself.

Illustration: '. . . they are quite helpful, some of them, anyway . . . we discussed my problems. It was not a very big problem but I felt there was a problem but anyway as I said I was able to cope.' (p.168). [C]

Finding 13: The act of acknowledgement and positive feedback increased confidence in the international nursing student.

Illustration: '. . . he [lecturer] gave me a really good feedback for my assignment, which gave me the energy . . . He said, 'you did very well…' I felt good and proved of myself.' (p.168-9). [C]

Finding 14: Developing a positive student-teacher relationship provides support, which gives confidence to the international nursing student.

Illustration: 'Lucky most of the time I get the good facilitator. It keeps me motivated because of their attitude . . . she explained everything to me. She is always there for us . . . I feel safe that I have a facilitator there to support me and teach me. It's not them to challenge me or undermine me because I'm a student. I have to struggle with the patient and RN. Without the support from the facilitator, I am really really alone and frightened' (p.169). [C]

Finding 15: International nursing students leave children in the care of relatives to move to another country to study and this causes great anxiety and a need of family for support.

Illustration: 'Now I have him [her son] here and we chat, we talk and we laugh. I think things are better now.' (p.169). [C]

Finding 16: Occasionally, international nursing students' cultural norms are compromised as a strategic move to be recognised and included.

Illustration: 'I try to kind of learn to remember my presentation so I can have eye contact and gain the mark on that. And I try to speak as loud as I could because the accent I cannot do much about it.' (p.169). [C]

Finding 17: A number of international nursing students have a strong spiritual belief that sustains them.

Illustration: 'I got a support from my own belief as well. I believe in God and pray to God.' (p.169). [C]

Finding 18: A strong commitment to caring and becoming a nurse provided some international nursing students with a sense of achievement, despite perceived barriers socially and educationally.

Illustration: '. . . I know my characteristic that I love caring for people . . .' (p.170). [C]

Finding 19: Some international nursing students appreciated the Australian health care system.

Illustration: 'I like the way nursing is here. The workplace, I love it . . . That's the best thing I can say.' (p.170). [C]

Finding 20: Being multi-lingual adds to the care of patients and the value of a culturally diverse healthcare workforce.

Illustration: 'Sometimes I find with the patients. You come across the patients like they speak different and they don't know English and you know and can explain it and you find it much good and you get feedback' (p.170). [C]

Study 14:
Skinner, M. (2004). *A phenomenological inquiry of the reasons why college students who speak English as a non-native language persist in achievement of their academic goals.* **University of Idaho.**
The dissertation by Skinner (2005) highlighted the resilience and barriers experienced by nursing students who speak English as a non-native language (ENNL) attending a Regional State University in the United States of America (USA).. The number of participants in this study was 7. The researcher used a constructivist theory to support the findings by using in-depth interview for data collection, whilst recognising the life experience shapes an individual's response to the phenomena studied. The data were thematically analysed.

Finding 1: Previous academic success did not prepare some international nursing students for studying in a foreign country.

Illustration: 'When we left the country, I was very top of my class. The European system or the Czech or German system is different. I was an excellent student and when I came to this country, I basically was on the bottom of the class. That was the greatest shock for me. So, I think I wanted to be on top again. I think that was the biggest driving force for me '(p. 50) [C]

Finding 2: Learning medical vocabulary is like learning another language for some ENNL students.

Illustration: 'At first I took all the pre-requirement classes and all the ENNL classes. After I started the nursing program, I started the first term of the program; that was very difficult because everything just seemed very strange. Learning a different language, and you start learning different medical terms and that's really, really, really hard because, beside you learn English and then you learn a lot of languages... three languages actually.' (p. 56) [C]

Finding 3: Many ENNL students still thought and translated in their native language and until the process of thinking in English occurred, learning remained time-consuming.

Illustration: 'At first I had to study more because of the language. But that was at first, when I first started to school. My first quarter I did anatomy and physiology class, and everything the teacher was saying would be translated in my head to French. Then I would learn it. Therefore, I did it up to the mid-term like that, and it was impossible.

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I couldn't make it; and that's when the switch happened; I don't know why. But it happened in my mind. Learn it in English, try, and picture everything. And that's what happened. And since then it's just been cruising... my goal is to study enough to have a safe practice for the patients. The way Americans see the body is different from the way we see the body, and so that was quite a challenge.' (p. 57) [C]

Finding 4: The written form of English is another barrier for some ENNL students.

Illustration: 'When I had to write a paper. I think that's my largest barrier. I mean writing itself is like an acquired skill, but having your brain think in one way or, being born to think one way, and having to put your thoughts into another language, it is a lot more difficult than if you are a native speaker. I think that's where I found the most difficulty, besides just acquiring the skill of putting your knowledge on paper, and during oral presentations as well.' (p.60) [C]

Finding 5: Cultural differences influenced academic outcomes.

Illustration: 'It was difficult but I did pass the first term the first year. The second term was very difficult for me. The second term was a lot of psych questions. On the tests, a lot of thinking. I would think it personally, culture...different. Not only was there the language you had to deal with, but you had to look at test questions and patient care in a different cultural context. I'm Asian and in my culture, I do "this" way, but in America, they do it "this" way. I get a lot wrong, that's why I failed the second term in the first year.' (p.61) [C]

Finding 6: Working and studying often presented as a barrier for ENNL students.

Illustration: An ESL student needs money too. I know ESL students work, but its better if you not work and go to school. (p.64) [C]

Finding 7: Family expectations act as emotional pressures for ENNL students.

Illustration: 'There is family pressure of needing to go to college. I think there's a pressure to go to college at a certain point in your life, but after you get past that point, you can no longer just do it for your family, you have to do it for yourself.' (p. 64) [C]

Finding 8: Support systems remain an important part of the ENNL student's success.

Illustration: 'The Ukrainian teachers were tough at the University. Because we have all these famous teachers, from who knows where, with old names. And they were distant to the students, so you couldn't go and ask for help. But here is friendlier with teachers. You come and ask questions. I think it's good.' (p. 67) [C]

Finding 9: ENNL students realise the potential of further education.

Illustration: 'In the United Stated, if your goal is really strong, and if you will work, you will be success. After you succeed the opportunities are there for you.' (p. 70) [C]

Finding 10: Self-determination motivated many international students.

Illustration: 'Because I never want to find myself in the spot I found when I came to this country. I think that's underlying anything else. What education is for me is a way to understand the world. I can't get that from my parents because they only know the rules they have lived since they have been here. So I, in order to get the rules of this society, have to go outside my family circle because my parents cannot answer those for me. And I think that is a very large driving force.' (p. 72-3) [C]

Study 15:
Sparks, W. R. (2009). *Exploring Educational Issues: International Nursing Students Enrolled in Professional Nursing Programs in South Texas and Their Perceptions of Educational Barriers***:. ProQuest LLC. 789 East Eisenhower Parkway, PO Box 1346, Ann Arbor, MI 48106..**

Sparks' (2009) dissertation explored the educational issues for international nursing students in one state of the USA. Many issues were identified as barriers to their learning needs. The level of stress also played a large role in the wellbeing of this group of students. The number of participants in this study was ten (10).

Finding 1: Some international students find there is an enormous amount of reading for nursing courses.

Illustration: 'Because the stuff that we learned...It's uh, sometimes really complicated. I'll try to read as much as I can, but u-usually I can't finish all the reading before the class, because, um, some of the books, they really try to make... I guess, I don't know, maybe the author tried to make themselves, make I sounds really educated. They like to make something, some concept that's actually really simple, but they have to twist it in, in some way, so, yeah, it, it's, it, I have to say the reading hard language is a challenge too.' (p.54) [C]

Finding 2: International nursing students who have English as an additional language find translating text, time-consuming.

Illustration: 'So I just took a, took a step back, took-ook a deep breath, and I just started reading it, and I just automatically started translating it into my language. And I was like, Wait! And then I read it again, and then I slowly interpreted it, translated it, and it-it made sense. '(p.58) [C]

Finding 3: International nursing students have found interactive study packages helpful.

Illustration: '... and the NCLEX books, that, that not necessarily the books, but the CDs in the books helped me because they had like pre-test and they gave immediate feedback on what urn, why you got it wrong or why you got it right.' (p.60) [C]

Finding 4: Some international nursing students found their own methods of study very effective.

Illustration: 'Normally when I have to take notes in my book that would be Chinese. I would, I would do it in Chinese writing, because I usually do, like, really short, just definition of that word. So I just write in Chinese, which I know, 'cause I'm the only one who's gonna look at that notes, so I will understand.' (p.64) [C]

Finding 5: Misunderstanding or miscommunication sometimes caused stress and anxiety for the international nursing students.

Illustration: 'I'm gonna talk about something that hurt me a lot. It was during my first semester at school. We were doing the last—it was fundamentals—we were taking our last final exam, and being French, you know, trying to translate before doing my question, it took me a while to-to do everything, to answer all the questions. Therefore, I had, um, circled all the correct answers on my question, urn, and sheet. And all I had to do was just transfer it. So time was out. I didn't have time to complete everything. So one of my instructors told me, okay, to come to the front and transfer everything quickly. So when-when I, when I was doing it, she came out, she started yelling at me that I was cheating! And that, that made me so mad. I was so mad and felt like, I mean, it was so disgraceful, shouting in front of everybody that I was cheating. You gave me the opportunity to come to the front, and you've seen my question, that I've circled everything, and now you're calling me that I'm cheating. I told her. I told her. I told her I'm not cheating! I'm, I explained everything, what I was doing, to her, and I told her, you told me to come to the front and transfer my, my sh—, my answer and now why you saying that I'm cheating? I failed that final exam. But, lucky I'd done well on the first, second, and the class exam, so they had to help me to pass the course. If not, I would've failed the class.' (p. 71) [C]

Finding 6: Support from both faculty and other students' help the international student feel included and less isolated.

Illustration: 'At the beginning of the, the classes I was, uh, going through a very difficult, um, familiar problems with, uh... and um, for the family. And, um, one of my instructors noticed it right away, my first instructor. And, uh, she talked to me, and, and made me realize that, uh, that, uh, quitting school, the school and not getting that... the nursing education wasn't going to solve my problems. And, uh, that, that had great impact for me, and then I really grateful for that.' (p. 74) [C]

Finding 7: Establishing a medical vocabulary requires determination.

Illustration: 'Well, definitely with all the medical terms, the long medical term, and, um, how to pronounce them. That's a big, big challenge. Like with me it's always vocabulary. Usually you just have to look up in the, you know, the dictionary for once or twice. Then you probably remember it. But to remember how to say it, it's a huge challenge. Especially sometime when you have to do those check offs. Then you have to say the things that you do along when you do it. So it, it's just it's a lot of challenge. I actually have to, um, prerecord all the words that I have to say in my little MP3 player. And I play over and over and over until I memorize how to say those words. I love dictionary.com because they actually, they have a little button that you actually can hit it and then it would, they would say the words so I usually record both. You

kinda have to kind hold your MP3 player close to the speaker to record it. But it-it-it helps. It works for me. Cause I have to listen to it. I have to kinda like play like ten times so it just imprint in my brain.' (p. 82) [C]

Finding 8: To gain confidence in conversing in English whether an oral presentation or therapeutic communication is a fundamental indicator of success for international nursing students.

Illustration: 'Some people kept on teasing me about my accent, and saying they don't understand me. You know it tends to after a while just get to your confidence and block you and so you don't participate in or you don't even ask the question in front of the whole class. So you stay with something you don't understand or you don't know until you find someone that finally can explain to you and that can put a block.' (p. 84) [C]

Finding 9: Some international students find difficulty posing questions in class and in clinical situations.

Illustration: 'Because once when I asked question, they would be like, What? What are, what? I mean, I have to repeat myself, like so many times, so I'm like, Okay, I'm not gonna say, I'm not gonna ask questions anymore. I'm sorry it makes me so mad.' (p.87) [C]

Study 16:
Wang, C. W., Singh, C., Bird, B., & Ives, G. (2008). The learning experiences of Taiwanese nursing students studying in Australia. *Journal of Transcultural Nursing, 19*(2), 140-150. doi: 10.1177/1043659607312968
This study by Wang et al. focused on the experiences of 21 Taiwanese nursing students studying at Australian universities. An exploratory survey design was used to familiarise the researchers with the characteristics and experiences of this group of students. The semi-structured individual interviews reinforced the difficulties faced by many international students. All interviews were audio-taped in Chinese and subsequently translated and thematically analysed.

Finding 1: International nursing students in this study struggled with basic or practical issues.

Illustration: 'I had a lot of trouble when I first arrived here. I couldn't even make a phone call or go to shopping because my English was so poor. I could read and write all right, but not speaking.' (p.143). [C]

Finding 2: Language in Australian conversational English is difficult for international students to understand.

Illustration: 'I could speak English all right before I came here. But we usually learn American English in Taiwan; it is very different from Australian English. Besides, Australians have a quite different accent and slang, which makes it harder for us to understand.' (p.143). [C]

Finding 3: Literacy skills are difficult with students where English is an additional language.

Illustration: 'I always have trouble with reading. I just don't know what to read and what to skip. I can't get the point even though I spend more time on reading than other students do.' (p.144). [C]

Finding 4: Written expression and academic standards remain a challenge for many international nursing students.

Illustration: 'My main difficulty is writing essays . . . always make a lot of grammar mistakes . . . can't express myself academically.' (p.144). [C]

Finding 5: The experience of being different and adjusting to alien ways can be isolating and elusive.

Illustration: 'Everything is different here, customs, foods, language. . . .I don't know what is the appropriate way to do things . . . anyway, I don't feel that I belong to here at all.' (p.144). [C]

Finding 6: As health care settings will differ, appropriate learning needs need to be considered.

Illustration: 'Australia has a different health care system; it is hard for us to understand some practical examples. The lectures did not describe much. We also have different cultures and values, what we learn here may not be suitable for our own country.' (p.144). [C]

Finding 7: Developing critical thinking skills in Australian nursing practice remains a preferred pedagogy to rote or repetitious learning.

Illustration: 'I was taught to follow what teachers said and to memorize the textbooks in Taiwan. Here, lecturers usually ask students to think critically and create more ideas. It is very difficult for me. . . . I don't even understand what is "critical thinking."' (p.144). [C]

Finding 8: The nuances of conversational Australian-English with slang, abbreviations and quick speech creates confusion for international students in understanding the flow of discussion.

Illustration: 'The experience of tutorials is very new to me. I found it is very hard to follow during tutorial. They speak so fast and they just jump subjects. I know that I don't participate enough in tutorials but I have no idea what is going on.' (p.144). [C]

Finding 9: Australian academic standards are set higher than expected for some international nursing students.

Illustration: 'In Australia, it's a bit easier to enter the university, but in Taiwan, it's difficult to be admitted but once you are in, it's easier to graduate. We are asked to do more assignments, reports and presentations here.' (p.144). [C]

Finding 10: Self-directed learning and uncertainty about academic requirements can challenge international students when assessments are required.

Illustration: 'I have tried my best to do the exams and assignments. I just don't know what the lecturer wants. I never have been able to get a higher mark.' (p.144). [C]

Finding 11: Many international nursing students express feelings of stress and nervousness when asked to participate in oral presentations because of language and accent issues.

Illustration: 'Class presentations make me very nervous; I was sweating and did not know what to say. I didn't have much experience of speaking in front of people. I also worry if people can understand my English.' (p.144-5). [C]

Finding 12: Some international nursing students asked for help but due to their language restrictions, they felt unheard and rejected.

Illustration: 'Once I went to nursing school to ask for help. I was trying to explain my problem but the staff interrupted my talking and said, "Sorry, I don't know what are you talking about, I can't help." He didn't give me more time to explain my question and just walked away. After that, I have never gone to ask any help from him. Maybe my English was not good enough to be understood, but he should have said in a nicer way and be more patient.' (p.145). [C]

Finding 13: Forming friendships with Australian students was difficult.

Illustration: 'I found that it is hard to make Australian friends. Maybe we are too different in many ways.' (p.145). [C]

Finding 14: Some international students felt discriminatory practices were used when selecting group members.

Illustration: 'I don't like group work. You can feel that the Australian students never want to be in the same group with overseas students. I end up with other overseas students all the time. I do not mind to work with other overseas students, but I feel that I am discriminated [against].' (p.145). [C]

Finding 15: Lack of clinical experience can present as an obstacle to international nursing students and another form of isolation.

Illustration: 'I wish that I had more clinical experiences before I came to study here. Most of my classmates are very experienced or still working; I could not understand when they discuss some clinical issues.' (p.145). [C]

Finding 16: Some international nursing students experienced an awakening of spirit.

Illustration: 'I feel that the world is open to me; I am free to think and have my own opinions. I have a different perspective on learning and myself. I have explored myself

deeper and found the different way to learn things. I don't know why, maybe the Western education and environment have inspired my latent side.' (p.145). [C]

Finding 17: Inspired by new approaches and knowledge, international students enjoyed the learning experience.

Illustration: 'Here, I am able to use a different approach to gain nursing knowledge. Now I really feel the joy of learning.' (p.145). [C]

Finding 18: Interactive teaching methods varied from traditional Taiwanese methods of repetition and direct actions.

Illustration: 'The teachers here usually ask for responses from students. In Taiwan, usually the teachers tell students what to do and students just follow.' (p.145). [C]

Finding 19: The development of critical thinking skills empowered some international students.

Illustration: 'When I was studying in Taiwan, I didn't have much opportunity to really think. Here, they give students more freedom to think and create. I have found real learning here. I know what I am doing, how I am going to do it, and how I can use my knowledge.' (p.145) [C]

Finding 20: Access to information and the freedom to use it was seen as an advantage by international nursing students

Illustration: 'I think that students can access more information in Australia. It is quite easy to use databases here. There are plenty of books in the library.' (p.145) [C]

Finding 21: Resilience and independence help some international students to be successful.

Illustration: 'Just be brave. . you have to study very hard and try to help yourself. I think the students have to take initiative and take the responsibility for their learning.' (p.146). [C]

Finding 22: Making an effort by positive moves to find new friends and acceptance has been a rewarding experience.

Illustration: 'I try to make many friends from everywhere, not just spend time with people from my country. I go to church and I have a part-time job. These things extend my social circle. . . . I get to use English in many ways, not only at school. It helps my language problem . . . it makes me much more relaxed.... I have many friends to help me.' (p.146). [C]

Finding 23: Being proactive with academic assessments and seeking help where help is offered will help international students become successful in their courses.

Illustration: 'I usually check my assignments' drafts with my lecturers to make sure I am on the right track. I also go to ask questions after lectures if there is something I could not understand.' (p. 146). [C]

Finding 24: Host families can play a vital part in helping international nursing students.

Illustration: 'They [the family] give me a lot of help and encouragement. Whenever I have trouble, they help me or suggest for me what to do. They correct my speaking when I have said something incorrectly. They even check my assignments' grammar and spelling for me.' (p.146) [C]

Finding 25: As English is viewed as an additional language for many international nursing students, the simple acts of conversation, reading and listening increases the skill base.

Illustration: 'It takes a long time to improve a language, always try to use English as much as you can. . .I tried to talk to people, tried to read more and listen to more English.' (p.146) [C]

Finding 26: Most international nursing students require help with English and need to access classes that are available to help.

Illustration: 'I think most, if not all, overseas students need some help [with] their English . . . there is a language center in my university. Various English classes are provided, such as academic writing, grammar, note taking, and pronunciation.' (p.146). [C]

Finding 27: Counsellors with academic skills to help international nursing students should be available.

Illustration: 'I think the overseas student advisers or counseling service are necessary. Schools should provide some experienced staff who understands the needs of overseas students. You do need someone to talk to.' (p.146). [C]

Finding 28: International students state that access to international database to help with effective language skills and information about their homeland.

Illustration: 'I think it will be good if the school can have access to different language database, because we do need some information about our own country sometimes. It also makes it easier to understand in our own language.' (p.146) [C]

Finding 29: Having a friend is a positive factor in being an international nursing student and having an Australian helps in the practical and social aspects of studying in a foreign country.

Illustration: 'There is a system call "buddy" which I think is good in my university. Every overseas student has an Australian companion. They can help with language and introduce different cultures and friends.' (p.147) [C]

Categorisation and synthesis of findings

QARI – Qualitative Research Findings

The volume of findings from the 16 research papers were extracted through the JBI-QARI. The findings were thematically analysed and collated into 13 separate categories. From these 13 categories, 4 synthesised findings were created. Listings of findings for each category are represented by bracketed abbreviation, e.g., (S16F9), represents Study 16, Finding 9. The meta-synthesis statements and declamatory statements are as follows:

Meta-synthesis 1: International nursing students have more positive experiences and outcomes when they study at a University that values cultural diversity.

Declamatory Statement: Cultural recognition is fundamental to a positive learning experience for international nursing students.

Meta-synthesis 2: International nursing students need support to achieve the academic standards required.

Declamatory Statement: Developing academic skills, clinical competence and therapeutic communication skills for nursing requires a dedicated program to respond to the needs of international students.

Meta-synthesis 3: International nursing students' genuine desire to succeed should be acknowledged and supported by academic programs and staff.

Declamatory Statement: International nursing students need to be acknowledged for their strengths and determination.

Meta-synthesis 4: The international nursing student's capacity to succeed is influenced by a range of academic, socio-cultural and personal challenges.

Declamatory Statement: Social exclusion, discrimination, family and financial commitments impact greatly on the resources of international students.

QARI Findings

Using JBI-QARI, the data from the 16 qualitative research papers were extracted and synthesised, resulting in a total of 235 findings. From these findings thirteen categories and four (4) synthesised findings (meta-synthesis) were formed.

Meta-synthesis 1: International nursing students have more positive experiences and outcomes when they study at a University that values cultural diversity.
Declamatory statement: Cultural recognition is fundamental to a positive learning experience for international nursing students.

This meta-synthesis draws from the experiences of international nurses studying and working within the English-speaking health system. From the 53 findings, students highlighted their issues with being discriminated against because of their 'difference'', dealing with conflict within the clinical area and a lack of understanding of differing cultures within the nursing profession, see Table 2.4 QARI Meta-synthesis 1.
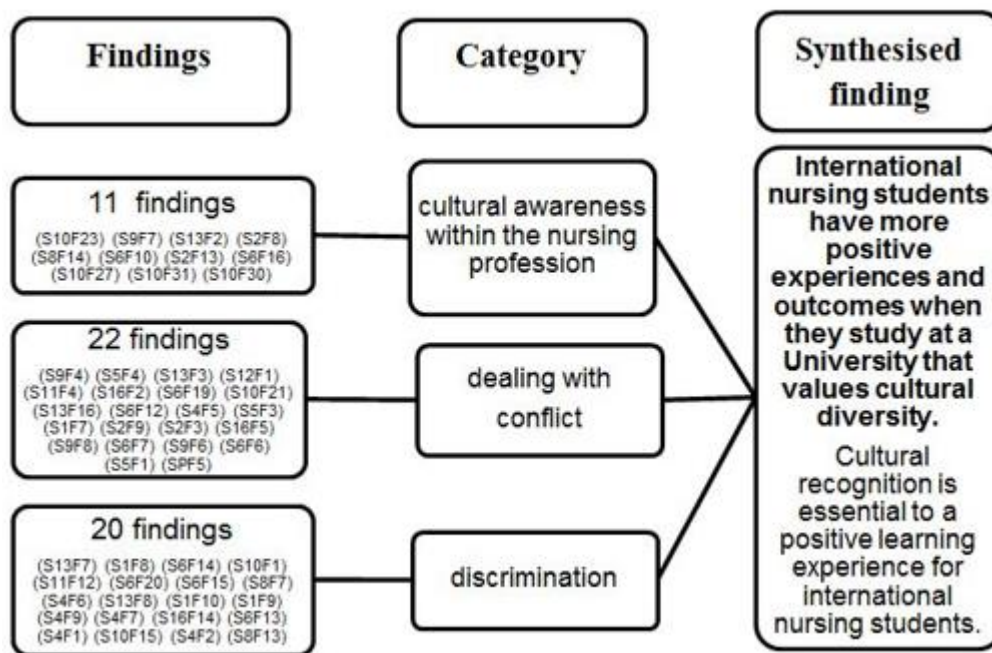
Table 2-4: QARI Meta-synthesis 1

Meta-synthesis 2: International nursing students need support to achieve the academic standards required.

Declamatory Statement: Developing academic skills, clinical competence and therapeutic communication skills for nursing requires a dedicated program to recognise the needs of international students.

This meta-synthesis stems from 88 findings grouped into 4 categories (see Table 2.5: QARI Meta-synthesis 2). The overwhelming theme of the international nurse's work-life imbalance was evident. Many students expressed frustration at the workload and study schedules, including paid work, attending to family responsibilities and attempting to socialise with others. Study time was extended by the need to translate English text and notes into their native language, in effect, doubling the time normally required. This meta-synthesis also highlighted the difficulty in developing both academic and communication skills within the hospital setting and within the classroom. This often isolated the international student both professionally and personally.
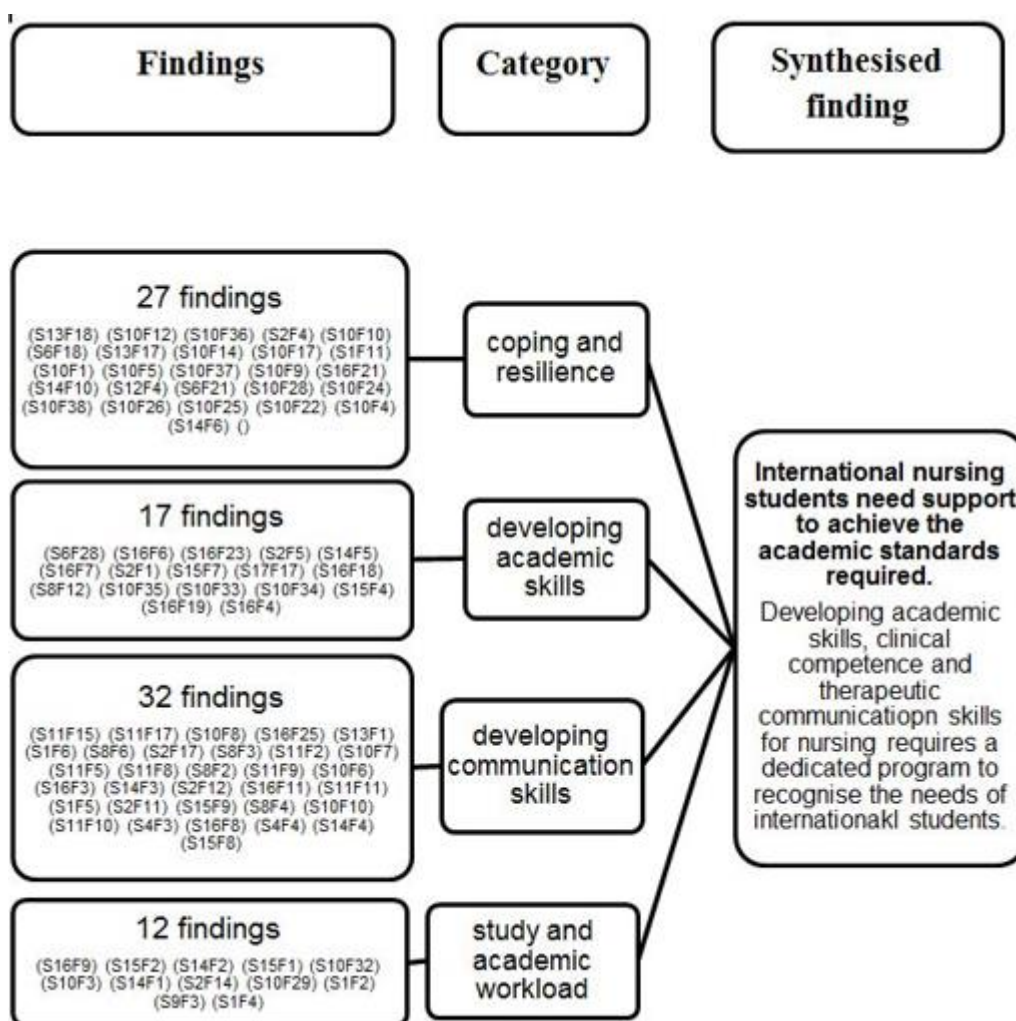
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Table 2-5: QARI Meta-synthesis 2

Meta-synthesis 3: International nursing students' genuine desire to succeed should be acknowledged and supported by academic programs and staff. Declamatory Statement: International nursing students need to be acknowledged for their strengths and their determination.

This meta-synthesis is derived from 37 findings and grouped into three (3) categories (see Table 2.6: QARI Meta-synthesis 3). The journey to achieving success within an international nursing program is often a personal and cultural shift for many international students. The need for support academically, professionally and socially is evident. Orientation programs were highlighted as useful for issues not usually thought of as high priority, including daily survival skills such as locating buses, shops and banks. International nurses found that their ability to communicate in others languages was a benefit in a multicultural healthcare system. They found they had much to offer in holistic care for patients with English as an additional language.
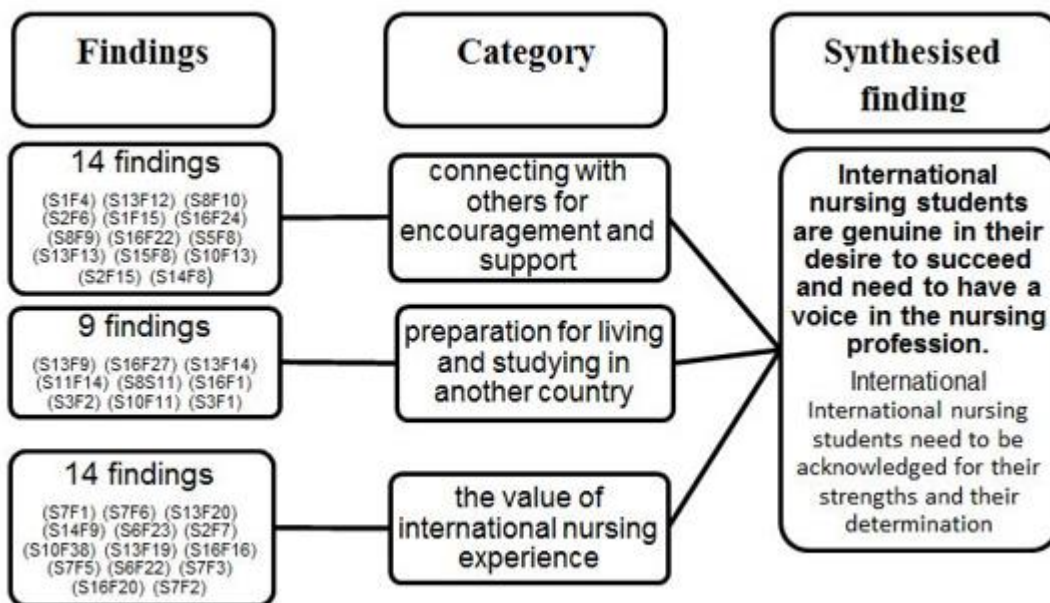
Table 2-6: QARI Meta synthesis 3

Meta-synthesis 4: The international nursing student's capacity to succeed is influenced by a range of academic, socio-cultural and personal challenges.
Declamatory Statement: Social exclusion, discrimination, family and financial commitments impact greatly on the resources of international students.

This meta-synthesis extracted 57 findings into three (3) categories (see Table 2.7: QARI Meta-synthesis 4). Within these findings, there was a large amount of comment regarding social isolation and loneliness. This exclusion was the hardest for students to cope with. Xenophobic behaviours by other students, nursing professionals and the general public were experienced. Together with the international nurses' continuing family and financial responsibilities, many felt stressed. The nursing students voiced their need for recognition and support.
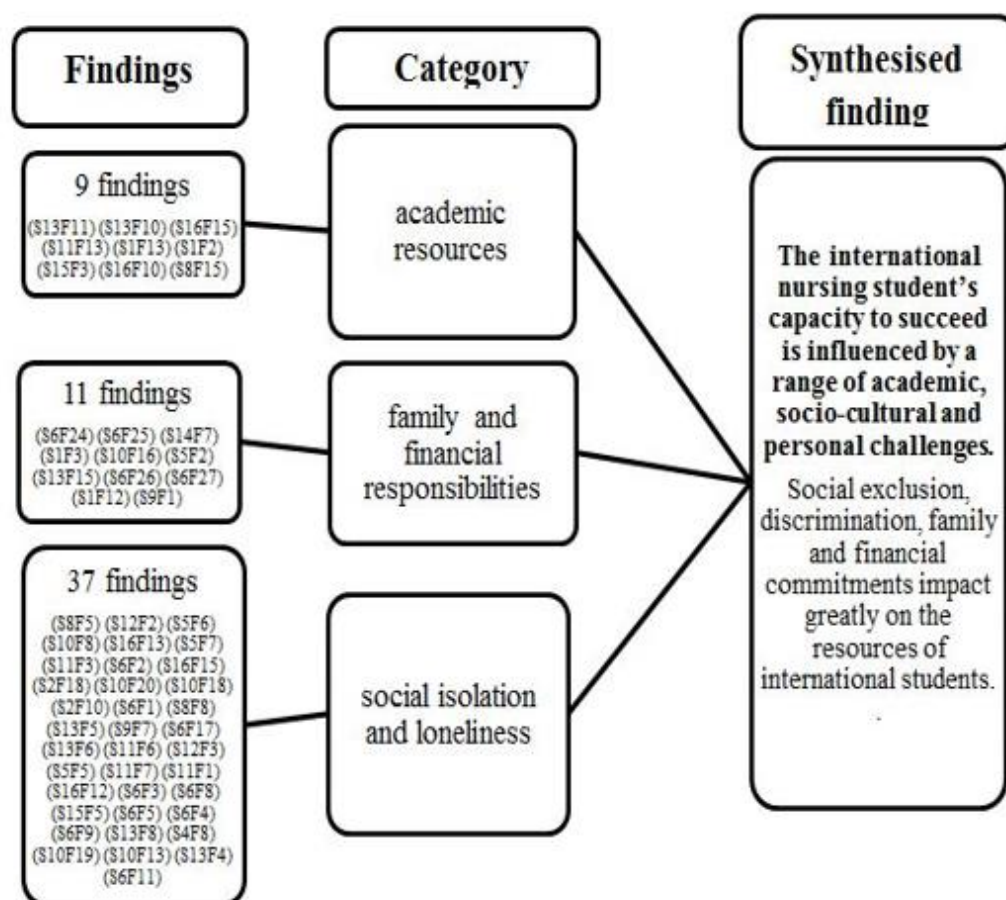
Table 2-7: QARI Meta synthesis 4

NOTARI – non-research papers/text and opinion evidence

There are three (3) textual based papers discussed in this systematic review. They are presented as Study 17, 18 and 19. An exemplar is available for each finding within each study. The important characteristics of each NOTARI text is seen in Table 2.8.

