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Comment

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

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Abstract

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

Key words: Clinical practice, Culturally and linguistically diverse student nurses, International, Mental health and learning disability student nurses, Pedagogical innovations, University

Introduction

This article examines the issues faced by international mental health and learning disability student nurses while undertaking courses in the UK and offers suggestions for addressing some of the problems raised. It has been written by a group from the Mental Health Nurse Academics UK policy and practice group, a group of academics from across the UK who deliver mental health nurse education, and lead on or contribute to, research and scholarly developments in mental health nursing.

This article takes a broad understanding of what the term ‘international student’ means, with a focus on culturally and linguistically diverse (CALD) student nurses ([Kamau et al, 2023](#); [Ropponen et al, 2023](#)). Such a distinction recognises that while some students can be both culturally and linguistically different, some of them can be the same linguistically but different culturally.

Background

The initial plan for this article was to examine how clinical staff can best support CALD students. However, two problems were experienced that required the article to take a broader focus. Some students will have moved to another country before starting nursing, or have gone through the legal immigration process and although legally considered a ‘home’ student, will face many of the same difficult dynamics that traditional ‘international’ students face. Additionally, on reflection, the issues that CALD students face may not be limited to problems that arise while being on clinical placement. The education of student nurses is a joint responsibility between universities and practice partners as some of the issues faced by CALD students while on clinical placement cannot be addressed by placement teams alone. CALD students face many hurdles that home students may not, requiring extra support and flexibility. Therefore, the question is, how can universities ensure that CALD students thrive in such a complicated environment?

While this article focuses on mental health and learning disability nursing students, the points raised and the suggestions made are equally applicable to other fields of nursing. The Quality Assurance Agency (2023) has useful guidance on supporting international students in the UK, but there is room for a mental health and learning disability nursing focus to inform future developments in the area. Most literature looking into the needs of CALD students comes from outside of the UK, and the authors identified a lack of research focusing on mental health or learning disability in the UK, especially where students are field specific and not generically trained. While there is talk of creating a generic UK nursing course, many nurses feel that professional identities must be protected and mental health and learning disability fields must endure ([Warrender et al, 2023](#)).

Historically, people have always migrated to the UK to work in the NHS and mental health services (West et al, 2017; Braithwaite, 2018; Eaton, 2020). In the post-COVID environment, there is a shortage of placements for mental health nursing students (Nwaamaka Bardi, 2022; Mitchell, 2023). Staff shortages in the UK are also an area of concern, with 40 000 whole-time equivalent nursing vacancies (National Audit Office, 2020). A key tenet of the government strategy is to recruit more students through different routes **AQ please specify what these routes are**. Higher education institutions and healthcare systems are also recruiting students and nurses from overseas to fill vacant positions (Adhikari et al, 2023). But how prepared are higher education institutions for them? It is important to highlight these issues to consider possible solutions for CALD nursing students that have a different culture to their educational institution face both social and educational challenges in these institutions. The term ‘culture’ itself is broad, encompassing language, food, beliefs, values and attitudes ([Biddlestone et al, 2020](#)). Understanding British culture so that they can feel integrated into the UK community is one challenge. Cultural differences create a divide between home and CALD students. The issue of ‘them and us’ is often visible in universities where international students are treated as outsiders, leading to loneliness and depression. Unconscious biases and stereotypes can

create perceptions of CALD students as uninterested or lacking motivation, deterring their colleagues and educators from fully engaging with them.

Navigating the learning culture is another challenge faced by CALD nursing students. For CALD students whose learning background is one of being told what to do and complying with instructions, adapting to the learning culture in the UK – which encourages open discussions and expression of personal opinions (Wu et al, 2015) – can lead to misunderstandings and assumptions between educators and the students. In clinical practice in the UK, different cultural perspectives of health and illness can impact the way CALD students deliver care and treatment. For example, students from Africa who are socialised in a culture where it is taboo for men to express pain may adopt an approach in practice that may be labelled as lacking in compassion and initiative by UK educators (Simpson, 2020).

Literature

To date, there is limited literature on support for CALD nursing students while the research into international or CALD students including representation from the health sciences, nursing and midwifery programmes are underrepresented. Furthermore, no articles were found examining the learning disability or mental health context. With a majority of studies being undertaken overseas, so there needs to be a degree of caution about the degree of transferability to the UK context

A broad search of the literature was done to understand the issues facing international students, overlapping with CALD nursing students, both at university and in practice. The literature explores the problems faced by CALD students and what can help them thrive. Jeong et al (2011) discussed how the exponential growth in CALD nursing students in Australia presents challenges for academics and staff on placement, and the students themselves.

Kilstoff and Baker (2006), Jeong et al (2011) and Wang et al (2015) reported on the level of English language proficiency, feelings of isolation, limited opportunities for learning, and inadequate university support. These compound issues are further heightened by cultural barriers, social problems, different learning styles, academic demands, perceived racism, homesickness, lack of assertiveness and financial problems. In clinical settings, cultural differences and the level of English proficiency can pose challenges for CALD nursing students to apply nursing practices and understand Western perspectives of health.