Author	Type of text	Participants represented	Country of origin	Phenomena of interest
Burnard, P. (2005)	Expert opinion	Nursing students studying in a foreign university	Thailand	The issues of students studying at an overseas university
Lambert, V., Lambert, C. & Petrini, M. (2004)	Expert nursing opinion	Japanese nursing students studying in a US School of Nursing	Japan	A comparison of Japanese and US nursing education and the students' experiences.
Ryan, D., Markowski, K.,	Expert nursing opinion	Taiwanese nursing students	Taiwan	An exploration of the

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Ura, D. & Liu Chiang, C-Y. (1998)		holding an associate-degree studying in the US to gain a bachelor of science in nursing		challenges and strategies for success in international nursing education.

Table 2-8: NOTARI – important characteristics of included text

Methodological quality

The NOTARI critical appraisal tool assessed six (6) expert opinion text papers. The JBI- NOTARI software provided a framework to select three (3) of the highest quality textual papers, scoring a maximum 7 out of 7. These included the papers are represented in Appendix VII. Both reviewers (RT & SP) were in agreement. A further three (3) papers see Appendix VIII, were excluded because they were not congruent to this review's objectives, looking mostly at assessment of international students or not having sufficient expertise of references within the opinion piece. The following three (3) opinion based text, papers were analysed using JBI-NOTARI opinion based papers.

Study 17:
Burnard, P. (2005). Issues in helping students from other cultures *Nurse Education Today*, 25, 176-180. doi: 10.1016/j.nedt.2004.12.001

This paper by Burnard (2004) discussed the research evidence in relation to difficulties faced by international students studying nursing outside their homeland, and in English where English is not their first language. The position of the author allows for the assumption that students are coming from non-English speaking countries to Western countries to study. Burnard also recommended teaching methods to assist international nursing students.

Finding 1: The experience of adapting to a new country.

Illustration: 'Learning is not only about the contents of a particular course but about learning about the culture in which they live and work' (p. 178) [C]

Finding 2: Adopting coping mechanisms of grouping together help international students in times of personal crisis

Illustration: It is important that students experience support from people who understand their culture (p.177) [C]

Finding 3: Stereotyping is discriminatory

Illustration: It should be clear to lecturers that not 'all' overseas students are 'the same'. It cannot be assumed that merely being from a culture other than the one they find themselves in now is qualification enough for being part of a 'group' of overseas students. (p.178) [C]

Finding 4: Student support services are needed by educational institutions to monitor ongoing academic achievement.

Illustration: Perhaps a starting point, here, is for all colleges taking overseas students to ensure that they have a well-developed 'pastoral' system whereby far more than students' educational requirements are accounted for. To that end, many colleges now have 'international departments' to help in this area. (p.178) [C]

Finding 5: Recognising personal attitudes and biases helps in appreciating that 'difference' is good and not always 'wrong'.

Illustration: A starting point, perhaps, is recognition of our own and others tendencies towards being ethnocentric. (p.178) [C]

Finding 6: The international student may be conflicted by Western teaching methods that may contradict their accepted cultural norms

Illustration: Teachers working with students from different cultures need to be aware of the concept of 'face' and of the need to retain dignity through polite relations. The idea of asking questions and being critical cannot be forced. (p.179) [C]

Finding 7: Classroom issues around accent, language and academic writings and presentation, can be alleviated by teacher support.

Illustration: Some of these issues can be helped by an effective teacher. Close marking of essays can help students to structure their work more carefully and corrections of grammar, tense and so on can also be useful. Appropriate advice about the content and structure of a thesis or dissertation is also usually welcomed. (p.179) [C]

Finding 8: Some international students see the Western culture's openness and discussion of problems as an act of burdening others.

Illustration: It should also be acknowledged that the 'western' tendency to believe that problems should be talked about is not a universally held believe. (p.179) [C]

Finding 9: Effective communication alleviates misunderstanding.

Illustration: When strangers violate our non-verbal, expectations we tend to interpret those violations negatively. These negative interpretations decrease the effectiveness of our communication with strangers. To communicate effectively with strangers, we must learn to accurately interpret their non-verbal behaviour and their violations of our expectations. (p.179) [C]

Study 18
Lambert, V. A., Lambert, C. E., & Petrini, M. A. (2004). East meets West: a comparison between undergraduate nursing education in Japan and in the United States. *The Journal of nursing education, 43*(6), 260-269.

This paper by Lambert et al. (2004) discussed the differences in educational philosophies and preparedness for international nursing students graduating, registering and entering the nursing workforce. It focuses on Japanese nursing students enrolling in nursing programs in the United States of America (USA). The author also highlights recommendations that could help with the transition from the Japanese to USA educational system.

Finding 1: Japanese nurses in US nursing programs are unprepared for the academic level presented.

Illustration: '...the most noticeable differences between Japan and the United States are the expected outcomes of the program of study, the manner in which programs are designed, the presence of qualified faculty with advanced degrees in nursing, and the relative newness of baccalaureate nursing education in Japan. (p. 263) [C]

Finding 2: Restrictive practices for teaching Japanese nurses provide limitations to learning and practice needs.

Illustration: A major portion of Japanese nursing students' clinical practice is observational. The types of skills in which students do engage are: taking vital signs, performing bed baths, straightening patients' rooms, being available to comfort patients and providing help should patients require it. The current Japanese law does not allow nurses to administer medications. Although students learn the procedures of medication administration during the second year in the nursing program, they do not use these skills in any supervised patient care situation. Generally, physicians perform this task (p.266) [C]

Finding 3: Japanese nurses lack the knowledge and technological skills to implement content change.

Illustration: Providing change theory content could eventually facilitate nurses' ability to bring about educational and health care change across Japan. (p.269) [C]

Study 19:
Ryan, D., Markowski, K., Ura, D., & Liu-Chiang, C. (1998). International nursing education: challenges and strategies for success. *Journal of Professional Nursing, 14*(2), 69-77. doi:10.1016/S8755-7223(98)80033-1
This paper by Ryan et al. (1998) discussed the challenges and successful educational strategies for Taiwanese nursing students to progress from associate degree to a Bachelor of Science degree within the university system of the United States of America (USA). The author focuses on the lesson learnt and strategies used in this program and recognised the transferability, to the needs of other international students.

Finding 1: International nurses find practical help is required before study is commenced.

Illustration: Helping students learn how to open a bank account, write checks, use American currency, take public transportation, and shop for groceries, sheets, towels, kitchen items, and other basics for a university apartment is an immediate need. Other needs include helping them to understand issues of personal safety, to obtain a social

security number, and to obtain health insurance; to determine their health status, including immunization status; and to provide tuberculosis testing and related follow-up. (p.71) [C]

Finding 2: Establishing cultural contacts and effective orientation programs help the international student adjust to studying and life in a foreign country.

Illustration: Planning of the orientation takes into consideration the significant time difference between Taiwan and the United States, the traditional afternoon rest period in Taiwan, dietary differences, and homesickness. Many Chinese- Americans reside in the metropolitan Atlanta area. (p.71) [C]

Finding 3: Communication remains a major challenge and concern for many international students.

Illustration: Additionally, the importance of communication in the practice of professional nursing is critical to quality care. These students and the faculty are acutely aware of the challenges ESL presents in the classroom and clinical setting. (p.73) [C]

Finding 4: Scholarly writing remains a developmental issue with many of the international students.

Illustration: The lack of ability to express their thoughts and the struggle with English writing skills became painfully evident. The student's frustration level increased, and many hours were spent with faculty proofreading and revising the major written assignments. (p. 73-4) [C]

Finding 5: International nursing students offer a different perspective on health care and life experience.

Illustration: The educational background of students, differences in the health care systems, and customs of nursing practice are shared with the staff. In addition to the program, it is important to give the staff a 'feel' of the Taiwanese culture. (p.74) [C]

Finding 6: Domestic students who form relationships with their international colleagues find common interests and develop effective communications.

Illustration: As American students learn about the profession of nursing and beginning nursing skills, they become increasingly interested in the similarities and differences of nursing practice in Taiwan. As communication develops, students find common interests and share the universal anxieties of higher education. (p. 76) [C]

Finding 7: International students who succeed in the nursing program plan for change in their homeland and further professional development.

Illustration: Taiwanese students identify the issues that confront nurses in Taiwan and delineate a plan for change incorporating cultural considerations. The faculty then guide the students to devise a plan for their own re-entry and continued professional development. (p. 76) [C]

NOTARI

Categorisation and synthesis of findings
From the three included textual papers, 19 findings were extracted. From these findings ten (10) categories and three (3) synthesised findings (meta-synthesis) were formed.

Meta-synthesis 1: International nursing students have more positive experiences and outcomes when they study at a University that values cultural diversity.
Declamatory statement: Cultural recognition is essential to a positive learning experience for international nursing students.

This meta-synthesis is formed from the nine findings collated into three (3) categories (see Table 2.9: NOTARI Meta-synthesis 1). The experience of being different in a foreign country highlighted the lack of cultural awareness within the nursing profession. The students aimed for individual recognition. Many international students dealt with conflict and discrimination on a regular basis.
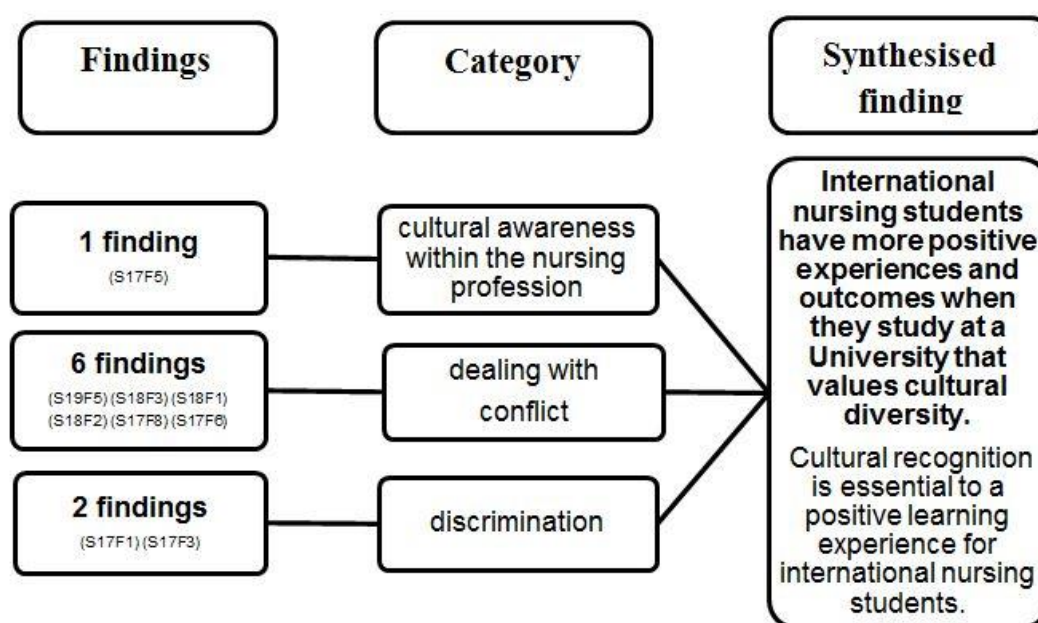

Table 2-9: NOTARI Meta-synthesis 1

Meta-synthesis 2: International nursing students need support to achieve the academic standards required.
Declamatory Statement: Developing academic skills, clinical competence and therapeutic communication skills for nursing requires a dedicated program to recognise the needs of international students.

This meta-synthesis is formed from the five (5) findings collated into four (4) categories (see Table 2.10: NOTARI Meta-synthesis 2). Often international nurses

aimed to seek assistance from academic staff and clinical staff. They recognised that without support and encouragement from their teachers, mastering the academic content of their educational program was difficult. By developing both academic and communication skills, the international nursing students felt they could achieve the standards required.
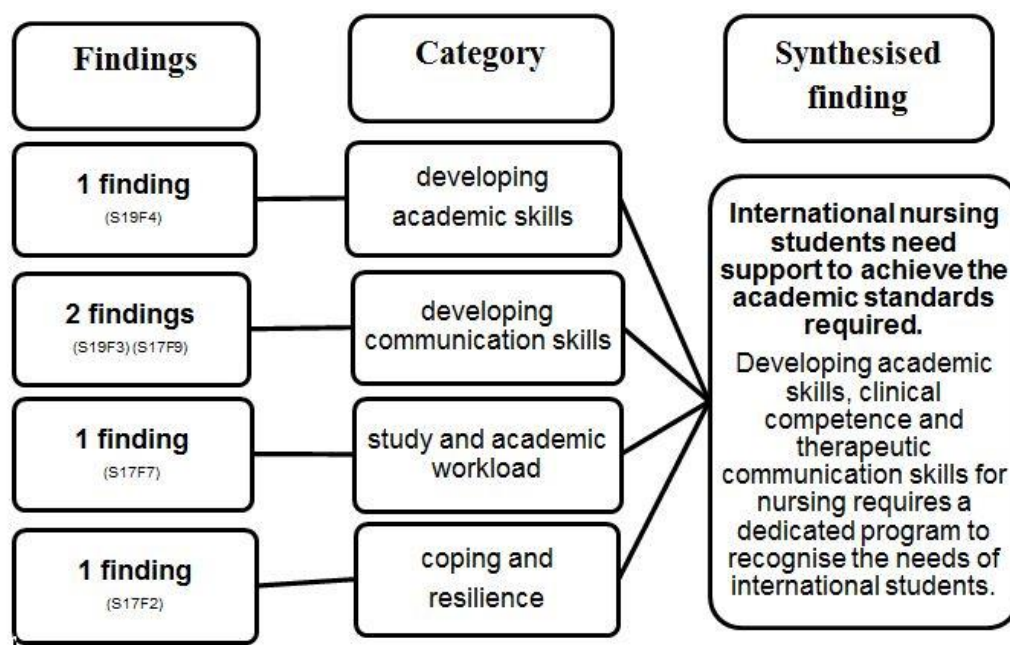

Table 2-10: NOTARI Meta-synthesis 2

Meta-synthesis 3: International nursing students' genuine desire to succeed should be acknowledged and supported by academic programs and staff.
Declamatory Statement: International nursing students need to be acknowledged for their strengths and their determination.

This meta-synthesis is formed from the five (5) findings collated into three (3) categories (see Table 2.11: NOTARI Meta-synthesis 3). Many international students leave family behind. Preparing for studying in another country is often confronting, as is not knowing Western cultural mores. Support is needed and sought by international nursing students, but is not always available. The value of an international nursing experience is recognised for both personal and community gain.
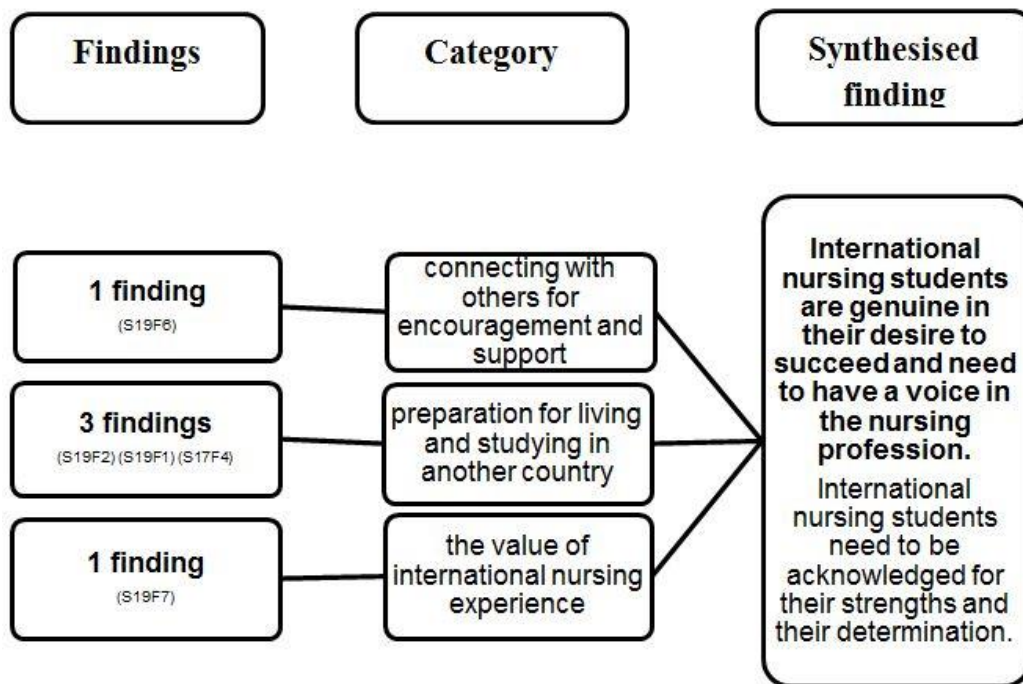
Table 2-11: NOTARI Meta-synthesis 3

Discussion

An ageing nursing workforce, coupled with increased demand for health services created by an increasing population in general, as well as an ageing population, has seen a number of developed nations actively recruiting overseas nurses. With nursing identified in 'skills needed' immigration lists around the world, Western universities offering nursing have developed tertiary study programs for overseas nurses, to assist them to upgrade their skills in nursing. Universities have also seen an increase in demand from international applicants without prior nursing experience. While studying nursing at an English speaking university within the Western world provides opportunities to gain a recognised nursing qualification, international nursing students may find their study journeys challenging and stressful. The aim of this comprehensive systematic review was to synthesise the evidence of the experience of the undergraduate nursing student studying outside their homeland at an English speaking university.

Through a process of systematic elimination, 19 high quality scholarly research and textual papers were included in this systematic review. This process included an extensive online search with 183 potentially relevant papers identified by literature search. Evaluation of abstracts and duplication culled 123 papers, leaving a total of 60. Sixty papers were retrieved for detailed examination and of these 26 papers were excluded after full review. Thirty-four papers were assessed for methodological quality using both JBI-QARI and JBI-NOTARI assessment and extraction tools. Fifteen of these papers were deemed not to meet the review inclusion criteria and were

excluded leaving 19 papers that have met the review's aims and methodological suitability.

The qualitative research papers and expert opinion-based text used in this review were academically sound. Methodologies used in the qualitative research studies were specifically stated, such as phenomenology or grounded theory, and the opinion-based text were written by experts in this area of research. Despite the differences in research methodologies, all of the selected papers supplied valuable data to the meta–synthesis of findings. Following JBI processes, assessment, extraction and synthesis 254 findings were extracted and 13 categories formed to provide four (4) meta-synthesised statements of the experience of undergraduate nursing students studying outside their homeland at an English speaking university.

The large amount of findings in this review has helped form a comprehensive picture of the experience of undergraduate nurses studying outside their homeland. This has implications for nursing academics, clinical facilitators and universities. With similar findings within the 19 research papers, difficulties faced by the international students are highlighted. Dealing with issues about catching a bus to get to clinical placements, not understanding the teachers because they talk too fast or how to get a job to earn some money and study at the same time, all seem trivial but present challenges for the international student. Nevertheless, a determination to succeed remains the factor that urges the international student to be successful in the nursing program.

This review has re-emphasised that educators are very influential, especially with students who are experiencing learning and other challenges, like international nursing students. Educators who are able to discern the specific strengths and needs of students have the capacity to make a real difference for those students by their respect and appropriate provision of support. Equally, educators who have accepted overall cultural stereotypes of particular ethnic groups may have limited capacity to respond to the learning or other needs of nursing students from different backgrounds. The synthesised findings of this study suggest that educators who are unable to acknowledge and value difference, or who may lack the skills to respond to the learning and other needs of students of diverse groups of students, leads to negative outcomes for students in terms of their learning experience.

These issues also arose in the clinical education component of nursing programs. In the clinical education environment (health services), nurses who were supervising international nursing students were perceived by students as providing significant support and being strong role models, or, conversely, making an already difficult learning tasks for international students even more challenging by their failure to value or support these students.

Other findings of this review point to the determination of international nursing students whose first language is not English. The opportunity to study nursing and gain a qualification recognised in the developed world is highly valued by these students, who are aware that both they and their families are likely to receive substantial benefit from successful completion of their nursing study. These students are often challenging traditional female role expectations that for some create substantial social

difficulty, such as needing to maintain a traditional female, caring role in the home whilst studying.

Perhaps the most disappointing finding in this review is that, in relation to understanding and responding to the unique challenges experienced by international nursing students where English is an additional language, and who choose to study outside their homeland in English, insufficient progress appears to have been made over the past twenty years. The review's scope from 1990 onwards finds has the same themes and ongoing issues in 2011 as found in earlier papers.

As disappointing as this is, not all experiences reported by the international nursing students are negative. Some students interviewed for the qualitative studies in this review reported that they had found freedom in the availability of information in Western cultures; being able to move around unaccompanied by a family member; managing their own finances; and having access to quality healthcare.

Limitations of the review

As with any review, there is a probability of missed research studies or opinion based text. However, honest and earnest efforts were made to source as many up to date studies as possible. There is also a real possibility that since the initial search ended, new articles may have appeared. There was a limitation in this review to English based publications and therefore, this is acknowledged as a selected limitation. Other areas that could provide a limited view were in the criteria of this review in that, a rigorous and valid process was followed to obtain the best possible studies of high academic quality.

The aim of this systematic review was to highlight the experiences of undergraduate nursing students that choose to study outside their homeland at an English speaking university. It is hoped that this review has provided such evidence to be of significance in research of this topic.

Conclusion

This review found that 4 qualitative meta-synthesis findings from 16 qualitative research studies and 3 NOTARI meta-synthesis findings from 3 expert opinion-text papers, revealed the experience of nursing students studying outside their homeland at an English-speaking university. The synthesised findings highlighted the challenges and barriers faced by these students, as well as the strength and determination evident in these students' responses. These experiences, as synthesised findings, have implications for nursing academics, clinical facilitators and universities in the support and recognition of the unique issues that these students have.

Implications for practice

The implications for practice follow from the results of the meta-analysis and have been assigned JBI levels of evidence (Appendix IX).

Implications for research

There are many areas that could benefit from additional research within this large but diverse group of students, who have come to seek a tertiary nursing qualification in a country outside their homeland.

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Further research is needed to understand and highlight the experiences of individual cultural groups of students.

Identifying the unique needs of individual groups and persons will enhance understanding and provide a knowledge base for planning appropriate learning and other support strategies. Research that groups all international nursing students into a homogenous mix of identical needs is clearly inappropriate and unlikely to provide data, which will be of use when responding to the needs of different cultural groups.

The preparedness of universities to accommodate international nursing students within their systems may be an area for future examination.

This systematic review has revealed that an organised orientation and support system helps facilitate successful outcomes for international nursing students. It also addresses issues around inclusion and academic support. Further evaluatory research could assess the effectiveness of orientation and support systems for selected cultural groups.

Both the positive and challenging elements of the clinical component of nursing education for international nursing students should be explored further.

Education programs for clinical educators, designed to increase their awareness of the needs and strengths of international nursing students, and capacity to respond to those skills, should be implemented and evaluated.

Understanding more about the resilience and coping strategies used by international nursing students would also be beneficial, yet has been minimally researched.

This review featured a reported high level of resilience within this cohort of students. Some students experienced freedom for the first time, without religious or cultural familial restrictions. Other students focused on their contribution to the healthcare of patients with an additional language.

Conflicts of interest

No conflict of interest has been identified.

Acknowledgements

The next section, while not a systematic review, does provide an update of the literature from completion of this systematic review in 2011. It focuses on themes highlighted in the findings of Phase 2 of this project.

2.2 Literature review

This section reviews the literature published since 2011, on undergraduate nursing students who have English as an additional language (EAL), were born outside

Australia and identify as international, as described in Chapter 1. A search of systematic reviews on the same topic yielded no results for comparison.

Since the completion of the systematic review in 2011, there has been a steady and sustained interest in the experiences of international nursing students, but published research findings reveal little has changed. The common themes emerging from the literature are difference (Crawford & Candlin, 2013a, 2013b; He, Lopez, & Leigh, 2012; Koch, Everett, Phillips, & Davidson, 2014; Loftin et al., 2012; Malecha et al., 2012; Mulready-Shick, 2013; Phakiti, Hirsh, & Woodrow, 2013; Zheng et al., 2014); attitudes (Hall & Fields, 2013; Zheng et al., 2014); and recommendations about more culturally inclusive nursing curricula and processes (Edgecombe, Jennings, & Bowden, 2013; Fuller, 2013; Glew, 2013; Hansen & Beaver, 2012; Parker & McMillan, 2007; Veal, Bull, & Miller, 2012; Yoder, 1996, 2001).

Difference was an ongoing theme. In relation to international nursing students, the literature revealed that it is a viewpoint that often fosters isolation, both socially and professionally (Khawaja & Stallman, 2011; Loftin et al., 2012; Malecha et al., 2012). Difference focuses language skills as a determinant of intelligence (Mulready-Shick, 2013; Zheng et al., 2014); and promotes stress and anxiety (Veal et al., 2012).

Khawaja and Stallman (2011) highlighted the stress caused by the substantial challenges confronting international students, who have English as an additional language and how this affected their studies. Attaining English proficiency was cited as difficult, as well as understanding the Australian accent. Students' speaking, comprehension and writing skills were impacted by a loss of confidence because of the awareness of their accented language (Crawford & Candlin, 2013a). As language barriers reduced, confidence and maintained stress levels, international nursing students became increasingly isolated (He et al., 2012). Many continue to struggle to meet the demands of academic assessments, language proficiency and healthcare language ((IELTS), 2013; Fuller, 2013; Phakiti et al., 2013).

International nursing students want to form friendships with Australian (domestic) students but are aware of their limited ability to communicate coherently and feel their intelligence is judged by this (Mulready-Shick, 2013). In class, domestic students were reluctant to work with students from other countries and their lack of connection extended their professional and collegial isolation (Veal et al., 2012). Further to this, international nursing students studying outside their homeland in Australia experienced homesickness especially when moving from a community to individualist living environments (Khawaja & Stallman, 2011; Malecha et al., 2012; Smith & Khawaja, 2011). Isolation and being excluded had an impact beyond being different. As Khawaja and Stallman (2011) observed the psychological impact of isolation and exclusion created anxiety, stress, self-doubt and low self-esteem.

International nursing students were culturally unprepared for the informal behaviours of Australians and felt misunderstood because of their own shy, courteous and passive nature (Khawaja & Stallman, 2011). They found that the university settings in Australia were different from what they anticipated. Heavily influenced through media, mostly movies, students' anticipations of a highly social environment were

largely unmet, thus fostering further feelings of segregation and isolation. Within the social campus environment, a greater focus of support, personally and academically, for international nursing students was expected (Khawaja & Stallman, 2011).

International nursing students experienced negative attitudes from other students, from health services staff while on clinical placement, from teachers and sometimes from the community. Within the nursing curriculum, practical clinical placements are mandated. San Miguel and Rogan (2012) found that international nursing students on clinical placement were quickly categorised into 'good' students and 'improvements required' students. These categorisations were based on international students' language skills, communication and behaviours rather than on their nursing knowledge and skill. For international students, a lack of confidence because of their accent and limited English can quickly create a negative cycle, building on the already adverse categorisations by their supervisors (Crawford & Candlin, 2013a; Koch et al., 2014).

International nursing students experienced harassment and discrimination because of their race, language and appearance. Loftin et al (2012) found that discriminatory behaviours toward nursing students by academic staff, preceptors, colleagues, healthcare staff as well as patients, contributed to poor outcomes for international nursing students. These discriminatory behaviours occurred because international students were perceived as different because of their accent, skin colour, or perceived country of birth. Zheng et al. (2014) confirms this finding of an unconscious bias that sees international students as a homogenous group rather than recognising the differing needs of each student. Hall and Fields (2011) continued this discussion on race and racism in nursing by promoting open dialogue and education to the attitudes and inequities that exist within nursing and by nurses.

Nursing education models, and how these influence international nursing students, was a theme that emerged in Phase 2 of this project. This issue was not addressed in the Phase 1 systematic review. Its relevance has emerged because of the findings in both Phase 1 and Phase 2 that support Yoder's (2001) assertions that culturally inclusive curricula have an identified positive outcome for international nursing students.

Yoder (1996, 2001) identified five (5) teaching patterns that resulted in different outcomes for both nurse educators and international nursing students. These patterns included a generic teaching model, a culturally non-tolerant model, a reactive response model, to an acceptance of diversity model, and a dedicated support initiative. She identified, nearly 20 years ago, that nursing academics teaching international nursing students need support and appropriate training to respond in a culturally sensitive way. Following on from these early, yet significant findings, Ryan and Dogbey's (2012) research study upheld Yoder's principles of teaching from a global perspective, valuing diversity, and providing dedicated support to enable success.

Mulready-Shick (2013) encouraged nursing educators to co-create a community including a culturally inclusive pedagogical teaching curriculum. She found that diverse teaching methods that improve comprehension and understanding of concepts, include more visual prompting, student engagement and practical demonstrations assists international nursing students to achieve better learning outcomes.

Within a more culturally inclusive model, students are able to alert nursing educators to their challenges with technology especially online teaching and learning environments (Loftin et al., 2012). With nursing program content online, unfamiliarity with Learning Management Systems (LMS) presented international students with difficulty in accessing resources and feelings of inadequacy (Veal et al., 2012). Alternately, the wide use of hard copy dictionaries to help with understanding and communication, compounded the study workload for international nursing students as they attempted to gain mastery of the material presented to them (Khawaja & Stallman, 2011).

These practical issues often equated to feelings of inadequacy and stress. Stress played a common theme in the literature as international nursing students responded to family, financial and personal expectations (Khawaja & Stallman, 2011; Loftin et al., 2012; Zheng et al., 2014). International nursing students however found that there was a way forward with many of the issues encountered.

Pitkajarvi et.al (2012) identified that international nursing students emphasised self-directed responses as the way to confront their challenges. They identified the problems and worked towards solutions that not only benefitted them but also the wider university student community that has English as an additional language. With many of the common themes discussed in this review, resilient responses prevailed. Through institutional and peer support, development of support services and a support network, overseas, international nursing students find they are not alone and that support was available (Veal et al., 2012).

International nursing students, as well, have moderated their expectations to a realistic goal and often join clubs and other social activities to be part of a diverse group. Time management, goal setting and seeking tutorial and practical assistance has aided in a successful and less stressful study experience (Crawford & Candlin, 2013b; Khawaja & Stallman, 2011; Mulready-Shick, 2013; Smith & Khawaja, 2011).

Of significance in the literature is a recognition that change must happen to address the challenges identified in the literature as the demand to study internationally, and the influence of globalisation is relevant in nursing education (Bleich et al., 2014; Choi, 2014; Pitkajarvi et al., 2012; Ryan & Dogbey, 2012). Bleich et al. (2014) called for a more diverse nursing academic and health workforce that understood the needs, issues and meaning of difference and its effect on international nursing students. Their reforms highlight a necessity for cultural inclusion as well as promotion of the international students' voice.

Phase 1 of this project, a systematic review, called for further research to understand and highlight the experiences of individual cultural groups of students. Phase 2 of this study does just that, through exploring the and critically analysing the experiences of a group of international and EAL students in an Australian regional university. A regional setting was selected because the particular university that provided the setting for the project has a strong international program. The ongoing project seeks to expose the experience of these students through a critical methodology, using a photovoice

method. From this, the research project not only seeks to highlight the experience but explore why these conditions exist.

As challenges for EAL and international nursing students remain a visible and stressful presence in Bachelor of Nursing courses in Australia, it is positive that their experiences and needs are receiving continuing research attention.

2.3 Conclusion

This section has reviewed recent literature, following on from the systematic review into the experiences of international nursing students. The findings of the systematic review are replicated in this more recent literature. Common themes were discussed; however, the literature has revealed that a way forward is now a shared responsibility of both nursing educators and international nursing students.

Chapter 3   Methodology: Phase 2

'It is absolutely essential that the oppressed participate in the revolutionary process with an increasingly critical awareness of their role as subjects of the transformation'. (Freire, 1970, p.127)

3.0   Introduction

This chapter discusses the methodological underpinnings for Phase 2 of this research project. It commences with a discussion of qualitative critical research, and includes the decision trail in relation to the selection of this approach. The historical, evolutionary and contemporary nature of critical theory is demonstrated, as well as its underlying economic and political nature. The link between the political and emancipatory nature of critical theory and photovoice's methodological underpinnings are discussed, and justification provided for the decision to use this methodological approach to meet the aims of the project.

Carspecken and Cordeiro (1995, p. 88), state that 'qualitative research is usually interested in three things: social routine, their conditions, and the subjective experience of those who take part in them.' Photovoice is the methodology of choice for this project because it seeks to give 'voice' through the collective language of photography and serves to provide an accessible platform for underrepresented groups (Fultz, 2010). This fits with the aims of this project, to explore and understand the experiences of nursing students born overseas and studying in Australia in another language (English) other than their own.

The original aim of this project was to focus only on the experiences of 'international' nursing students, whose first language was other than English and had chosen to study in Australia. Phase 1 of the project, a systematic review of the experiences of international nursing students was conducted in accordance with that aim. Given the need for further primary research identified in Phase 1, Phase 2 of the project was designed as a critical approach to exploring the experiences of a cohort of international nursing students. However, when a call for recruitment of students was made, a substantial number of students who now live in Australia but were born overseas, and for whom English was an additional language, responded to the call for participation.

Whereas four (4) participants conformed to the definition of international student, five (5) participants did not. There were two participants from the Philippines that had achieved Australian citizenship. The three (3) participants with PHV status were waiting to have their citizenship granted within the next year to 4 year period, as per protocol of the Department of Immigration and Citizenship (Australian Government, 2013). They clearly identified with the term 'international students', and hence the inclusion criteria was broadened to allow their participation in this study.