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

Kacan and Sebahat (2022) focused on nursing students' lifestyles and satisfaction in Australia, stating that the literature reports loneliness, difficulty in adaption, timidity, difficulty adapting to the home country's culture and psychological issues. McKitterick et al (2021) found continued anxiety, lack of preparation and uncertainty about the role as they transitioned to the nursing workforce as a student or registered professional. Kol et al (2021) and McKitterick et al (2022) both found that when assessing clinical preparedness of CALD students, there was unease and a lack of confidence in dealing with end-of-life care, the delegation of tasks to healthcare workers, and interprofessional communication with colleagues in the practice area. Barriers to transition to the Australian healthcare system included financial challenges, length of placements, and inability to comprehend local colloquialisms. Kol et al (2021) found perceived difficulties, inadequate academic preparation (echoed by Jeong et al, 2011), financial difficulty, alienation, ethnic

isolation, and frequent perceived discrimination from patients, nurses and peers for students in Turkey.

Among staff in practice in Australia, [Newton et al \(2015\)](#) found that communication issues were strongly associated with language and culture, stating that the supervisors' understanding and perception of their responsibility and subsequent support and supervision all impact CALD students' learning. [Mikkonen et al \(2017\)](#) stated that the learning environments in practice are key to CALD students' professional development. However, as with other studies, [Mikkonen et al \(2017\)](#) investigated the challenges faced by students on placement and found that it was the supervisors' attitudes that facilitated student development, or otherwise.

Recognition and valuing CALD nursing students' attributes in academic and clinical contexts are needed to facilitate effective strategies to support their clinical practice ([Edgecombe et al, 2013](#)). [Tyson \(2012\)](#) reported that although CALD nursing students face challenges, there is a strong desire to become academically successful and to use a variety of adaptive tools for learning critical thinking from a Western perspective. [Tallon et al \(2021\)](#) stated that targeted learning and teaching strategies are needed, with programmes to improve communication, that can help CALD nursing students' experiences in terms of confidence, perceived competence, and levels of satisfaction as students. Educational interventions in language education can positively impact students' success in the clinical environment. [Kilstoff and Baker \(2006\)](#) reported on CALD students needing help with academic work and assessments, orientation to the clinical setting and preparation of culturally competent clinical facilitators who can support the development of students' English language skills. Both academic and clinical staff need to develop structured support programmes to help with the progress of CALD nursing students' learning and minimise aspects of 'cultural shock'.

[Newton et al \(2015\)](#) suggested improved communication between healthcare and educational organisations and increased support for supervising registered nurses, specifically training regarding different linguistic and cultural issues. [McKitterick et al \(2021\)](#) had participants asking for more information about professional role expectations, guidance and support in transitioning to the role of a qualified nurse. A dedicated university transition process could provide important support to address the workforce transition challenges faced. [McKitterick et al \(2022\)](#) also reported clinical simulation activities were helpful in clinical preparation, helping nurses to become comfortable in taking actions to solve problems and confident in identifying actual or potential safety risks for patients. The main facilitators were clinical simulation experiences, the ability to speak languages other than English and interactions with people from diverse cultures. Added to these practical suggestions included opportunities for increased intercultural interactions in and out of the classroom and workshops to increase the cultural awareness of academic staff ([Palmer et al, 2019](#)). [O'Reilly and Milner \(2015\)](#) looked at healthcare students, not nursing students per se, but their findings suggest that teaching and learning strategies should be student-centred, aimed at promoting awareness of differences and its impacts, and developing appropriate responses by both students and staff.

Scaffolded group work activity has been suggested to allow CALD students to mix with domestic students to practice their English language skills with fast-talking native speakers and learn about contemporary issues across the home country. In turn, domestic students can be enriched by listening to nursing views and experiences not encountered when working with domestic students alone ([Shaw et al, 2015](#)). [Randall et al \(2020\)](#) suggested team-based learning to promote language proficiency and intercultural connections. A significant outcome of working together was decreased racism towards international students.

[Suggested strategies](#)

Despite the issues and suggested solutions from the reviewed literature being international and applied to a generic nursing context, there is enough similarity for there to be nuanced transferability, to UK mental health and learning disability student nurses. Whether related to university or practice, there are complex issues that need to be addressed. One aspect is the complexity of interactions. For example, in end-of-life care, the nuances involved in communicating with someone who is behaviourally disturbed, has memory problems or has suicidal thoughts or intentions will be demanding for CALD students who come from different health contexts with differing cultural beliefs and understandings of mental health. The experiences of learning disability and mental health nurse CALD students is an area that needs research to fit both the mental health and UK field-focused context.