3.1 Qualitative Research

In a quest to better understand the world in which we live, humans have always sought to question. Notable people in history who have contributed to the pursuit of knowledge and understanding, such as Aristotle (384–322 BC), Galileo (1564-1642) and Newton (1642-1727) led to scientific enquiry and discovery in times less sophisticated than present (Lincoln & Guba, 1985). These pioneers of science dared to question. It is within this context that the development of science evolved from a stance of understanding nature to the nature of understanding, which is qualitative research.

Qualitative research examines the lived experience. According to van Manen (1990), a lived experience is a reflective event by awakening us to life and life's meaning. He identified that these experiences, diverse and connected, can be brought together via qualitative research, to tell a story that highlights the significance of life's journey.

According to Holliday (2008), qualitative knowledge is individual and situation dependant. It lends itself to different forms of methodologies and methods, often in multi-method arrangements to provide insight and meaning (Denzin & Lincoln, 2011). It can be emancipatory and provide a voice for the marginalised (Lincoln & Guba, 1985).

Qualitative research is not a value-free science, but one that values the person and the experience (Taylor, 2006b). With qualitative research, the researcher is positioned or situated within the natural setting of the phenomena and is an observer in that world. By studying participants in their social settings, qualitative research presents emergent themes not prophetic outcomes (Braun & Clarke, 2006).

Throughout the 20th century, the qualitative paradigm has evolved. Denzin (2008a) and Denzin and Lincoln (2011), Lynham and Guba (2011) describe eight phases corresponding with historical moments from 1900 to present day to identify the development of qualitative research. Each of the eight phases reflected current epistemological thinking and the evolutionary developmental transition to the next stage. Throughout this period, despite the epistemological evolution, social scientists remained committed to observe and understand society through behavioural patterns and social processes.

The eighth phase entitled 'The future', which Denzin and Lincoln (2011, p. 3) noted began in 2010, is a 'moment' that calls for the social sciences to hold 'critical discourses about the global world and its social challenges such as democracy, racism, gender inequalities, class, freedom and what it means to be a community'. Accurate for that point in time, the moment of the eighth phase is a reminder that the pace of change requires a futures orientation to be constant, nimble and responsive.

This project is situated within the eighth phase because it speaks of the social challenges inherent within the lived experience of nursing students studying within an Australian nationally accredited tertiary nursing program, born outside of Australia and not having English as their first language. It offers the participants an opportunity

to participate, and express their understanding of their situation. Photovoice, situated within a qualitative critical perspective, was chosen as the methodological approach for this study. It is an evolving approach that allows for technological advances (such as digital photography and storage) to be incorporated. Photovoice sits within the eighth phase because it enables a critical dialogue about current experiences of groups within society.

In alignment with a qualitative, critical approach, a further goal of this research was to look beyond the experience to the social and cultural forces that shape it. With this understanding, consciousness is raised and, further, a process of change is enabled.

3.2 The Critical Paradigm

Qualitative research can be considered to adopt either an interpretive or a critical lens. A qualitative interpretive methodology seeks to make meaning by developing a deep understanding of human phenomena, whereas a qualitative critical methodology aims to facilitate social change through liberation, freedom and insight (Taylor, 2006a). This is consistent with the aims of this project, which seek to develop a deeper understanding of what it is like to study nursing in a country other than one's county of origin, where English is an additional language. This project, as noted previously, aims to raise awareness of the issues that affect the lives of these nursing students as active participants (via their participatory photovoice approach) and within the broader community of students, academics, nurses and policy makers.

Hoy and McCarthy (1994, p. 16) stated that 'critical theory is concerned precisely with the historical and social genesis of the facts it examines and with the social contexts in which its results will have it effects'. It aims to address the void between societal ideology and reality (Held, 1980). In this research project, this aim is upheld in that the influence of contemporary economic, cultural and social forces on participants' lives is explored. This enables the criticalist researcher to examine what is the experience as opposed to what the ideological position of the experience should be. This is exemplified through the photovoice methodology, which offers the opportunity to explore the financial, social and cultural factors that influence each participant's life experience when studying nursing outside one's homeland, and not in a first language. It enables an exploration of the real life circumstances of students who have chosen this pathway.

A critical research approach is built on the assumption that social change is facilitated through empowerment, emancipation and knowledge (Kincheloe et al., 2011). By applying a critical lens, researchers aim to expose injustice, inequity and oppression (Taylor, 2006b) and according to Vandenberg and Hall (2011) are unashamedly political in their intent to bring a critical consciousness to the topic or issue being researched.

In this project, being political refers to acknowledgement of a power differential expressed by one group over another, one having power and the other perceiving lack of control over their societal position. It also acknowledges a researcher's partisan position to highlight these discrepancies, usually on behalf of those who are oppressed

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or disenfranchised. Carspecken (1996) urges us, as critical researchers, to acknowledge that our society is inherently unfair and inequitable with oppression both imperceptibly and explicitly present.

Critical researchers use their disdain for inequality to advocate and act for improved and reasonable conditions for those who are oppressed (Carspecken & Cordeiro, 1995). Criticalists are aware that neutral science is supposedly value-free: however, they argue that this is not the case, indeed they believe that science has its own biases, which inevitably favour affluence over disadvantage (Kincheloe et al., 2011). This motivation compels those of social conscience, and underpins this project.

Critical theories were originally founded within Marxist philosophy, and focused in particular on how economic drivers within capitalism underpinned inequities within societal structure (Erickson, 2011). Although contemporary adaptation of Marxist principles have shaped and modified many aspects of critical theories, the overall intent remains the same. As Budd (2008) reflected, the emancipatory principle of finding equality and empowerment through a political perspective is at the heart of the critical approach.

In the post-World War I period (1919-1939), efforts to create social change led researchers to develop explicit value commitments based on the contemporaneous critique of Marxist theory. This theoretical development was labelled 'critical theory' and aimed to address inequalities, class and economic oppressions (Taylor, 2006b). The critical theorists, such as the German philosophers Adorno (1903-69), Horkheimer (1895–1973) and Marcuse (1898–1979), belonged to the Frankfurt School (within the University of Frankfurt), also known as the Institute for Social Research, that established critical theory by applying Marxist doctrine to contemporary society (Erickson, 2011). In essence, these theorists questioned the status quo.

Further to this, critical theory development continued with a student of the Frankfurt School founders, Jürgen Habermas. Habermas's understanding and scrutiny of critical theory developed notions of communication and language as part of the analytical norm of social action (Budd, 2008). These four men from the Frankfurt School were pivotal in the development of critical theory (Held, 1980).

According to Kincheloe et al. (2011), despite the diversity of many of the early researchers of critical theory, all accepted some basic suppositions. These assumptions lead the critical researcher to understand that language is fundamental to the establishment of conscious and unconscious awareness of social and historical power relations. Another assumption of critical theory is that research trends unintentionally contribute to the oppression of race, class and gender. It identifies that oppression is multifaceted and intensive when accepted as inevitable. Finally, without reservation, criticalists acknowledge that privilege in society occurs.

Underpinned by these suppositions, critical theory research aims to empower and emancipate, and in so doing addresses social injustice issues. A partisan approach by researchers adopting a critical theory helps develop an understanding, at some level, of the participant's experience. Locating the researcher within the research, and with

the participant, is fundamentally part of critical theory research methodology (Budd, 2008).

Some contemporary researchers involved in critical theory claim to be deeply influenced by the work of Brazilian educator and philosopher Paulo Freire (1921-97) (Kincheloe et al., 2011). Freire's work, which aimed to empower the people through knowledge by exposing hegemonic practice, exemplifies critical theory. He maintained that the participants were partners or co-researchers and positioned himself with the oppressed to help bring about social change by disrupting hegemony through raising a critical consciousness (Freire, 1970). Importantly, for this project, Freire's philosophy is a foundational underpinning of photovoice methodology.

Critical theories expose injustice, explain injustice, and argue for social change. The photovoice methodology, underpinned by critical theory and Freire's theory of empowerment education, enables researchers to work towards social changes by raising awareness (or critical consciousness) of the experiences of marginalised groups of people. Photography is the tool by which participants capture a record of their experiences, while the second stage of photovoice is 'working within' to enable participants as co-researchers to explore the meaning of the photographs. Photography, then, has an emancipatory role of providing a platform to give voice to the marginalised, and hence to allow the conversation to begin.

Qualitative critical research focuses on the hegemonic nature of the oppressed (Taylor, 2006b). Hegemony, following on from Marxist power domination theories, refers to the passive acceptance of disempowerment that maintains inequity (Cook, 2008). Through a critical theoretical lens, and especially following Freire's example of empowerment, the forces of disenfranchisement are highlighted and addressed by the oppressed (Freire, 1970).

Within this project, raising the awareness of the experience of students who have English as an additional language, are born outside Australia and studying at university aims to counter the hegemonic domination of this group. Through photovoice, and its critical underpinning, identification and raising awareness of the social injustice remains the aim of engaging nurses, nurse educators and educational intuitions in reflection, praxis and effective dialogue to acknowledge the multicultural nature of the nursing student population and their diverse capacities, challenges and needs in being able to study successfully (Cook, 2008; Freire, 1970; Noone, 2008).

In conclusion, this section has outlined how critical qualitative research has emerged as an important research paradigm within social sciences, with the aim of giving voice and authority to those who are oppressed or marginalised (Jack, 2010). In their efforts to respond to injustice or oppression, a sense of moral and ethical obligation exists for criticalist researchers. The process of critical consciousness begins as the critical theorists work to bring to the surface the unheeded experience of the participants. This marks the beginning of the emancipatory process of critical theory (Madison, 2005).

Nursing students studying outside their homeland, and not in a first language, are viewed in this research as a minority group within a greater cohort of nursing students

studying at a home university and in a first language. As a minority group, these students deserve to be heard and understood, and a photovoice methodology is appropriate to achieve that.

3.3 Photovoice – methodology

Introduction
Photovoice is a research methodology and method that values the expertise of people (participants) in portraying and theorising critical aspects of their life and experience (Wang, 1999). Photovoice asks participants to become co-researchers and take photographic images, to capture the essence of their life experiences in response to particular research questions. Within photovoice, researchers are positioned with participants as equal partners in a project (Wang & Pies, 2004).

The Wang and Burris (1994) model originally called Photo Novella and later conceptualised as photovoice was chosen for this project as its social, political and emancipatory foundations were compatible with this project's aims. Wang and Burris (1994) provided three underpinnings for photovoice, each of which was focused on empowering people who are marginalised within societies. These are Freire's empowerment education theory (Freire, 1970, 1974), feminist theory and documentary photography. Each is discussed within this chapter as is their consistency and compatibility with a qualitative critical framework.

Paulo Freire
It is difficult to discuss the power of Freire's teachings without talking about the man. Paulo Freire's influence on adult education sparked social change and awakening of the critical consciousness at a time of great social and political upheaval - the late 1950s and 1960s (Freire, 1970, 1974). Freire drew from his own humble beginnings to develop an educational philosophy that aimed to empower uneducated Brazilian people through a focus on literacy (Freire & Horton, 1990). Freire was a political activist who dedicated his life and work to education of the poor, which sadly earned him suspicion and ultimately detention and exile from his homeland. Although his educational and political movement was centred in and well known within Brazil, its philosophy was compatible beyond Brazil's boundaries, as it proposed an approach to addressing social transformation of the poor and powerless in the developing and developed world (Freire, 1970; Freire & Horton, 1990)

Freire's teaching of critical philosophy was simple yet multifaceted. Freire's belief was that to recognise oppression and then set about to make change by telling the oppressed what to do, compounded the problem (Freire & Horton, 1990). Freire argued that education is not an impartial entity but one that is framed by the circumstance of one's life and life experience (Freire, 1974; Wallerstein & Bernstein, 1988). Education, then, can become a circuit breaker that helps underprivileged groups to develop a critical consciousness and thus challenge their own self-perceptions as being powerless within the social structure (Freire, 1970)

Freire's empowerment education theory asserted that neutrality in education, science or religion is impossible and that neutrality itself held a hidden choice (Freire, 1973).

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As with critical theoretical assumptions discussed earlier, a position of neutrality favours the dominant (Kincheloe et al., 2011). Through Freire's theory, education is a permanent process that creates knowledge based on the educational needs of people, as determined by them and in the context of their life experience. As Freire argued, 'the more the people become themselves, the better the democracy' (Freire & Horton, 1990, p.145).

Through this ideology, Freire's understanding of working with the people, not on or for, accepts that education is most effective as dialogue, not as the transfer of knowledge in traditional teaching methods. He believed that a didactic, teacher-centred approach was in fact a dominant approach, which was not compatible with an empowering, liberating educational philosophy (Freire, 1970, 1973).

Freire's approach to teaching is represented by three major themes. The first is dialogue with those who are considered the oppressed. Through communication and listening, the oppressed find mutual respect and trust. Expertise is displayed as knowing that those living the experience own their knowledge. This allows for discussion and a collective knowledge to be established. From this shared knowledge, issues are identified and recognised. A problem discussed reveals valuable knowledge to manage the issue (Freire, 1970).

The next major theme, praxis helps the people to recognise community issues both internally and externally. Through reflection on the existing situation, Freire encouraged the people affected (the oppressed) to recognise the causes of their oppression, and work with the oppressors to resolve the issue. He spoke about using codes such as songs, stories and photographs, to highlight and discuss community issues (Freire, 1974). Where the code is a photograph, the camera becomes the reader of reality (Freire & Horton, 1990).

Finally, the emergence of the critical consciousness represents the awakening or social awareness of the issues (Freire, 1974). This process of action, reflection and further action enables the critical consciousness of social truth and uncovering of the imminent issues affecting individuals (Freire, 1970). Knowledge is gained, is used and is transforming (Freire, 1973).

Wallerstein and Bernstein (1988) adapted Freire's ideas within a health education and prevention model, working with youth of an adolescent substance abuse program in New Mexico, USA. Using Freirian theory, the youth identified their issues with community members, who listened and worked in partnership. Next the identified issues or 'codes' were revealed through interpretive discourse, such as songs, photos or role play. Finally, awakening of the critical consciousness occurred through Freire's inquiring praxis (Freire, 1974).

Wallerstein and Bernstein (1988) sought to incorporate Freire's teaching and learning philosophies by adapting Freire's framework as a basis for the ' SHOWeD framework' within their health promotion tool, as follows (see Appendix 4.3 also):-

S	What did you **See** here?

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H	What is really **Happening** here?
O	How does this relate to **Our** lives?
W	**Why** does this situation, concern, or strength exist?
eD	What can we **Do** about it?

(Freire, 1970, 1974; Wallerstein & Bernstein, 1988)

Table 3-1: The SHOWeD framework

The SHOWeD analysis of the photographs is discussed in detail in Chapter 4 – The Photovoice Method, and is used extensively in Chapter 5 – Findings, as data excerpts are contextually applied to the photographs by the participants.

Freire's direct influence on the development of photovoice as a criticalist, empowering research methodology and method is unquestioned. Clearly, then, photovoice is congruent with the critical aims of this project, which are to hear, understand and support the study experiences of nursing students born outside Australia and with a non-English speaking background.

Feminist underpinnings in photovoice
Wang and Burris (1994), alongside Freire and documentary photography, identified feminist theories and approaches as one of the pillars underpinning photovoice. The multiplicity of feminist theories and perspectives all share a belief in the oppression of women, and the need for women across all societies and classes to be heard and emancipated.

The feminist theoretical voices within photovoice connect with Marxist theories regarding capitalist issues of domination that allow those with power, who make decisions and have a voice, to cause oppression to those dominated (Mahalingam & Rabelo, 2013). Perhaps the most important feminist perspective underpinning photovoice is the claim that people (women) are experts of their own lives (Wang, 1999). This sits well with Freirian philosophy that also acknowledges that individual and collective knowledge creates affirmative power, collaboration and the ability to influence (Freire, 1970; Wallerstein & Bernstein, 1988).

Olesen (2011) stated that traditional history, including early feminist research did not encompass the voices of those who have been oppressed. Its assertion is that documented history is simply one version of events, dominated by the stories of those with power (Lincoln, 1995). Photovoice, as a methodology, acknowledges the power imbalance within history, and sets out to give a historical and present voice to those who would not typically find their way into historical records.

At the outset of this project, it was envisaged that all or almost all, participants would be women from developing countries whose stories and journeys would benefit from a feminist gaze. However, as the study progressed, and nearly half of the participants in the study were male, it became evident that a feminist perspective could inform some but not all of the study findings. However, the minority status of the participants (within a dominant Western education model and culture) resonated with feministic

perspectives on the oppression evident within minority groups, and it was this perspective that has informed the study.

Photography

Documentary photography is the term given to describe the type of photography used in photovoice. In photovoice, photography is the tool used to start the conversation; record and reflect participants' specific needs; to include those affected in the process of change; and begin a process of action leading to change (Wang & Burris, 1994). Participants in photovoice take photographs that speak of their experience, and then use their photographs as a basis from which to come to what Freire (1970) called the critical consciousness.

Photovoice acknowledges that beyond instruction of functional uses of a camera, and taking photographs, the photovoice process has a developmental and participatory purpose. It initiates interpretation, discussion and self-expression (PhotoVoice, 2009). A prescriptive process does not reconcile with this methodology. The individual experience and interpretation are sought.

Training of the process however, is part of the photovoice methodology and method. The collaborative work of educational artists who worked with people, such as Wendy Ewald and Jim Hubbard are cited by Wang and Burris (1994) as exemplars of training the 'untrained' photographer through the participatory nature included in the photovoice method. Ewald and Hubbard's collaboration with young people is a rich documentation of social reality through a visual culture (Hyde, 2005). Photovoice acknowledges the foundational work of Ewald and Hubbard's visual voices through documentary photography.

The invention of the camera and the capture of images, or photographs, enabled the world to bear witness to happenings and phenomena that may be beautiful, or may demonstrate high achievements, but which may also be ugly, shameful, or depict the atrocities that humans perpetrate. Sontag (1973) made the observation that never before had humans been observers and participants simultaneously. In this project, photovoice enables the presentation, reflection on and analysis of photographic evidence of the experience of this cohort of nursing students, studying outside their homeland at an English speaking university.

Advances in access to photography use, especially with camera phones, has impacted on this medium. The 'media convergence' available in smartphones has meant that the majority of many world populations now carry a camera, linked with the internet, on a daily basis. Digital technology has provided, then, a cost effective way for individuals to produce images that can be stored in computer repositories, digital photo albums, and accessed whenever necessary. Alternatively, image deletion is at the push of a button when their use has passed. Images are instant, as it happens. Given the continuing advances in photographic technology, photography remains an evolving phenomenon.

Photographs can be confronting, voyeuristic and informative; however, they are not necessarily objective, or innocent. Professional photographers, including researchers,

take multiple photographs just to get the right one that portrays their notion of an issue to support their view.

Political consciousness is raised via visual evidence; photographs become entrenched in our memory, and those images endure in our minds and influence our political perspective on an event or an issue (Sontag, 1973). As this chapter is finalised, for example, the world bears witness to the atrocity of the Malaysian airline shot out of the sky above the Ukraine, and it is the daily images (photographs) that most clearly influence the public horror at this event.

Sontag (1973, p. 2) stated that 'photographed images are not statements about the world, but pieces of it, miniatures of reality that anyone can make or acquire'. A photograph is not explanatory, per se, leaving the door wide open for assumption, interpretation, and fiction. To address this, Freire (1970) proposed that the truth of a photograph lay in the explanation of it, by those who took it as a code of their experience. With the camera in the hands of participants, Photovoice researchers gain entry to the experiential world of participants, which researchers clearly cannot actively participate in themselves (Pink, 2007).

In photovoice methodology, the aim of the photograph and its analysis is to lead to social action. Social action infers, as in Freirian and feminist theories that a community acts to change a social situation that has been identified as oppressive (Freire, 1970). Through the stages of awakening the critical consciousness, language or discussion is highlighted.

Photovoice, then, is the language of critical consciousness (Wang & Burris, 1997).

Voice
Within this qualitative research project, the multivocality of critical theory, photovoice, Freire's philosophy, photography and feminist theory, have all contributed to the emancipatory aim of giving a voice to those who do not have one. Their 'voice' represents participants speaking, not just being spoken about, using their own words (Wray-Bliss, 2004).

Lincoln (1995, p. 282) stated that the question of voice was 'Who speaks for those who do not have access to the halls of knowledge?' and described it as 'resistance against silence, disengagement and marginalisation'. A voice in this research project was created for and by participants, via a methodology and method that provided a purposeful platform for participants' opinions and experiences. Chapter 4 identifies how participants' voices, evident within their photographs as well as their interpretation of those photographs, are embedded into the project.

The participants have lent their voices to tell their story and to highlight what their lives are like, within the context of this project. Lincoln (1995) asserted that researchers who have committed their thoughts, words and voices to the many issues faced by the oppressed, are a voice that also contributes to the struggle against silence, disengagement and marginalisation. The guidance of mentors and supervisors' voices is present as well as the voice of the author and researcher. As qualitative research

actively locates the researcher within the research, the researcher's voice is recognised and valued as a key component in relaying, analysing and discussing the message.

Researchers 'speak' in an effort to understand and contribute to the wellbeing and educational experiences of future nursing students who have English as an additional language.

3.4 Conclusion

This section discussed the theoretical underpinnings of the photovoice method, Freire's critical consciousness theory and the value of documentary photography, and highlighted a valid and credible foundation. The three underpinnings, Freire, feminisms, and photography are all entities in their own right but are also congruent to the aims of photovoice. Through the evolution of these living theories, a common goal of empowerment and emancipation resonates. The participants in this project have followed in the tradition of photovoice to create a voice for nursing students, born outside Australia and from a non-English speaking background, studying at a regional Australia university.

The next chapter, Chapter 4 discusses the photovoice method and how this was applied to this project. Ethical issues related to this project, and how these were addressed are also discussed. How the project maintained quality through all its research processes is also identified.

Chapter 4   Photovoice – Method

*"The ultimate wisdom of the photographic image is to say:
There is the surface. Now think – or rather feel, intuit – what
is beyond it, what the reality must be like if it looks this way."*
(Sontag, 1973, p. 17)

4.0 Introduction

This chapter introduces the photovoice method, as it has been used within Phase 2 of this project. It is discussed within three phases. The first is the preparatory phases of photovoice, where the process was planned, resources were developed and participants recruited. In the second phase, participants were instructed regarding the photovoice method, taking photographs, analysing their meaning and then sharing their experience together within a focus group. The last phase of the process involved an extensive data analysis process. In the last section of the chapter, ethical research processes as well as quality processes used within Phase 2 are also discussed. Tracy's (2010) criteria was used as a guideline to ensure best practice qualitative research processes were used.

4.1 Preparatory Phases of the Photovoice Project

Introduction
As discussed in Chapter 3, photovoice is a method of taking photos in relation to a topic or research question, by people who are experts of their own life and experience. It is a research methodology that enables reflective community-based actions that seek deeper understanding and meaningful outcomes related to identified issues (Wang, 1999).

Wang and Burris (1994) identified that photovoice is a method of active reflection and action. Its participatory processes '(a) engage people in active listening and dialogue, (b) … create a safe environment for introspection and critical reflection, (c) … move people toward action, and, (d) help facilitate community change' (Wilkin & Liamputtong, 2010, pp. 232-3).

Photovoice is an adaptable and flexible format for researchers. Numerous photovoice projects developed from the original Wang and Burris (1994) 'Photo Novella' concept exemplify this (Wilkin & Liamputtong, 2010; Wilson, Dasho, Martin, Wallerstein, Wang, & Minkler, 2007; Yankeelov, Faul, D'Ambrosio, Collins, & Gordon, 2013). The functional and systematic practices used as part of a photovoice method are well-documented (Carlson, Engebretson, & Chamberlain, 2006; Freire, 1973; Wang, 1999; Wang & Redwood-Jones, 2001) and in this research project are adapted as 'Preparatory Phases of the Photovoice Project' as exhibited in Table 4.1.
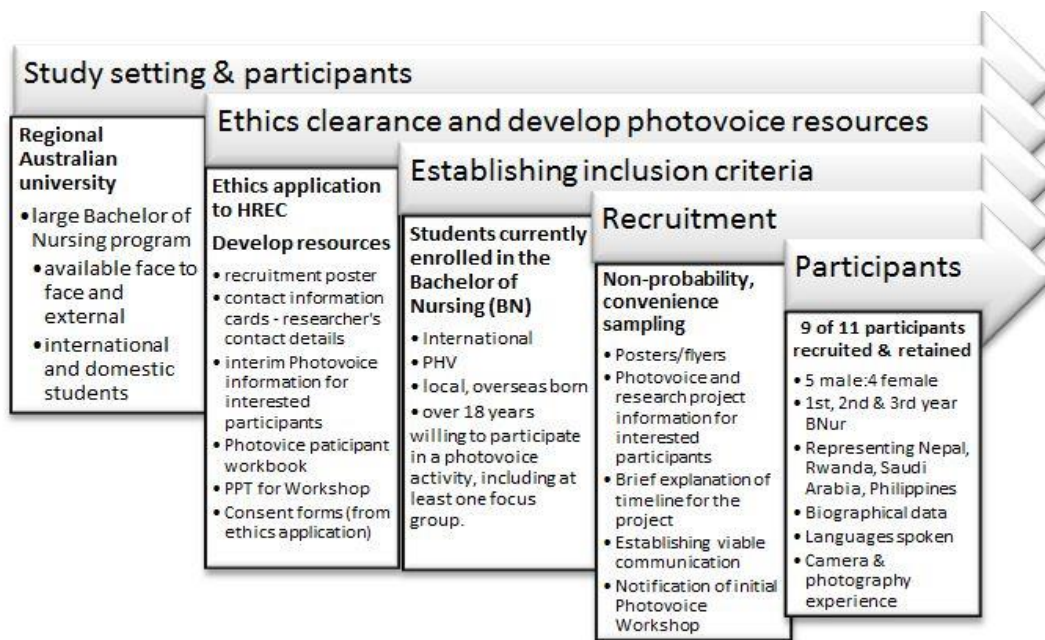
Table 4-1: Preparatory phases of photovoice

Study setting

It is important to locate this research project within its setting to clarify the photovoice process. In Australia, students who seek the qualification of a Bachelor of Nursing and subsequent registration to practice as a nurse in Australia are typically enrolled in a university. This project is positioned within an Australian regional university in southern Queensland. The nearest regional universities are 650 kilometres north and 300 kilometres to the south in neighbouring state New South Wales; all universities to the east are aligned with metropolitan areas.

This Queensland regional university provides external and on-campus course offerings to local, national, and globally situated students. The university has multiple campuses, but approximately three quarters of the 25 000 enrolled students study externally. Student enrolments (internal and external) include students from more than 100 countries (University of Southern Queensland (USQ, 2014a) with India, Nepal and Saudi Arabia dominating the international student numbers (K. Smith, personal correspondence, September 26, 2013)

The Bachelor of Nursing program at this university is offered by traditional face-to-face delivery, and by external mode, which includes a blend of online learning, intensive residential schools and clinical placements. Students born outside Australia who are defined as 'international' must study by face-to-face learning to satisfy Australian visa requirements; however those students born outside Australia who are on a humanitarian visa, or who have achieved permanent residency or Australian citizenship, can elect to study via the external mode if they wish. A requirement for entry to the program is a 6.5 (or equivalent) grade on the International English

Language Testing System (IELTS), an international examination that assesses English language capacity.

This setting was appropriate for the study because a significant number of nursing students born outside Australia, and for whom English is not their first language, have enrolled at this regional university over a number of years. As noted in Chapter 1, the researcher is a member of the academic nursing team at this university, and had observed some of the challenges and issues confronting these students. It was this personal experience that provided the initial interest in this project.

Situating the study within the researcher's own university enabled ready access to participants and enabled participants to relatively easily attend the workshop and focus group. Additionally it allowed ongoing contact between the researcher and participants, which is important in a methodology that recognises that the researcher should be actively located within the project and with the participants (Wang & Burris, 1994).

Development of Photovoice Resources

Planning for photovoice was an essential part of the systematic and flexible nature of this method. A number of resources were required for recruitment and for the photovoice workshop.

A poster was developed to alert prospective participants to the existence of this project (see Appendix 4.1a). This was strategically placed within the university to ensure high visibility to nursing students. Information cards (see Appendix 4.1b) were available with the posters and given to any students who inquired about the project. Finally, nursing students who wanted to know more about the project, including information about photovoice, were given an information sheet (see Appendix 4.1c) to provide more detail on the project.

Secondly, explanatory resources were produced to assist participants to develop a working knowledge of photovoice, including its purpose and requirements. A workbook (see Appendix 4.2) was prepared to explain photovoice and give written information about photovoice and the research project. A brief discussion regarding photovoice methodology, the SHOWeD framework and exemplars of completed photographs and SHOWeD frameworks were highlighted in both a PowerPoint presentation and the workbook.

All consent forms (see Appendices 4.4 and 4.5) and a brief demographic questionnaire were included in the photovoice workbook.

Inclusion Criteria of Participants

The inclusion criteria for participation in this study were:

- Students currently enrolled in the Bachelor of Nursing (BN) at a selected regional Australian university who responded to an invitation to participate in a study about the experiences of studying outside their homeland, where their language of origin was not English. Three main groups of students responded to this request:-
  - International –   An international student holds a student visa as defined by the Educational Services for Overseas Students Act 2000   (ESOS Act), which in turn is supported by the Migration Act 1958 and the Migration Regulations 1994 in association with state and territory legislation relevant to this area (AEI, 2013). As defined by the university where these students study, an international student is 'a student who is not an Australian citizen, a New Zealand citizen, an Australian Permanent Resident or the holder of an Australian permanent humanitarian visa' (USQ, 2014b)
  - Australian Permanent Humanitarian Visa (PHV) recipient - Students who hold a PHV are identified as refugees by the United Nations High Commissioner for Refugees (UNHCR) and have been referred to the Australian Government by the UNHCR for resettlement in this country. Their rights include access to work and study in Australia indefinitely with Medicare enrolment and application for citizenship after four years and demonstration of responsible citizenship (Australian Government, 2013)
  - Students born overseas, whose first language was not English, who have achieved Australian citizenship but who continue to identify as 'international', and were
- aged over 18 years, and were
- willing to participate in a photovoice activity, including at least one focus group.

Recruitment

Acknowledging the participatory aims of photovoice, those students who agreed to be part of this project are referred to and known as participants in this project (Wang & Burris, 1997). Eleven (11) undergraduate nursing students enrolled in the Bachelor of Nursing (BN) at an Australian regional university were recruited by using a purposeful (or convenience) sampling technique, to the study.

Purposeful sampling refers to a subjective targeting of a particular cohort that provided the information of the experience of the phenomena in question. Their own experience makes them the expert and thus, rich information is gained through their ability to convey their experience (Borbasi, Jackson, & Langford, 2007; Liamputtong, 2010). Purposeful or convenience sampling was appropriate for the study, as participants needed to volunteer their engagement; however, every effort was made to select as

representative a sample as possible (Taylor, 2006b). This included attempts to recruit participants from a range of cultural and religious backgrounds, at different stages of their study program, and from each gender.

Recruitment of participants involved several strategies. Following ethics approval from the USQ Human Research Ethics Committee, permission was sought from the Head of the Department of Nursing and Midwifery to place a notice in the online news forum of all undergraduate nursing courses in the Bachelor of Nursing Program, inviting students who met the inclusion criteria to participate in the study. A brief explanation of the project was posted on these online platforms.

A snowball sampling technique was also adopted to increase the number of potential participants. Snowball sampling is a non-probability sampling method that encourages or accepts recruited members of the study to identify other possible members that might be interested in the study (Borbasi et al., 2007; Liamputtong, 2010)

Finally, posters, information flyers and a card with the researcher's contact details, inviting participation in the study, were displayed prominently in key areas. These areas included outside the elevator within the nursing building at the university; outside nursing academics' offices; within the clinical placements/reception area; on notice boards outside the clinical laboratories and within the university refectory area (see Appendix 4.1a, 4.1b and 4.1c).

Student interest was encouraging, though some nursing students who met the inclusion criteria did not participate as they felt their time was limited. An initial cohort of participants encouraged friends (other students) to join in. Over 4 months, February to May 2015, the 11 recruited participants maintained their interest until the researcher decided to move forward as no further interest by students was forthcoming.

In any purposeful sample, there are limitations to its proportional representativeness. After extensive and multimodal recruitment strategies, 11 participants volunteered. Two decided to withdraw from the study, leaving nine. Qualitative research typically involves small numbers of participants and produces a lot of data (Taylor 2006c). The final group of participants was, however, representative of a highly motivated and articulate group of nursing students willing to be included in this study. As the nine participants were directly connected to the research question, their experience provided a diverse and descriptive amount of in-depth, rich data. Methodologically, this cohort of participants cannot represent all experiences; however, it does fulfil the criteria of validity in that the data produced is trustworthy, credible and transferrable (Elo, Kääriäinen, Kanste, Pölkki, Utriainen, & Kyngäs, 2014).

An outline of the project was provided to each student in a face-to-face meeting. A brief timeline within the current semester was discussed; however, no firm dates were fixed at this stage. All students were contacted via email to thank them for being part of the project and to test the viability of their email address; to establish a professional relationship concerning the project; and to advise them that another email regarding the next step would be sent within a specified timeframe.

All correspondence was electronic and all participants agreed to this as an effective and reliable method of communication. Email responses from the participants were prompt and positive. From an early stage, the researcher was aware of a high level of commitment from the students.

Participants

In this section, the participants are introduced. Some demographic details about each participant was collected at the initial photovoice workshop that provided helpful background information about the participants. While eleven (11) participants were originally recruited, only nine (9) completed the project. Two (2) others chose to withdraw because of study and other commitments. For the remaining nine (9) participants pseudonyms were used in this study as defined in the study's ethics application and approval. The remaining nine (9) participants are discussed in this section.

Biographical data

The participant group included five (5) males and four (4) females with ages ranging from 19 to 49. The females had a median age of 36 years and the males, 33.4 years.

The biographical data revealed that this cohort contained three (3) participants with Permanent Humanitarian Visas. Permanent Humanitarian Visa (PHV) holders are without a country and their visa is acquired through the status of refugee. The 1951 Convention of the Status of a Refugee is defined as:

> "Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country" (Refugee Council of Australia, 2013).

The three males who identified Rwanda as their country of origin have Permanent Humanitarian Visas. Rwanda was the scene of the 1994 genocide of one million Tutsi people – 75% of the Tutsi population (Verwimp, 2004). Of the three (3) males identified in this study, Karl may not have been born or was just born at the time of the genocide; Phillip was 15 or 16 years of age and Charles was around 29 years old, married with children at the time of fleeing Rwanda. Charles and Karl are father and son.

Two other males, Sam and Tony, are from the Kingdom of Saudi Arabia. This kingdom now ruled by King Salman is an absolute monarchy of more than 28 million people (The World Bank, 2011). Students are sponsored through the Saudi Arabian Cultural Mission (SACM). It implements and administers the King Abdullah Scholarship Program to provide qualified individuals for Saudi Arabia to grow its professional workforce. This is achieved through agreements with a variety of higher education institutions in many developed countries (Walston, Al-Harbi, & Al-Omar, 2007). Both chose Australia, and nursing.

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Sophie is the only Nepalese woman in this group. Nepal is a small country landlocked by India and Tibet, with a population of 27 million (The World Bank, 2011). It also offers the opportunity for citizens to study outside their homeland through government approval. Students are self-funded (usually by family) and are not recipients of Nepalese Government scholarships.

The three (3) other participants, Cathy, Ros and Jenny, are females from the Philippines. This country is densely populated with more than 96 million people (The World Bank, 2011). A democracy and republic, the Philippines is known to experience episodes of political turmoil (Philippines Profile - Timeline, November 2013).

The gender mix of five (5) males and four (4) females in this cohort is not typically representative of the Australian nursing gender mix. Females dominate nursing in Australia at 90% of the workforce and therefore this sample is skewed to those who answered the call for recruitment (ABS, 2013b). Ninety-nine percent of Saudi Arabian nursing students at this regional university are male, which is probably a reflection of the place of women within Saudi Arabian society. The remaining group of PHV students were again predominantly male. The participants were evenly spread across the levels of the Nursing Program with three representatives in each Year Level (1, 2, and 3).

The participants' previous educational qualifications ranged from a high school certificate as the minimum qualification, to a Doctor of Philosophy (PhD) in Law as the highest educational qualification attained. Each level of higher education is represented within this group. In Australia, the Australian Government determines recognition of qualifications through the Australian Education International (AEI). Consequently, many overseas qualifications do not receive recognition in this country, which influenced the participants' ability to follow previous career choices. It did indicate, however, both a preparedness of the participants to start anew in Australia, and an ability to progress with tertiary studies.

Languages

All participants were fluent in at least two languages and some spoke up to five languages. English is an additional language to all of the participants. All participants spoke English fluently and the researcher found the participants were easy to understand. They all communicated with ease via email.

It is important to note that this cohort of participants appears to be, overall, very well educated. No university data were readily available to enable a comparison of the educational background of this cohort against that of the broader nursing student cohort. However, on face value, and based on the experience of the researcher and her supervisors, it seems reasonable to assume that these particular nursing students may, in part, have volunteered to join the project because they felt confident in their capacity to share their experiences. They may also have had, based on their educational background, a good insight into the value of research. A comprehensive summary of participants is in Table 4.2.

Summary of participants									
'Names'	Gender	Year of birth	Place of Birth	Current citizenship	Marital status	Religion	Nursing level	Educational qualifications	Languages Spoken
'Cathy'	Female	1980	Cabiao **Philippines**	Australia	Married	Catholic	Second	Bachelor of Animal Husbandry (3yrs) Doctor of Veterinary Science and Medicine (3yrs)	English Filipino
'Phillip'	Male	1977	Kubuye **Rwanda**	PHV	Married	Christian	First	Year 11 high school Certificate 3 in aged care	English French Kinyarwanda
'Sam'	Male	1979	Hail **Kingdom of Saudi Arabia**	Kingdom of Saudi Arabia	Married	Islam	Third	High school completion	English Arabic
'Ros'	Female	1971	Quezon City **Philippines**	Philippines	Married	Catholic	Second	Bachelor of Veterinary Science Masters of Science (Veterinary Medicine)	English Filipino Spanish
'Jenny'	Female	1967	Dipolog City, **Philippines**	Australia	Married	Catholic	First	Cert 3 in aged care Cert 3 in Child care Bachelor of elementary education	English Tagalog Bisaya
'Tony'	Male	1984	Tabak **Kingdom of Saudi Arabia**	Kingdom of Saudi Arabia	Married	Muslim	Third	High school completion	English Arabic
'Karl'	Male	1994	Kigali **Rwanda**	PHV	Never married	Christian	First	High school completion	English French Kinyarwanda Lingala
'Sophie'	Female	1990	Kathmandu **Nepal**	Nepal	Never married	Hindu	Second	High school completion Diploma of Nursing	English Hindi Nepali
'Charles'	Male	1964	Gitarama **Rwanda**	PHV	Married	Christian	Third	Certificate of Veterinarian Technology Bachelor of Zootechnical Engineering PhD (Law)	English French Kinyarwanda Lingala Kirundi

Table 4-2: Summary of participants

Camera use and photographic experience

At the start of the project, the participants were asked about their ownership and use of a camera. The intent of asking was to make sure that no student was disadvantaged because of a lack of knowledge of this common process. Modern technology proved to be an advantage as all possessed mobile phones that contained cameras. All participants indicated they had a camera or camera phone. Some were more experienced than others were in photography but none expressed apprehension at using either a camera or camera phone.

4.2 The photovoice process

Introduction

The second part of the photovoice method involves the photovoice process. In this section, the participants are introduced further to the photovoice method and their part in it. The first step was a workshop, followed by a detailed explanation of the analysis tool, the SHOWeD framework. The participants then proceeded to take their photographs and analyse them. A culmination of their work resulted in a focus group and further discussion around their experience. The final stage was data analysis. This is represented in Table 4:2: The photovoice process.
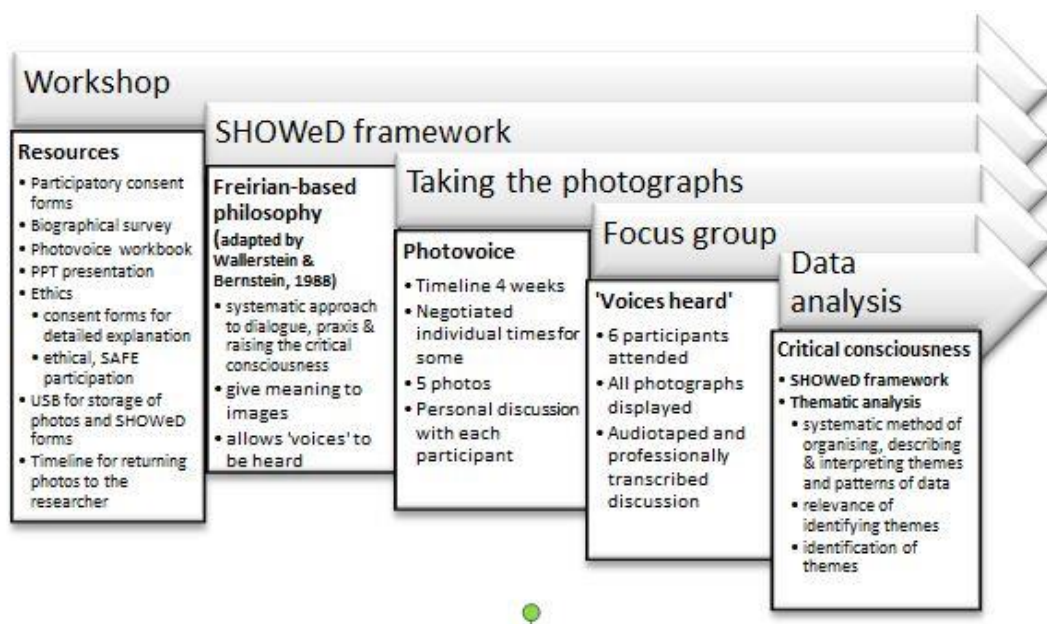

Table 4-3: The photovoice process

Workshop

After the initial recruitment, a face-to-face meeting enabled a brief explanation of the project. In accordance with the photovoice method established by Wang and Burris (1994), a participant workshop was held. A workshop consists of a group of people engaged in study or work on a creative project or subject (Collins, 2014).

In many large photovoice projects, multiple workshops are held in preparation of the data collection (Dahan et al., 2007; Wang, Cash, & Powers, 2000; Wang, Morrel-

Samuels, Hutchison, Bell, & Pestronk, 2004; Wilson et al., 2007). As this project was contained to nine (9) nursing students and a limited timeframe that suited both participants and researcher, one workshop was arranged. It was designed to highlight the aims of the project, methodological process, photographic and personal ethics and safety.

Participants found it quite difficult to agree on a day and time when all could participate in the initial workshop. This was dealt with by holding three repeat workshops to cover all the participants. In this case, two workshops consisting of three participants in each and five participants in the remaining workshop were held. Participants were encouraged to be interactive during the workshop and discussion was generated easily.

At the beginning of the workshop the participants were given the 'Consent to participate in the project' forms, and after an explanation and discussion of their significance to this project, participants signed these before the end of the workshop (Appendix 4.4). A copy of all consent forms and SHOWeD forms (Appendices 4.3, 4.4 and 4.5) were also discussed at this time with digital and multiple hard copies given to each participant. Extra copies of any of the forms were available from the principal researcher at any time the participants required them. These forms were part of the workshop booklet that contained all information regarding the project (Appendix 4.2). The workshops then proceeded with a detailed explanation of the project and its time involvement.

Through a PowerPoint presentation, the aims of this photovoice project were presented. The data analysis tool (SHOWeD framework) was highlighted and explained. In particular, exemplars of the photovoice concept including a selection of photographs analysed by the SHOWeD framework were displayed for participants to visualise what their photographs could represent. During the workshop, the exemplar photographs analysed were purposefully non-nursing related situations. This was done deliberately so that participants would be less inclined to reproduce a series of similar photographs and to highlight their experience as nursing students, not only about 'nursing' per se. Each participant in this project owned a camera phone or a camera and was encouraged to use it if that was their preferred means of photography.

Participants were asked to take photographs that for them depicted their experiences of studying nursing at an Australian university, in a language that was not their first. Participants were given clear instruction, including written information, on choice and appropriateness of photographed subject, for example in relation to avoiding photographs of others who had not provided specific consent. It was discussed with the participants that they take their photographs first and then choose their selection, then write the SHOWeD analysis. This way their image capture was first, and it was not the analysis, dominating the photograph.

The senior photographer from the Photography Department of the university was enlisted for professional advice and instruction for students. The photographer attended the first workshop and the information given at this workshop was included in each of the following workshops. The photographer discussed the importance of

taking photographs in context. By this, participants were asked to consider, in the process of their photography, not to include a background that may have another inference. The example given was that of a 'happy best friend photo taken outside the police station'. This displays the person in a false light by the image portrayed and places a person in a compromised position.

Within the photovoice context there is also a need to maintain privacy for others who might be photographed (Wang & Redwood-Jones, 2001). Within the Australian legal framework and also the university ethical commitments adhered to, The Privacy Act 1988 (Cth) calls for open, transparent and secure management of personal information (NH&MRC, 2007 (Updated May 2013); Privacy Act 1988 (Cth)).

The participants understood this and stated they would be mindful during their photography process. Most participants' photographs would be deemed of little risk: however, if photographs of people were taken, their consent was necessary. In line with ethical requirements, no participant photograph was accepted without a signed consent form (Wang, 1999).

As discussed, the need to maintain appropriate ethics standards was highlighted throughout the workshop and a discussion around the ethical requirements and responsibilities of this project was conducted with all participants. Of most concern was the issue of participant safety. Guidelines in the form of a "SAFE" grid (see Table 4.3) were developed as a further adaption from the Photovoice Hamilton Ontario Project (Dahan et al., 2007). The grid was a quick reference for the participants to identify their safety and the safety of their participants.
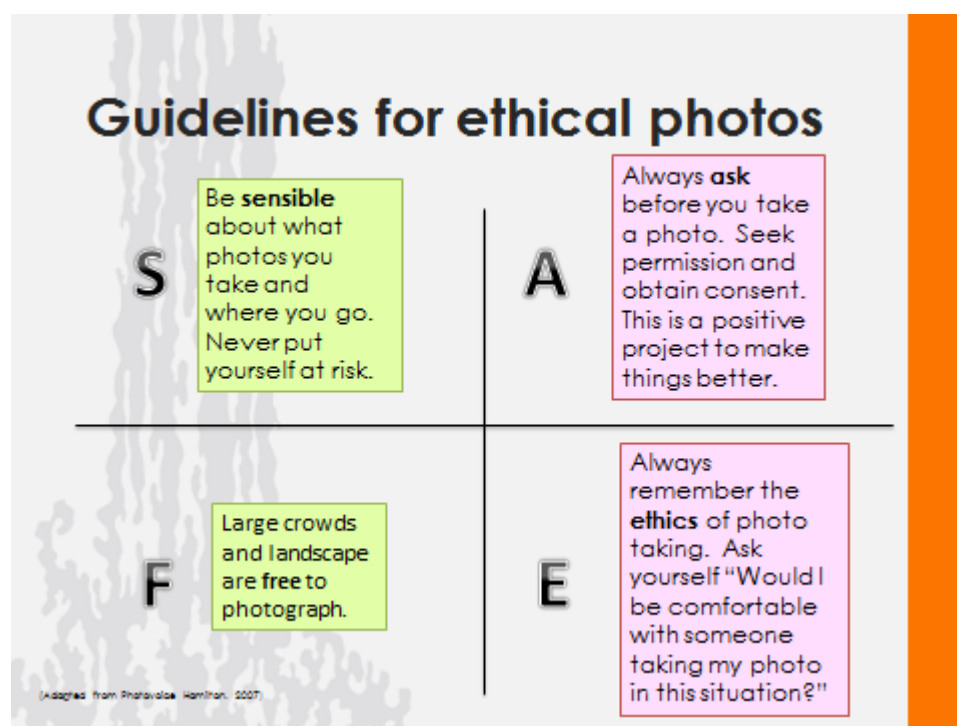

Table 4-4: The SAFE grid

The photographs, on their own, were without contextual interpretation. As part of the photovoice process, each photograph was accompanied by an analysis. The analysis was assisted by use of the SHOWeD framework.

SHOWeD Framework

The SHOWeD framework, adapted by Wallerstein and Bernstein (1988) from Freire's empowerment education theory (1970), aims to contextualise and 'tell the story' as part of the critical reflection and dialogue associated with photovoice and the Freirian-based interpretive framework. To recapture its intent, the SHOWeD framework consists of the following questions associated with each photograph:

- What did you **S**ee here?

- What is really **H**appening here?

- How does this relate to **O**ur lives?

- **W**hy does this situation, concern, or strength exist?

- What can we **D**o about it?

(Freire, 1970, 1974; Wallerstein & Bernstein, 1988)

Each participant was asked to complete a SHOWeD form to accompany the photographs submitted for this research project (see Appendix 4.3). There was no word limit, some participants wrote large amounts, and some wrote one line per question. Either was accepted, as this was the participant's analysis. Each participant labelled their photograph with a title that had meaning for them.

The SHOWeD framework is an essential part of this project, where participants attribute meaning to their photographs. Wang and Burris (1994) identified in their foundational research study that photographs will often be noticed where voices will not. The power of image elicits reaction; however, with context through the SHOWeD framework, a story of real life confronts and challenges ones consciousness.

The process of online submission of the photographs with the SHOWeD forms was considered and discussed. Consent forms were presented in hard copy at the request of the participants. Each participant was given a USB to store their photographs; however, each felt confident emailing their finished product. A date was set for completion of the data collection.

It was reiterated throughout the project that a participant's involvement was voluntary and withdrawal from the project at any time without penalty was accepted without question. A discussion to include or withdraw their material would be made by them at the time of submission and ultimately would be their decision.

Taking the photographs

A period of four weeks, April to May 2013, was negotiated with the participants for the photographs and the SHOWeD analysis to be completed. They felt this was an adequate timeframe and, because of the university timetable, it would be finished

before their end-of-semester exams. A manageable timeline is seen as an advantage within photovoice projects as it maintains interest in the project; allows the time commitment to be realised; gives a group cohesion; offers empowerment and ownership of the project; and allows the project to be on track (Dahan et al., 2007; Palibroda, Krieg, Murdock, & Havelock, 2009). However, some participants (2) in this project needed extra time and this was negotiated individually.

Participants were encouraged to take as many photographs as they wished, but to choose their preferred five (5) photographs. The motivation for the selection of five (5) photographs was two-fold. Firstly, from a participant point of view, they were asked to choose a small number of images which best depicted their experiences. This is in line with the aims of photovoice. It was a manageable task for five (5) photographs to be analysed with the SHOWeD framework. Secondly, as a researcher in a project where 'giving voice' was the aim, it was not the intention to dominate the direction of the study or to expect the participants to analyse multiple photographs, and thus become an onerous task. The outcome of which may have ended in non-participation.

Once this process was finished, their analysis using the SHOWeD framework could begin. Photographs and the SHOWeD analysis were stored on their individual USB, provided to them at the workshops. All participants elected to discuss their photographs individually and this enabled the researcher to listen to their individual stories. The notes from these discussions are identified within the data as personal discussions [PD].

It was an appropriate time for personal reflection on their experiences, both as the participant's support person and as the principal researcher. Many of the photographs were deep and rich in meaning, sometimes happy and sometimes soulful, but the research project's participants cherished each photo. It was a privilege to be the conduit for their stories. The photographs and analyses were downloaded onto a secure computer (with several backups).

Focus Group

A focus group, that is a gathering of selected participants to discuss a particular research topic, was held once all participants had submitted their photographs and SHOWeD frameworks (Liamputtong, 2011). All participants indicated their written willingness to have these images included in this dissertation and any other publication.

As part of preparation for the focus group, the participants' photographs were displayed on a wall so that participants could easily review them. Six of the nine participants attended with a common purpose to discuss their photographs and experiences. The use of effective and relevant questions by the researcher as moderator helped the conversation flow and cover as much as the time would allow. The participants all stated at the focus group that they felt their voices were heard. By the end of the focus group, it was evident that participants had formed a strong convergence of opinion, which is consistent with the Freirian process of empowerment education.

The focus group discussion was audio recorded and professionally transcribed by an independent service. It is a high quality, accurate, verbatim account, of the original audio transcription.

Analysing and Thematicising

This section details the process involved in identifying and analysing the data. At this point, it is important to re-emphasise the critical and active role of the researcher in this process. While every effort has been made to present an accurate and objective analysis of the data, inevitably the researcher's background, values and perspectives have informed this process. As Lincoln and Guba (1985) have asserted, the researcher provides one of the many possible constructions of reality.

The educational and critical theoretical underpinnings of Brazilian educator Paulo Freire were introduced as an integral part of the empowerment education aims of photovoice. In this section the SHOWeD form and analysis was discussed as part of the photovoice process undertaken by the participants. Following on from this, a detailed description of the thematic analysis will be presented

SHOWeD Analysis

The previously discussed photovoice method provides an analytical structure, known as the SHOWeD framework, for individual analysis of each photo. Each participant provided a SHOWeD framework alongside the photographs, the focus group transcript and field notes taken at the focus group, all of which form the data corpus, (Holliday, 2008) that is, all data collected for the research project.

In reality, this project does not attempt and indeed cannot embody the experience of all of the challenges and successes of international nursing students. Instead it is a glimpse into the world of these nine (9) students that is representative of their truth and reality, as truth and reality are multiple, subjective and complex (Denzin & Lincoln, 2011).

Within the analysis, it is evident that some participants' voices appear louder than others do. Some participants were, simply, more articulate and expressive than others. However, each participant's story was told through the photographs and each individual confirmed the commonalities of their experience within the focus group. Hence, the final analysis reveals the collective experience.

The identification and description of the collective experience (via the photographs as well as the discussion of what these mean) provide the emancipatory component of this project. Through this, other international nursing students may benefit as these issues are brought forward for acknowledgment and discussion at the community level, in accordance with Wang and Burris's (1994; 1997) original intentions for photovoice.

The process of contextualising the photographs adheres to the Freireian philosophy of critical consciousness that is, working to identify issues and working with policy makers to make the situation visible (Freire, 1974; Wang, 1999). Through dialogue, the photographs are selected; through praxis, the SHOWeD analysis is developed via the process of reflection highlighting the problem, the cause and proposed changes;

and through critical consciousness, the participants plan to achieve change (Freire, 1970, 1973; Wallerstein & Bernstein, 1988).

Thematic Analysis

Thematic analysis is a manual systematic method of organising, describing and interpreting themes and patterns of important data in relation to the research question and is a widely used strategy for data analysis of qualitative data (Taylor, 2006c). The development of themes thus provides three important features for the thematic analysis. Firstly, it represents the dialogue between the data and the researcher; secondly, themes help make sense of the data; and finally, a structural format for writing the thematic analysis is formed (Holliday, 2008).

Braun and Clark (2006) discussed the many advantages of thematic analysis, including methodological adaptation and provision of rich and thick description in collaborative, participatory projects such as photovoice. The personal insights that are identified and articulated in thematic analysis are important sources of information for policy development that aligns with social need (Braun & Clarke, 2006). This is important in this project, because it aimed to explore and reveal hitherto unknown aspects of international nursing students' journey and experience at an Australian regional university.

The main elements of this data are the photographs and their analysis through the SHOWeD framework; personal discussion of the photographs; the focus group transcript, and the field notes from the focus group. In this section, these will be identified as such:

•   SHOWeD framework – [SF]

•   Personal discussion – [PD]

•   Focus group – [FG]

•   Field notes – [FN]

The researcher listened to the focus group recording while reading the transcript a number of times to ensure accuracy and as a strategy to identifying the relevant themes. Along with this, the researcher read and reread all written data gathered for this project: field notes following personal discussions with participants about their photographs; field notes taken at the focus group by her two PhD supervisors and the actual transcript of the focus group. Finally, each photograph and the accompanying participant explanation were viewed and reviewed.

Becoming aware of and knowledgeable about the data assisted in highlighting the themes and patterns of the text. It was kept in mind how important it was that the words and intentions of the participants were not inadvertently misinterpreted or skewed to provide words or patterns that somehow 'fitted' the question or 'fitted' into the values, beliefs and expectations of the researcher.

It was important that all data were consistent. It was noted that the field notes and the focus group transcript were closely aligned. There were a number of reasons for this. Firstly, the PhD supervisors who collected the field notes at the focus group were experienced researchers and as such, a true and honest account was recorded. Secondly, the focus groups participants actively contributed which resulted in dialogue that was consistent with the research project's intentions. Finally, the participants were enthusiastic contributors to the building of the data during the focus group.

All text associated with the data collection, and the data set (Holliday, 2008) of this project, (that is, the SHOWeD framework with the associated photographs, the focus group transcription and accompanying field notes) was comprehensively analysed to identify patterns, commonalities and, eventually, themes. A theme in qualitative research captures something important about the data in relation to the research question by supporting and unifying familiar and unexpected responses (Braun & Clarke, 2006).

As discussed, familiarity through reading and listening with the text helped identify repetitive and significant words and phrases. This validation of content was valuable in the selection and evolution of the themes from the data set. In line with Freirian philosophy, coding helped to group identified words and phrases. An example of colour coding of words and phrases within a thematic analysis process is shown in Table 4.5.

DATA EXTRACT	WORDS AND PHRASES
If the fence of country would be broken, than every people can move everywhere so that children don't have to leave their loved ones. (Sophie [SF])	Missing family Peace
We need to make friends so that we can practice to speak English. We have to talk to our lectures and tutors about so that they can help us to build up the friendship in our study groups. It will be hard to find friends but we will try our bests (Phillip [SF])	Language Academic support Academic isolation Social isolation

Table 4-5: Example of colour 'coding'

After the process described of listening, reading, re-rereading and also taking notes and highlighting patterns and commonalities, the data were managed so that the relevance and familiarity within and across these patterns could be identified. To help manage this a mind map was created to organise and demonstrate the process of eventual theme allocation. The mind map was used in this project as a systematic, hierarchical visual display of themes to grouping of themes to headings (Ryan & Bernard, 2003).

Once the 151 words and phrases were identified, they were grouped to identify duplicity or similarity, relevance and connection. As a result the final draft of this mind map was developed, showing a clear understanding of themes, sub-themes and hierarchical sub-headings. From this, the data analysis became a visual process of connectivity.

At this stage of the thematic analysis, two phases needed attention to ensure reliability, validity, and trustworthiness were represented within the data. Firstly, to review the colour coding and placement of words and phrases as reassurance of the accuracy of the themes that fit within the context and purpose of the research question. It was important to the research (and the researcher) to convey the stories of the participants. Hence, member checking was conducted by reviewing all the data set, including the transcript of the focus group and personal conversations with the participants. A strong sense of connectedness to their stories and familiarity with the data was felt by all participants, which supported the quality of the analysis.

The presentation of themes, the thematic analysis, should 'provide a concise, coherent, logical, non-repetitive and interesting account of the story the data tell – within and across themes' (Braun & Clarke, 2006, p. 24). As this is a photovoice project, the use of visual images provides another dimension to the complexity and validity of this topic and within the thematic analysis process.

By the use of data excerpts from the data set, as well as the photographs, the participant's 'voice' was offered as expert opinion within this research project. The photographs in isolation, as discussed previously, are open to individual interpretation. However, the photovoice method allows the participant to explain the photograph, through the interpretive framework (SHOWeD) and to caption it, thus giving it title and intent. The participants define their experience through this process within the context of the research question and their experience.

In Chapter 5, 'Findings', the themes discussed in this section, and 'Thematic Analysis' will be presented through images and words to represent the cultural, economic and educational forces that impact the experiences of EAL and international nursing students.

4.3   Key Aspects of the Photovoice Method

This section outlines the key aspects of the photovoice method. To date, discussion around the Wang and Burris (1994) model of photovoice has highlighted a systematic, well-organised and theoretically sound method, to capture and analyse qualitative data. This section addresses the ethical considerations and ethical processes used within Phase 2 of this study. Secondly, data quality is explored through Tracy's (2010) criteria that responds to Denzin's (2008b) appeal for a united and cooperative community of qualitative researchers and aims for a universal framework of qualitative genres that is flexible enough to reflect the inclusion of modern methods of research inquiry, such as photovoice. This is represented in Table 4.5: Key aspects of the photovoice method.

Table 4-6: Key aspects of the Photovoice

Ethical Research Considerations and Processes

The Human Research and Ethics Committee (HREC) of the University of Southern Queensland (USQ) approved this project. The HREC approval number assigned was H12REA168. (See Appendix 4.6)

The ethical requirements established by the Human Research and Ethics Committee of the regional university were met, culminating in full ethics approval for the study. All efforts to minimise the risk to participants are highlighted in detail and continued throughout the project. All ethical considerations concerning photography and safety remain true to the photovoice method (see Appendix 4.2).

The aim of this project was to identify the experiences and expectations of nursing students identifying as international, in relation to the academic and clinical aspects of their study program, as well as their living and social circumstances while studying in the Bachelor of Nursing Program (BN).

The NH&MRC National Statement on Ethical Conduct in Human Research (2007) provides clear guidelines on the values and principles of ethical conduct. The project aimed to protect the participants' rights by adherence to research merit and integrity, justice, beneficence and respect. Within this framework, the process of informed consent was maintained. This was achieved by the complete disclosure of all processes, within the project to the potential participants (see Appendix 4.4 for a copy of the consent form). This process was also consistent with the ethical approaches adopted by Wang and Redwood-Jones (2001) in their Flint Photovoice Project.

The participants were recruited from undergraduate nursing students choosing to study outside their homeland at an Australian regional university. Participation was voluntary and informed consent obtained from each participant.

The risk-benefit ratio applied to the research ethics indicates whether any project has a higher degree of risk or potential for harm for participants versus the potential benefit or gains in knowledge of understanding of the research topic (NH&MRC, 2007). The risk-benefit ratio favoured benefit for the student experience, as the outcomes of this project provided supportive evidence for initiatives that aim to improve international student welfare and transition into university in another country.

This project was deemed, appropriately, 'low risk'. The risk of power dependency was identified in the risk process. The researcher holds a position within this university of nursing lecturer in the Bachelor of Nursing (BN) program. Participants were informed that their involvement in the study was independent of their course/academic study and would in no way advantage or disadvantage them. In addition, no forms of inducement were employed in this study to create a dependency relationship between participants and the researcher.

All written information contained in the information and consent process was verbally discussed with the students to ensure their understanding. As the participants were from backgrounds where English is an additional language, it was confirmed that they understood and comprehended the project, its purpose, time commitment, ethics, and all consent required and provided. This was attained through reading the information for the participants to ensure understanding and comprehension and allowing for time for the group and individual questions. The aim to support and inform participants through the variety of contact during the project was achieved by the workshop and booklet provided and the focus group. (See Appendix 4.2).

It was clearly stated in the Participant Information Sheet and Participants Consent Form (see Appendix 4.4), that this study was voluntary, not linked to any assessment or extra marks that would affect their relationship within the Australian regional university where they were studying and that withdrawal at any time without penalty was always available as an option.

The senior photographer from the Photography Department at the Australian regional university was approached for advice and instruction for students on safety issues, ethical photography, taking photographs within context and general photography tips. Participants were given clear instruction (via the introductory instructional photovoice workshop and written information) on choice and appropriateness of a photographed subject, for example in relation to avoiding photographs of people who had not provided specific consent (ethics). Any photo containing images of people received without an accompanied consent form, Photograph and Release Consent Form (see Appendix 4.5) was not accepted into this study.

The workshop and audiotaped focus group began with a review of the ethical requirements of the project. As stated, full disclosure of the project was provided, including the aim of the project; research methodology; the collection techniques and instruments used, and ethical clearance, including the participants' rights and responsibilities. Also discussed were the tasks that potential participants were asked to complete, the estimated time of the commitment required, and how the data was to be analysed were also discussed.

Confidentiality was discussed at all levels of this project and within the focus group and the notion of group confidentiality was outlined as an expectation and responsibility of all participants. Confidentiality in this study related to the reporting of findings. Many participants knew each other because a 'snowball' recruiting was used, that is, some participants recruited others. The focus group was a place where students could safely discuss their findings with each other.

Ensuring Data Quality

A high quality research project, using a qualitative approach, is achieved through methodological and interpretive rigour, focusing on authenticity of the interpretations of the participants' experiences, and transparency of the research process. This in turn reveals an honest and open account of data collection and analysis in line with ethical standards set by the institution's ethics committee (Fossey, Harvey, McDermott, & Davidson, 2002; Merrick, 1999; Stiles, 1999). In this section, the framework used for evaluating the project's rigour and quality is discussed.

A number of emergent criteria for quality in qualitative research have been discussed and proposed (Fossey et al., 2002; Lincoln & Guba, 1985; Lincoln, 1995; Merrick, 1999; Stiles, 1999; Tracy, 2010). Within these concepts, there are many common features in line with qualitative research methods. The following standards are from Tracy (2010), whose work resonated with the methodological principles and processes of photovoice. They represent emergent and current criterion for high quality and rigour in qualitative methodological research. Tracy argues that evaluation criteria are essential because of relevancy and the ability to inform critique and application of research findings. Tracy's (2010) criteria demonstrate core values of research, critical reflexivity and establishment of best practice. Seven of the eight criteria are discussed separately in relation to this project. They are, 1) Worthy topic 2) Rich rigour 3) Sincerity 4) Credibility 5) Resonance 6) Significant contribution 7) Meaningful coherence. The eighth criterion is Ethics and this was discussed prior to this section but in relation to Tracy's quality framework (p.840).

Worthy Topic

This research project, 'What are the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland?' is a significant study into the current situation and needs of international students studying at a regional university in Australia. As stated previously, current Australia data is scarce. Phase 1 – the Systematic Review highlighted the limited evidence-based data available (Terwijn et al., 2012).

Through the photovoice method, a voice has been given to international and other domestic students born outside Australia, who have English as an additional language, to provide a valuable glimpse into their lives and experiences. As stated previously, photovoice is about improving community through valid and reliable representation (Wang et al., 2000). Findings of this research provide valuable insights that will be of use to nursing schools around Australia, and internationally, in enhancing the quality of academic and social support they offer to all students.

Rich Rigour

Rigour is not an indication of precise and exacting standards, but of validity and reliability (Lincoln & Guba, 1985; Taylor, 2006b). Reliability seeks consistency and plausibility of data and findings. Validity represents the outcomes of the data and findings that enable implementation for transformation within the context of the project (Neuman, 2011).

Validity and reliability, within the project's setting, is an indication of the cohort's responses of the lived experience as that relates to the project's question (Lincoln et al, 2011). The process of member checking, through the focus group, field notes and personal discussions, provided validation of the researcher's capture of experience. It ensured the participants had a right of recall to incorrect data or interpretations. It is quality control for qualitative research methods (Harper & Cole, 2012). The experiences described by the participants, and captured by the researcher, encapsulate a set of lived experiences, as participants describe and interpret them. This project did not influence these experiences but rather provided a vehicle for to express them.

Validity was assessed throughout this chapter, by examining the authenticity and credibility of the design and methods in congruence to the topic and the purpose of the research project. (Lincoln et al., 2011; Neuman, 2011). All project participants stated they enjoyed being part of the process and felt that their contribution was worthy of documentation and its goal of helping others like them, that is, EAL and international nursing students studying outside their homeland.

The participants provided their own photographs and, via the SHOWeD framework, their own analysis of those photographs. The photographs provided with the SHOWeD framework for analysis enabled participants to directly document their experiences, and make them public.

The photographs were displayed in full without their corresponding SHOWeD framework at the focus group. The participants (six of nine) who attended discussed the meaning of these photographs to them and consequently were able to confirm the transferability of each other's experiences to their own journey. This form of member checking validated the process through transferability of the interpretation. All participants stated they felt their voices had been heard through photovoice and its analysis process.

Sincerity

Sincerity in qualitative research encompasses both transparency and self-reflection. Transparency enhances trustworthiness in the research process. It must be true and representative of both the researcher's and the participant's experience and voice (Tracy, 2010). Within this project, participants were well informed and included in the focus group as part of the analysis process. The processes of data collection, as well as the positive relationships formed within this process, have been well documented in this chapter, and these processes demonstrate how reflexivity was central to all interactions with participants, and throughout the data analysis phase. Photovoice is a particularly strong method in this regard, as it shares power with the participants by

highlighting their experience by them not their experience through the eyes and interpretation of the researcher.