The issue of having English as a lingua franca in UK universities is another concern for most international and CALD students (Baker, 2016). Language can widen the social and academic divide for CALD students. The way CALD students communicate, verbally and non-verbally, is diverse and entrenched in their respective cultures. Socially, a lack of understanding of English language idiosyncrasies can deter international students from socialising or expressing themselves in class (Wu et al, 2015). Therefore, the orientation of CALD students to UK higher education institutions should include identifying words that have multiple meanings and a focus on spoken language. Most universities put international students through a proficiency test in comprehending the English language as a way of dealing with language issues (Curtis et al, 2019). While some students may be proficient in written English, verbal communication might remain a challenge. Interactions must be encouraged, and students should be seen beyond their accents. Moreover, treating these students as individuals and embracing their differences would encourage cultural interactions. These interventions will help CALD students and higher education institutions to work with diversity, and internationalisation, and create a transcultural university experience.

Higher education institutions need to acknowledge the difficulties experienced by CALD students and develop strategies that value CALD students and the contributions that they can make to practice and university life.

Some of the barriers that CALD students experience are listed in *Box 1*.

Table 1. Barriers experienced by CALD students
<ul style="list-style-type: none"> • No government bursary. • Excluded from many possible sources of finance that home students have access to • Whilst many home students qualify for assistance with travel costs, CALD students do not. • May not know the area and the university halls may be more expensive to live in than other accommodations (eg flat sharing) • May not be aware of local policies or understand the NHS and therefore be frowned upon when they ask questions or seek clarity about situations • May not have experience with education systems in the UK so things that may have been the norm back home may not be accepted in the UK – copying extensively from textbooks for example, then becomes plagiarism and an academic offence • Sometimes queried and asked about their nationality and country of origin, eg Irish students born in Nigeria are asked time and again about their citizenship • Names being shortened or changed because their name is considered difficult to pronounce • The experience of racism, homophobia, xenophobia, sexism

Strategies to address these issues include those shown in *Box 2*.

Table 2. Possible solutions

- Good communication between higher education institutions and practice partners, Health Education England, and other partners.
- Identify work opportunities through local NHS Trusts (Bank) and other employers, by sending adverts directly to their email, for example
- Sending information about sources of funding , and financial assistance regularly throughout the year
- Increased funds available through the university for hardship grants and funding
- Encouraging students to complete placement evaluations, which are then discussed at the practice education committee and other committees.
- Evaluate policies that address racial discrimination experienced by students in practice placement settings
- Encourage students to speak up about any issues that negatively impact them
- Address issues of racism or other issues that may negatively impact students
- Acknowledge that there are issues faced by CALD students that home students may not face and address them, for example, setting up groups to encourage socialising

Transcultural nursing

Transcultural nursing remains misunderstood. It is important to note that teaching a session about ‘culture’ does not necessarily prepare members of staff or students to tackle cultural issues for CALD students, rather, it can feel like tokenism. Instead, there needs to be a platform for cultural conversations between local students, educators and international students. Such platforms can alleviate misconceptions and ensure that interventions introduced by universities meet the needs of this student group. Additionally, platforms for cultural conversations can also promote a strong understanding of internationalisation and offer broad perspectives on practices. Cultural differences play a major role here, and higher education institutions need to ask themselves where they are in terms of ‘transcultural nursing’. In terms of providing the best possible experience for CALD students, a systemic response underpinning the values of transcultural nursing is needed. Some areas that both higher education institutions and clinical practices need to consider are:

- Given the links between food and their cultural identity, where can international students access food from their country or culture?
- Are CALD students who have families overseas sending money home?
- Do policies account for contingencies, such as travelling home for a funeral? Is flexible annual leave available?
- Are CALD students familiar with the use of the language once they have passed language competencies to get on the course?
- How familiar are CALD students with the locality?
- Do CALD students experience microaggressions that higher education institutions are not aware of?

Conclusions

This article demonstrates that there are several unique challenges that CALD students studying to be mental health and learning disability nurses face as they complete courses in the UK.

In response to these challenges, the authors have suggested strategies that universities and practice partners alike could adopt.

Key points

- Owing to the UK nursing shortage, educational and healthcare systems are recruiting overseas students and nurses to fill vacant positions.
- Whether related to teaching or clinical practice, there are complex issues for culturally and linguistically diverse students that need to be addressed.
- While this article focuses on mental health and learning disability nursing students, the points raised and suggestions made are equally applicable to other fields.
- There is international research about how universities can support culturally and linguistically diverse student nurses, but there is limited UK material and nothing specifically about mental health and learning disability student nurses.
- Interventions can help culturally and linguistically diverse students and higher education institutions to work with diversity, and internationalisation, and create a transcultural university experience.

Reflective questions

- How can universities ensure that culturally and linguistically diverse students thrive in such a complicated environment?
- How can higher education institutions incorporate the idea of ‘transcultural nursing’ to generate cultural awareness and sensitivity?
- How can universities support culturally and linguistically diverse students to adapt to the local language and communication style?
- How can higher education institutions address microaggressions that culturally and linguistically diverse students may experience?

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