A critical component of this project has been to develop insight, awareness and transparency in relation to the researcher's own background and ways of thinking as these apply to this topic. Self-reflexivity aims to highlight the researcher's intentions, bias, and audit (Butler-Kisber, 2010). Chapter 1 of this dissertation provides a full reflective description of the researcher, including her professional background, factors that have shaped and influenced her views, and how she has positioned herself within the research. This provides full disclosure and a transparent picture of the researcher's potential influence on the outcomes of this qualitative work.

In relation to the 'culmination' of the data collection phase (the focus group), it was essential that this event enabled participants to freely express their views, and have those views captured and analysed accurately and with sincerity. Good principles for verbatim transcription of focus group discussion exercise the following qualities. Firstly, trustworthiness of the transcription ensures qualitative rigour. This is achieved is through avoiding transcription error. There are three types of transcription error accredited to interpretation: 1) deliberate alteration, where the script is 'cleaned up' to make it sound or flow better; 2) accidental alteration where words or phrases are mistaken or altered and sentence structure does not make sense; and 3) unavoidable alteration where context and emotion are not revealed to make sense of the discussion (Abna & Widdershoven, 2011; Hennink & Weber, 2013).

 As noted earlier in this chapter, the focus group produced high quality discussion and a collective cohesion. The audiotaped recording of the focus group discussion was transcribed by a professional and independent service. Its interpretation of the narrative was of a high quality. It was then replayed by the researcher on multiple occasions, to verify the script, and compared with the field notes from the focus group. Finally, data was interpreted honestly and authentically (Merrick, 1999). Tentative themes were shaped, discussed and amended numerous times, with strong support and overview from the research supervisors, before the analysis was finalised.

Credibility

Credibility in qualitative research is hallmarked by the ability of readers and researchers to 'recognise' a qualitative data analysis as an authentic account of a lived experience (Lincoln & Guba, 1985).

Credibility is demonstrated via the researcher using thick description and a diverse range of participants' voices to support the thematic analysis. This reassures readers that the qualitative analysis meets the standards of truth, authenticity and reality (Tracy, 2010).

Credibility was established within this photovoice project, through a variety of ways. The participants put forward their own experience verified and represented by their photographs. No suggestion was made by the principal researcher about what participants should photograph except that it was to represent their experience of being a nursing student, identifying as international and choosing to study outside their

homeland at an English speaking university. Interpretation of this request was left to the individual participant.

During the orientation into this project, photographs and SHOWeD frameworks were deliberately non-nursing so as not to introduce bias or any chance that participants would merely replicate what had been shown to them. The participant experience was to be 'as is', that is, experiences were not just to be negative or positive but honest and truthful. The process of identifying the issue, and working within and with, carries the Freireian pedagogy and praxis of problem posing and solutions (Freire, 1970, 1974, 1985).

Availability of 'thick description' was achieved by the photovoice method. Thick descriptions are detailed and comprehensive illustration enlightening the reader and researcher to the lived experience (Lincoln & Guba, 1985). Multivocality, as described by Tracy (2010), considers action from the contributor's opinion. This method supports the participant to demonstrate their story rather than being told what to think.

Resonance

Resonance in this project is the ability to uncover the hidden or underlying meaning through the photovoice messages. These messages invoke not only a visual trigger, but a discourse reflection, retention and emotion in the reader. This is realised through aesthetic merit and transferability. Aesthetic merit refers to the researcher's ability to convey the message in a creative manner, including via visual and written methods (Tracy, 2010). Transferability refers to presentation of the research in a way that a reader can identify and transfer to one's own accomplishment or research. This was confirmed by Butler-Kisber (2010, pp. 46-47) who generated four criterion of resonance: 1) quality and wholeness of research; 2) highlighting the intended meaning in the research; 3) whether the minutia of context links to the broader findings; and 4) truth in the interpretations of meaning to the participant.

In this project the aesthetic merit created by the photographs and participants' words presented through the photovoice method conveys an evocative and thought provoking presentation to represent the participants' lived experience honestly and authentically. Through this method, the impact of the story is exemplified and resonated.

Transferability of findings in this project, such as issues of power and inequity, are synonymous with the photovoice aims discussed previously. With a large number of photovoice projects already resonating with varying cohorts, each project is independent but collectively gives strength, through voice, to disenfranchised or vulnerable groups. The outcomes of this project cannot be generalised, given the limited convenience sample. However, the experiences shared by participants in this project may resonate with those of other students studying nursing or another topic in a Western university, where English is an additional language for them. Photovoice creates the opportunity for research consumers to engage deeply with research findings. This deep engagement offers the opportunity for marginalised groups to have influence through the sharing of their experiences (Lincoln, 1995; Tracy, 2010; Wang et al., 2004; Wang, Yi, Tao, & Carovano, 1998; Wilson et al., 2007).

Meaningful Coherence

A researcher can evaluate the meaningful coherence of their research project in many ways. Meaningful coherence exemplifies that the research project achieves its purpose through the linkage of research methods within the theoretical paradigm (Tracy, 2010).

Meaningfulness was achieved in this project because of the richness of the data, captured via photographs and their explanations. The photographs are inherently believable; the project outcomes are consistent with literature and findings are coherent, interconnected, relevant and responsive to the true purpose of the project (Neuman, 2011; Tracy, 2010; Taylor, 2006c; Abna & Widderhoven, 2011).

4.4 Conclusion

This chapter has discussed the method, quality and ethics associated with photovoice and its application in this research project. Photovoice has been presented as a valid and reliable method that aims to be a catalyst for those who are vulnerable within our community through the power of photography. The theoretical underpinnings of Phase 2 of this project, which include Freireian philosophies of empowerment education and the emancipatory aims of feminist theory, serve as a reminder that a qualitative critical approach permits alternative methods for providing a platform for knowledge and voice and those boundaries of research should be explored and extended (Denzin, 2011).

The next chapter will provide the findings of the photovoice data of the project presented through thematic analyses. The nature of a photovoice project, such as this research project, highlights these experiences, through photography, as experienced by the participants. Through discussion and critical analysis of their photographs, data extracts from the SHOWeD framework including follow up individual discussions with each participant, the focus group transcript and associated notes from the focus group, themes presented across the data. This will include the photographs and their SHOWeD frameworks; the focus group transcript; field notes taken at the focus group; and notes from personal discussions of photographs presented to myself by the participants. As part of the participatory nature of photovoice, the participants also presented their strategies for dealing with the challenges they faced. The themes that presented across the data are as follows: 1) difference; 2) gratitude; 3) motivation; 4) hard work and 5) seeking help.

Chapter 5   Findings

> *'Studying hard, working hard and striving hard for the greater glory.'*(Ros [SF])

5.0 Introduction

This chapter presents the outcomes of data analysis for Phase 2 of this project, the photovoice component. As highlighted in Chapter 4, photovoice is a methodologically rigorous, credible and valuable qualitative research process that sits within a critical paradigm.

Participants in this research project identified that studying nursing in a country other than their own, in which English was an additional language (EAL), was challenging because they were forced to confront being different in all aspects of their 'being' compared to the culture in which they were now immersed. They faced these challenges with a profound determination to adapt and succeed, as they viewed this opportunity as a one-in-a-lifetime chance to improve theirs and their families' life circumstances.

5.1 We are different

The participants described their 'difference' in many ways. Although aware of their evident differences such as skin colour and language, this was not their focus. With the reality of difference came an acceptance that dealing with people from differing backgrounds required adjustment. The participants noted that not only did they feel different but also their fellow students and their clinical teachers saw them as different. Participants felt that they were treated differently on their 'clinical placements' from other students. Despite these challenges, participants actively looked for the positives in any situation, and were solutions focused. They acknowledged that their difference was a barrier in some areas, a way forward in others and that the experience had altered them as a person. These sub-themes are discussed as being different; becoming different; being seen as different; and difference as a way forward.

Being Different
Cathy and Ros discussed that being different, because they looked and sounded different, can take time for others to get used to. They were concerned that on occasions they could be misunderstood and disrespected. They knew that the quality of their learning experience depended on having a teacher who was open to working with EAL nursing students born outside Australia and this factor could determine the outcome of their learning situation and their clinical experience.

'Yes, there is this fear of engaging with a person from a different background so I mean its natural feeling to be anxious at first and then once you learn about it and break the ice, then you learn to engage more with them. You gain their trust.' (Ros [FG])

They commented that individual domestic students could be labelled because of their behaviour, either professional or non-professional. However, EAL nursing students born outside Australia usually of Indian, African or Asian origin were labeled collectively. They commented in conversation:

'Truly actually some people you find very good and some people, it would be little bit different. It's like some people directly come to the good one and you get the good experience, but some people they can go to the bad one and you get the bad experience or the impression, you know?' (Cathy [FG])

Cathy revealed she was well aware of her difference and was keen for some direction on how to express her feelings about being different and what that felt like. Her experience left her not knowing where to go or whom to turn to, wishing someone would listen and be interested in her. Her image of the 'Tap', illustrated in Image 5.1, is a worthy representation of this event. Cathy defined the situation of being questioned without provocation as 'threatening'. On the other hand, wanting to talk with or open up to another person and then being disregarded, was deflating and defeating for EAL and international nursing students born outside Australia, and left the participants wondering where they fitted in, when should they speak up and when they should not. Cathy felt she could not open up for fear of rejection or dismissal.

Image 5-1: Tap (Cathy)

'I see a tap is close and no water coming out of it. It needed to be turn to open it and then the water comes out. People can be like tap. We do not open up what we feel inside until we get asked. Or unless someone showed interest and care what we feel. It is really hard to open up to just anyone. No one knows if someone wants to open up to us. We do not know when do we need to ask or when one does not want to be asked. It can be threatening for someone not willing to open up to someone and get asked a lot. Also when someone wants to open up but no one is interested to help. We need to be sensitive to others.' (Cathy [SF])

Cathy's photo Bamboo (see Image 5.2) symbolises her experience of facing her fears. She tells of her fear of driving distances. Her husband helped her by teaching her different routes to travel to get to university. Cathy said that exam times were confronting because she was not familiar or orientated with the venue. She practised by doing reconnaissance drives a number of times before she sat her nursing course examination.

Cathy, like the bamboo, did not bend and break, knowing her life would be better in this country and that facing her fears and acknowledging that being different made her stronger.

Image 5-2: Bamboo (Cathy))

'Some of us are not as strong as the bamboo in the gust of a forceful wind. We give up easily when troubles come our way, we break and fall apart. We try to fight the situation instead of trying to make the most out of it and using it to make us strong. We

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sometimes need to be like the bamboo. We should be proud and stand tall of who we are and what we are made of, even if we are different. We need to be flexible in times of troubles.' (Cathy [SF])

Sam from Saudi Arabia put his thoughts about being different and accepting the beauty of this in a metaphor around the simplicity of a flower (see Image 5.3). His ability to see the positives helped him adjust with his young family in Australia. A community organisation set up by Saudi Arabian students, that included their families, provided support and friendship whilst living in Australia and studying at university. He is a positive person who sees good in his life and through this reflection allows us a glimpse of his adjustment and coping with being different.

Image 5-3: A flower (Sam)

'Our life is full of colours; colours been in the existence since long and we should always see the hope in our lives through these colours. The balance between pretty shiny colours and grey colours reform our feelings, our way of acceptance of certain things in life.' (Sam [SF])

Learning about and living in a new country took some time for Ros; it was a very different experience for her. Perceptions of travel, distance and time became a new dimension. Even though these roads are long, and they can be very long, Ros felt that this landscape had freed her from confinement and a claustrophobic existence, and in

this found the experience of freedom and establishing herself in a new country (see Image 5.4, 'Are we there yet?').

Image 5-4: Are we there yet? (Ros)

'Different people from different background have different perception of time, distance and conditions. Some people grew up in the city wherein their concept of distance of time and travel will be different from a person who lived in the country side. I lived from a country with a population of 103,775,002 in a land area of 300,000 km2. The streets are very congested with traffic. In comparison, Australia only has a population of 23,001,611 with a total land area of 7.692 million square kilometres. I felt like a chick confined in a box for a long time and then released in the field were the horizon stretch in all direction. We all love our countries, and this love makes us challenge ourselves in studying, working and wherever we are needed.' (Ros [SF])

Becoming Different

Participants felt that their experiences of living and studying in another country changed them; in other words, they described the experiences of becoming different. Becoming different was an evolving factor for Sophie. She knew that her nursing qualification was valuable in her country by contributing to higher health standards and professional capacity and that she felt obliged to return home to repay the opportunity given to her. Even though her time here had been difficult away from her family, her experience of a developed nation provided Sophie with a broader view of the world. Her issue now is that she feels different to her fellow citizens and her family.

'When I see them, oh no, I have to be back. They send me for the good sake, I mean good thing, if I will be helping people in our place then it would be like I'm giving

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back to my place what they have given me. So it's like kind of scary but you feel somewhere something is not matching, you know?' (Sophie [FG])

She further contemplates her own actions of asking her family for money. Through this process of reflection and appreciation realises that she needs her independence and not to be so reliant on her family for material possessions. Sophie realises that her extended time away means becoming independent and self-sufficient. While retaining her identity as a daughter and a Nepalese woman, she has become different by being in Australia.

'I mean the prices, like even I used to ask my parents before. I mean they are paying my fees but I used to ask for every stuff but now I feel like oh, I shouldn't ask them for every. If I can do something then that will be too much for them, like I feel somewhere like I'm detaching. I mean I'm detaching from my parents you know? I'm being far from them and I feel so scared. It has been money – it will be two year, three year, four year. If I will risk continuing study here and I'm thinking to do so, but I'm scared if I will be detached from them completely you know?' (Sophie [FG])

Sophie's adaptation has helped her adjust to her loneliness. She says she is strong now. Modern technology such as Skype has bridged the gap with contact with her family and she uses it regularly. However, she talked about being homesick and the lack of any physical contact from her family.

'When I came student village I used to cry every night. It was like even it has been about more than one year, but still I feel homesick you know. I speak with my parents most of the night through Skype, but still I feel lonely. I mean I've – just like if somebody give me hug I feel like it's a relief somewhere. I feel like I can adjust everywhere wherever I go now. I feel like that, but still you feel you are alone.' (Sophie [FG])

Being Seen As Different
Charles voiced his sense of being seen as different via his photograph that he entitled 'loss of sense of belonging' (see Image 5.5). He stated that although the apples were different colours they shared common characteristics. He was very aware of his difference in language, accent, skin colour and age and the perception of others. His difference isolated him both academically and socially.

Image 5-5: Loss of sense of belonging (Charles)

'The first days at the university, I felt as a stranger in the middle of the other students who were over familiar with their country, having more close relatives, sharing common values and language. They were all bound together while me, I was feeling alone without any social belonging.' (Charles [SF])

He felt that their familiarity with each other stopped them wanting to form friendships and being included in study groups. He felt that a solution lay in the common thread of nursing collegiality. Charles felt that his cultural background did not stop him; however, it stopped others from approaching him.

'The linguistic and cultural differences for me do not constitute any barrier to make harmony with others in sharing our academic life and working together towards our graduation and nursing professional life and future.' (Charles [SF])

Phillip was troubled at being seen as different and hence being excluded from full participation in student life at university. He sought friendship to help with conversational English but he could see that no one (domestic students) was interested in forming friendships with him. The other students formed friendship alliances with others who were like them. The photograph 'Cultural Effects' (Image 5.6) symbolised the feeling of isolation that resulted from social and academic exclusion.

Image 5-6: Cultural effects (Phillip)

'We have been here for a while but none say even hello. We would like to chat with fellow students but none is interested. We do not know how we can improve our language if we do not talk to English speaking people. We are just confused of how people think about us whether it is culture differences or not. In class we were too many students but outside the class we found ourselves alone. In classes we were studying as one group but after classes none approach us.' (Phillip [SF])

The participants identified that wanting to interact and be part of academic life would an advantage for both their studies and their language development. The frustration at being misunderstood and alienated stood as a reminder of the exclusion felt at this level.

'I was always looking how to be part of a study group, how to make friends; however, it was not easy as my English was so bad and other students were staring at me every time I was trying to express myself. I was feeling frustrated because of not being able to be understood as I was. I needed to make more friends, to feel one of them.' (Charles [SF])

Phillip questioned the equity of university and the ability for opportunity. He expressed that each student shared the same ground and received the same tuition but some students were happier than others. By happier, he was referring to being included and part of the university community, held at the same level as all other students. This is Phillip's experience of being a student, as seen in Image 5.7, 'Shared zone'.

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Image 5-7: Share zone (Phillip)

'This share zone reminds me how our class was full of different people with different background. Some were very happy, some worried and others were overwhelmed. We supposed to share happiness and have same speed (5km/h). We are studying same courses, same books and same lecturers but why some are not happy? I am having this situation just because of my background, my culture and my language barrier. I need to be part of teamwork in order to keep moving together. I need more supports and share study equally.' (Phillip [SF])

Karl felt that his treatment at the university was different and that he did not have the same opportunities as other nursing students. His social and academic exclusion made him feel isolated and less favoured in class. He felt that he could not be included because of his language and that his time in class contained limited opportunity to ask questions. He stated that the system favoured domestic students and was not individualised towards his goals and aims as a Permanent Humanitarian Visa (PHV) student. He voiced his displeasure of his exclusion in his photo 'Difficulties', Image 5.8.
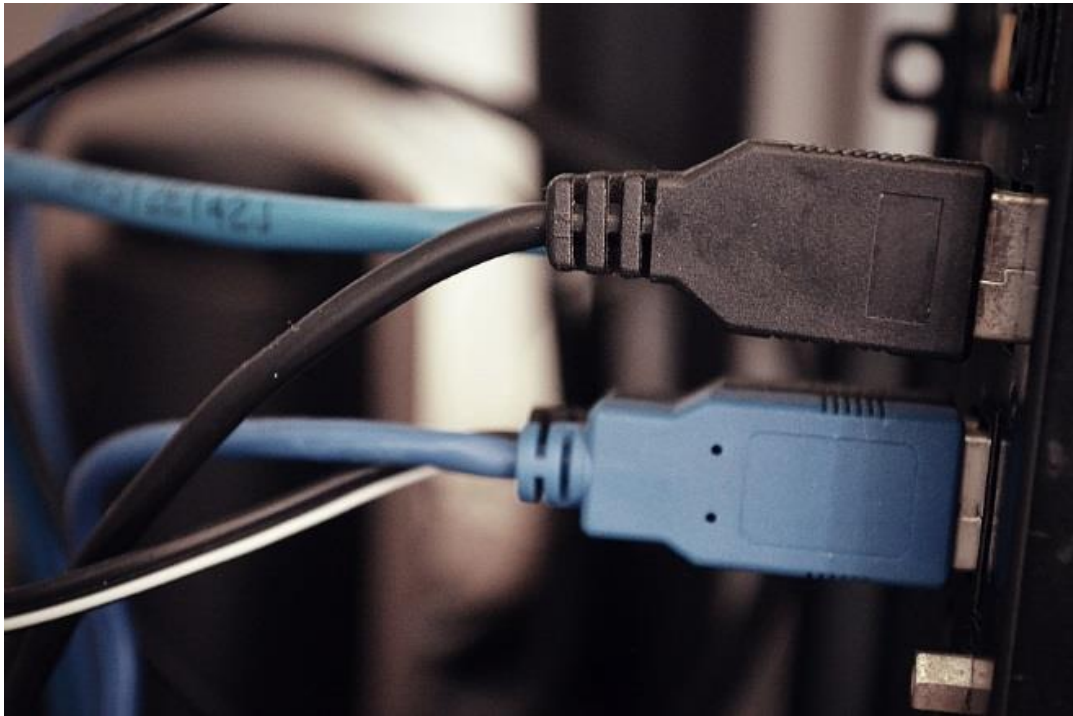
Image 5-8: Difficulties (Karl)

'*I felt different to other colleague at this university. I felt like I was studying in my own, while we should be forming a study group together. Sometimes I just feel like I cannot be associated with others, because they are really good in English. They think that they already have what it takes to succeed. I am not treated the same way as I should be treated by other students. I don't also have the same opportunity that they have. I do not get time to ask any questions that I want in class because the learning system seems fast.*' (Karl [SF])

Exclusion was the experience of separation from nursing colleagues because difference was a barrier. The participants did not welcome this experience of exclusion and felt that their opportunity to progress was disadvantaged.

The participants identified that their different ways of speaking and writing English was a barrier to them. Understanding spoken and written English was also challenging. This was especially evident in nursing courses where the introduction of interactive class discussion and nursing specific language added another degree of difficulty.

Alternately, participants felt isolated because of their perceived difficulties with English. As they felt they could not speak 'fluent and coherent' English, they believed that they were not listened to or perceived as not worth listening to. They were self-conscious because they felt that their accents were difficult.

'*Our English accent is also another barrier because English people do not understand what we are talking about.*' (Phillip [SF])

Sophie spoke about how language difficulties compounded the sense of being in an unfamiliar environment.

'It would be very hard to live somewhere and come somewhere and study, understand new life, new environment. So it's just like I'm living in the land and coming to the water. It's really different and even though you can adapt, but some things you have inside you can't be expressed what you exactly want. So that would be the hardest thing for me you know.'(Sophie [FG])

Difference as a Way Forward

While participants spoke intensively and emotionally about the difficulties they faced in being different, they also discussed how they responded positively to being different.

Charles and Phillip referred to their language translation and other dictionaries as one of their most important resources. They each spoke four or five languages and these assisted their learning. French was native to both and they noted that many French words, including healthcare terms, were similar to English or could be recognised through word origin.

Charles said he used the dictionaries as a conduit to his future. He was given a promotional sticker during his orientation in his first year. It states 'I am a USQ hero'. This was a previous marketing promotion for the university he attends, encouraging students to achieve their own goals through this university. It inspired Charles. who put this sticker on French-English dictionary as a reminder of his goals. This is seen in Image 5.9, 'Amazing dictionaries'.
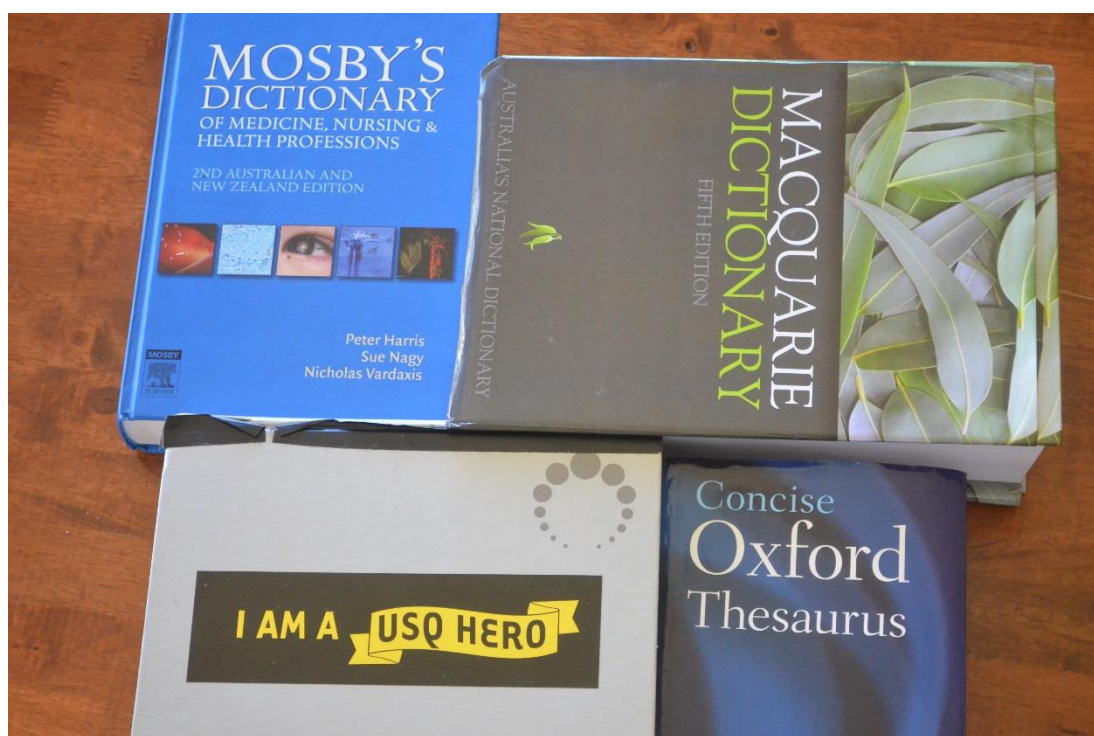

Image 5-9: Amazing dictionaries (Charles)

'Nursing students are considered to have fluent academic English and communication abilities that help them to face their studies and understanding the requirements to

succeed their assignments and exams. As I use English as another language, I find extra strength through those dictionaries to understand my lessons. These dictionaries are one of the useful strategies helping to understand my lessons and academic messages given by the teaching staff. This stimulates me and gives me hope to be one day, among the USQ student heroes.' (Charles [SF])

The participants acknowledged, as in this example, that difference is a way forward and finding ways to adapt helped them to progress with their studies. Despite the challenges they had experienced because of difference, they overwhelming spoke of their gratitude for the opportunities provided by their education and the university.

5.2   We work hard

The participants commented on how hard they work to keep up with the workload required in the nursing courses. Charles felt compelled to tell of his concerns with regards to technology in nursing. Because of his Permanent Humanitarian Visa (PHV) status and prior internment in refugee camps, he expressed his frustration at the implied understanding of electronic and computer equipment. Although the participants quickly became computer literate, many had not had exposure to technology or a gradual introduction to everyday appliances and systems that orientate the public to computer skills and functions, for example, automatic teller machines (ATM) or domestic appliances such as digital clocks, television and computers.

Technologies are commonplace in healthcare settings. The introduction of health related equipment within the clinical environment was daunting for participants. His photo 'Multiple electronic equipment' (Image 5.10) illustrates some common medical equipment in Australian hospitals: electrocardiograph (ECG) machine, Baxter pump, and a Kangaroo pump. These were not common in African refugee camps and he claimed that it was not only confronting for patients in hospital to see all this equipment, but also challenging for nursing students like himself who feared this equipment.
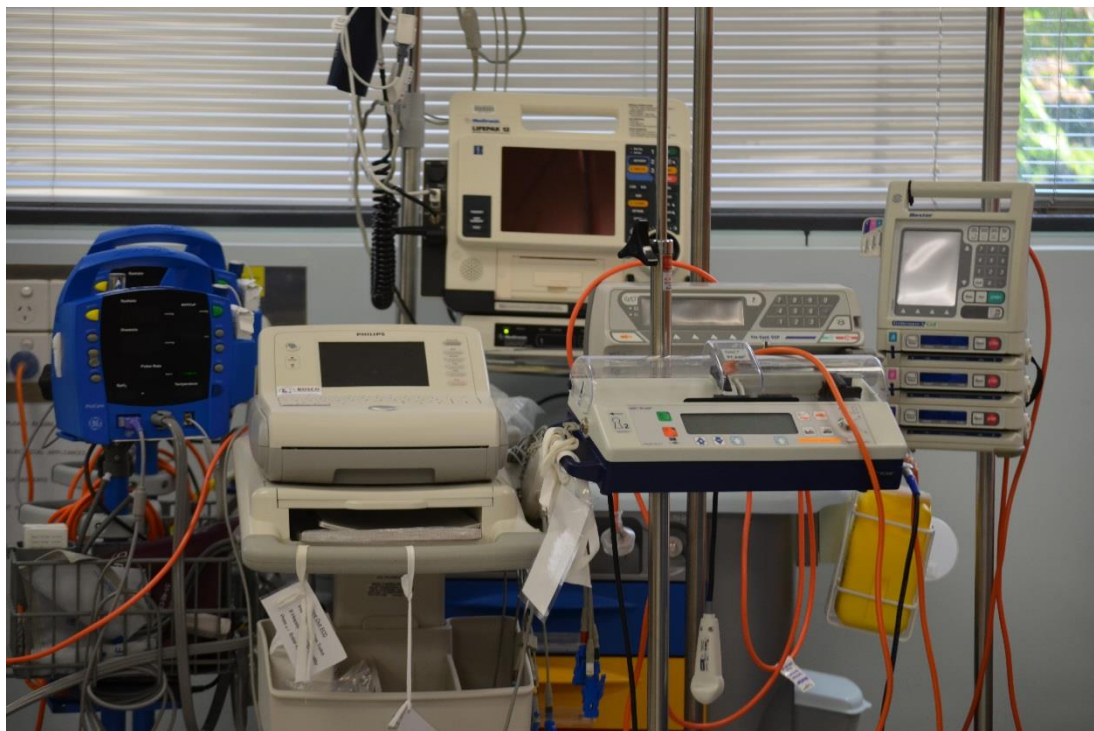
Image 5-10: Multiple electronic equipment (Charles)

'Those electronic equipments and their use constitute another concern for me as the time allocated for practise is not enough to help me to master the use of these machines. I really need more practices to feel confident and familiarise with the use of them and to avoid any error when caring for patients. I did not see the same models in my homeland as technology in Western countries such as Australia is changing continuously. How to master the use of each one? This is an issue for a nursing student as me practising with the use of new equipment. For most Australians I guess, they use electronic things in their everyday life from their young age and are more likely to learn quickly the use of new models.' (Charles [SF])

Lack of experience with technology increased the burden of work for participants. Competency in using medical equipment comes with experience; however, to reach proficiency at a beginner's level requires understanding of the equipment, its uses and application as well as working hard to find time for practise.

Karl stated he found the amount of work overwhelming when he began. His photo, Image 5.11, 'Overwhelming', gives a picture of angst and frustration with regard to beginning the university process. He expressed the desire to receive guided help. He voiced his concern at being overloaded with work but aiming for success through respect for himself and his family.

Image 5-11: Overwhelming (Karl)

'I come from a non-English speaking background; it is very hard for me to understand all the contexts in these books and lecture notes. I do not understand why university gave me lots of notes. However I was two weeks behind everyone else. They are expecting me to read them all in short period of time. I need to start organising a proper study schedule to revise for each course. I need to consult the examiners, tutors

and get help from the learning centre. Therefore, I can then read through all my lecture notes. I will not let my books get overloaded too much because I may not go back and read the previous ones.' (Karl [SF])

Working hard to maintain the workload is a significant challenge for nursing students with English as an additional language. The participants often discuss the hours it takes to understand the context of the content presented in classes. Participants said they often translated the information they were given into their familiar dialect, which took a lot of time.

Charles has an adult family. Both his sons, who are studying at university, need assistance and often consume his own study time. He said that explaining the meaning and context of words required time, patience and understanding (Image 5.12, 'Personal support in explaining difficult topics').

Image 5-12: Personal support in explaining difficult topics (Charles)

'This is my son studying in his room but having difficulty in understanding some hard parts of his subjects. Someone else is there (me) to explain things in a more understandable way. This is an illustration of my own everyday difficulties concerning my university studies. There are difficult topics during everyday study life that necessitate someone else to clarify. Studying nursing in a new language is not easy for an overseas student. I have to learn both ordinary and technical words/language.' (Charles [SF])

University work and commitments required concentration and many of the participants found that having their own space gave them direction and focus with their studies. Their personal study space became representative of their motivation to succeed

through hard work. Sam found that this link to commitment was a driver of success in his 'busy corner of his room' (see Image 5.13, 'My success corner').

Image 5-13: My success corner (Sam)

'The success could not be gained unless being in the spot of everything by planning ahead many things. My corner remind me always about my strong commitments and this is the strength for me. Being linked strongly to our commitments makes us successful.' (Sam [SF])

Charles explained that he had to organise himself at the end of each lecture or clinical skills session to review his notes, read the accompanying text and put it into context, and sometimes translate. This represented working hard to keep up with the nursing course materials and preparation for classes, and is depicted in his photograph, Image 5.14, 'Spending more time in my personal study room'.
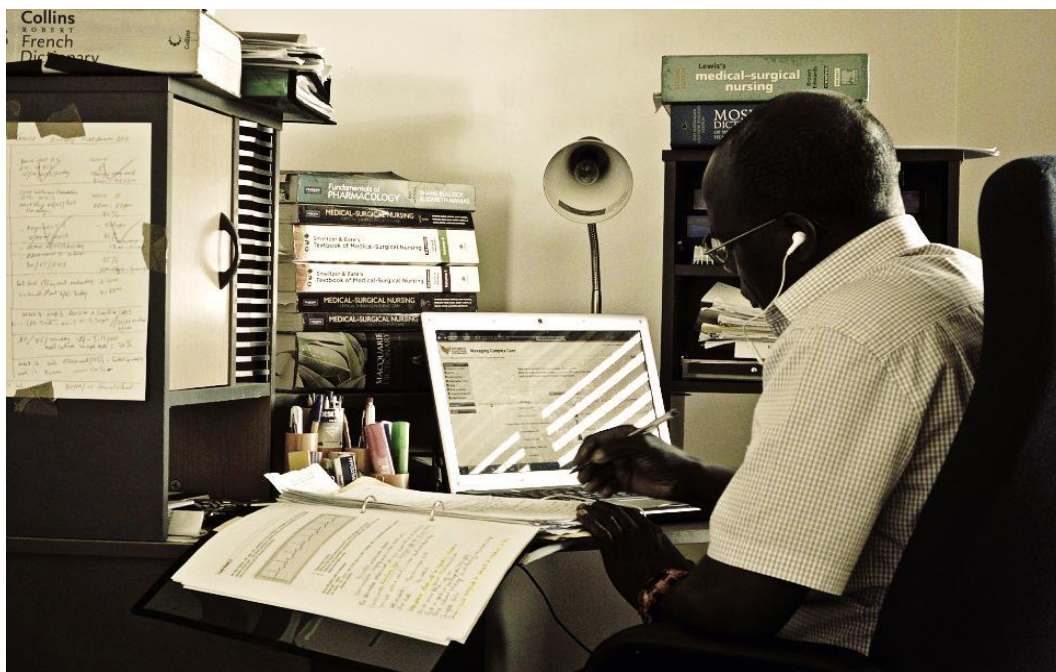
Image 5-14: Spending more time in my personal study room (Charles)

'As English is an additional language, I need more study time to review and understand the study material in my own places. This leads me to most of the time to spend the whole night until I am able to grasp the main ideas of each course through tutorial and lecture materials. Ten minutes for a domestic student equals one hour for me to understand the context of the new nursing topic. This is my other way that helps me to focus on my studies in nursing. It is an exhausting ongoing learning but it pays and this is the most important way I found that helps me to cope with some of my learning issues and ensure victory in fulfilling my future professional life.' (Charles [SF])

It is evident that participants felt that working hard helped them achieve their study goals. They also noted that seeking and appreciating help with their studies was a feature of their endeavours.

5.3   We seek and appreciate help

Participants identified that they sought and appreciated the help they received, not only academic and clinical skills support, recorded nursing lectures and online study activities, but also support for their overall welfare, including community and health assistance. The participants acknowledged that help was sought and appreciated.

Not willing to be a passive learner, Charles found a way to seek extra time for practices in the nursing laboratories as class time did not allow him enough time or personal direction to familiarise himself to a beginner's proficiency level. Dedicated help for clinical skills, that is, one-to-one help or small groups with more time allowed, allows participants time to ask questions and understand the context and content of the skills.

'Those electronic machines look scary not only for patients but also for me as a nursing student.' (Charles [SF])

Charles pleaded for more time to access equipment to help him and students like him to gain proficiency.

'This is what really can help students as me coming from non-industrialised and non-developed countries to increase my ability and confidence in mastering electronic equipment when caring for patients. I am doing my best to use efficiently the time allocated in labs for nursing practice to catch up in using electronic equipment. However, sometimes I am stuck somewhere and need someone else to help me, to guide me, this is frustrating. In understanding, the department of nursing may organise extra sessions for those students as me to increase their abilities in using new models of equipment to be more efficient when looking after patients by using different machines for assessment and performing other nursing care activities.' (Charles [SF])

Phillip stated that some extra help was always welcomed and needed when studying.

'I can understand that studying is just determination no matter what other family commitments you may have; even your background doesn't matter. I am doing this because I am from a non-English speaking background. I have to spend more time studying than English speaking students because I found it very hard to understand my course materials. I need more time from university, friends and my lecturers. I found it harder to study outside your home country, especially when studying in other language than yours.' (Phillip [SF])

Charles expressed the benefit of being able to access academic staff directly. He said that his capacity to seek dedicated support was part of his academic success.

'But for me too very, very important because the time adjust to for you personally to contact your examiner and to talk about your problem in a particular subject and you can really go in your room and see the way you can go through it and cope with your four subject. Really it help because when you see the result at the end of the semester you say yes, the system's very helpful, yeah. You see that the system are very, very good and it gives you courage to continue.' (Charles [FG])

Tony felt that the computer and library resources provided by the university were of real benefit to him (Image 5.15, 'Library'):
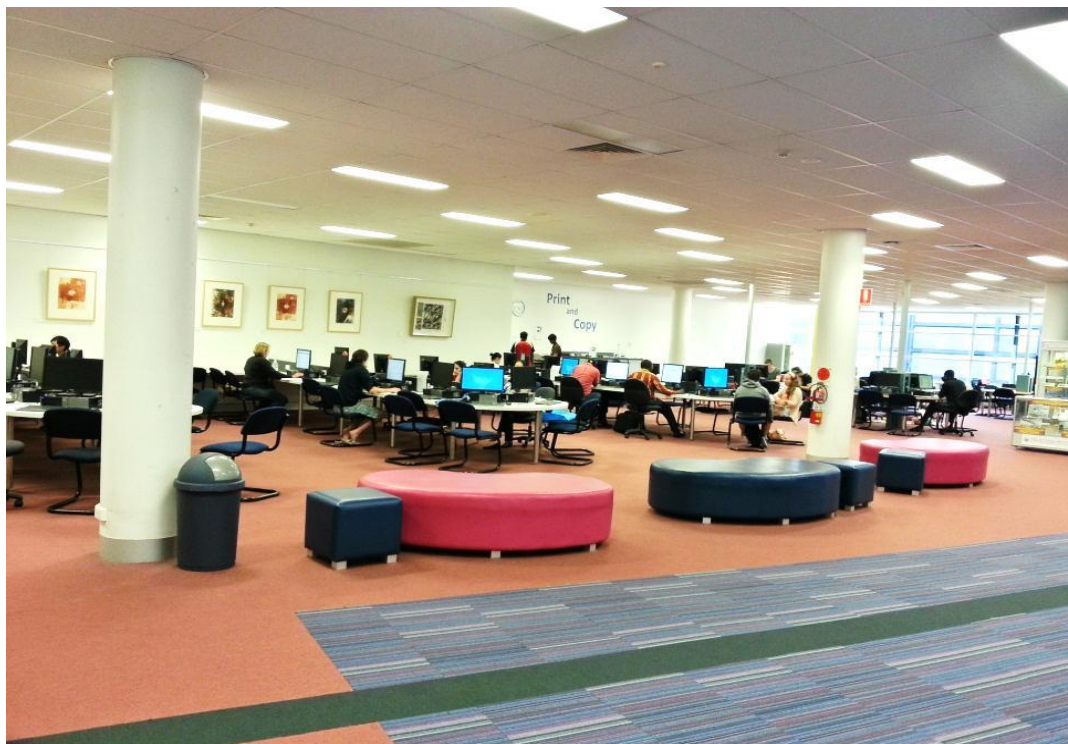
Image 5-15: Library (Tony)

'It's related to my studying and improving studying and improving my skills. Strength exists because we need all the help to achieve these goals.' (Tony [SF])

One issue raised was the difficulty in establishing how to get help. For example, Karl had difficulty starting his nursing course because of his late enrolment. He wanted to explain that he had started with a disadvantage because he was already behind by two weeks. He was quite distressed about this. He wanted help, dedicated help, from the university but did not know where to start (Image 5.16, 'Direction').

Image 5-16: Direction (Karl)

'I see a green highlighter while other highlighters are all in one spot. This highlighter is being placed alone, maybe because it is different to others. These highlighters actually represent me, when I started uni. I was behind two weeks behind other student. I did not where to start; I was overwhelming. It was hard for to get help from people. I didn't know who to consult. I was new at the university. I also didn't have idea of how to be prepared. Because I am from another country and our learning system is different and we do not have the opportunities that are offered here, I would have liked someone to help me when I started. I reckon it wasn't anyone's fault. University should have like a book to each student that starts their first year at uni.' (Karl [SF])

5.4   We are grateful for the opportunities

Participants indicated that they saw Australia as a peaceful nation with a diverse population that lived in harmony. In Ros's picture, Image 5.17, 'Our pond', she talked about Australia and the regional university where she was studying. She poignantly expressed that even though there was difference, there was harmony in a peaceful environment. This captured Ros's experience of university life being positive and she was grateful for the opportunity, in contrast to her homeland where such opportunities were not available. She spoke of Australia's democracy and its rights and responsibilities as a privilege and opportunity and within this community she said that

she found peace and freedom. She expressed her feeling of being valued and respected by Australia and valued her opportunities.

Image 5-17: Our pond (Ros)

'This is a metaphor of students in the university having different culture/ colour studying (swimming) together in a pond (school). There is harmony and peace as they attend their education. The environment is peaceful and resources (like food and water) are adequate. Australia is a very peaceful country. The universities are ideal for studying. There are different support group and the freedom for the student to form their assembly is permitted as long as peace and order is observed. Since Australia has a system of democratic belief, right and liberties, society including myself experience peace, respect and freedom.' (Ros [SF])

Phillip sought university resources for academic help with writing and referencing. He valued the fact that this regional university offered dedicated help for students, especially EAL nursing students born outside Australia. The university's Learning Centre, as portrayed in Image 5.18, provided support for academic skills and mathematics. They also spoke of their appreciation of the university's other resources, such as 24-hour access to computers, tuition on various study skills, and a large comprehensive library. Phillip felt he must encourage other nursing students, like himself, to access these resources for help.

Image 5-18: Learning Centre (Phillip)

'Learning centre has become my extra class just because I need help. Even though I like to be there because I am improving my academic writing. I have to study more in order to catch up with my studies. This happens just because we are learning in other language which is not easy to understand and to speak. We are doing our best to improve it as soon as possible and that is why we have chosen to be at the learning centre most our time.' (Phillip [SF])

Tony from Saudi Arabia felt comforted because of the access he had to the range of university student services and support, and respectful of the fact that such resources were provided. He was grateful for the opportunity to have access to non-restricted online research capability and the library book collection. He stated strongly that all resources should be cared for because of their value, not only financial, but in their worth to students. He felt that although electronic devices were available to them, the vast amount of knowledge readily accessible through hard copies of books and other items in the library was a valuable resource accessible to all students.

'It is the main reason that improves our knowledge and our life… it's the main core that can change our lives ... we need all the help to achieve our goals.' (Tony [SF])

Sam spoke of his determination to succeed. He wanted an undergraduate nursing qualification that would lead him to further study and contribute to the professional health workforce in his country. He felt grateful for the opportunity and for the financial support provided by his country, which enabled him to study outside his

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homeland. His love for his homeland was evident. He depicted this through his photograph of Saudi Arabian currency, a Saudi Riyal, Image 5.19.

Image 5-19: Saudi Riyal (Sam)

'A currency from my country (1 Riyal). I belongs to that country (Saudi Arabia) which I adore each grain of its sand. We all love our countries, and this love makes us challenge ourselves in studying, working and wherever we are needed. It reminds me of all the things my country did for me and I have at least to give back the favour. The real value of things is not the amount they represent, but the value behind it.' (Sam [SF])

Ros was previously a highly experienced scientist in the Philippines; however, her qualifications were not recognised in Australia. She stated that her motivation was to achieve in this next phase of her life, although she found it personally challenging to have to start again. She decided that nursing gave her a sense of purpose. She stated that her purpose was to make a difference in the world and her opportunity was here in Australia. She described herself as 'a life-long learner' and was grateful for the opportunity available to her in this country. Though she had her family with her, managing both was challenging and she reflected on the road ahead in Image 5.20, 'Level Up'.
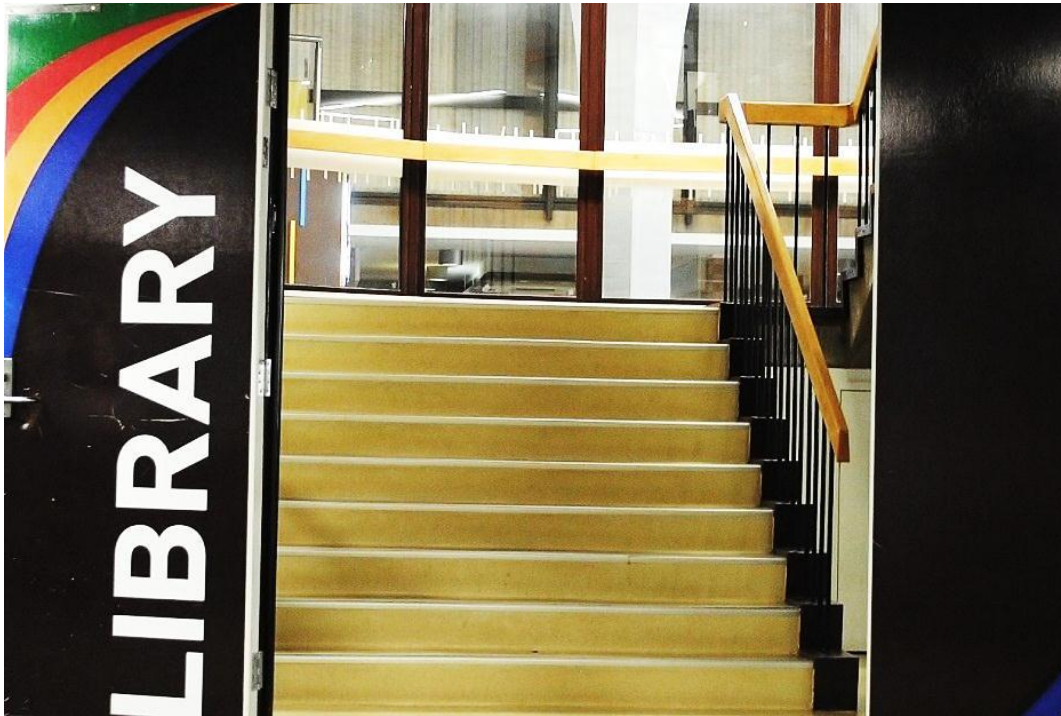
Image 5-20: Level Up (Ros)

'Every step we ascend leads us in reaching our goal upstairs or downstairs. In this case, to us go upstairs. We need extra energy to climb the stairs because we are against gravity. This compare to working hard to achieve something. For a university student this refers to studying hard to gain knowledge and experience in his own discipline. A degree does not happen overnight. Running for a degree involves different stages/levels. In order to step up in different levels, strong motivation is essential. Motivation fuels the individual to continually learn, earn and blossom in his discipline of interest. Every discipline can be characterised with these steps that represent all the challenges along the way in pursuit of knowledge and wisdom.' (Ros [SF])

Charles felt he belonged. He said the university gave him help when he needed and provided opportunities for his future and his success (Image 5.21, 'strong bond between pots and fence')

Image 5-21: Strong bonds between pots and fence. (Charles)

'When I arrived at the university, I found it a very organised structure with different services to help me to feel like at home, familiarise with the academic environment via student services, learning centre, library, accommodation office and select 2 course forums on the StudyDesk, just to nominate a few. Those services and organisations are bonds that helped me as an overseas student to connect with my university studies. With all those connections I feel less anxious and less worried about academic environment. I am now following my nursing studies with more assurance that those services are always there to reinforce my learning system and to be familiar with the university life.' (Charles [SF])

Ros further appreciated the gender and age equity in Australia. She felt her opportunity to go to university at her age was one that was not available in her homeland. Ros was 50 years old and felt that, at this regional university, it was normal for mature age students to study. She felt encouraged by this, as she expressed during the focus group discussions.

'You become a lifelong learner still so it's very good here in Australia that age really doesn't matter when you go to university. I mean in different cultures when you are old, say oh you're too old for this one to do. Old dogs don't learn new tricks anymore. That's really harsh, I mean, that's really hard.'(Ros [FG])

Ros appreciated the freedom and equality for women in Australia as compared to her homeland, the Philippines. She cited a university education, equality, freedom and peace as a few of the everyday rights she valued in Australia, and which she felt she would not have if she still lived in the Philippines. She felt very grateful to have these things. Her Image 5.22, 'Our golden years', depicts this.

Image 5-22: Our golden years (Ros)

'I admire seeing these two elderly couples still enjoying together their golden year side by side. In other cultural practices, the women normally walks after the man, not this way side by side. I embrace the Australian belief regarding equality of men and women in terms of education and employment. The Australian law also does not discriminate anyone because of gender. We should respect the law and condemn any gender discrimination.' (Ros [SF])

Subsequently Ros revealed the state of her homeland and why she now felt safe in this country. She talked about freedom of expression and the price that some people had paid in exposing corruption and criminality within the governing bodies in the Philippines. Ros said that it took many opinions to form a dynamic society and that authoritarianism and oppression stifled creativity. Her views about Australian society and its sense of community, and her gratitude for opportunity, are depicted in Image 5.23, 'Fountains'.

Image 5-23: Fountains (Ros)

'I see different societies, organisation, groups, races in Australia contributing to their different industries. Without the contribution of each and every member of the society the whole body of water will not be formed. The movement of water is continuous and dynamic which give the sculpture an ambiance of life and movement. Australia allows people to say and write their perspective to others that is freedom of speech and expression. Unlike from my country of origin, Australia is peaceful. I have lived the era in my home country when a person is killed just to write and express his opinion against oppression, corruption and criminality in the system of governance.' (Ros [SF])

Sophie, a 23-year-old Nepalese woman, felt a long way from home. She said that even though she still felt very close to her family, this experience of being on her own had made her stronger and resilient. Despite the difficulties she experienced, she was cognisant of the opportunity to travel for education and ultimately gain better employment. She could see her family's sacrifice.

'...they send you away for your own sake you know? We have to study, have to do something but when I feel myself like, why they send me so far? I know that's a good thing for me. I know. I will be like – I can be my courage and I can do better than what they have taught but still there is something, why? Why so far?' (Sophie [FG])

Sophie, despite her initial homesickness, chose outback Queensland for her clinical placement. She wanted the opportunity to experience Australian life and nursing outside her comfort zone. She said that this novel experience was made easier by the hospitality, acceptance and friendliness from the local nursing staff and community.

Additionally, as seen in Image 5.24, 'Give it a go', she sought to find commonalities between the Australian outback and her homeland.

Image 5-24: Give it a go (Sophie)

'Australia is proud land of kangaroos and it is seen in most of the places like in Charleville hospital ground which bring me memories of my home town Kathmandu where monkey are seen as like kangaroos. I used to be so close to the monkey of Swyambunath cause it is nearer to my home so now I have replaced that memories with kangaroos because life is long and unpredictable which never take any pause and stop until death and only the thing the one can take along with them is only the memories, keeping a light of expectation to make that memories alive again.' (Sophie [SF])

Australia is a vast land with much open space. Cathy reported that this gave her opportunity for self-reflection, which renewed her; she felt a connection to Australia's open space, as seen in Image 5.25.

Image 5-25: Open space (Cathy)

'I love the open space and tranquillity. It gives me time to focus and think. It clears my mind of all troubles and stress. I believe having an open space and peaceful time in tranquillity can ease us of life's stresses.' (Cathy [SF])

Not all participants valued the vast distances. Ros was confronted with the size of Australia and distances travelled to reach towns and cities. She reflected on healthcare issues in the country and the plight of rural and remote Australians seeking care and for healthcare workers servicing this vast population.

'If I were a patient living in the bushes, I can just imagine the distance I need to travel before I can reach the hospital for my check-up. Or if I were a community nurse, I can just imagine the distance I need to travel before I can arrive to my client. I believe the virtue of patience in travelling comes in handy.' (Ros [SF])

5.5   We are motivated by our families

Motivation was a constant theme within participant's photos and conversation. Their central message was that although the task was often onerous and emotional, the desire to achieve their aim helped them to stay on track. Family provided a particularly important motivational focus. Foremost, the participants believed that their success would be a family success.

Karl shows commitment to both family and study. He is a young man who has spent the majority of his life interned in an African refugee camp. Nursing is not his choice but that of his father, who encouraged him to enrol. Karl complied, knowing it was better to have family onside than against. In Image 5.26, 'Commitment', Karl is reading many books. The books belong to his father and are his law books from study prior to the genocidal atrocities of the Rwandan war. His father took them with him when the family fled their homeland. Karl said he did not always respect these books.

'Why does he drag these old books with him?'(Karl [PD]).

However, in his photograph, Karl acknowledged the books' significance in his family history and the importance of education instilled by his father. Karl's photograph of commitment not only pays homage to his father and his family, but also shows a multidimensional chronicle of past, present and future. He is motivated to make his family proud. Achieving in order to honour his family and adapting to a new environment, new location and a future weighed heavily on Karl. He said he was foregoing all socialising to keep up with his studies.
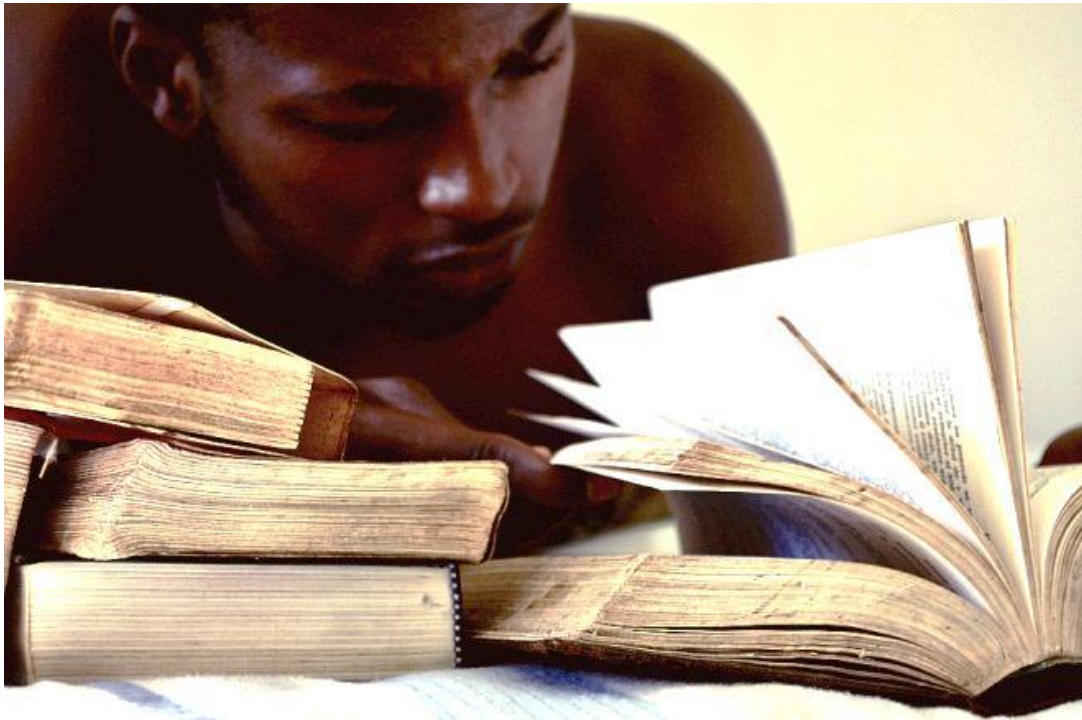

Image 5-26: Commitment (Karl)

'When you have a commitment, you cannot break it easy. Being successful for me is because I really want it as bad as everyone else does. It is a commitment; therefore I have to put effort into my studies. I rather not sleep for two or three days but complete my assignments on time. I don't do this just for myself but to make my family proud as well. One thing I am afraid of is the fact of failing in life. That is what keeps me going and makes me likes to study more.' (Karl [SF])

Sam identified his motivation for success in his picture (Image 5.27) of his two sons. Sam maintained a focus on the overall aim of his time studying in Australia.

Image 5-27: My two kids (Sam)

'When we face problems appearing huge in the beginning, we have to get over it and find the solution. It is like visualising our aims, targets and even problems by linking it to a live example and finding a spot of light in that darkness. Always let us try this strategy to get over our problems which look fake in their size, always see the whole image.' (Sam [SF])

Many of the participants had family and discussed the impact of family commitments with study. Phillip has a young family, and when he was studying, he sometimes needed to give his child attention. This was another challenge for the participants, who were struggling to keep up with their studies and develop a family life in a new location. They committed to their studies and their family and hoped that they worked in harmony (see Image 5.28, 'Family commitments').

Image 5-28: Family commitments (Phillip)

'My partner has been busy to prepare dinner and our little son was crying. I recognise that I cannot study with that kind of noise and his mum is too busy cooking. I decided to hold my little son while studying.' (Phillip [SF])

Cathy, originally from the Philippines, was keen to extend her family base. Her family was still overseas but her new life was here with her Australian husband and children. She was determined to teach their children her language and cultural heritage, because she felt they would be better and stronger because of their dual heritage.

'I am branching – making a different branch of your connection to others, giving part of yourself to others – each generation a better version of the last.' (Cathy [FG])

Cathy likewise contemplated her move to Australia and the impact, both positive and negative, that this had on her and her family. She wished for freedom, but had not realised the personal cost of leaving her extended family and friends. She hoped her decision was right and decided that she had the choice to make the most of this change for the better. Having choice makes the decision one of freedom not adversity. Her thoughts around her identity and change emulate those of Sophie and Charles in that the change from familiarity and family made them question the progression of adaptation and the impact of being in Australia on their individuality. Cathy recognises the freedom allowed her and has decided to be like the clouds, as in Image 5.29.

Image 5-29: Clouds (Cathy)

'I have decided to be like the clouds, free and go where I want to be. I have moved to Australia. But moving to Australia has changed me. I needed to move across faster to different things and sometimes loses track of the important things in life. We are like clouds in some way. We move and settle in different towns, states, countries and continents. We also experience changes in the physical, mental, psychological, cognitive, financial and social aspects of our lives. I do not know if too much freedom and change is good for someone. I do not know if I have caused my family and friends grief when I have decided to move far away freely on my own and be changed by the situation I have been into. We need to understand if the change is for the good or bad. I have to make the most of my decision of change and moving for the good of those that I care about.' (Cathy [SF])

Whereas family is cited as the motivator for success, family responsibilities still persist and often compound the ability of participants to concentrate on their studies. Charles expressed these thoughts during the focus group. He said that he felt his success in the nursing program would ultimately be his family's success, and strove to maintain his study schedule alongside competing family priorities.

'Sometimes that's a little bit distressing because you are – as you have a family, you think about your family, you think about how to raise your family, you think how to [raise] your [course]. Really you set up a timetable and sometime it does not fit. You set up two hours, three hours to learn two chapter and at the end you did just half of one chapter. You said ah, I can't cope with all those things, yeah. It was a little bit – [organise] time.' (Charles [FG])

5.6 Conclusion

The participants of this photovoice project aimed to tell their story about their experience of being an EAL and international nursing student born outside Australia.

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They were honest in highlighting the issues that affected them, because they said that their aim was for others to benefit from their experience.

This chapter has presented a thematic analysis of all data gathered in Phase 2 of this project. The major themes identified were: 1) difference; 2) gratitude; 3) motivation; 4) hard work and 5) seeking help.

Chapter 6 presents a discussion of these findings.

Chapter 6   Discussion

'There is another question that cannot be overlooked either, namely, the question of cultural identity in relation to both individuals and classes among the learners and for which (in the context of forward looking educational practice) respect is absolutely fundamental.   It is connected directly to the challenge of assuming who we are, which is what a purely technical, objective and grammatical vision of education cannot do or be.' (Freire, 1998, p.46)

6.0   Introduction

This study has aimed to contribute to knowledge of international nursing students' experiences of studying nursing in Australia, and ultimately enhance the support offered to these students. Informed by the research question: 'How do social, cultural and educational forces impact EAL and international nursing students?' This chapter discusses the themes identified via qualitative analysis, as presented in the previous chapter, and the significance of these themes in light of the current literature related to this phenomenon.

6.1   Overview

This project involved two phases. Phase 1 was a systematic review of the literature using JBI processes, while Phase 2 involved a photovoice analysis of the experiences of nursing students studying a Bachelor of Nursing at a regional university, who had English as an additional language and were born outside Australia. As discussed in Chapter 2, a systematic review is an analysis of available literature using critical appraisal and synthesis through a standardised structure to produce a high quality evidence-based report (JBI, 2011). In The Systematic Review: Phase 1, these findings served as a foundation for this research project. Following the analysis of data in Phase 2 of this project, a further review of the literature was conducted to ensure that all recently published literature was identified. The findings from this refreshed literature review upheld the original systematic review findings and provided a new perspective that was solutions-focused; that is that the joint responsibility of both nursing academics and international nursing students is to identify and implement strategies to address the particular challenges faced by those students (Hansen & Beaver, 2012; Veal et al, 2012).

Phase 2 of this research was a logical progression from Phase 1, which identified the need for further exploration of the academic and social issues faced by international nursing students. It adopted a critical qualitative methodology, as discussed in depth in 'Chapter 3: Methodology Phase 2' of the project.

The photovoice method used in Phase 2 employed photographs to highlight or give 'voice' to international nursing students studying at one regional university; and findings provide a deeper understanding of that community's needs. Photovoice

enabled participants to both share and make meaning of their experiences, by working with the SHOWeD framework based on Freire's empowerment education theory and adapted by Wallerstein and Bernstein (1988) for health promotion.

Freire's work has been very influential in this project. The themes of his lifework centred on education, hope and critical optimism (Freire & Freire, 1998). Through this inspiration, the title of this project, '*Pedagogy of us: A critical research study of the experiences of EAL and international nursing students*', reflects Freire's theoretical perspectives that pedagogy is about how we all learn from others' experience and that voice is a precursor to change.

The data analysis in Chapter 5 represented the culmination of the participants' words and photographs to tell their experience of being a nursing student with English as an additional language (EAL), born outside Australia and choosing to study outside their homeland. Thematic analysis was used as a method to identify important and significant outcomes that support the research question by unifying the responses (Braun & Clarke, 2006). The next section discusses the outcomes.

6.2   Discussion

This project looked at the experiences of students born outside Australia and for whom English is an additional language, studying a Bachelor of Nursing at an Australian regional university. This was achieved, as discussed above, through two convergent methods: the systematic review and the photovoice method. This section discusses the findings in relation to the existing research data.

It is important to review and discuss how the term 'international student' was defined. This study has revealed that nursing students from an international background define themselves as international, despite funding arrangements within the higher education system in Australia that define students with permanent Australian residency, or holders of a (Permanent Humanitarian Visa) PHV, as 'domestic'. International students, then, are defined as those students who do not have either permanent residency, or a PHV, and thus pay full fees. This definition has many outcomes, including what the student pays for their tuition, but one negative outcome is that because university systems do not recognise these students as international, these students then may not be identified as needing the additional assistance that is sometimes available for international students. In this study, the term 'international student' has been broadened to include all students from an international background who define themselves as international students.

It appears that after 20 years or more of research related to the experiences of EAL and international students, the same cultural, social and educational hegemony persists, as appraised in the systematic review in Chapter 2.

> '*Perhaps the most disappointing finding in this review is that, in relation to understanding and responding to the unique challenges experienced by international nursing students where English is an additional language, and who choose to*

study outside their homeland in English, insufficient progress appears to have been made over the past twenty years. The review's scope from 1990 onwards finds the same themes and ongoing issues in 2011 as found in earlier papers.' (Terwijn et al., 2012)

This research project has highlighted many of these issues and provided rich evidence of the challenges and opportunities of being an EAL or international nursing student. Nursing is a profession based on the connected values of holism, advocacy, care and professionalism (Volp, 2007), with cultural competence seen as fundamental to caring within nursing (Canales & Bowers, 2001). Yet, from this and other studies, it is evident that traditional Western education and practice standards are imposed on EAL and international nursing students without sufficient cultural consideration. This is typically described as cultural hegemony (Jackson, Hutchinson, Everett, Mannix, Peters, Weaver & Salamonson, 2011).

However, there is evidence of some positive change. For example, there is a greater acknowledgement of the need to support international students via faculty and student-centred systems (Hansen & Beaver, 2012; Veal et al., 2012; Yoder, 1996, 2001). There is strong support within the literature for nursing academics to lead change within nursing curriculum and dedicated academic support programs (Hansen & Beaver, 2012; Veal et al., 2012). Gardner (2005a, 2005b) and Choi (2005) demonstrated the value of such initiatives in their findings about the determinants of academic success of international nursing students.

Another proactive highlight has been a student-centred approach to identify and acknowledge issues, and progress them in a proactive way. In this case, it is international nursing students identifying the challenges and moderating their effects (Khawaja & Stallman, 2011; Pitkajarvi et al., 2012; Smith & Khawaja, 2011).

There were four (4) overall major findings in 'Phase 1: The Systematic Review':

1. The international nursing student's capacity to succeed is influenced by a range of academic, socio-cultural and personal challenges. Social exclusion, discrimination, family and financial commitments impact greatly on the resources of international students.

2. International nursing students' genuine desire to succeed should be acknowledged and supported by academic programs and staff. International nursing students need to be acknowledged for their strengths and determination.

3. International nursing students need support to achieve the academic standards required. Developing academic skills, clinical competence and therapeutic communication skills for nursing requires a dedicated program to respond to the needs of international students.

4. International nursing students have more positive experiences and outcomes when they study at a university that values cultural diversity. Cultural recognition is fundamental to a positive learning experience for international nursing students.

The findings of Phase 2 (the photovoice project) involved identification of the five (5) major themes of: 1) difference; 2) gratitude; 3) motivation; 4) hard work and 5) seeking help. These findings were congruent with the findings of Phase1. Figure 6.1 is a depiction of the congruence between the findings of Phase 1, shown in the inner circle, and Phase 2, shown in the other, overlapping tabs.
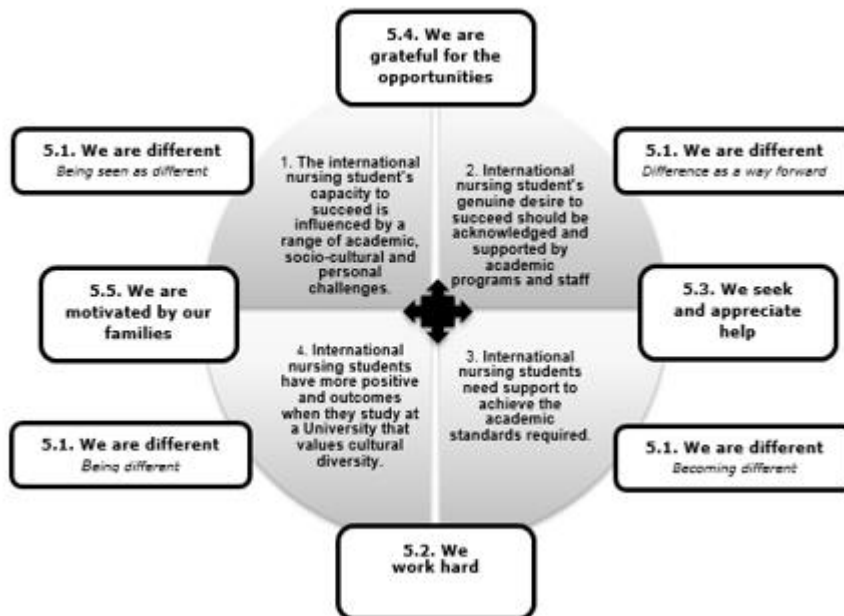

Table 6-1: Congruence between Phase 1 and Phase 2 findings

The first finding of the Phase 1: Systematic Review, that the international nursing student's capacity to succeed is influenced by a range of academic, socio-cultural and personal challenges, was represented strongly in the findings of Phase 2 of the study. The Phase 2 findings of 'being seen as different' and 'being motivated by family' reflect the Phase 1 finding that a number of challenges these students face may influence success for international nursing students.

In Phase 2, the participants faced barriers centred on difference. They recognised that they were different and seen by others as different. Some of the participants claimed that their experience of coming to Australia and studying had resulted in becoming different. In some ways, these differences were seen as a way forward through perseverance and adaptation. However, being different created challenges and language was a major contributor to this.

In this research project the participants collectively spoke, wrote, and read 13 separate languages. As many of these languages were unique to homelands, all participants gained English as an additional language. Studying nursing in a new language was challenging and studies reveal this a significant issue in the experiences of nursing students with English as an additional language (Bleich et al., 2014; Crawford & Candlin, 2013b; Pitkajarvi et al., 2012; Shakya & Horsfall, 2000). Issues such as healthcare terminology (Mulready-Shick, 2013) and clinical experience (Junious et al.,

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2010; Malecha et al., 2012) impacted critically on international nursing students' ability to attain goals and be successful in their studies.

As spoken language is the predominant human form of communication, difficulties in being understood or understanding what was said, resulted in the students having a real sense of isolation. Spoken language affected the participant's ability to communicate and comprehend personally, academically and professionally. It affected the students' ability to be included, acknowledged, and valued. It is a major hurdle for international nursing students as it identifies their difference in being from another country (Khawaja & Stallman, 2011), and in having English as an additional language (Smith & Khawaja, 2011). The other major difficulty is that others (such as other students, nursing academics and clinical facilitators) may perceive that language difficulties actually reflect an international nursing student's level of intelligence (Mulready-Shick, 2013; Rogan et al., 2006). This attitude is counterproductive to progressing understanding and equity in nursing education, and is an example of language hegemony.

Having English as an additional language was challenging; however, another difficulty was that the Australian-English language was unlike the formal English language participants had learned. The nuances of conversational Australian-English with slang, abbreviations and quick speech creates confusion for international students in understanding the flow of discussion, leading to misunderstanding and misinterpretation (Wang, Singh, Bird, & Ives, 2008). Rogan et al. (2006) further identified that international nursing students felt excluded because they not only had challenges in understanding what was said, but they also struggled to understand the context of the conversation due to the pace of the Australian language. This study has also identified that language barriers reduced participants' ability to be assertive and advocate for themselves therefore revealing that understanding and using the nuances of the Australian language serves to empower those who have this knowledge, and disadvantage and isolate EAL and international nursing students.

The language standards required in healthcare are mirrored by the expectation of understanding and use of technology within academic and clinical settings. As nursing curricula progresses to the market demand, online and blended learning models are dominating educational delivery (Button, Harrington & Belan, 2013). For on-campus students, the online environment is still prolific as universities cater to work-life requirements, flexible delivery of course materials and educational demand.

Computer literacy and use was identified, in this research project, as a challenge to international nursing students. This was confirmed by (Veal et al., 2012) who reported that international nursing students felt inadequate and insecure in their use and familiarity with technology. It confronted the participants in two ways. The first centred on everyday academic learning and teaching issues. Learning Management Systems (LMS) are designed to provide a space for course content and information; however, the expectation that registered university students have prior knowledge about basic computer use is presumed. Loftin et al. (2012) stated that international nursing students had difficulties with access to a computer and the internet at home, as well as apprehension about using basic computer software.

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Another example from this study was nursing students who held a PHV; as discussed earlier, this group has refugee status. For these students who have spent several years in refugee camps, the use of computers is not intuitive. Those fortunate enough to have access to electronic technology from a young age develop computer literacy, yet those who have not had regular exposure to this technology have to learn both the underlying concepts and also the skills necessary to use electronic technology effectively. The 'digital divide' is created by the skill limit and limited access to a computerised society. Whereas EAL and international nursing students are enthusiastic and willing to participate in the technology, language and skills inhibit their use. (Alam, Imran, Davison & Davison, 2015)

Healthcare in the 21st century involves the use of computerised equipment to augment nursing practice and reduce the probability of human error (Santos, Hoh, & Soliven-Llaguno, 2013). In this project, the increased use of computerised medical equipment was confronting for the participants because they lacked prior exposure to such equipment. Additionally, the fear of using the equipment incorrectly, in a manner that would cause harm to a patient in their care, was uppermost in their minds.

As well as the challenges associated with language and technology, participants often confronted social isolation. The participants stated that their progress in life came from within, that is, knowing what it takes to succeed. The participants were a motivated and intelligent group of nursing students. They focused on the future, citing their families as their motivation. However, in doing this, some international nursing students left their children in the care of relatives and moved to another country to study, and this caused great anxiety and a need of family for support (Shakya & Horsfall, 2000). McDermott-Levy (2010), in her study of Omani nurses in the United States of America (USA), found that adapting to life without family, in a foreign country, was stressful and further isolating.

Another issue which significantly influenced the experience of being an international nursing student was the isolation felt as a consequence of being different (Gardner, 2005a; Khawaja & Stallman, 2011; Loftin et al., 2012; Malecha et al., 2012; Rogan et al., 2006; Shakya & Horsfall, 2000). In Phase 2, although participants graciously accepted their difference and others' reactions, it was not easy for the participants to fully understand those reactions. International nursing students understand that the other student's lack of exposure to other people and cultures allows for unopposed insensitive remarks toward them (Gardner, 2005a). International nursing students maintain that they are excluded from groups within tutorials or excluded from any social interaction outside the classroom, often citing that their knowledge was not valued or wanted (Gardner, 2005a; Shakya & Horsfall, 2000). This study has reinforced that these issues of exclusion and isolation are real and disabling.

Gardner (2005a) described the experience of total exclusion for some students, who revealed feelings of isolation, loneliness, passivity and depression, and a wish for acceptance and equality. In this study, exclusion, isolation and loneliness persist with a plea for friendship and inclusion collegially on a professional level. Discriminatory conduct within the workplace facilitates the exclusionary tactics and is legitimised because of the nature of this behaviour that favours the dominant (Jackson et al., 2011).

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It was notable that participants in the photovoice project expressed a level of acceptance of behaviours and attitudes, which could be considered to be stereotyping and labelling. That is, they perceived that they were homogenised and viewed as one group (international students) who were different and created additional burden for their peers and teachers, rather than being seen as individual and unique nursing students.

The second finding of Phase 1, that international nursing students' genuine desire to succeed should be acknowledged and supported by academic programs and staff, correlates with the Phase 2 finding of 'being grateful for the opportunities' and 'difference as a way forward'.

For international nursing students to move beyond their perceived and real barriers, a resilient and positive attitude was highlighted within the literature as essential for success (Veal et al., 2012; Zheng et al, 2014). The participants in Phase 2 of this research study displayed resilience and an ability to cope. They demonstrated a sense of purpose and a vision for their future that allowed them to embrace the opportunity to study nursing in order to increase their ability to provide for their family and give to the community.

As part of a student-centred approach to moderate the challenges faced as an international nursing student, Khawaja and Stallman (2011) and Smith and Khawaja (2011) highlighted coping strategies used by international nursing students, such as joining community groups to practise English and have social interaction, as well as setting realistic goals.

International nursing students may require academic adjustments to assist them in managing the challenges of studying in another language. For example, (Pitkajarvi et al., 2012) found that international nursing students studying in Finland did not benefit from receiving large amounts of instruction and information at the one time. An applied theoretical and practical link, through both visual and everyday nursing examples, aided international nursing students with a comprehensive and realistic pedagogy.

These challenges around appropriate and inclusive teaching methods in nursing curriculum were identified in both phases of this research project. Yoder's (2001) model of inclusive teaching practices in nursing acknowledge the diverse range of teaching attitudes that exist in nursing faculties, with some academics keen to respond to different student needs, and others less flexible in their approaches. She identified that, for international students, inclusion in class discussion acknowledged their presence and contribution. However, Phase 2 of this study revealed that international students felt 'lost' in their classes, and unable to contribute because they felt inadequately prepared. This was because it took them a lot longer to comprehend the study materials, as they were studying in another language. Mulready-Shick (2013) also found that educational hegemony persists within nursing, despite the diversity of the profession. Her findings also demonstrated that EAL and international students use resilience to progress beyond these traditional yet dominant educational practices.

The workload for international nursing students was exhausting and constant. In this study, the participants focused on the amount of study and work required to maintain a passable standard in their nursing courses. Some of the participants felt swamped by the difficulties associated with studying in an additional language, developing technological understanding and meeting assignment commitments. They felt constantly overwhelmed by the workload, and their perceived inability to meet this standard. One participant noted that to understand and contextualise ten minutes of lectures took him one hour of study. However, an ability to commit to their studies, despite feeling overwhelmed, gave participants the impetus to continue to achieve their goal in their new country (Pitkajarvi et al., 2012). Time management and preparation was paramount to coping including the availability of student services to assist (Khawaja & Stallman, 2011; Veal et al., 2012).

For some of the participants, the differences between their country of origin and Australia meant that resettlement in a new country had brought liberation, peace, freedom and opportunity, particularly for those nursing students who held a PHV and those who moved from their homeland because of political unrest. They felt that the availability of gender equity, freedom of speech and peace were worth the departure from their homeland. Living in harmony in a multicultural nation, with all that is available for a new life with opportunity, was motivation for the journey.

Adapting to a new life in another country was paramount to the success of participants in this study. Leaving family and an established life meant starting again, and although confronting, it had been a once-in-a-lifetime opportunity. This finding concurs with other studies exploring the experiences of international nursing students (De Luca, 2005; McDermott-Levy, 2010). These positive outcomes were also found by McDermott-Levy (2010), who described personal growth, independence and the overseas experiences for a group of Omani nurses as positive outcomes from studying in a foreign country.

Gardner (2005a) found that having a degree in nursing opened employment opportunities and provided a chance to improve the family life of the international student. The participants in this study worked hard to achieve their goals. It was not always an easy path but many had faced difficulties in their past lives and found that any barriers provided an opportunity to learn, reflect and move forward. International nursing students overcome doubts and develop self-determining attitudes as their confidence increases, allowing them to advance forward in their lives (Mulready-Shick, 2013). The participants in this research study had the opportunity to gain a qualification and employment in a new country or alternatively, return to their country and expand the professional capacity of the healthcare community. Self-determination motivated many international nursing students (Shakya & Horsfall, 2000).

The third finding of the Systematic Review: Phase 1 stated that international nursing students need support to achieve academic standards required, and this was also evident in Phase 2 with the finding that 'we seek and appreciate help'. They felt that acknowledgement by nursing academics when seeking help was of great advantage to them. They were 'becoming different' because the additional help they received enabled them to develop their clinical and academic skills.

Amaro, et al. (2006) revealed that groups or associations for students who were culturally and ethnically diverse were helpful, by providing academic support, motivation and social support within a safe environment. Similarly, the participants in this study requested dedicated support to help achieve their aims. Rogan et al. (2006) found that a dedicated support program for international nursing students helped remove the language barrier by developing general conversational skills and appropriate responses in therapeutic communications; this lessened the anxiety experienced by international students.

The participants in Phase 2 of the study respected and availed themselves of the resources provided by the university to help in their studies. This act was regarded as support for their success and was a motivator for achievement.

By accessing the university resources provided for them, the participants felt valued and responded by proclaiming a strong bond with the regional university. The library and the learning centre were the two resources most valued by the nursing students in this project; the library because of its one-to-one person (human) contact, vast resources, available technologies and instruction on how to best utilise them; and the learning centre because it provided support in two major areas. One was academic, in that assistance with writing, assignments and study tips was provided. The second was in a personal sense that all students were accepted and time made available. Both these attributes demonstrated the student's value to the university and its desire to progress their goal of success.

The last Phase 1 finding, that international students have more positive experiences and outcomes when they study at a university that values cultural diversity, resonates with the Phase 2 findings of being different and working hard. When academic staff made an effort to understand and acknowledge the differences and difficulty that some international student experienced, it helped the student gain confidence in their voice being heard (Gardner, 2005b).

For the participants, maintaining a positive attitude to life and success was tempered by social and academic isolation. As discussed previously, the development of a positive student-teacher relationship provided support, which gave confidence to international nursing students (Rogan et al., 2006). Similarly, on clinical placement, dedicated clinical mentors for international nursing students help to facilitate a positive clinical experience (Jeong, Hickey, Levett-Jones Pitt, Hoffman, Norton, & Ohr, 2011). As described by the participants in this study, a clinical mentor who liked you became the fine line between a good experience and a bad one. This point is reiterated in the findings of the systematic review in that 'International nursing students need support to achieve the academic standards required' (Terwijn et al., 2012). Through clinical mentors and dedicated academic assistance, international nursing students build the confidence, support to progress, and be successful in their nursing program (Choi, 2005, 2014; Mulready-Shick, 2013; Smith & Khawaja, 2011; Veal et al., 2012)

The international nursing students worked hard to adapt; worked hard to keep up with their studies; worked hard to have a future in nursing; and worked hard to keep their family together. Notwithstanding, this pressure they forged a bond of belonging to the

university. Personal interest and support by nursing academics helped international nursing students gain confidence and facilitate self-determination (Shakya & Horsfall, 2000). The participants of this study confirmed this, although they called for more dedicated help with their academic studies.

In summary, this chapter has thus far discussed the congruence between Phase 1 and Phase 2 findings, with the overarching outcome being that international nursing students are identified and identify as different. Sadly, this supports earlier research findings that aggression, casual racism and intolerance within nursing is persistent (Mapedzahama, Rudge, West & Perron, 2012). This difference creates both challenges and opportunities that extend beyond the individual nursing student and are important for nursing education and nursing practice as a whole. The value of a culturally diverse, multi-lingual nursing workforce is in its capacity to understand and respond to the needs of a culturally diverse, multi-lingual community.

As nursing students, being born outside Australia and speaking other languages, 'being different' enabled participants to have personal insight into the language and cultural difficulties faced by their patients (Green, Johansson, Rosser, Tengnah, & Segrott, 2008). The value of this finding needs to be acknowledged. Within the context of nursing and multicultural populations, providing culturally sensitive nursing care through multi-lingual nurses adds to the care of patients and the value of a culturally diverse healthcare workforce (Shakya & Horsfall, 2000). The systematic review findings highlights that valuing difference was an integral part of the respect and acknowledgement international nursing students bring to the health workforce in a multicultural nation (Terwijn et al., 2012)

The Nursing and Midwifery Board of Australia (NMBA) recognises the value of diversity in the nursing workforce and sets expectations through ethical standards to uphold respect for colleagues. It states,

> *'Colleagues: Nurses value and accept diversity among their colleagues and acknowledge the need for non-discriminatory interpersonal and interprofessional relationships. They respect each other's knowledge, skills and experience and regard these as a valuable resource.'* (NMBA, 2008, p. 4)

This project identified many challenges that have been a constant in studies of international nursing students' education. Having stated that, this was a positive photovoice project. Its focus was not on the past, but on what the future holds, on moving forward to find solutions, to make it better and more accessible for the students in the future. It used participants' experiences as a platform for improvement and acknowledgement of their self-determination and persistence to succeed and become registered nurses.

From the findings, it can be proposed that cultural dominance issues remain with the university process, academic staff and structure of courses. There is room for a more inclusive nursing curriculum that services the international nursing student population equitably and acknowledges the impact of one culture with another (Choi, 2005, 2014;

Mulready-Shick, 2013; Veal et al., 2012; Yoder, 1996, 2001). Veal et al. (2012) stated that the persisting monolithic culture of educational hegemony negates any progress that nursing faculties are able to make in providing a global perspective in pedagogy. Yet, as borders shrink, a global perspective of nursing is the evolution of an inclusive and culturally valued curriculum.

These are provocative yet relevant statements to all nursing faculty in Australia. However, from this research study some of the issues highlighted and discussed are not exclusively nursing issues, but societal issues of intolerance and fear, to which there is submissive acquiescence.

6.3   Strengths and limitations of this study

This project has a number of strengths that derive from its inclusive, empowering methodology. Photovoice gives voice to the marginalised and vulnerable. Photovoice has a proud record of working with those who normally do not have a voice, and facilitating action with policy makers to make change from within (Tanjasiri, Lew, Kuratani, Wong, & Fu, 2011; Wang, 1999; Wang et al., 2000; Wilson et al., 2007). This is directly consistent with, and an identified strength of, the methodological underpinnings of this method.

The participants' voices are the strength of this project. Their motivation to be part of this project and have their voices heard through their photographs and analysis was gratifying. It contributes to the body of knowledge that exists about the experience of nursing students studying outside their homeland. As part of the photovoice process, the researcher and participants worked together to create a positive outcome. Chapter 5 highlighted the data analysis through themes. It helped capture the experience and insight into the everyday challenges, achievements and goals of this group of nursing students.

Photovoice offers unique research opportunities in nursing. Nurses care for all and it is often the poor, weak, vulnerable and disempowered who experience the poorest health and hence are most in need of high quality, inclusive nursing care (McMurray & Clendon, 2015). Photovoice has a unique capacity to give marginalised groups a voice through the globally available and affordable technology of digital photography. Sontag (1973) maintained that photographs were powerful but remain subjective without interpretation.

One of the early components of photovoice was that of training the participant in the use of a camera and the cost. Where once this was a significant factor, convergent technology of mobile phones has shifted the emphasis on a photograph, to the social media influence of unconscious photography. The implication of this statement is that taking a photograph is no longer a separate act but one that is intertwined within everyday life like an exclamation mark at the end of a statement! With digital technology, cost is no longer prohibitive and allows choice of multiple photographs taken.

Through individual empowerment, reality is formed. Photovoice delivers an opportunity for people who do not normally have a voice, such people with intellectual disabilities (Jurkowski & Paul-Ward, 2007); Indigenous peoples (Castleden & Garvin, 2008); Aboriginal health workers (Wilkin & Liamputtong, 2010); and people with spinal cord injuries (Newman, 2010). Within nursing, photovoice could provide rich and meaningful data about patients', hospital staff and nursing students' experiences. Its strength lies in the unique perspective gained.

There is a large scope of experience to progress the opportunity of photovoice research within nursing. Freire (1973) highlights the fact that by imposing standards that raise the consciousness can often exacerbate the oppression of the powerless. Ethical reflection and practice is paramount. The limitations lie within providing ethical and conservative strategies to protect the vulnerable and not facilitate oppression.

The limitations in this research project centre on the qualitative quandary that each story is unique and never captures every experience. It is noted that this was never the intention. It would have been ideal to capture more nursing students from some other countries such as India and Nepal that have substantial representation at this and other regional universities in Australia. However, capturing a snapshot of this experience, at this time, for these particular nursing students, was achieved and is significant in its own right. Each theme identified could serve as a photovoice project. A dedicated photovoice project highlighting the experiences of nursing students with a Permanent Humanitarian Visa would be a contemporary and insightful project for nursing. The limitations also centre on the ability to change the issues raised in a timely manner. Keeping pace with societal and political responses that affect the quality of experience as a person with an EAL background remains uncontrollable and limiting.

With dedicated time and funding, this study would be adaptable to replication with each intake of new international identified nursing students, or across different universities and disciplines.

6.4 Conclusion

This study draws on the experience of studying a Bachelor of Nursing at a regional university for students who were born outside Australia and for whom English is an additional language. Each participant in Phase 2 of this project had his or her own journey and individual experiences. The view that all 'international' students are the same and have the same issues is clearly stereotypical and incorrect.

This chapter has brought together the findings of Phase 1 and 2 of this project, and discussed their meaning. A literature review to assess for new knowledge published after the completion of Phase 1 found further congruence, but also a welcome progression to explore better support options and hence outcomes for international nursing students {Hansen & Beaver, 2012; Veal et al., 2012).

In the next chapter, the conclusion and recommendations from this research project are discussed.

Chapter 7   Conclusions and recommendations

> *'The problem is confused because a lot of people use organizing to do some education and they think it's empowerment because that's what they're supposed to be doing. But quite often they disempower people in the process using experts to tell them what to do while having the semblance of empowering people.'*(Freire & Horton, 1990, p. 120)

7.0 Introduction

It is clear from this study that students who have English as an additional language, who were born outside Australia and who are studying a Bachelor of Nursing at a regional Australian university, experience challenges because of their difference. Yet, the participants of this study maintained a positive and forward outlook to advance their goals for success in nursing by working hard and accepting help. They recognised that their personal success was also success for their family. This was critical to them.

Through photovoice, this research project has presented evidentiary images and the contexts behind these images, as provided by a group of nursing students born outside Australia, with English as an additional language and studying a Bachelor of Nursing at an Australian regional university. It is the power of photography and its interpretation of reality that provides sincerity and credibility to this project (Tracy, 2010). The images sit in the memory of those who witness them and understand their context (Sontag, 1973). The message is never stagnant.

The messages from the images in this project are positive and pragmatic. Although there is a high level of resilience displayed, the outlook is always to the future, never dwelling on the past. For these participants, engaging in this project was part of that positive outlook; it was a way of sharing their journeys and helping others in the future. This outcome is consistent with (Wang & Burris, 1994) the acknowledgement of photovoice's foundation as a method of active reflection and action.

Using the photovoice method and methodology, this research project involved the participants as co-researchers by providing a structured yet flexible method that allowed them to tell their story through photographs. As part of this process, a workshop was held to instruct participants in the aims of the project and what their contribution would involve. Participants then took their photographs in answer to the research question provided. Each photograph was analysed by a Freirian-based framework, the SHOWeD framework, which explored the cause of the issue depicted in each photograph, and the effect of that issue on them. Finally, participants were asked to consider ways to address those issues. Once the participants had completed their photographs and analysis, they shared their experience at a focus group. Many of the themes were evident across all the data and this provided credibility of the process and its outcomes. Through thematic analysis, the themes highlighted the experiences

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of this group. In Chapter 6, discussion of these outcomes in comparison with the outcomes of Phase 1 of this project, and in relation to recent research findings around this topic, it was noted that little had changed since the 1990s, for nursing students born outside Australia, and for whom English is an additional language. However, the more recent literature does present a stronger awareness of the difficulties and challenges facing this cohort of students, even if solutions are yet to be determined.

As with all research, there are strengths and limitations and this project is no different in that regard. This chapter will discuss the strengths and limitations of this study, as well as the emergent conclusions and recommendations for nursing education and practice.

7.1 Implications for practice and recommendations

Nursing has been criticised for maintaining its monolithic cultural identity (Veal et al., 2012) and struggling to adapt to cultural diversity in the curriculum (Guhde, 2003; Yoder, 1996, 2001) and the clinical setting (Edgecombe et al., 2013; San Miguel & Rogan, 2012). With these challenges, the voices of international nursing students and indeed international nurses could offer much to expand this mono-cultural perspective. For example, Pitkajarvi et al. (2012) demonstrated how feedback from international students had been used to improve support and conditions for that group.

At this point, the participants are enrolled in a Bachelor of Nursing at the selected regional university that has well-established committees and resources directly appointed to assist students from overseas. It must be mentioned that this occurs and that a sincere and consistent effort is made to help. This support was valued and appreciated by the participants in this study, as captured through their photographs and analysis of the connection or 'bond' with the university.

It is a clear message from the participants in this project, through the photographs and the analysis, that they want and need help with their course work, clinical skills and workload recognition. Consistent with the message of this project, international nursing students need to express their needs and work with academic staff to address these needs. Beginning nursing students, however, may not be aware of the requirements and workload of the nursing program. There is a need to understand basic realities about being a nursing student born in another country, having English as an additional language and studying an Australian nursing curriculum. From this statement, **the recommendation is to provide dedicated assistance to international students at all levels of the nursing program through**:

- Clinical skill instruction
  - Small group clinical skill instruction
  - Availability of laboratory practice of medical equipment outside course time
- Theoretical coursework
  - Provide a dedicated tutor to scaffold assistance and the formation of small study groups at year level for each semester
  - Provide all lectures on audio technology with written script
  - Provide reasonable goals through recognition of greater workloads for students with English as an additional language.

Under current workload models, no individual nursing academic can be responsible for providing dedicated assistance to international nursing students within each course, given the typically high teaching workloads for nurse academics. There is inadequate resourcing to provide the individualised support that international students need. Therefore, **it is recommended that nursing academics teaching into nursing courses be allocated fair and equitable workloads to assist nursing students who identify as international.** This is especially significant in the beginning level of nursing programs where nursing students seek more assistance.

Having made this statement, it is equally important for Bachelor of Nursing programs to encompass a global perspective. While life in Australia is relatively calm and predictable, with most Australians enjoying good health and good health care, this is not the same in some of the countries from which international students originate. More recently, the world has witnessed atrocities within the newly formed Islamic State, the Israel and Palestinian conflict, the Ukraine crisis, the Ebola epidemic in west Africa and, at home, Australia's inability to recognise refugee status and adequately and humanely deal with displaced people. These events create tremendous suffering and health challenges for many people, to which nurses are called upon to respond. **It is recommended that a global perspective be fundamental to Bachelor of Nursing programs, in recognition that students from all parts of the world study these programs.**

Further to this comment, **it is also recommended that cultural awareness strategies be included for both nursing students and academics**. This is because many students in Bachelor of Nursing programs may have had limited exposure to other cultures and few opportunities to travel. These strategies may include an international student-led activity to highlight their homeland and their aims in becoming a nurse. Another strategy might be a nursing school-based approach where cultural exchange can happen through overseas clinical placement or local volunteer work with organisations supporting refugees. On a broader level, universities could adopt programs that demonstrate the value of diversity and encourage participation of all students.

The participants in this study felt socially and academically isolated. Most participants were keen to form new friendships and wanted to improve their language skills; however, one of the less pleasant findings of this study was that often this keenness was met with misunderstanding and exclusion. The 'difference' issue was clearly at

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play here. Consequently, **it is recommended that nursing students who identify as international be part of a mentoring program that pairs an international student with an Australian 'domestic' student, as a way forward to better understanding of each other.**

Ideally, this concept would be a win-win situation in that the international student would have regular contact with another nursing colleague; it would help to improve their English conversation, understanding and language; and lead to a friendship. For the domestic student it would, for some, take them out of their comfort zone and assist in learning acceptance, embracing difference, and valuing inclusivity. For some, friendships might emerge.

As noted elsewhere in this project, it was challenging to find the right terms with which to identify participants. In reality, the participant group was diverse and included people who were international students on a student visa, paying full fees to study; Australian residents who were born outside Australia; and Permanent Humanitarian Visa (PHV) nursing students. This, naturally, is representative of the diversity of the international student group. Adding to that diversity was the differing cultural backgrounds of participants. Yet, very frequently, international students are seen as one group with the same needs. In a sense, they are labelled by their 'difference' to typical Australian students who speak native English, but their own differences are then ignored. While this project and others have established similarities of experience, **it is recommended that the concept of 'international students' does not provide another monolithic cultural identity but recognises individual needs and concerns.**

7.2 Conclusion

This study has highlighted the experiences of studying a Bachelor of Nursing at a regional university for students who were born outside Australia and for whom English is an additional language. The experience has shown that the participants had a profound determination to adapt and succeed, and they viewed this opportunity as a once-in-a-lifetime chance to improve their and their families' life circumstances. Their experiences highlighted a range of common issues for nursing students who identified as international. Through the aims of photovoice, these experiences can help reach policy makers and begin to enable change within their nursing community. The participants highlighted that they wanted to make this process easier for others like them who came to Australia to study, to live and to contribute. I hope that I have done them justice through this process.

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Appendices

Chapter 2 Systematic Review: Phase 1 Appendices
Appendix I (a): *Search Strategy*

Key words	Search terms	MEDLINE	CINAHL on EBSCOHost	COCHRANE	JBI	EMBASE	PUBMED	PsycINFO on EBSCOHost	ERIC on EBSCOHost	ProQuest
1	ESL nursing student	CALD	42	24 (11)	0	0	24	21 (0)	5 (4)	3 (0)	14 (2)
2	EAL nursing student	cross-culture,	43	4 (3)	0	0	5	20 (0)	2 (2)	0	0
3	Foreign nursing student	cultural competency; cultural diversity,	44	1863 (25)	1	0	15	522 (14)	29 (4)	84 (2)	29 (2)
4	Overseas nursing student	cultural transition, diversity,	8 (3)	498 (14)	0	0	10	53 (5)	3 (2)	3 (2)	0
5	Culturally diverse nursing student	ESL students, EAL students,	8 (3)	2821 (9)	0	1	21	198 (6)	22 (7)	3 (1)	50 (2)
6	CALD nursing student	ethnically diverse,	2 (1)	3 (1)	1	0	1	1 (0)	3 (0)	0	0
7	Cross cultural nursing student	foreign*,	2 (1)	11126 (1)	1	0	5	244 (0)	75 (6)	5 (0)	0
8	International nursing student	foreign-born, international,	2 (1)	26393 (15)	6	0	90	677 (2)	1545 (7)	35 (2)	52 (6)

	2 (1)	3205 (1)	4	0	24	357 (1)	51(4)	3 (0)	17 (0)
Transcultural nursing student	2 (1)	25706 (1)	2	0	6054	23918 (0)	7237	1477	273
Nursing student		17 (0)				4 (0)	2 (0)	0	0
NESB Nursing student	1995-2010 MeSH Discipline of nursing None	Limiter – first 100 entries			Limiter 1995 - 2010 Boolean/Search set	Limiter – first 100 entries			
mentoring, minorities, multicultural, NESB, nurse*, nursing migration, nursing practice, nursing program, nursing shortage, nursing workforce, Qualitative, racial, retention, tertiary, Tertiary education,									
(175)	11	81	0	0	0	28	36	7	12

Appendix I (b): Databases

EBSCOHost	Australia new Zealand reference centre	MasterFILE Premier
Humanities international complete	EconLit	Mental Measurements Yearbook
Biological abstracts	Education Research Complete	Humanities International Complete
Busine5s Source Complete	ERIC	Library, Information Science & Technology Abstracts
CINAHL with Full Text	GreenFILE	MAS Ultra – School Edition
Communication & Mass Media Complete	Health Business Fulltext Elite	Mental Measurements Yearbook
Computers & Applied Sciences Complete	Health Source – Consumer Edition	MLA Directory of Periodicals
E-Journals	Health Source: Nursing/Academic Edition	MLA International Bibliography
Academic Search complete	Hospitality & Tourism Index	Newspaper Source Plus
MAS Ultra – School Edition	Psychology and Behavioral Sciences Collection	PsycARTICLES
Regional Business News	PsycINFO	PsycCRITIQUES
Religion and Philosophy Collection	The Serials Directory	SPORTDiscus with Full Text

Appendix II: *Search Results*

1. Abriam-Yago, K, Yoder, M & Kataoka-Yahiro, J. The Cummins Model: A Framework for teaching Nursing Students for Whom English is a second language. Journal of Transcultural Nursing.1999; 10(2): 143-9.

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16. Davidhizar, R & Shearer, R. When Your Nursing Student Is Culturally Diverse. The Health Care Manager.2005; 24(4): 356-363.

17. DeLuca, E. Crossing cultures: the lived experience of Jordanian graduate students in nursing: a qualitative study. International Journal of Nursing Studies.2004; 42: 657-663.

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20. Dowell, M. Issues in Recruitment and Retention of Minority Nursing Students. Journal of Nursing Education.1996; 35(7): 293-6.

21. Dyson, S. Life History and Zimbabwean Nursing Student: 'Global Boarder'. Management in Education.2005; 19(1): 8-11.

22. Etowa, J, Foster, S, Vukic, A, Wittstock, L & Youden, S. Recruitment and Retention of Minority Students: Diversity in Nursing Education. International Journal of Nursing Education Scholarship.2005; 2(1): 1-12.

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66. Truong Donnelly, T, McKiel, E & Hwang, J. Factors influencing the performance of English as an Additional Language nursing students: Instructors' perspectives. Nursing Inquiry.2009; 16. 201-211.

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Appendix III: *Studies selected for retrieval (52)*

2 Aiken, L, Buchan, J, Scholaski, J, Nichols, B & Powell, M. Trends in International Nurse Migration, Health Affairs.2004; 23(3): 60-77.

45 Alonso-Garbayo, A & Maben, J. Internationally recruited nurses from India and the Philippines in the United Kingdom: the decision to emigrate. Human Resources for Health.2009; 7(1): 37-47.

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Appendix V: *Appraisal instruments*

QARI Appraisal instrument

Criteria	Yes	No	Unclear	Not Applicable
1) There is congruity between the stated philosophical perspective and the research methodology.	○	○	○	○
2) There is congruity between the research methodology and the research question or objectives.	○	○	○	○
3) There is congruity between the research methodology and the methods used to collect data.	○	○	○	○
4) There is congruity between the research methodology and the representation and analysis of data.	○	○	○	○
5) There is congruity between the research methodology and the interpretation of results.	○	○	○	○
6) There is a statement locating the researcher culturally or theoretically.	○	○	○	○
7) The influence of the researcher on the research, and vice-versa, is addressed.	○	○	○	○
8) Participants, and their voices, are adequately represented.	○	○	○	○
9) The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body.	○	○	○	○
10) Conclusions drawn in the research report do appear to flow from the analysis, or interpretation, of the data.	○	○	○	○

NOTARI Appraisal instrument

Criteria	Yes	No	Unclear	Not applicable
1) Is the source of the opinion clearly identified?	○	○	○	○
2) Does the source of the opinion have standing in the field of expertise?	○	○	○	○
3) Are the interests of patients/clients the central focus of the opinion?	○	○	○	○
4) Is the opinion's basis in logic/experience clearly argued?	○	○	○	○
5) Is the argument developed analytical?	○	○	○	○
6) Is there reference to the extant literature/evidence and any incongruency with it logically defended?	○	○	○	○
7) Is the opinion supported by peers?	○	○	○	○

Appendix VI: Data extraction instruments

QARI data extraction instrument

Extraction Details: Extraction - Name (2011)

* denotes field which will appear in report appendix

Methodology:	
Method: *	
Phenomena of Interest: *	
Setting:	
Geographical:	
Cultural:	
Participants: *	
Data Analysis:	
Authors Conclusion: *	
Reviewers Comments: *	
Complete	Yes ▾

NOTARI data extraction instrument

Extraction Details: Extraction - Name (2011)

* denotes field which will appear in report appendix

Type of Text:	
Those Represented: *	
Stated Allegiance/Position:	
Setting:	
Geographical:	
Cultural:	
Logic of Argument: *	
Data Analysis:	
Authors Conclusion: *	
Reviewers Comments: *	
Complete	Yes ▾

Appendix VII: Included Studies (19)

QARI (16)

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
Amaro, D, Abriam-Yago, K & Yoder, M , 2006 [14]	In-depth interviews	Grounded Theory	N=17 – this study consisted of 14 women and three (3) men. Eight (8) of the participants identified as Asian, four (4) as Latino, two (2) as Portuguese, two (2) as African American and one (1) as Ethiopian. There was a total of six (6) of the participants that held a Nursing degree from the State University and 11 who held an Associate Nursing degree from the Community colleges	The experiences of ethnically diverse nursing students' perceived barriers and coping mechanisms to achieve completion of a Nursing Program.	The author maintained the focus of the original study by Yoder (1996), comparing the findings to student experiences. The students' perceived barriers and coping mechanisms should be addressed by nursing faculty, with success in the nursing program as a positive outcome. The USA population mix is one of cultural diversity and the nursing profession needs to reflect this.	This study expands on Yoder's (1996) study of processes that nurse educators use to teach ethnically diverse nursing students. This study examines perceived barriers to ethnically diverse students completing a nursing degree. Many of the original finding are replicated in this study. It is an important and well-conducted study that highlights the needs and coping mechanisms of the study's participants.
Chamberlain, B , 2007 [33]	Two In depth interviews	Munhall's method of phenomenology	There were 10 participants 5 junior nursing students and 5 senior nursing students.	The meaning of the lived experience of	The author identified similarities and differences of four common themes that influence the	This study was difficult to understand at times. The interviews were transformed to diary

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
	transcribed to diary entry		There were 2 Filipino and 2 Hispanic women; 1 Russian male, 1 Romanian male; and 1 woman from each of Vietnam, Finland, Jamaica and Ghana. Participants' age ranged from 21 to 43 years. One student spoke English most of the time and the rest spoke their native tongue with family members and friends at home and socially. Most spoke English with US friends.	ESL nursing students	outcomes of the nursing students. All had a desire to become an 'excellent' nurse and this was the students motivating factor.	entries; however, the author does capture the lived experience of the ESL student and the common themes of communication, stressors, promotion of success and emotions.
DeLuca, E, 2004 [23]	Hermeneutic interviews (n=4-5) and participant journal with written reflections on the question,	Phenomenology	(n=7) Jordanian graduate nursing students	The experience of nursing students from an Arab culture (Jordanian) studying in an American graduate nursing program	This study revealed a theme of personal growth for students and enthusiasm to return to their home country with new skills. Within the post 9/11 paradigm in the US, the attitudes of	This is a well-researched article. Although it pertains to graduate Jordanian students, its relevance is in its reflective component and the emergent themes.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
					American/Jordanian student relationship may have altered. Faculty responsibilities include framing a relevant curriculum.	
Deegan, J & Simkin, K, 2010 [40]	In-depth interviews, clinical practice observation and personal journals (Triangulation)	Grounded theory (modified)	N=13. The age range of nurses from NESB is 25–40 years. Countries of origin are India, China, Philippines, El Salvador and the Czechoslovakian Socialist Republic. The group also fell into three (3) sub-groups. 1. a specialist group of nurses (n=5) with up to ten (10) years experience, who had worked in specialist areas. 2. A generalist group of nurses (n=5) who had worked in a variety of acute settings. 3. An inexperienced	The experience of overseas-qualified nurses undergoing formal competency based assessment for registration in Australia.	This study highlighted the appropriateness of formal assessment of nurses from NESB. The clinical experience revealed a lack of support and unreal expectations from local nurses. Feelings of isolation, discrimination and effective communication highlighted the barriers nurses experienced.	Although this study centred on overseas-qualified nurses, it is based in a university that aims to formally assess the clinical competence of nurses from NESB seeking registration in Australia.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
			generalist group of nurses (n=3) who had recently graduated and worked in one or two clinical areas.			
Gardner, J, 2005 [25]	Three (3) interviews with open-ended questions and probing questions to gain in-depth responses.	Qualitative descriptive study	Three (3) East Indian Nursing students who had lived in the US for at least five (5) years	The experiences and factors influencing the success of East Indian students studying at a university in USA.	To increase a culturally diverse nursing workforce, social, cultural and academic support is imperative for success.	This study focuses particularly on the East Indian culture and provides a case study on this basis. It highlights many of the recognised issues with that are perceived barriers to success such as family obligations and language issues to cultural conflict and self-determination to succeed.
Gardner, J, 2005 [15.]	In-depth semi-structured interviews with open-ended questions followed by	Phenomenology	The participants (n=15) were chosen as racial and ethnic minorities. The ages of the participants ranged from 22 to 47 years. Two (2)	The factors influencing success in a nursing school for a cohort of East	This study acknowledges the deficiency in the knowledge of the depth of challenges facing minority students. This extends from educators to majority	This study provides good thematic data of the experience of minority students in an

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
	probe questions to elicit in-depth responses.		participants were male and 13 female. Nine (9) of the participants were born outside the USA and 6 were US-born. The participants identified as follows:- three (3) East Indian; two (2) Hispanic; two (2) Hmong; two (2) African American; two (2) Nigerians; one (1) Filipino; one (1) Nepalese; one (1) Vietnamese; and one (1) Chinese.	Indian Nursing students	students and lack of cultural understanding.	undergraduate nursing program
Green, B, Johansson, I, Rosser, M Tengnah, C & Segrott, J, 2008 [26]	Semi-structured individual interviews – 10 in the UK and 8 in Sweden. Three (3) group interviews with eight (8) participants by the UK school	Case studies	There were 32 participants in total. 18 from the UK and 14 from Sweden. The ages of the 14 Swedish participants ranged from 22 to 30 years with 2 male participants included. The UK contingent had ages ranging from 19 to	The experiences of undergraduate nursing students undertaking international placement	This study has highlighted the personal and professional growth of students on international placements. The analysed data has also highlighted recognition of their attitudes to people from other cultures and background and in turn,	This study is well researched and documented. The Swedish side of the study is congruent to the review's aims.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
	and one (1) group interview with six participants by the Swedish school.		49 years with 3 male participants included.		discovered understanding and tolerance.	
Jeong, S Y-S, Hickey, N. Levett-Jones, T, Pitt, V, Hoffman, K, Norton, C & Ohr, S, 2010 [28]	Focus Group interview	Phenomenology	11 students	This study explored factors that influenced the learning experience of international students.	This study recognises barriers to students who are CALD as encompassing social, financial, political and intercultural factors. It also the highlights self-determination as a positive factor.	This study documents the challenges facing nursing students studying in the Australian university system.
Junious, D, Melecha, A, Tart, K & Young, A, 2010 [27]	Mixed method (Triangulation) – Focus group semi-structured interview followed by individual semi-structured interviews were triangulated with quantitative data	Interpretative phenomenology	(n=10)	The experience of being a foreign-born nursing student studying in the USA, highlighting the factors of stress and faculty support.	The data produced evidence of the experience of stress in the fact of "being" a foreign-born nursing student studying in the USA.	This study highlights the recurring themes of stress incorporating the social, financial and cultural issues.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
	using the Student Nurse Stress Index (SNSI) and the Perceived Faculty Support Scale (PFS)					
McDermott-Levy, R, 2009 [32]	One to one in-depth personal interview.	Descriptive phenomenology	There were 12 participants. All female Arab-Muslim nurses from Oman with a Diploma of Nursing. Their ages ranged from 25 to 37 years old with a mean of 27.5 years. Seven of the women were single and five were married. Three of the married women had children. All the married Omani women left both husband and children at home, for the duration of their stay in the US. The single women were without chaperone.	The lived experience of the female Arab-Muslim studying In the United States	The experience for these nurses was transforming because of their ability to adapt to US life and be independent. Educational implications regarding adaptation of the nursing program to be more suitable for the nurses when they return to Oman, need to be considered. Support and mentoring both academically and on a personal level was recommended.	This is a well-researched and written thesis. The voices of the Arab-Muslim nurses encapsulated their experience with positive outcomes for nursing. Their opportunity allowed for a broader life experience in viewing the world from another cultural perspective.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
			TOEFL scores were ranked within the average. Seven of the women had flown on an airplane and two had never been outside the Sultanate of Oman. Eleven spoke Arabic at home and the other languages spoken were native languages such as Baloshi and Jabali (3), Swahili (3) and English (4). All participants were reliant on husbands or family to pay bills, make decisions and allow outings.			
Rogan, F & San Miguel, C, 2006 [29]	Focus group interviews and questionnaires	Descriptive interpretive design	(n=15) All participants were first year undergraduate nursing students from non-English speaking background both local and international	The effects of an intensive language support program for nurses students from a non-English speaking background to	Enabling a culturally diverse nursing workforce involves support at many levels with higher education. This language support program 'Clinically Speaking', has facilitated a	This study highlights many valid points and the research is sound.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
			residents. All students had received an unsatisfactory grade for interpersonal skills on their first clinical placement.	improve oral clinical communication.	less stressful transition to clinical practice for students from non-English speaking backgrounds.	
Sanner, S, Wilson, A & Samson, L, 2002 [20]	Guided interview	Constructivist paradigm	n=8 Eight (8) female Nigerian nursing students with an age range of 25 to 48 years (convenience sample). Residence in the US varied from 5 years to 20 years. A large number (75%) had prior college experience with two (2) already holding baccalaureate degrees.	The experience of international nursing students in a baccalaureate program	The central theme of social isolation, because of perceived differences and non-acceptance, was strong. However, because the median length of residency in the US was 12 years, none of the participants of this study felt they needed any support services to facilitate their adjustment into the program.	This is a well-researched study with the findings of this study congruent with other studies in this field. The author also highlighted implications for nursing faculty and administrators
Shakya, A & Horsfall, J, 2000 [21]	Semi-structured interviews	Hermeneutic Phenomenology	n= 9 The nine (9) female international nursing students who participated in this study had ages ranging from	The experience of ESL undergraduate nursing students in Australia	Within a tertiary system that states it has an international awareness, more need to be done to address the number of	This is an interesting studying highlighting the experience of internationals undergraduate nurses in

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
			23 to 42 years. There were six (6) countries represented by the participants – Vietnam with three (3) participants; Ethiopia with two (2) participants; and one (1) participant each from Iran, Nepal, The Philippines and South Africa.		students not realising acceptance. The author acknowledges the courage and determination of international students to succeed and combine educational and social issues to complete their degree within a foreign culture.	Australia. Its findings are congruent with other studies in this field.
Skinner, M 2005 [35]	In-depth tape recorded interview	Phenomenology	There were 14 participants in this study but only the 7 nursing students will be used in this review as the remaining 7 participants are computer science graduates. There is 1 male and 6 female in this cohort. The countries represented are Sri Lanka, Ethiopia, Laos, France, Viet Nam, Ukraine and	The inquiry into reasons why college ENNL students persist in achievement of their academic goals.	International students possess the drive to succeed. The author discusses the responsibilities of nursing faculties to recognise the barriers that exist for international students and incorporate a model of learning and teaching that assists the student.	This is a well written research study that highlights the self determination of students who speak English as a non-native language.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
			Czechoslovakia. The ages of the participants range between 23 and 30 years. Five (5) participants were married and 2 were single.			
Sparks, W, 2009 [30]	Interview	Interpretive phenomenology	n=10 The participants of this study represented nine (9) nationalities – United States, France, Mexico, Burundi, Vietnam, Philippines, Taiwan, Canada and Cameroon. The gender ratio was eight (8) female to two (2) males. The participant's age range was from 24 – 49 years old.	The experience of international nursing students in a nursing program in south Texas and their perceptions of the barriers faced.	Barriers do exist for international nursing students centred greatly on language difficulties.	This dissertation is congruent with the review's aim.
Wang, C-W, Singh, C, Bird, B	Semi-structured interviews	Exploratory survey design	n=21 The participants length of stay in Australia ranged from less than one (1) year to	The experiences of Taiwanese nursing students studying	Taiwanese students have similar stresses to other internationals nursing students. English is seen as	This is a well-researched study with congruence to the review aims.

Study	Methods	Methodology	Participants	Phenomena of Interest	Outcomes	Notes
& Ives, G, 2008 [38]			greater than two (2) years. Their ages were from 21 to 40 years. Nine (9) of the participants were at post registration level and 12 at graduate level.	in Australian universities	a 'foreign' language, not a second language. Adaption to Australian English remains difficult. The learning and teaching needs of the students, especially in the critical thinking and self-directed learning area, still needs attention and support from faculty staff.	

NOTARI (3)

Study	Methods	Participants	Intervention	Outcomes	Notes
Burnard, P, 2005[46]	Nursing students studying in a foreign university	Argument well presented and substantiated with adequate references	The issues of students studying at an overseas university	Identifying and acknowledging the cultural difference of 'overseas' students, helps the learning experience. It provides not only academic achievement but also a socialisation of the students.	This is a well discussed paper about the issues of students from other cultures, noting that cultural differences must be recognised
Lambert, V, Lambert, C & Petrini, M, 2004[48]	Japanese nursing students studying in a US School of Nursing	This paper is logically presented and substantiated with multiple references.	This paper conducts a comparison of Japanese and US nursing education and the students' experiences.	In a comparison of both Japanese and US nursing programs, it was discussed that the Japanese system needed updating. Japanese nursing students need to be supported to extend their knowledge, whilst challenging will be rewarding.	This paper highlights the cultural differences with an Asian culture and a Western culture. The students' experiences are highlighted and discussed.
Ryan, D, Markowski, K,, Ura, D & Liu-Chiang, C-Y, 1998[49]	Taiwanese nursing students holding a associate-degree studying in the US to gain a bachelor of science in nursing	A well-presented paper with a logically built argument.	This paper explores the challenges and strategies for success in international nursing education.	The experience of international education serves as a rewarding experiencing for all involved in the educational process.	International nursing education involves both challenges and rewards for all concerned. This paper addresses the concerns of students in international nursing educational programs.

Appendix VIII: *Excluded Studies*

QARI (12)

45 Alonso-Garbayo, A & Maben, J, Internationally recruited nurses from India and the Philippines in the United Kingdom: the decision to emigrate Human Resources for Health 2009, 7:37.

Reasons for exclusion: Further review of this article shows research is centred around qualified nurse's decision to emigrate. Hence, not suitable for this review.

17 Blythe, J, Beaumann, A, Rhéaume, A & McIntosh, K. Nurse Migration to Canada: pathways and pitfalls of workforce Integration. Journal of Transcultural Nursing .2009; 20(2): 202-10.

Reasons for exclusion: This study does not meet the review objectives and is methodologically weak.

24 Dyson, S. Life History and Zimbabwean Nursing Student: 'Global Boarder'. Management in Education.2005; 19(1): 8-11.

Reasons for exclusion: This study is poorly reported, missing essential components such as ethical approval, participants' voices and philosophical perspective.

41 Evans, B & Greenberg, E. Atmosphere, Tolerance, and Cultural Competence in a Baccalaureate Nursing Program: Outcomes of a Nursing Workforce Diversity Grant. Journal of Transcultural Nursing.2006; 17(3): 298-303.

Reasons for exclusion: This study does not meet the review objectives

42 Evanson, T & Zust, B. 'Bittersweet Knowledge": The Long-Term effects of an International Experience. Journal of Nursing Education.2006; 45(10): 412-419.

Reasons for exclusion: This study does not meet the review objectives

43 Larson, K, Ott, M & Miles, J. International Cultural Immersion: En Vivo Reflections in Cultural Competence, Journal of Cultural Diversity.2010; 17(2): 44-50.

Reasons for exclusion: This was an international cultural immersion program where by US nursing students were sent to Guatemala. This study does not meet the review objectives.

36 Lee, N-J. The impact of international experience on student nurses' personal and professional development. International Nursing Review.2004; 51 113-122.

Reasons for exclusion: This study does not meet the review objectives. UK nursing students to international location

37 Pross, E. International nursing students: a phenomenological perspective. Nurse EducationToday.2003; 23: 396-403.

Reasons for exclusion: This study does not meet the review objectives

31 Pross, E. International Educational Experiences of Baccalaureate Nursing Students [dissertation]. [UMI Dissertation Publishing (Ann Arbor, MI, USA)]: University of Colorado Health Sciences Center; 2000.

Reasons for exclusion: This study does not explore the experience of international nursing students

34 Sanner, S. The experience of students with English as a second language in a baccalaureate nursing program [dissertation]. [UMI Dissertation Publishing (Ann Arbor, MI, USA)]: Georgia State University; 2004.

Reasons for exclusion: This study's participants are outside the scope of requirement for this research project.

39 Sheikh, C. International Exchange Program: Findings from Taiwanese Graduate Nursing Students, .Journal of Professional Nursing.2004; 20(1): 33-39.

Reasons for exclusion: This study does not meet the review objectives.

44 Wood, A, Saylor, C & Cohen, J. Locus of control and Academic Success among Ethnically Diverse Baccalaureate Nursing Students. Nursing Education perspectives.2009; 10(5): 290-294.

Reasons for exclusion: This study does not meet the review objectives.

NOTARI (3)
47 Davidhizar, R & Shearer, R. When Your Nursing Student Is Culturally Diverse. The Health CareManager.2005; 24(4): 356-363.

Reason for exclusion: This article is not specifically on the student's experiences.

13 Donahue, N. Embracing diversity among students and patients. Teaching and Learning in Nursing.2009; 4: 119-21.

Reason for exclusion: This article does not produce substantial evidence for this review.

50 Xu, Y, Davidhizar, R & Giger, J. What If Your Nursing Student Is From An Asian Culture? Journal of Cultural Diversity.2005; 12(1): 5-11.

Reason for exclusion: This article is not congruent with the objectives of this review.

Appendix IX: *Joanna Briggs Institute Levels of Evidence*

Levels of Evidence FAME

The Joanna Briggs Institute, our Collaborating Centres and Evidence Translation Groups currently assign a level of evidence to all conclusions drawn in JBI Systematic Reviews.

The JBI Levels of Evidence are:

Levels of Evidence	Feasibility F(1-4)	Appropriateness A (1-4)	Meaningfulness M(1-4)	Effectiveness E(1-4)	Economic Evidence
1	Metasynthesis of research with unequivocal synthesised findings	Metasynthesis of research with unequivocal synthesised findings	Metasynthesis of research with unequivocal synthesised findings	Meta-analysis(with homogeneity) of experimental studies (eg RCT with concealed randomisation) OR One or more large experimental studies with narrow confidence intervals	Metasynthesis (with homogeneity) of evaluations of important alternative interventions comparing all clinically relevant outcomes against appropriate cost measurement, and including a clinically sensible sensitivity analysis
2	Metasynthesis of research with credible synthesised findings	Metasynthesis of research with credible synthesised findings	Metasynthesis of research with credible synthesised findings	One or more smaller RCTs with wider confidence intervals OR Quasi-experimental studies (without randomisation)	Evaluations of important alternative interventions comparing all clinically relevant outcomes against appropriate cost measurement, and including a clinically sensible sensitivity analysis
3	a. Metasynthesis of text/opinion with credible synthesised findings b. One or more single research studies of high quality	a. Metasynthesis of text/opinion with credible synthesised findings b. One or more single research studies of high quality	a. Metasynthesis of text/opinion with credible synthesised findings b. One or more single research studies of high quality	a. Cohort studies (with control group) b. Case-controled c. Observational studies(without control group)	Evaluations of important alternative interventions comparing a limited number of appropriate cost measurement, without a clinically sensible sensitivity analysis
4	Expert opinion	Expert opinion	Expert opinion	Expert opinion, or physiology bench research, or consensus	Expert opinion, or based on economic theory

Chapter 4 – Photovoice

Recruitment resources

Appendix 4.1:. Recruitment poster

Appendix 4.1b: *Recruitment Information Card*

International Nursing Students
research project

Ruth Terwijn
W552
e: ruth.terwijn@usq.edu.au
p: (07) 46312367
m: 0412310327

Appendix 4.1c: *Information flyer for potential participants*

The experiences of undergraduate nursing students studying outside their homeland at an English speaking university: Photovoice Project

WHAT IS PHOTOVOICE?

'Photovoice is a method that enables people to control the photographic process in order to express, reflect and communicate their everyday lives.' (Wang, 1999)

What is your experience?

AIMS OF PHOTOVOICE

- engage people in active listening and dialogue
- to create a safe environment for introspection and critical reflection
- to move people toward action
- help facilitate community change

Photovoice

WHAT IS THE CO RESEARCHER'S ROLE?

- Take the photos with a camera phone
- Select 2-5 photos
- Think about the meaning of the photos using the SHOWeD framework
- Identify issues, themes or theories
- Discuss the themes in a focus group

CONTACT:-
RUTH TERWIJN

ROOM W552

Email: ruth.terwijn@usq.edu.au
Phone: 46312367
Mobile: 0412310327

Make a difference...get involved

Appendix 4.2: *Photovoice Workshop Participant Manual*

Photovoice Workshop Participant Manual

The experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland

Researcher: Ruth Terwijn RN MNurs (Hons) PhD Candidate

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS

About this project
Thank you for agreeing to participate in this exciting project using photovoice to highlight the experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland. You may be interested to know that this is for my extended studies to achieve a PhD – a Doctor of Philosophy. I also am very interested in the experiences of students that have English as an additional language (EAL). As you may know, I am a lecturer in nursing at University of Southern Queensland (USQ) and I have seen first-hand the triumphs and challenges of EAL undergraduate nursing students. I am particularly interested in photovoice, as it is different from the usual interview technique used to highlight experience. I would like to give you some further information regarding this study if you would please read on.

About photovoice
Photovoice is about you and you taking photos that help make a picture of your life as 'people are experts on their own lives' (San Miguel & Rogan, 2012). The use of photovoice was pioneered by Wang et al. (2004), to provide a 'voice' for rural women in a Chinese province and to help facilitate change in the community. It is characterised as an artistic expression that allows the experience to be visualised, verbalised and reflected (Wang & Burris, 1994). Photovoice has evolved as an adaptable methodology, as this method visualises the social, academic and personal experience of the research group.

The main aims of this process are to:

> (a) Engage people in active listening and dialogue,
> (b) To create a safe environment for introspection and critical reflection,
> (c) To move people toward action
> (d) Help facilitate community change

(Wang, 1999)

Photovoice and Ethics
When taking photographs in this project the following Issues need to be remembered at all times.

Privacy
- Taking someone's photograph without asking
- Always inform people why you want to take their photo
- Accept the reply without question

Safety
- Do not put yourself in danger
- Always seek permission

Ethical concerns
- Never photograph a person doing something unsafe
  - Seek consent (Dahan, 2007)

I have approached USQ Photography Department for advice and instruction for students. Participants will be given clear instruction (via a workshop and written information) on choice and appropriateness of photographed subject; for example in relation

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS

to avoiding photographs of others who have not provided specific consent. Most participants taking photos will be deemed of little risk, however, if photos of people are taken their consent is necessary and no photo is accepted without a signed consent form (Wang, 1999). Cameras (digital) will be supplied if necessary; however participants can elect to use their own digital camera or mobile phone cameras.

Focus groups

A focus group is a group of people with a particular purpose working together and individually to give a 'voice' to their purpose and an outcome. In this case, the *purpose* is *the photographs* taken for this project. The *group* is the *participants*. The *outcome* is the *participants and the group's interpretation* of the photos. The focus group has a particular aim in that it is formed by a collective of people who have consented and participated in the research process (Wang, 1999)

Prior to the focus group participants would also be encouraged to write or record their individual interpretation of the meaning of their photo, in relation to the research question.

Participants will be encouraged to attend a focus group and select 2-5 photos taken for broad discussion from which emergent themes can be identified and **that will be audio recorded**.

The focus groups will be led using an established and trustworthy framework for photovoice, the SHOWeD method (Wang 1999). This involves the following questions:

(1) What did you **S**ee here?
(2) What is really **H**appening here?
(3) How does this relate to **O**ur lives?
(4) **W**hy does this situation, concern or strength exist?
(5) What can we **D**o about it?

The third part to this discussion will be the analysis of themes, issues or theories arising from the photos and their meanings. The photovoice project for you is then complete. The final outcome will be available for you as participants.

Photovoice process
 ☐ Workshop to discuss photovoice, the project and any questions you have
 ☐ Photography instruction from the USQ Department of Photography
 ☐ Take photos
 ☐ Select 2 -5 photos you like
 ☐ Write your thoughts using the SHOWeD framework
 ☐ Focus group to discuss the photos and find themes from your discussions
 ☐ A PowerPoint presentation of your work – we will arrange a time that we can get together to see the final presentation that will be included in the thesis of this project.

Participant preliminary questionnaire

About you...

1. Are you male or female?
   - □ Male
   - □ Female
2. In what year were you born? (Enter 4-digit birth year; for example, 1976)

   [   ]

3. In what city were you born?

   _____
4. In what country were you born?

   _____
5. In what country are you now a citizen?

   _____
6. Are you now married, widowed, divorced, separated, or never married?
   - □ Married
   - □ Widowed
   - □ Divorced
   - □ Separated
   - □ never married
7. What is your religion?

   [   ]

8. In what year of nursing are you currently enrolled?
   - □ First year
   - □ Second year
   - □ Third year
   - □ Accelerated

9. *Sometimes students will speak more than one language, read in one particular language and write in another. **Indicate below** in what language do you speak, read and write **most often? An example is shown on the first row.***

Language	Speak	Read	Write
English	√	√	√

10. What is the highest level of school you have completed or the highest qualification you have received? Please write details in the space provided.
    □ Less than high school degree_____
    □ High school degree or equivalent_____
    □ Certificate/Diploma_____ _
    □ Bachelor degree_____
    □ Master's Degree_____
    □ PhD_____
11. **Any other information about you** that you would like to add?
    _____
    _____

About photovoice
    1. Do you understand the reason why photographs are being used in this research?
    _____
    _____
    _____
    2. Have you had experience taking photos?
       □ **none** at all
       □ a **little** bit of experience
       □ **some** experience
       □ **a lot** of experience
    3. Do you own a camera?
       □ No
       □ Yes –□ digital
                □ Phone

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS

4. Do you have any concerns about being part of this photovoice research project?

_____
_____
_____

SHOWeD analysis

In this section, the method of analysing your photos is discussed. This is not a difficult process and it is just that, a process. It has a three-phase process developed by Wang (1999),

1. *Select the photos – each participant (you) will be asked to identify 2 photos that he/she feels gives meaning to the project's aims*

2. *Tell the story using the SHOWeD acronym – in this section the participants are asked to tell their story by using the framework of SHOWeD*
    a. What did you **S**ee here?
    b.   What is really **H**appening here?
    c.   How does this relate to **O**ur lives?
    d. **W**hy does this situation, concern or strength exist?
    e. What can we **D**o about it?
3. *Identify the themes/issues from the photos – in this section the participants are asked to identify issues, themes and theories from their photos. It also includes what would be appropriate action to help the situations, if help is needed.*

On the next few pages, there is an example of the SHOWeD analysis and there will be more shown in the PowerPoint presentation. Included are some SHOWeD templates for you to use.

ttp://my.opera.com/psioniks/albums/showpic.dml?album=577941&picture=8197736

Sample table
Name: "Angela"

What is the title of your picture?_____ *on my own again*

What did you **See** here? I see a person on their own. Perhaps she wants to be on her own, perhaps she does not. It is sort of lonely looking
What is really **Happening** here? No one has talked to me for 3 whole days. I do not mind being on my own, but I am not invisible and I like talking to people
How does this relate to **Our** lives? I do not understand why people think I am different. I am studying the same as everyone else, same words, same books, same teachers, yet no one sees me.
Why does this situation, concern or strength exist? I am treated this way because I am shy or is it because I am not loud or look different.
What can we **Do** about it? I need to find some friends or become more outgoing. This is hard. I think I might try harder to talk with others.

SHOWeD forms

Name_____

What is the title of your picture?_____

What did you **See** here?
What is really **Happening** here
How does this relate to **Our** lives?
Why does this situation, concern or strength exist?
What can we **Do** about it?

Appendix 4.3: The SHOWeD Framework

Name:_____

Title of picture: _____

What did you **See** here?
What is really **Happening** here?
How does this relate to **Our** lives?
Why does this situation, concern or strength exist?
What can we **Do** about it?

Appendix 4.4: *Participant Information Sheet and Consent Form (pages 1 & 2)*

USQ | **University of Southern Queensland**
AUSTRALIA

The University of Southern Queensland

Participant Information Sheet

HREC Approval Number: H12REA168

Full Project Title: The experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland.

Principal Researcher: Ruth Terwijn, Department of Nursing and Midwifery, Faculty of Sciences

I would like to invite you to take part in this research project.

1.   Procedures

Participation in this project will involve

1. A demographic survey **(10 minutes)**,
2. A workshop on the objectives of this research project and your involvement **(60 minutes)**
3. Taking photographs **(determined by the student)**
4. Participating in a focus group that will involve discussing the photograph taken **(60 minutes)**
    - The research project is monitored by the principle researcher, Ruth Terwijn, her supervisors and the USQ ethics committee
    - The main aim is to highlight awareness of the student's findings in this project.
    - There is minimal risk.

2.   Voluntary Participation

Participation is entirely voluntary. **If you do not wish to take part, you are not obliged to.** If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. Any information already obtained from you will be destroyed.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your *relationship with* the University of Southern Queensland. **Please notify the researcher if you decide to withdraw from this project**. *Should you have any queries regarding the progress or conduct of this research, you can contact the principal researcher:*

Ruth Terwijn
Faculty of Sciences, Department of Nursing and Midwifery
University of Southern Queensland
West Street, Toowoomba 4350
Ph: (07) 46312367 (W) 0412310327 (m)
EMAIL: Ruth.Terwijn@usq.edu.au

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph: +61 7 4631 2690
Email: *ethics@usq.edu.au*

USQ
AUSTRALIA

University of Southern Queensland

The University of Southern Queensland
Consent Form

HREC Approval Number: **H12REA168**

TO: The Participants

Full Project Title: **The experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland.**

Principal Researcher: Ruth Terwijn, Department of Nursing and Midwifery, Faculty of Sciences

Student Researcher:

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.

- I understand the purpose of the research project and my involvement in it.

- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.

- I confirm that I am over 18 years of age.

- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential

- I understand that my photograph may be used in further presentations i.e. some of the photos taken may be shown in public via the internet, a book, a short film or displays as presentation.

- I understand that the tape will be kept in a locked cupboard in the safekeeping of the Principle researcher, Ruth Terwijn and that no other person will have access to it. It will be destroyed after 5 years.

- I understand that I will be audio taped / photographed during the study.

Name of participant...

Signed...**Date**...........................

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph: +61 7 4631 2690
Email: *ethics@usq.edu.au*

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Appendix 4.5: *Participant Information Sheet and Photograph and release consent form (pages 1 & 2)*

USQ
University of Southern Queensland

The University of Southern Queensland

Participant Information Sheet

HREC Approval Number: H12REA168

Full Project Title: The experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland.

Principal Researcher: *Ruth Terwijn, Department of Nursing and Midwifery, Faculty of Sciences*

I would like to invite you to take part in this **Photovoice** research project. **Photovoice is the method used in this project for the student to describe his/her experience of being an undergraduate nursing student choosing to study at an English speaking university outside his/her homeland.**

1.   **Procedures**

Participation in this project will involve

- **Consent to have your photograph taken**
- The research project is monitored by the principle researcher, Ruth Terwijn, her supervisors and the USQ ethics committee
- The main aim is to highlight awareness of the student's findings in this project.
- There is minimal risk.

2.   **Voluntary Participation**

Participation is entirely voluntary. **If you do not wish to take part, you are not obliged to.** If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. Any information already obtained from you will be destroyed.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your *relationship with* the University of Southern Queensland. **Please notify the researcher if you decide to withdraw from this project**. *Should you have any queries regarding the progress or conduct of this research, you can contact the principal researcher:*

Ruth Terwijn
Faculty of Sciences, Department of Nursing and Midwifery
University of Southern Queensland
West Street, Toowoomba 4350
Ph: (07) 46312367 (W) 0412310327 (m)
EMAIL: *Ruth.Terwijn@usq.edu.au*

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph: +61 7 4631 2690
Email: *ethics@usq.edu.au*

USQ
AUSTRALIA

University of Southern Queensland

The University of Southern Queensland
Consent Form

HREC Approval Number: **H12REA168**

TO: Participants agreeing to be photographed

Full Project Title: **The experiences of undergraduate nursing students choosing to study at an English speaking university outside their homeland.**

Principal Researcher: *Ruth Terwijn, Department of Nursing and Midwifery, Faculty of Sciences*

Student Researcher:_____

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.

- I understand the purpose of the research project and my involvement in it.

- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.

- I confirm that I am over 18 years of age

- I understand that while information gained during the study may be published, I will not be identified by name.

- I understand that my photograph may be used in further presentations i.e. some of the photos taken may be shown in public via the internet, a book, a short film or displays as presentation.

- I understand that I will be photographed during the study.

   Name of participant..

   Signed...**Date**...........................

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph: +61 7 4631 2690
Email: ***ethics@usq.edu.au***

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Appendix 4.6: *Ethics Approval*

From: Ethics
Sent: Tuesday, 16 October 2012 10:52 AM
To: Ruth Terwijn
Subject: FW: Ethics approval- H12REA168

From: Ethics

Sent: Thursday, 13 September 2012 3:00 PM

To: Ruth Terwijn

Subject: Ethics approval- H12REA168

Dear Ruth,

The Fast Track Committee recently assessed your application and agreed that your proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* http://www.nhmrc.gov.au/publications/synopses/e72syn.htm Your project has been endorsed and full ethics approval granted.

Project Title	THE EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS CHOOSING TO STUDY AT AN ENGLISH SPEAKING UNIVERSITY OUTSIDE THEIR HOMELAND
Approval no.	H12REA168
Expiry date	30/06/2013
Faculty Decision	**Approved**

The standard conditions of this approval are:
    (a) conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal required by the HREC
    (b) advise (email: ethics@usq.edu.au) immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project
    (c) make submission for approval of amendments to the approved project before implementing such changes
    (d) a 'progress report' is N/A
    (e) a 'final report' is due on 30/06/2013
    (f) advise in writing if the project has been discontinued.

For (c) to (e) forms are available on the USQ ethics website: http://www.usq.edu.au/research/ethics/human/forms

Please note that failure to comply with the conditions of approval and the *National Statement (2007)* may result in withdrawal of approval for the project.

You may now commence your data collection for this project, I wish you all the best.

Regards

Amy McCabe

MBus (HRM)
Ethics Committee Support Officer
Office of Research & Higher Degrees
University of Southern Queensland
Phone: 07 4631-2690
E-mail: ethics@usq.edu.au
www.usq.edu.au/research/ethics

PEDAGOGY OF US: A CRITICAL RESEARCH STUDY OF THE EXPERIENCES OF EAL AND INTERNATIONAL NURSING STUDENTS